

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2012
NAME OF PROVIDER OR SUPPLIER STANLEY TOTAL LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The Division of Health Service Regulation, Nursing Home Licensure and Certification Section, conducted a complaint investigation from 12/11/12 through 12/13/12. Immediate Jeopardy began in 483.13 and in 483.25 on 12/03/12. It was removed on 12/13/12 at 12:30 PM when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level E (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective.	F 000		
F 226 SS=K	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to implement their policy and procedures to protect residents from 1 of 2 residents with sexually inappropriate behaviors (Resident #1). Five residents were affected by this behavior (Resident #3, #5, #8, #9 and #11). Immediate jeopardy began on 12/03/12 when staff became aware Resident #1 was exhibiting sexually inappropriate behaviors toward Resident	F 226	(1) All residents on the secure unit were immediately protected from any inappropriate sexual behaviors by Resident #1 with 1:1 24/7 supervision until his discharge from the facility on 12/31/12.	1/7/13 12/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

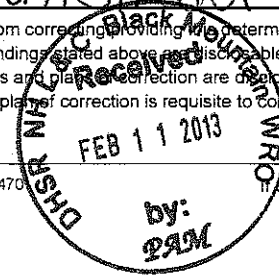
(X6) DATE

Jennifer D. Collier

Administrator

1/2/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 226	<p>Continued From page 1</p> <p>#11. The administrator was notified of the immediate jeopardy on 12/11/12 at 5:00 PM. Immediate jeopardy was removed on 12/13/12 at 12:30 PM when the facility provided and implemented an acceptable allegation of compliance. The facility will remain out of compliance at a scope and severity level E (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective.</p> <p>The findings are:</p> <p>A document titled "Abuse and Neglect" revised 10/20/11 read in part, residents of this facility shall not be subjected to abuse or neglect by anyone including other residents. The document specified, "The facility will strive to prevent and protect all residents from abuse by another resident. The following measures will be taken depending upon the individual situation, type and frequency of abuse and the severity of the problem:"</p> <ul style="list-style-type: none"> - The resident in question will be separated temporarily until the investigation is completed and prevention measures are in place. - Care planning measures will be identified and developed to prevent reoccurrence of abuse <p>1. Resident #1 was admitted to the facility on 11/19/12 with diagnoses that included dementia. The most recent Minimum Data Set (MDS) dated 11/26/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making.</p>	F 226	<p>(2)</p> <p>Resident's #3, #5, #8, #9, and #11 were assessed by Social Services on 12/12/12 for any residual effects from the inappropriate sexual behaviors--there were no concerns noted. An audit was conducted of all other residents on 12/12/12 by the ADON and SDC for a review of medical records and any history of inappropriate sexual behaviors--there were no new concerns.</p> <p>Residents admitted to the facility since 12/13/12 have been reviewed using the new "Admission Review for Behaviors" form--there have been no admissions with any concerns for inappropriate sexual behaviors.</p>	12/12/12	12/13/12

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F 226	<p>Continued From page 2</p> <p>Review of Resident #1's medical record revealed a nurse's entry made by Nurse #1 dated 12/03/12 at 7:00 PM that specified Resident #1 had his hand up Resident #11's shirt and was fondling her breast and that the behavior was not consensual. No immediate intervention was specified in the nurse's entry as indicated in the facilities policy and procedures.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also explained that the residents that had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive.</p> <p>On 12/13/12 at 10:25 AM nurse #1 was interviewed and reported that she had received training on abuse and neglect and was trained to separate and protect the residents involved in an incident and report the incident to the Director of Nursing (DON). Nurse #1 stated that when she observed Resident #1 inappropriately touching Resident #11 she separated the residents and redirected Resident #1. She stated that she notified the DON on 12/03/12 via a written statement and continued to monitor Resident #1</p>	F 226	<p>An in-service was conducted by for all staff on 12/13/12 by the Administrator on resident abuse and inappropriate sexual behaviors. This in-service agenda included.</p> <ol style="list-style-type: none"> 1. Revised procedure for potential admissions using the new "Admission Review for Behaviors" form. 2. Staff obligations and expectations regarding any inappropriate sexual behavior including the immediate protection of the resident by separation, immediate implementation of 1:1 care, immediate notification of the MD, and immediate reporting to the DON/NHA. 3. Expectations of the nurse for the provision of resident safety in the event of any inappropriate sexual behavior. 	12/13/12	

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F 226	<p>Continued From page 3</p> <p>as usual. She added that Resident #11 was not assessed for injury.</p> <p>On 12/13/12 at 9:40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>2. Resident #3 was admitted to the facility on 04/30/12 with diagnoses that included Alzheimer's disease, dementia and anxiety. The most recent Minimum Data Set (MDS) dated 10/22/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL).</p> <p>Review of Resident #1's medical record revealed a nurse's entry made by nurse #1 dated 12/03/12 at 7:20 PM specified Resident #1 was licking and kissing the lips of Resident #3. Resident #1 was redirected by nurse #1 but none of the other policy and procedures were implemented.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with</p>	F 226	<ol style="list-style-type: none"> 4. Implementation of a new behavior reporting form to be completed by the nurse for documentation of immediate actions/notifications. 5. Management follow-up on a daily basis, including weekends, for any inappropriate behaviors reported and monthly QA reviews. 6. Overview of inappropriate sexual behaviors (what they are/what they are not) and informed consent. 7. Review of the revised Abuse/Neglect policy and procedures including prevention, protection and investigation. 		

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F 226	<p>Continued From page 4</p> <p>demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also explained that the residents that had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive.</p> <p>On 12/13/12 at 10:25 AM nurse #1 was interviewed and reported that she had received training on abuse and neglect and was trained to separate and protect the residents involved in an incident and report the incident to the Director of Nursing (DON). Nurse #1 stated that when she observed Resident #1 inappropriately touching Resident #3 she separated the residents and redirected Resident #1. She stated that she notified the DON on 12/03/12 via a witness statement and continued to monitor Resident #1 as usual. She added that Resident #3 was not assessed for injury.</p> <p>On 12/13/12 at 9:40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been</p>	F 226	<p>(3)</p> <p>An audit will be conducted by the ADON (back-up Nurse in Charge/Nursing Supervisor) Monday through Friday and by the Nurse in Charge/Nursing Supervisor each weekend through the use of the newly created Inappropriate Behavior Report forms. Nurses will complete these forms as necessary and as reviewed each day, will also provide a verbal report to the ADON and/or Nurse in Charge/Nursing Supervisor of any concerns for inappropriate sexual behaviors. These reports will then be reviewed with the Safety Committee Monday through Friday by the ADON (or back-up) for further communication and discussion of interventions. On weekends, this information will be reviewed by the Nurse in Charge/Nursing Supervisor and the DON via conference</p>	12/14/12

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F 226	<p>Continued From page 5 reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>3. Resident #5 was admitted to the facility on 05/14/12 with diagnoses that included Alzheimer's disease and anxiety. The most recent Minimum Data Set (MDS) dated 08/12/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL).</p> <p>Review of Resident #1's medical record revealed a nurse's entry dated 12/04/12 at 7:35 AM that specified Resident #1 was in bed with Resident #5. Resident #1 had his hand inside Resident #5's brief. Resident #1 was redirected back to his bed and the two residents remained in the same room. No further intervention was documented nor implemented per the facilities policy and procedures. A nurse's entry dated 12/04/12 specified Resident #1 was found in Resident #5's room kissing the resident. Resident was redirected and given Valium which the note specified was not effective. A nurse's entry dated 12/07/12 at 8:15 AM specified Resident #1 wearing only a t-shirt was in bed with Resident #5. The entry specified Resident #1 was redirected back to his own bed. No other interventions were documented. A nurse's entry dated 12/07/12 at 11:50 PM specified Resident #1 was found in bed with Resident #5. Resident #1 was removed from the room and taken to the activity room. A nurse's entry dated 12/11/12 at 3:00 AM specified the door to Resident #1 and</p>	F 226	<p>call for further communication and discussion of interventions. Any admission from home will now be assessed/evaluated by the assigned nurse using a new screening tool which specifically reviews any behavioral history including inappropriate sexual behaviors. This form will be used to help determine if the facility can in fact meet the needs of the potential resident prior to the admission.</p> <p>The Admissions Policy & Procedure was revised to include a team approach to discussing resident history, including any concerns for inappropriate sexual behaviors. This team will consist of Social Services,</p>	1/7/13	1/7/13

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F 226	<p>Continued From page 6</p> <p>Resident #5's room was closed and a fall mat had been placed behind the door. The staff member was able to get inside the room and found Resident #1 with his pants off waving his penis in the face of Resident #5. Resident #1 was redirected back to bed. No other interventions were implemented as per the facilities policy and procedures.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also explained that the residents that had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive. She added that Resident #5 remained in the same room with Resident #1 because no other male beds were available on the secured unit.</p> <p>On 12/13/12 at 9:40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual</p>	F 226	<p>MDS Nurse, Nurse in Charge/Nursing Supervisor, and DON/ADON/NHA. A new form was created to collect such history (Admission Data Collection) in order to implement immediate interventions as necessary. The Nursing Admission Evaluation was revised to include questions related to any type of behavior and implementation of further interventions as necessary. Managers involved in the admissions process and all nurses will be in-serviced on these changes by 1/6/13 with implementation on 1/7/13.</p>	1/7/13

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F 226	<p>Continued From page 7</p> <p>behaviors displayed by Resident #1 had not been reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>4. Resident #9 was admitted to the facility on 07/13/12 with diagnoses that included Alzheimer's disease and dementia with behaviors. The most recent Minimum Data Set (MDS) dated 10/04/12 specified the resident and short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident was dependant on staff for assistance with activities of daily living (ADL).</p> <p>Review of Resident #1's medical record revealed a nurse's entry 12/04/12 at 10:15 PM that specified Resident #1 was kissing Resident #9 on the lips. Resident #1 was told to stop by the nurse. A nurse's entry dated 12/07/12 at 10:00 PM specified Resident #1 was kissing Resident #9 on the mouth. Resident #1 was redirected. No other interventions were implemented as per the facilities policy and procedures.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also</p>	F 226	<p>(4)</p> <p>The Safety Committee will review all new admission records within 24 hours of the admission or by Monday for any admission occurring after 4:30pm the previous Friday. This review will ensure completion of the Admission Date Collection and Nursing Admission Evaluation forms in terms of specific interventions for safety including those for inappropriate sexual behaviors. Any further recommendations for interventions from the Safety Committee will be implemented at that time to ensure continued compliance.</p> <p>The Social Worker or Social Services Assistant will review and report any concerns related to inappropriate sexual behaviors to the Quality Assessment & Assurance Committee monthly as</p>	1/7/13

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F 226	<p>Continued From page 8</p> <p>explained that the residents that had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive.</p> <p>On 12/13/12 at 9:40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>5. Resident #8 was admitted to the facility on 12/05/09 with diagnoses that included senile dementia and depressive disorder. The most recent Minimum Data Set (MDS) dated 10/12/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL).</p> <p>Review of Resident #1's medical record revealed a nurse's entry dated 12/04/12 that specified Resident #1 was sitting in Resident #8's bed with his pants off fondling her breast. Resident #1 was redirected and became combative. No other interventions were implemented per the facilities</p>	F 226	<p>scheduled. Any further recommendations for interventions from the QA&A Committee will be implemented at that time to ensure continued compliance.</p>	

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F 226	<p>Continued From page 9 policy and procedures.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also explained that the residents that had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive.</p> <p>On 12/13/12 at 9:40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>The administrator was notified of the immediate jeopardy on 12/11/12 at 5:00 PM. The facility provided a credible allegation of compliance on 12/12/12 at 4:45 PM. The following interventions</p>	F 226			

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F 226	<p>Continued From page 10</p> <p>were put into place by the facility to remove the Immediate Jeopardy:</p> <p>Credible Allegation of Compliance:</p> <p>All residents of the facility were immediately protected from any alleged sexual behaviors by having resident #1 provided with 1:1, 24/7 nursing aide sitter until he was involuntary committed to the hospital on 12/11/12 at 10:15pm.</p> <p>Resident #5 was assessed by the Social Work Director on 12/12/12 at 11:15am for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #3 was assessed by the Social Work Director, on 12/12/12 at 2:00pm for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #8 was assessed by the Social Work Director on 12/12/12 at 2:25pm for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #9 was assessed by the Social Work Director on 12/12/12 at 2:30pm for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>All remaining residents on the locked unit were assessed by the Social Work Director and Social Work Assistant on 12/12/12 for any history of sexual behaviors that have not been identified or addressed.</p> <p>An in-service was immediately developed and</p>	F 226			

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F 226	<p>Continued From page 11</p> <p>conducted on 12/11/12 by the SDC on reporting sexual abuse to DON or Administrator. In-service began to include all staff and completed by 12/12/12 at 12:00pm. Any full-time, part-time or PRN staff that were unavailable will not be allowed to work in the facility until they have completed the in-service. This in-service included:</p> <p>A) Recognizing sexual behaviors B) Identifying and reporting of sexual behaviors immediately by phone to the DON or Administrator 24 hours a day, 7 days a week. The telephone numbers are posted at each nursing station C) Staff response to include immediate separation of residents and initiating 1:1 staffing 24/7 until further notice D) Expectations of staff responsibility to ensure that resident is monitored until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors F) Admission process for reviewing behaviors and determining if facility can meet the needs of potential admission candidates.</p> <p>The abuse/neglect policy was revised under the section of prevention to include the use of a newly developed admissions tool for identifying any sexual behaviors prior to determining appropriateness for admission. This policy was also revised to include immediate separation of the residents involved in inappropriate sexual behaviors including initiation of 1:1 staffing and immediate reporting of sexual behaviors to the</p>	F 226			

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F 226	Continued From page 12 DON and/or Administrator 24/7 by the nurse on duty for resident protection. A daily audit will be conducted by the QA/ADON (back-up will be Nurse in Charge) Monday through Friday and the Nurse in Charge (back-up is Manager on Duty) on the weekend. This daily audit will be a review of a newly developed sexual behavior incident report to ensure compliance. During these audits, the QA/ADON and the Nursing in Charge (weekends) will also obtain verbal reports from staff of any other concerns related to sexual behaviors. These daily audits and any other staff concerns related to sexual behaviors will be reported to the Safety Committee Monday-Friday by the QA/ADON for further review. Any weekend audits or other staff concerns related to sexual behaviors will be called directly to the DON by the Nurse in Charge for further review. Reporting of the Sexual Behavior Incident Reports, auditing tools, and any interventions implemented will be reported by the Social Work Director (back-up is the Social Work Assistant) monthly to the Quality Assurance Team, any further recommendations for interventions from the Quality Assurance Team will be implemented by the Team at that time to ensure compliance.	F 226		
F 323 SS=K	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	(1) All residents on the secure unit were immediately protected from any inappropriate sexual behaviors by Resident #1 with 1:1 24/7 supervision until his discharge from the facility on 12/31/12.	1/7/13 12/31/12

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F 323	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to protect residents from a resident with sexually inappropriate behaviors for 1 of 2 sampled residents with sexually inappropriate behaviors (Resident #1). Five residents were affected by this behavior (Resident #3, #5, #8, #9 and #11).</p> <p>Immediate jeopardy began on 12/03/12 when staff became aware Resident #1 acted sexually inappropriate toward Resident #11. The administrator was notified of the immediate jeopardy on 12/11/12 at 5:00 PM. Immediate jeopardy was removed on 12/13/12 at 12:30 PM when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level E (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective.</p> <p>The findings are:</p> <p>Resident #1 was admitted from home to the facility on 11/19/12 with diagnoses that included Alzheimer's dementia and psychosexual disorder (12/07/12). A document titled "Long Term Care Services" (FL2) dated 11/19/12 specified Resident #1 was verbally abusive at times. The "Nursing Admission Assessment and Review" dated 11/19/12 completed by Nurse #1 specified the resident had inappropriate sexual behavior.</p>	F 323	<p>(2) Resident's #3, #5, #8, #9, and #11 were assessed by Social Services on 12/12/12 for any residual effects from the inappropriate sexual behaviors--there were no concerns noted. An audit was conducted of all other residents residing on the secure unit on 12/12/12 by Social Services for a review of medical records and any history of inappropriate sexual behaviors that had not been assessed or addressed--there were no new concerns. An audit was also conducted of all residents residing on other units on 12/12/12 by the ADON and SDC for a review of medical records and any</p>	12/12/12

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F 323	Continued From page 14 The initial Minimum Data Set (MDS) dated 11/26/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident had physical behavior symptoms directed toward others in the last 1 to 3 days (e.g. hitting, kicking, pushing, scratching, grabbing, and abusing others sexually). The MDS specified that the resident's behavior put others at risk for physical injury, intruding on the privacy of others and significantly disrupting care or living environment for others. Resident #1 was assessed by the MDS to require extensive assistance with activities of daily living (ADL) and was ambulatory. The behavior Care Area Assessment (CAA) dated 11/26/12 specified, "Resident has impaired cognition, safety awareness and daily decision making abilities. Resident has episodes of grabbing at staff in inappropriate areas on their body. Resident wanders into other residents' rooms. He is not easily redirected." Resident #1's behavior care plan dated 11/27/12 specified a problem with wandering into other residents' rooms and a history of grabbing at staff in inappropriate areas. Approaches to reduce the number of inappropriate behaviors included: - explain to resident that behavior is not acceptable - redirect resident away from other residents' rooms - redirect resident when displaying socially inappropriate behavior - provide frequent and constant supervision	F 323	history of inappropriate sexual behaviors--there were no new concerns. Residents admitted to the facility since 12/13/12 have been reviewed using the new "Admission Review for Behaviors" form--there have been no admissions with any concerns for inappropriate sexual behaviors. An in-service was conducted by for all staff on 12/13/12 by the Administrator on resident abuse and inappropriate sexual behaviors. This in-service agenda included: 1. Revised procedure for potential admissions using the new "Admission Review for Behaviors" form. 2. Staff obligations and expectations regarding any inappropriate sexual behavior including the immediate protection of the resident by separation, immediate	12/13/12 12/13/12

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F 323	<p>Continued From page 15</p> <p>- 1 on 1 sitter (updated on 12/06/12)</p> <p>Review of Resident #1's nurses' notes revealed the following sexually inappropriate behaviors:</p> <ol style="list-style-type: none"> Resident #11 was admitted to the facility on 01/18/10 with diagnoses that included dementia. The most recent Minimum Data Set (MDS) dated 11/12/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident was dependant on staff for activities of daily living (ADL). A nurse's entry dated 12/03/12 at 7:00 PM specified Resident #1 had his hand up Resident #11's shirt and was fondling her breast. No immediate intervention was specified in the nurse's entry. Resident #3 was admitted to the facility on 04/30/12 with diagnoses that included Alzheimer's disease, dementia and anxiety. The most recent Minimum Data Set (MDS) dated 10/22/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL). A nurse's entry dated 12/03/12 at 7:20 PM specified Resident #1 was licking and kissing the lips of Resident #3. Resident #1 was redirected. Resident #5 was admitted to the facility on 05/14/12 with diagnoses that included Alzheimer's disease and anxiety. The most recent Minimum Data Set (MDS) dated 08/12/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. The 	F 323	<p>implementation of 1:1 care, immediate notification of the MD, and immediate reporting to the DON/NHA.</p> <ol style="list-style-type: none"> Expectations of the nurse for the provision of resident safety in the event of any inappropriate sexual behavior. Implementation of a new behavior reporting form to be completed by the nurse for documentation of immediate actions/notifications. Management follow-up on a daily basis, including weekends, for any inappropriate behaviors reported and monthly QA reviews. Overview of inappropriate sexual behaviors (what they are/what they are not) and informed consent. 	

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F 323	Continued From page 16 MDS also specified the resident required extensive assistance with activities of daily living (ADL). A nurse's entry dated 12/04/12 at 7:35 AM specified Resident #1 was found in bed with Resident #5. Resident #1 had his hand inside Resident #5's brief. Resident #1 was redirected back to his bed and the two residents remained in the same room. No further intervention was documented. A nurse's entry dated 12/04/12 specified Resident #1 was found in Resident #5's room kissing the resident. Resident was redirected and given Valium which the note specified was not effective. A nurse's entry dated 12/07/12 at 8:15 AM specified Resident #1 wearing only a t-shirt was in bed with his roommate, Resident #5. Resident #1 was redirected back to his own bed. No other interventions were specified. A nurse's entry dated 12/07/12 at 11:50 PM specified Resident #1 was found in bed with his roommate, Resident #5. Resident #1 was removed from the room and taken to the activity room. A nurse's entry dated 12/11/12 at 3:00 AM specified the door to Resident #1 and Resident #5's room was closed and a fall mat had been placed behind the door. The staff member was able to get inside the room and found Resident #1 with his pants off waving his penis in the face of Resident #5. Resident #1 was redirected back to bed 4. Resident #9 was admitted to the facility on 07/13/12 with diagnoses that included Alzheimer's disease and dementia with behaviors. The most recent Minimum Data Set (MDS) dated 10/04/12 specified the resident and short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident was dependant on staff for assistance	F 323	7. Review of the revised Abuse/Neglect policy and procedures including prevention, protection and investigation. (3) An audit will be conducted by the ADON (back-up Nurse in Charge/Nursing Supervisor) Monday through Friday and by the Nurse in Charge/Nursing Supervisor each weekend through the use of the newly created Inappropriate Behavior Report forms. Nurses will complete these forms as necessary and as reviewed each day, will also provide a verbal report to the ADON and/or Nurse in Charge/Nursing Supervisor of any concerns for inappropriate sexual behaviors. These reports will then be reviewed with the Safety Committee	12/14/12	

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F 323	<p>Continued From page 17</p> <p>with activities of daily living (ADL). A nurse's entry 12/04/12 at 10:15 PM specified Resident #1 was kissing Resident #9 on the lips. Resident #1 was told to stop. A nurse's entry dated 12/07/12 at 10:00 PM specified Resident #1 was kissing Resident #9 on the mouth. Resident #1 was redirected.</p> <p>5. Resident #8 was admitted to the facility on 12/05/09 with diagnoses that included senile dementia and depressive disorder. The most recent Minimum Data Set (MDS) dated 10/12/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL). A nurse's entry dated 12/04/12 specified Resident #1 sitting on bed with his pants off fondling Resident #8's breast. Resident #1 was redirected and became combative.</p> <p>6. A nurse's entry dated 12/05/12 at 9:25 PM specified Resident #1 was found standing over another resident (not identified). He had removed the resident's shirt and was kissing her and fondling her breasts. The resident asked Resident #1 to stop. The entry specified the immediate intervention was to continue to monitor Resident #1.</p> <p>On 12/11/12 at 9:10 AM Resident #1 was observed on the secured unit in another resident's bed unsupervised. Nurse aide (NA) #1 was interviewed during this observation and stated Resident #1 was supposed to have a sitter but added she had not seen the sitter that day. NA #1 reported she was assisting other residents and was not monitoring Resident #1. NA #1 assisted Resident #1 into the group activity and</p>	F 323	<p>Monday through Friday by the ADON (or back-up) for further communication and discussion of interventions. On weekends, this information will be reviewed by the Nurse in Charge/Nursing Supervisor and the DON via conference call for further communication and discussion of interventions.</p> <p>Any admission from home will now be assessed/evaluated by the assigned nurse using a new screening tool which specifically reviews any behavioral history including inappropriate sexual behaviors. This form will be used to help determine if the facility can in fact meet the needs of the potential resident prior to the admission.</p>	1/7/13	

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F 323	<p>Continued From page 18 waited until a sitter arrived.</p> <p>On 12/11/12 at 12:15 PM the Assistant Social Worker was interviewed and stated she met with Resident #1's family on 11/19/12. She stated she had reviewed the FL2 and spoke to the family regarding Resident #1's behaviors. The Assistant Social Worker stated that the family reported to her the resident's sexually inappropriate behavior had worsened toward his wife and had caused the family to be unable to care for him at home. The Assistant Social Worker stated she did not report the concern of being sexually inappropriate to anyone after meeting with the family because the resident was going to be placed in the secured unit for behavior monitoring. The Assistant Social Worker also stated no interventions were implemented to address the resident's sexually inappropriate behavior because she didn't feel that he posed any concerns to other residents.</p> <p>On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and reported that Resident #1 was admitted to the facility without knowledge of the resident being sexually inappropriate to women. The DON stated that after his admission to the facility Resident #1 was sexually inappropriate toward staff but added staff were trained to handle such behaviors. The DON explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had re-educated staff that when inappropriate behaviors were observed she expected staff to separate and redirect the residents.</p> <p>The DON stated she was unaware of incidents of</p>	F 323	<p>The Admissions Policy & Procedure was revised to include a team approach to discussing resident history, including any concerns for inappropriate sexual behaviors. This team will consist of Social Services, MDS Nurse, Nurse in Charge/Nursing Supervisor, and DON/ADON/NHA. A new form was created to collect such history (Admission Data Collection) in order to implement immediate interventions as necessary. The Nursing Admission Evaluation was revised to include questions related to any type of behavior and implementation of further interventions as necessary. Managers involved in the admissions process and all nurses will be in-serviced on these changes by 1/6/13 with implementation on 1/7/13.</p>	1/7/13	

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F 323	<p>Continued From page 19</p> <p>Resident #1 acting sexually inappropriate with other residents on 12/03/12 or 12/04/12. She stated she was first made aware of Resident #1's sexual inappropriateness toward residents on 12/05/12. She added that Resident #1's physician's assistant was contacted on 12/05/12 for medication adjustments to decrease the resident's sexually inappropriate behaviors. She reported that on 12/06/12 Resident #1 was placed on 1 on 1 supervision from 7AM to 7PM after the resident had been observed again being sexually inappropriate with another resident on the secured unit. The DON explained the resident only needed 1 on 1 supervision from 7AM to 7PM because after 7PM Resident #1 was in bed and added it was an easier time of day for staff to monitor him. The DON also stated a bed pad alarm had been placed on Resident #1's bed to alert staff when the resident got out of bed.</p> <p>The DON provided a written statement dated 12/10/12 that specified she believed that facility was doing all they could to address Resident #1's sexually inappropriate behaviors. The statement outlined her plan for implementing interventions to decrease Resident #1's sexually inappropriate behaviors that included allowing time for the medication changes to take effect, continue to redirect him and keep him busy during the day.</p> <p>An interview was conducted with Nurse #1 on 12/13/12 at 10:25 AM. Nurse #1 stated she completed the admission assessment with Resident #1's family who reported that the resident was sexually inappropriate with women. Nurse #1 stated she documented on the "Nursing Admission Assessment and Review" that the resident was sexually inappropriate and notified</p>	F 323	<p>Staff working on the secure unit will be required to take all breaks ON the unit--these will be paid breaks (including lunch) and will ensure that staff is always readily available as needed for any concerns related to safety.</p> <p>(4) The Safety Committee will review all new admission records within 24 hours of the admission or by Monday for any admission occurring after 4:30pm the previous Friday. This review will ensure completion of the Admission Date Collection and Nursing Admission Evaluation forms in terms of specific interventions for safety including those for inappropriate sexual behaviors. Any further recommendations for interventions from the Safety Committee will be implemented at that time to ensure continued compliance.</p>	<p>1/7/13</p> <p>1/7/13</p>

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F 323	<p>Continued From page 20</p> <p>the oncoming nurse but did not report the concern to anyone else. She explained that she did not feel the sexually inappropriate behavior needed to be reported because the resident was being admitted to a secured unit for behavior monitoring. She also stated that she was trained to immediately intervene when a resident to resident incident occurred. She added that she would separate the residents involved in a physical incident, assess for injury and then complete an incident report or if the incident was serious she would contact the Director of Nursing (DON).</p> <p>On 12/13/12 at 11:00 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1.</p> <p>The administrator was notified of the immediate jeopardy on 12/11/12 at 5:00 PM. The facility provided a credible allegation of compliance on 12/12/12 at 4:45 PM. The following interventions were put into place by the facility to remove the Immediate Jeopardy:</p> <p>Credible Allegation of Compliance:</p> <p>Resident #1 was immediately assigned to a nurse</p>	F 323	<p>The Social Worker or Social Services Assistant will review and report any concerns related to inappropriate sexual behaviors to the Quality Assessment & Assurance Committee monthly as scheduled. Any further recommendations for interventions from the QA&A Committee will be implemented at that time to ensure continued compliance.</p>	1/7/13

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2012
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F 323	<p>Continued From page 21</p> <p>aide for one on one supervision beginning on 12/11/12 at 5:00 PM for 24 hours. One on one supervision continued until 12/11/12 at 10:15 PM when Resident #1 was involuntarily committed to the hospital for evaluation and treatment.</p> <p>Resident #5 was assessed by the Social Work Director on 12/12/12 at 11:15 AM for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #3 was assessed by the Social Work Director, on 12/12/12 at 2:00 PM for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #8 was assessed by the Social Work Director on 12/12/12 at 2:25 PM for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #9 was assessed by the Social Work Director on 12/12/12 at 2:30 PM for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>Resident #11 was assessed by the Social Worker on 12/12/12 at 2:40 PM for any residual effects from the sexualized behaviors of Resident #1. No concerns were noted.</p> <p>All remaining residents on the locked unit were assessed by the Social Work Director and Social Work Assistant on 12/12/12 for any history of sexual behaviors that have not been identified or addressed.</p> <p>A new system of reporting, monitoring,</p>	F 323		

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F 323	<p>Continued From page 22</p> <p>documenting, and responding to sexually inappropriate behaviors on the secured unit was developed as a facility policy. The components of new system include the following:</p> <ol style="list-style-type: none"> 1. Any new admission candidates to the secured unit will be reviewed prior to acceptance for any history of sexual behaviors to ensure facility can meet the needs of the candidate prior to admission acceptance. 2. Any staff noting inappropriate sexual behaviors, must immediately separate the residents involved, initiate 1:1 supervision 24/7, notify the medical provider and report to the nurse in charge, who will then notify the DON or the Administrator immediately either in person or by telephone. The telephone numbers are posted at each nursing station. 3. Daily audits will be conducted on the secure unit by the QA/ADON nurse (back-up will be nurse in charge) Monday-Friday. Weekend daily audits will be conducted by the Nurse in Charge (back-up is Manager on Duty). This daily audit will be a review of a newly developed sexual behavior incident report to ensure compliance that the facility is meeting the above concerns and will also include discussion with staff of any other concerns for sexual behaviors. The daily audits/staff discussions will be reported to the Safety Committee Monday-Friday by the QA/ADON and any weekend audits will be called to the DON by the Nurse in Charge for determination of any further interventions. <p>An in-service was immediately developed and conducted on 12/11/12 by the SDC on reporting sexual abuse to DON or Administrator--this included all staff and was completed on 12/12/12</p>	F 323			

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F 323	<p>Continued From page 23</p> <p>at 12:00pm-any staff that was unavailable for the in-service will not be allowed to work in the facility until they have completed it. This in-service included:</p> <ul style="list-style-type: none"> · Recognizing sexual behaviors · Identifying and reporting of sexual behaviors immediately by phone to the DON or Administrator 24 hours a day, 7 days a week. The telephone numbers are posted at each nursing station · Staff response to include immediate separation of residents and initiating 1:1 staffing, 24/7, until further notice · Expectations of staff responsibility to ensure that resident is monitored until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents · Prevention and how to supervise residents on a secure unit for inappropriate sexual behaviors · Admission process for reviewing behaviors and determining if facility can meet the needs of potential admission candidates. <p>A daily audit will be conducted on the secure unit by the QA/ADON nurse (back-up will be nurse in charge) Monday through Friday and on weekends by the nurse in charge (back-up is Manager on Duty). This daily audit will be a review of a newly developed sexual behavior incident report to ensure compliance. During these audits staff will be interviewed by the QA/ADON nurse for any other incidents. These daily audits and any staff concerns will be reported to the Safety Committee Monday-Friday by the QA/ADON and will be called to the DON by the Nurse in charge</p>	F 323		
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F 323	<p>Continued From page 24 on weekends before implementation of further interventions not already in place.</p> <p>Reporting of the Sexual Behavior Incident Reports, any auditing tools, and any interventions implemented will be reported by the Social Work Director (back-up is Social Work Assistant) monthly to the Quality Assurance Team. Any further recommendations for interventions from the Quality Assurance Team will be implemented by the team at that time to ensure compliance.</p>	F 323		