

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

FEB 12 2013

PRINTED: 01/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/15/2013
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NAME OF PROVIDER OR SUPPLIER  WELLINGTON REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 TANDALL PLACE KNIGHTDALE, NC 27545
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F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to investigate 3 allegations of abuse (Residents #2, #3 and #5); failed to report the allegations to the state agency as well as failed to develop policies and procedures to contact law enforcement, for a suspicion of a crime.</p> <p>The findings included:</p> <p>A copy of the facility 's Abuse Education Policy, dated January, 2007 was reviewed. It read that " Anyone who witnesses an incident of suspected resident abuse, neglect, misappropriation of property or involuntary seclusion is to tell the abuser to stop immediately, assure the safety of the resident and report the incident to the Executive Director and Director of Clinical Services immediately. "</p> <p>In the Resident Abuse Policy and Procedures, dated March, 2012 it read that an incident involving a Nurse/Aide-Resident required an immediate Initial Report of Incident faxed to the state.</p> <p>The facility 's March, 2012 Resident Abuse policy listed the procedure for reporting abuse. It read</p>	F 226	<p>1. All identified allegations of abuse, neglect, mistreatment and misappropriation of resident property have been reported, investigated, and the results have been sent to the Department of Health and Human Services, Health Care Personnel Registry.</p> <p>2. To identify any unreported allegations, all interviewable residents were questioned on 1/11/2013 by Tony Wilson, the Director of Social Services, as to their experience with the staff to evaluate if there is any other abuse that has not been reported to the Director of Clinical Services and the Executive Director.</p> <p>On 1/14/2013, all interviewable residents were asked if they have witnessed any other resident being abused by staff while they have lived at Wellington by the Director of Social Services, to evaluate if there is any other abuse that has not been reported to the Director of Clinical Services and the Executive Director. The interviewable residents will be interviewed monthly by the Director of Social Services with both the direct experience questions and the witness questions.</p> <p>On 1/13/2012, all non interviewable residents will have full body skin sweeps to evaluate for any injury of unknown origin to assess for any other evidence of abuse that has been unreported. As an ongoing expectation, skin sweeps will occur weekly as stated in facility policy. This will be monitored in the morning meeting. Any injury of unknown origin will be reported by the Director of Clinical Services to the</p>	<p>1/11/13</p> <p>1/14/13</p> <p>1/13/12</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Algalter Holmes* TITLE  
*Executive Director* (X6) DATE  
2/8/2013

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>that the " Abuse coordinator is responsible for reporting to appropriate officials in accordance with Federal and State regulations. Immediately upon report of an incident to the individual in charge, the suspect (s) shall be segregated from the resident. The Abuse Coordinator will refer any or all incidents and reports of abuse to the appropriate state agencies: Adult Protective Services, Health Care Administration and Ombudsman Council. " There was no directive language in their policy to contact law enforcement, for suspicion of a crime committed.</p> <p>While reviewing abuse investigations conducted from December, 2012 through January, 2013 the facility provided two files of abuse cases. In one of the files, a witness statement, written by Nurse Aide #3 (NA#3) on 12/4/13 revealed that she had witnessed another employee yelling, cursing and pointing her finger in the face of Resident #5. She stated that the incident occurred on 12/2/13.</p> <p>None of the investigations shared by the Executive Director on 1/9/13 involved this incident with Resident #5.</p> <p>On 1/10/13 at 10:44 am, Nurse Aide #3 was interviewed. She was given a copy of her witness statement to review and confirm it for accuracy. She noticed that she recorded the wrong dates. She shared that she worked mainly on first shift, but had to work 3x a month on night shift and she worked night shift last week, when the incident between Resident #5 and NA#1 occurred. It was determined that the incident occurred on 1/2/13 by reviewing the assignment sheet.</p> <p>NA#3 explained that she did not follow the abuse</p>	F 226	<p>Regional Director of Clinical Services, the Responsible Party of the resident, the MD of the resident, and a self report will be filed.</p> <p>By 1/14/2013, all facility staff were interviewed and re educated on facility policy abuse education training using SD-110 Attachment B by the Regional Director of Human Resources in a one on one format. All employees met the requirements of the abuse education assessment form with 100% accuracy during the process of the interview.</p> <p>She asked for feedback during the interview to determine if they had witnessed anything that could be considered abusive behavior at any point in their employment at Wellington. Any allegation of abuse from either resident or employee will initiate an immediate investigation and stimulate a 24 hour report to the Health Care Registry.</p> <p>3. As in accordance with facility policy, the Department Heads will make rounds throughout their work day to asses the general condition of the residents and will report their findings immediately to the Executive Director or the Director of Clinical Services. This is a permanent, ongoing expectation.</p> <p>As in accordance with the facility policy, the Customer Care Liaison (assigned to rotating Department Heads thru the week and weekends) will be monitoring the facility and will immediately report any evidence of abuse to the Executive Director or the Director of Clinical Services. This is a permanent, ongoing expectation.</p>	1/14/13

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F 226	<p>Continued From page 2</p> <p>procedure to report the incident that she just witnessed between NA#1 and Resident #5, with her immediate supervisor Nurse #3. She stated that she felt very uncomfortable saying anything because Nurse #3 was present when this took place and never redirected NA#1, allowing her to yell at Resident #5.</p> <p>NA#3 stated that the following day, when she reported to work, she approached the Social Worker and expressed her concern about NA#1 to him. She did not speak with the Director of Clinical Services or the Executive Director, after she spoke with him.</p> <p>She also shared that she was reluctant to report to anyone an incident that she witnessed last month between Resident #3, NA#1 and Nurse #3, while working on night shift, because she couldn't prove how the incident happened but it made her feel very uncomfortable. She stated that she found Resident #3 in a dark room, sitting in her wheelchair, isolated after she placed her at the nurses' station to be supervised by Nurse #3 and NA#1. She stated that Resident #3 was not capable of putting herself in the room. When she asked Nurse #3 how she got in there, she recalled her responding, "She was making too much noise". She didn't feel that either of the staff showed any concern for her finding Resident in a dark room alone.</p> <p>NA#3 stated that after this incident, she confided in a new nurse, Nurse # 5, what she had witnessed, finding Resident #3 isolated in a dark room alone. She stated that she was afraid to tell anyone else about the incident until she witnessed NA#1 yelling at Resident #5 last week,</p>	F 226	<p>Staff re training for sensitivity to improve the awareness of abuse and re sensitize staff to the needs of the residents will be given by the Regional Director of Human Resources during the week of 1/14/2013. The Corporate Employee Engagement Survey, which had been scheduled company wide to begin on 1/30/13, will be carried out at Wellington. The process is that the survey is filled out on paper in the facility with supervision of a non management facility employee. The form is filled out by the employee and they place it in a sealed envelope to be sent to a third party vendor who will process the information and send the feedback to the Corporation and the Regional Team. Feedback will be used to develop ongoing training and monitoring needs for the facility. The needs will then be developed into a plan of action by the Regional Team and will be reported to the next Scheduled PI meeting in the facility.</p> <p>4. The Regional Director of Human Resources reported the results of the training and interviewing of the staff, the Director of Clinical Services reported the results of all resident skin sweeps, and the Director of Social Services reported the results of the interviews with the residents to the PI committee meeting that was held on 1/15/2013 to report the completion of the interventions and the plan was accepted. Ongoing, the Director of Social Services will report the results of the monthly interviews, the Director of Clinical Services will report the results of the skin sweeps, the ED will report any allegations and</p>	<p>1/14/13</p> <p>1/30/13</p> <p>1/15/13</p>	

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F 226	<p>Continued From page 3 then decided to come forth.</p> <p>The Social Worker was interviewed on 1/10/13 at 3:00 pm. He shared that last Friday, 1/4/13, an aide (NA#3) approached him saying that the residents didn ' t like the way that NA#1 spoke to them. He didn ' t gather many specifics. He said this conversation took place after the facility had begun investigating a physical abuse allegation concerning NA#1 and a resident in the rest home. He explained that since an abuse investigation had already begun, he didn ' t mention the conversation between him and NA#3 to the Executive Director.</p> <p>On 1/10/13 at 3:40 pm, Nurse #3 was interviewed by phone. She denied witnessing NA#3 cursing at Resident #5 on 1/2/13. She also denied knowledge of residents wandering in isolated areas or being found in the Eye Wash Station room.</p> <p>On 1/10/13 at 4:07 pm, it was shared with the Director of Clinical Services and the Regional Clinical Nurse that there have been additional allegations brought forth by NA#3 about NA#1 and Nurse #3 that the facility had not investigated. The Regional Clinical Nurse stated that she believed the Executive Director felt it was the " same incident " and viewed it all as one allegation. She shared that they will correct this action and open an investigation. Once this allegation came to her attention today, she suspended Nurse #3 while the investigation was pending. NA#1 had a warrant for her arrest for assault and battery and was terminated by the facility on 1/9/13.</p>	F 226	<p>investigation reports sent to the Health Care Personnel Registry and any new action that was required by the results of the information gathered will be reported to the regularly scheduled monthly PI meetings.</p> <p>5. The allegation of compliance is February 12, 2013</p>	2/12/13	

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F 226	<p>Continued From page 4</p> <p>In a statement written by Nurse #5 on 1/11/13, she wrote that she was unsure of when the event happened, but while she was charting at the nurse ' s station, she overheard some of the aides say " I can ' t stand her; she puts her in a closet " . She stated that she did not turn around to see who the aides were or ask them what they were talking about.</p> <p>The Executive Director was interviewed on 1/11/13 at 10:40 am. The Executive Director stated that she only asked NA#3 to make a written statement about a verbal exchange she witnessed between NA#1 to Resident #5, however she did not require NA#1 to make a statement. In hind sight, she stated that she should have required NA#1 to write separate statements for each alleged incidents since it involved two different residents, with two different allegations. She provided copies of three new 24-Hour Initial Report involving Residents #2, #3 and #5 based on a recent conversation that she had with NA#3 that was sent to the state reporting agency on 1/11/13. She stated that she had to counsel NA#3 for not disclosing these allegations at the time of the occurrences. She shared that NA#3 had not come to her to share these concerns, nor did the Social Worker. However, a staff in another department told her on 1/4/13 that NA#3 may be a key witness with her investigation of NA#1.</p>	F 226			