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

JAN 0 9 2014

PRINTED: 12/12/2013 FORM APPROVED OMB NO. 0938-0391

RAME OF PROVIDER OR SUPPLIER CREEKSIDE CARE & REHABILITATION CENTER ADOSKIR, NC 29910 SUMMARY STREEM FOR EAST STREET, 2PC CODE 694 STOKES STREET EAST AHOSKIR, NC 29910 SUMMARY STREEM FOR EAST STREEM FOR SHOULD BE FREEDY RECOLLED FOR PROPERATE FREEDY The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and ebuse of residents and misappropriation of resident property. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and ebuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, Interviews with staff and family, the facility falled to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular diseases, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiens, transfers, and tolisting, and that she was fequently incontinont of bladder and bowel. The same MDS revealed the resident was copitively imputed with a Brief interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Miseppropriation Policy, effective 04/20/13 and revised on 03/20/3, revealed the following statement, "All all agleations of abuse along with injuries of unknown origin are reported Immediately to the charge nurse and/or	REGISTANCE OF PROVIDER OR SUPPLIER CREEKSIDE CARE & REHABILITATION CENTER CREEKS TREET ADDRESS, CITY, STATE, ZIP CODE GOS STOKES STREET EAST AHOSKIE, NO. 27910 CAND. CRACHESTOR STREET OF CORRECTION OF PROMORES PLAN OF CORRECTION OF MICHAEL DE GRACH DEPOTENCY VISIT OF REGISTATION INFORMATION) F 226 483.13(c) DEVELOP/IMPLMENT F 287 ABUSE/INFOLECT, 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 record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 incloated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for a civities of daily kingh, including bed mobility, personal hygiene, transfers, and tollating, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was copyritively impulated with a Brief Interview for Cognitive Statuse score of 0. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 0//2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with hydrogen fundation for the properties of the province of the Policy, offective 0//2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with hydrogen fundation of the province of the provin	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		SDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
AMME OF PROVIDER OR SUPPLIER CREEKSIDE CARE & REHABILITATION CENTER APOSKIS, NO. 27910 SUMMARY STATEMENT OF DEFECENCISS TAG CACHIECTICENEY MANDE REPRESENDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) FRESK TAG F226 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit imistrearment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate included: The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/15 indicated Resident # 1 was admitted to the facility or 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily kinking, including bed mobility, personal hygiene, transfors, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident required evidensive assistance for activities of daily kinking, including bed mobility, personal hygiene, transfors, and revised on 02/2013, revealed the fostigating with a Brief interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 02/2013, revealed the fostigations of abuse along with hydries of unknown origin are reported immediately to the charges nurse and/or	AMAIL OF PROVIDER OR SUPPUER CREEKSIDE CARE & REHABILITATION CENTER AMAID MADID PROPRETE EAST AHOSKIE, NO. 27910 AND BASES AND CONTRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) F 226 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreament, neglect, and ebuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 incloated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of corebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for a civility of admitishing, including bed mobility, personal hygiene, transfors, and toleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was copylitiesy Industries of daily kingly, including bed mobility, personal hygiene, transfors, and toleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was copylitiesy in parties of daily kingly incontinent of bladder and bowel. The same MDS revealed the resident was copylitiesy in parties of admitishing his provides of any brushes	U			i				С		
GREEKSIDE CARE & REHABILITATION CENTER CACH DEFICIENCY MUST BE PRECEDED BY PULL REQUIRED FOR PREFIX (PACH DORRICTIVE ACTION BIOLULD BE CONSECUTIVE ACTION	CREEKSIDE CARE & REHABILITATION CENTER CAGID PREFIX SUMMARY STATEMENT OF DEBICIENCIES LEANT DEBICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION) TAG			345359	B. WING			11/26/2013			
AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SIGNATOR) FREQUENCY OR LOS IDENTIFYING INFORMATION) F 226 483.13(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 record review, observations, interviews with staff and family, the facility foliad to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was sinvestigated as abuse. The abuse investigation policy was reviewed and found to be appropriate, so all licensed staff was inserviced on reporting bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin were not reported, and act appropriately if warranted. The results of this audit will be reported to the next Performance Improvement committee meeting, which injuries of unknown origin are reported immediately to the charge nurse and/or will injuries of unknown origin are reported immediately to the charge nurse and/or will injurie of unknown origin are reported immediately to the charge nurse and/or will be reported to the next Performance Improvement committee meeting, which injurie	OCAJID SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EXCHORTIC-INNY) MUST BE PRECEDED BY PULL REQUIRTED IN SUMMARY STATEMENT OF DEFICIENCIES F 226 483.13(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 misapprophiation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility falled to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 included Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bud mobility, personal hyglene, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impained with a Brief interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/20/13 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with hyuries of unknown origin are reported Immediately to the charge nurse and/or	NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE				
AHOSKIR, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY) WIST BE PRECEDED BY PULL REGULATORY OR LS IDENTIFYING INFORMATION) F 226 SS=D F 276 F 286 SS=D F 286 SS=D 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 record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/28/13 with diagnoses that included pypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hyspithy choosinent of bladder and bowel. The same MDS revealed the resident was conglitively impaired with a Brief interview for Cognitive Status score of 9. A review of the facility and 10/20/13 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or of medical properties. All resident tay of the APPROPRIATE of PREFIX TAG F 226 The incident for resident #1 was investigated. All resident thave the potential to be investigated. All current daily reports were audited to see If any bruising met the criteria to be investigated as abuse. The abuse investigation of policy was reviewed and found to be appropriate, so all licensed staff was inserviced on reporting bruises of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin are reported. The results of this audit will be reported to the next Performance Improvement	SUMMARY STATEMENT OF DEFICIENCIES TAG PROMODERS PLAN OF CORRECTION CACH CORR	CREEKSIE	E CARE & REHABILIT	TATION CENTER		1					
F 226 SS=D F 226 SS=D A83.13(c) DEVELOP/IMPLMENT ABUSE/MEGLECT, ETC POLICIES The facility must develop and implement written policles 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 record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident #1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident #1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of carebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and colleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief interview for Cognitive's bringaired with a Brief interview for Cognitive's bringaired with a Brief interview for Cognitive's bringaired with a Brief interview of 00 20/2013, revealed the following statement, "All altegations of abuse along with liquires of unknown origin are reported inmediately to the charge nurse and/or	F 226 S=D F 226 S=D A3.13(c) DEVELOP/IMPLMENT ABUSE/MEGILEGT, 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 record review, observations, interviews with staff and family, the facility falled to report and investigate injuries of unknown origin for one of one resident (Resident #1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 incloated Resident #1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiens, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief interview for Cognitive Status score of 9. A review of the 6000000000000000000000000000000000000					A	HOSKIE, NC 27910			_	
The facility must develop and implement written policies and procedures that prohibit mistreament, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident #1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 inclicated Resident #1 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hyglene, transfers, and toileting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the ty following statement, "All allegations of abuse along with injurtes of unknown origin are reported Innerview for the facility of the charge nurse and/or	The facility must develop and implement written policies and procedures that prohibit mistreament, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility abuse, Neglect, and Misappropriation Policy, effective 04/2013 and rovised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin are reported Immediately to the charge nurse and/or	PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETI DATE		
Inertacility 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 record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/28/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and bilieting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injurtes of unknown origin are reported immediately to the charge nurse and/or	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and obuse of residents and misappropriallon of resident property. This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and toileting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with liquites of unknown origin are reported Immediately to the charge nurse and/or	i	ABUSE/NEGLECT,	ETC POLICIES	F	226	E276	* • • • • • • • • • • • • • • • • • • •	Dec	1	
This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hyglene, transfers, and toileting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/20/13 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin are reported Immediately to the charge nurse and/or	This REQUIREMENT is not met as evidenced by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and toileting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin are reported in the criteria to be investigated as abuse. The abuse investigation policy was reviewed and found to be appropriate, so all licensed staff was inserviced on reporting bruises of unknown origin, as stated in the policy. The DON or designee will audit the incldent reports for two weeks to see if any bruises of unknown origin were not reported, and act appropriately if warranted. The results of this audit will be reported to the next Performance Improvement committee meeting, which meets monthly and is attended by the DON, administrator, the meets monthly and is attended by the DON, administrator, the meets monthly and several department managers.		policies and proced mistreatment, negle	ures that prohibit ct, and abuse of residents		in the second se	The incident for resident #1 v investigated. All resident have the potentia to be affected. All current da	al ily			
The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weekness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin were not reported, and act appropriately if warranted. The results of this audit will be reported to the next Performance Improvement committee meeting, which meets monthly and is attended by the DON, administrator, the medical director, the RpH, and several department managers.	The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin, as stated in the policy. The DON or designee will audit the incident reports for two weeks to see if any bruises of unknown origin were not reported, and act appropriately if warranted. The results of this audit will be reported to the next Performance Improvement committee meeting, which meets monthly and is attended by the DON, administrator, the medical director, the RpH, and several department managers.		by: Based on record review, observations, interviews with staff and family, the facility failed to report and investigate injuries of unknown origin for one of one resident (Resident # 1.) The findings included: Review of the 14-Day Minimum Data Set (MDS) Assessment dated 11/14/13 indicated Resident # 1 was admitted to the facility on 10/29/13 with diagnoses that included hypertension, dementia, late effects of cerebral vascular disease, and muscle weakness. Further review of the MDS revealed the resident required extensive assistance for activities of daily living, including bed mobility, personal hygiene, transfers, and tolleting, and that she was frequently incontinent of bladder and bowel. The same MDS revealed the resident was cognitively impaired with a Brief Interview for Cognitive Status score of 9. A review of the facility's Abuse, Neglect, and Misappropriation Policy, effective 04/2013 and revised on 03/2013, revealed the following statement, "All allegations of abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other				any bruising met the criteria to be investigated as abuse. The abuse investigation policy was reviewed and found to be appropriate, so all licensed staff				
officials in accordance with State law through	administrator of the facility along with other officials in accordance with State law through						bruises of unknown origin, a stated in the policy. The DON or designee will au the incident reports for two weeks to see if any bruises of unknown origin were not reported, and act appropriatif warranted. The results of this audit will reported to the next Performance Improvement committee meeting, which meets monthly and is attended to the DON, administrator, medical director, the RpH, a	dit of tely be ded the			

Any deficiency statement ending with an Alerisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that afficiency statement ending with an Alerisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that afficiency safeguards provide 30 findings stated above are disclosable 90 days afficiently stated of surfey withher or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

(SKHED 9.JA)

FORM CMS-2587(02-99) Pre-hous Versions Obsoleto

EventID:UWKP11

Facility ID: 923205

If continuation sheet Page 1 of 9

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

- SALIALE IN	TO LOTT MEDIONICE OF	MEDICAID SEKVICES				N GIND	<u> </u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
· ·		245250	B WING			l .	С
		345359	B. WING			11/	/26/2013
NAME OF P	ROVIDER OR SUPPLIER	• •		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CREEKSII	DE CARE & REHABILITA	TION CENTED		60	04 STOKES STREET EAST		
0112211011	ne over a treistorelly	HON CENTER		A	HOSKIE, NC 27910		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	х	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
ENT	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	- 1	CROSS-REFERENCED TO THE APPROPRI	ATE.	DATE
<u> </u>					DEFICIENCY)		<u> </u>
	1			1			
F 226			F	226			
	established guideline	s. " Additional review of the					
	same policy revealed	that staff received ongoing					
	training regarding ide	ntification and prevention of		İ			
	abuse, as well as info	mation regarding what					
	constitutes abuse and	neglect. The policy					
	indicated that training	on "Signs and Symptoms			•		
	of abuse (bruises, inju	irles of unknown origin,		1			Ì
	crying, fearful, increas	sed agitation, and					
	withdrawal) " were in	cluded in the staff training,					l i
	as well as when and t	o whom to report abuse.		1			
	A review of the physic		ļ				
	resident was taking P						
	A review of the Nursin	g Admission Skin			•		
	Evaluation (NASE) da	ited 10/29/13 revealed the					
	resident had reddene	d areas to the buttocks and	ļ	Į			
	bruising bilaterally on	the upper extremities and	Ì	- [1
	hands. The evaluatio	n was signed by the Wound		ı			
	Nurse and by Nurse #			- 1			}
	Review of the Weekly	Skin Integrity Review		- 1		-	1
	(WSIR) dated 10/29/1	3 revealed the resident had			•	ļ	
	some bruising upon a	dmission on the right lower		- 1			
	arm about 3 inches by	3 Inches in size. The		- 1			
	same WSIR was sign	ed by Nurse #1.		- 1		,	!
	Review of the WSIR d	lated 10/30/13 indicated the					
	resident had bruises o	n the left am wrist area		i			
	and the lower right ab	domen. Further review of					
	the assessment revea						
	spots" on the front ou	ter shins. The assessment		- 1			
ĺ	was signed by the Wo	und Nurse.					
	Review of the WSIR d	ated 11/07/13 indicated the					
	resident's skin was int	act. No other notations					
	were made on the rep	ort regarding new or old					
	bruising, and the repo	rt was signed by the Wound					
1	Nurse.	•					
	Review of the WSIR d	ated 11/14/13 revealed the	1				
	resident had bruises o	n the backs of her left and					
	right hands, the back of	of the right arm, and the		1		1	
	back of the right thigh.	There was no further				Í	
		ses included in the report.					

PRINTED: 12/12/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 345359 B. WNG 11/26/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 604 STOKES STREET EAST CREEKSIDE CARE & REHABILITATION CENTER AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 228 Continued From page 2 F 226 The assessment was signed by Nurse #2. Review of the WSIR dated 11/21/13 indicated the resident had bruises and redness in the perineal area. A box on the same WSIR report was checked to indicate the reported areas were new. The assessment was signed by Nurse #2. Review of the Nurse 's Notes dated 11/23/13 at 1:00 AM revealed the family of the resident complained that the resident had bruises that were not there the day before. The Nurse's Note was signed by Nurse #3. A review of the facility 's Grlevances/Concerns for November 2013 revealed there was no grievance, concern, or report of bruises or an injury of unknown origin for Resident #1. During an interview with the Resident #1's Responsible Party (RP) on 11/25/13 at 10:48 AM, the RP stated that the resident had bruising located on the left outer thigh between the hip area and the knee which he had not seen on his previous visit. He stated he saw the bruising the last time he visited at the facility on 11/22/13, and further stated that there were other times when he noted new bruises on the resident while she

FORM CMS-2567(02-99) Previous Versions Obsolete

unintentional abuse.

was in the facility. He stated that he felt the bruising might suggest either intentional or

In an interview conducted with Nurse #2 on 11/25/13 at 4:40 pm, she stated that her documentation of the bruises located on the back of the resident's right and left hands, as well as the bruise on the back of the right thigh were not new bruises on her assessment (WSIR) on 11/14/13. In addition, she stated that her notation of bruising and redness on the WSIR dated 11/21/13 indicated that new redness was present in the resident's perineal area. She then added that she felt the bruising noted at that time was old. She explained that she felt no need to

EvenUD: UWKP11

Facility IO: 923205

If continuation sheet Page 3 of 9

PRINTED: 12/12/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
11						С	
345359		345359	B. WNG			11/26/201	
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CREEKSIDE CARE & REHABILITATION CENTER				60	4 STOKES STREET EAST		
CKEEKSII	JE CARE & RENADILITA	MON CENTER]	ΑI	HOSKIE, NC 27910		
(X4) 10	SUMMARY ST	ATEMENT OF DEFICIENCIES	10		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	ţ	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLÉTION DATE
F 226	Continued From page	9.3	E /	26			
			' '	.20			
	all the bruises were c	or about the bruising because	-				
		vith Nurse #3 on 10/25/13 at		I			
		the bruising she described in		ı			
	teh atoM sessit and	ed 11/23/13 at 1:00 AM was		ŀ			
		she did not feel she should					
	contact a supervisor	to report it as an injury of	}	ı			
	unknown origin. She	added that the RP who had		1			
	visited that evening w	vas very concerned about					
	the bruises and was	very concerned in general					
	about the resident's o	care,					
		vith the Wound Nurse on	-				
		she confirmed that she					
	Indicated there was a						
	resident's lower right	abdomen on the WSIR					
		also stated she did not					
		would typically receive a					
	bruise in the lower rig	jht abdomen. In addition,					
		pots" noted on her WSIR				•	
		red to "age spots." She					
		ol report the abdominal					
		visor. She then added that if					
		I, physical, or sexual abuse					
		dent, she would immediately					
		or so that action could be					
	taken to remove the	resident from harm and so					
		could be made. She also					·
		eceived abuse training in the					
	facility about one mo					•	
	An observation of inc	continent care by Nursing					
		on 11/26/13 at 10:15 AM					
		t had two quarter size light					
		the upper, outer thigh near					
		he mid-level outer thigh area.	-				
		ss and no bruising noted on					
	mis obbat of tower in	ner thighs bilaterally, and no					
	dahi thiah Immada	ed on the resident's back tely after the incontinent care					
	was complete, an ob	servation of the resident's					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES HID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		ø	3) DATE SURVEY COMPLETED
		345359	B. WNG			C 11/28/2013
NAME OF PROVIDER OR SUPPLIER CREEKSIDE CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 604 STOKES STREET EAST AHOSKIE, NC 27910	<u> </u>	(1)20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED YO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 228	upper arms was mad blue/yellow bruise no shaped like a pencil I approximately 2 inche appearance. During a second interion 11/26/13 at 10:00 was no bruising noter 11/07/13. She also s by Nurse #2 on the V dated 11/14/13, inclured the right thigh, must had not been present 11/07/13. During an interview with 11:08 AM on 11/26/13 staff of the facility had during the month of A another in-service traplace on December 1 all aspects of the Abuthe training, including unknown origin. She employees are hired, during the first three on the following date	e. There was a small light ted on the upper back arm line. The bruise was as long and was dotted in view with the Wound Nurse AM, she confirmed there don her WSIR dated tated that the bruising noted vSIR the following week ding the bruise on the back at have been new because it ton the WSIR dated with the Abuse Coordinator at 3, she stated that the entire directived Abuse Training august 2013 and added that lining is scheduled to take is, 2013. She explained that use Policy were included in reporting injuries of also stated that when they receive Abuse Training	F 2:	26		

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345359	B. WNG		C 11/25/2013	
NAME OF PROVIDER OR SUPPLIER GREEKSIDE CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 604 STOKES STREET EAST AHOSKIE, NC 27910	1 1120/2013	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 228 Continued From page 5 11/23/13 at 1:00 AM which were signed by Nurse #3, she stated that Nurse #3 had called her that evening, but did not mention bruising or an injury of unknown origin for the resident. She added that she would have come to the facility on that night if she had realized there was new bruising on the resident, especially if the resident's RP was concerned. She also stated that she had not been notified of any injuries of unknown origin at any time since Resident #1's admission. F 312 SS=D A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide incontinent care for 1 of 2 (Resident #1) sampled residents that required assistance with Activities of Daily Living (ADL's). The findings included: 1. Resident #1 was admitted to the facility on 10/29/13 with diagnoses that included late effects of cerebral vascular disease, muscle weakness, and dementa. The 14-day Minimum Data Set (MDS) dated 11/14/2013 documented the resident required extensive assistance with toileting and that she was frequently incontinent of bladder and bowel.	F 2:	26		

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

STATEMENT OF DEFICIENCIES (X1) PROVIDERS		O(1) DECIMPED SUPPLIED SUCCES				OWR V	O. 0938-0391
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		346359	B. WING			С	
NAME OF E	NAME OF PROVIDER OR SUPPLIER			670	PECTADDRESS OFT AVER	11	/26/2013
CREEKS	DE CARE & REHABILITA	TION CENTER		604	REET ADDRESS, CITY, STATE, ZIP CODE STOKES STREET EAST OSKIE, NC 27910		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 312	Continued From page	6	F	312			
	Incontinent care was premoved the resident brief. The NA wiped the disposable wipe from back (rectal) area. An revealed the resident stool. The NA proceed perineal area (perineut disposable wipe towar The NA proceeded to same front to back, bethen applied a dry incommon the NA proceeded to same front to back, bethen applied a dry incommon to be the was change the wipe or cleater wipe. She further a more cautious the next.	pm, during an Interview, aware that she should ean with a different area of stated " I just got to be t time."			The results of this audit will be reported to the next Performance Improvement committee meeting, which meets monthly and is attende by the DON, administrator, the medical director, the RpH, and several department managers	d e	
F 356 SS=B	Director of Nursing (Do the NA's to use the di breakdown of the feca stated she expected th infection control is mal front to back with a sin wipe. 483.30(e) POSTED NI INFORMATION The facility must post to a dally basis: o Facility name. o The current date. o The total number and	ON) stated she expected sposable wipes only for the matter. The DON further to NA's to ensure proper ntained by wiping from gle use of the disposable URSE STAFFING he following information on the disposable the following information on the followin	F3	56			
	by the following catego	ries of licensed and			•		

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY JD PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ С 345359 B. WING 11/26/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **604 STOKES STREET EAST CREEKSIDE CARE & REHABILITATION CENTER** AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 356 Continued From page 7 F 356 unlicensed nursing staff directly responsible for resident care per shift: DEC 1 - Registered nurses. F356 - Licensed practical nurses or licensed vocational nurses (as defined under State law). No residents were identified in Certified nurse aides. o Resident census. this citation. The facility must post the nurse staffing data No residents were found to specified above on a daily basis at the beginning have the potential to be of each shift. Data must be posted as follows: o Clear and readable format. affected by this practice. o in a prominent place readily accessible to residents and visitors. The policy was changed as to the specific person (position) The facility must, upon oral or written request, make nurse staffing data available to the public responsible for posting this for review at a cost not to exceed the community information. standard. The facility must maintain the posted daily nurse The DON or designee (nurse) staffing data for a minimum of 18 months, or as will audit this practice for one required by State law, whichever is greater. week (7 days) to ensure the information is posted. This REQUIREMENT is not met as evidenced by: The results of this audit will be Based on observations and interview with staff the facility falled to post the nurse staffing data on reported to the next 1 of 3 days of the survey. Performance Improvement committee meeting, which The findings included: meets monthly and is attended Observation during the initial tour on 11/24/13 at by the DON, administrator, the 9:20 PM revealed there was no posted nurse staffing data for 11/24/13. Observation was made medical director, the RpH, and of the dally nurse staffing sheet dated on11/24/13 several department managers. that was blank.

PRINTED: 12/12/2013

FORM APPROVED

PRINTED: 12/12/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY HO PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ 346359 B. WING 11/26/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 604 STOKES STREET EAST **CREEKSIDE CARE & REHABILITATION CENTER** AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION Ю (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 356 Continued From page 8 F 356 Observation on 11/24/13 at 11:00 PM revealed there was no posted nurse staffing data for 11/24/13. Observation was made of the dally nurse staffing sheet dated on11/24/13 that was blank. Interview with the Director of Nursing (DON) on 11/26/13 at 9:37 AM revealed that the Registered Nurse (RN) Supervisor is responsible for completing and posting the daily nurse staffing sheet by 9:00 AM each day. The DON further stated that a Nurse called out on Sunday and the RN Supervisor had to work the cart and forgot to complete and post the dally nurse staffing. DON further stated that it is her expectation that the daily nurse staffing sheet is completed and posted by 9:00 AM each morning.