

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345530 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/12/2016 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320 | | |
| (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 225 SS=D | <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> | F 225 | | 2/9/16 | |

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

TITLE

(X6) DATE

Electronically Signed

02/05/2016

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 225 | Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, and resident and staff interviews, the facility failed to report an allegation of abuse to the State within required time frames for 1 of 3 sampled Residents (Resident # 2). The findings included: Resident #2 was admitted to the facility on 9/16/15. Resident #2 had diagnoses including right ankle sprain, neuropathy, right foot contusion, fibromyalgia, fractured 5th metatarsal, chronic pain and rheumatoid arthritis. The Minimum Data Set (MDS) dated 9/23/15, indicated Resident #2 had no problems with short or long term memory and was independent with decision making. Resident #2 required extensive to total assistance with all activities of daily, transfers and mobility. Review of the grievance form dated 9/23/15, revealed Resident #2 reported to the social worker on Sunday 9/20/15 a third shift nursing assistant broke her foot after she had asked the nursing assistant for assistance to put on her tennis shoes before going to the bathroom. Review of the initial 24 hour report dated 9/29/15, revealed the resident's allegation of abuse incident date was on 9/20/15. The report specified Resident #2 stated that a nursing assistant broke her foot. The 24 hour and 5 day report was sent to the Division of Health Service Regulation on 9/30/15. Review of the abuse investigation paperwork revealed witness statements were not obtained until 9/29/15 through 10/14/15. During an interview on 1/12/16 at 12:10PM, Resident #2 indicated that she had reported to the 3rd shift nurse supervisor that a nursing assistant had broken her foot, by not putting on her tennis shoes when she needed to go to the | F 225 | F225 The facility/organization completes a thorough investigation on individuals considered for employment. Human Resources completes the State of Bureau of Investigations background check, finger print checks, license verification (NC/Multistate Board of Nursing) and Nurse Aide Registry verification and previous employment checks on all potential new employees to ensure new employees are free and clear of any criminal wrongdoing activities. Three employee files reviewed and verified by administrator and all complete with the criminal background check, finger prints checks, license and nurse aide registry verification and previous employment checks are completed. Monitor Administration will log all new employees and verification of the criminal background checks, finger prints, license and nurse aide registry and previous employment checks then sign and note any findings as necessary. Administration will perform weekly audits of reviewing the log to ensure compliance for 3 months. All audits with findings will be reported and | | |

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| F 225 | Continued From page 2 bathroom back in September. Resident #2 reported she heard something pop in her foot. Resident #2 added that she preferred to wear the tennis shoe when she needed to go to the bathroom, because it gave her support and balance when she stood up to walk. She further stated that the nursing assistant had an attitude and because she needed to go to the bathroom right away and could not hold it any longer. "I told the nurse and the nursing assistant that my foot hurt and it started to swell right away. This could have been avoided had she put my shoes on as I asked." She further stated after the incident the physician had come in and looked at her foot and did not like what he saw so she was sent over to the hospital for x-ray and that was when the break of the 5th right metatarsal was found. The 1st x-ray didn't show anything, but the swelling and discoloration was so bad. I was sent for a second x-ray that's when it was found. During an interview on 1/12/16 at 2:20PM, the Social Worker indicated that she received a call from the weekend supervisor on 9/20/15. The weekend supervisor reported that Resident # 2 stated staff broke her foot. The Social Worker stated that the 24 hour report should have been completed on Monday 9/21/15 in accordance with the abuse policy. She confirmed that the policy and procedures for reporting allegations of abuse was not done until 9/29/15. The 5 day report was done on 9/29/15. During an interview on 1/12/16 at 4:20PM, Weekend Supervisor confirmed that Resident #2 reported to her a nursing assistant (NA) on 3rd shift was rude to her and she thought the nursing assistant broke her foot. She indicated that she had spoken with the resident about the incident that evening and checked her for injury. The nurse stated she did not notice any injuries at that | F 225 | re-evaluated in quarterly QA meeting for 3 month. All current employees will be educated on the Resident Abuse and Neglect policy which includes alleged violations involving mistreatment, neglect or abuse, injuries of unknown source and misappropriation of property and reporting of the allegation to DON/SW. All new employees will be educated on the Resident Abuse and Neglect policy which includes alleged violations involving mistreatment, neglect or abuse, injuries of unknown source and misappropriation of property and reporting of the allegation to DON/SW in new employee orientation. All Registered Nurses, DON and Social Workers will be educated on the Process of Notification for Abuse-24 Hour Initial Reporting to ensure all allegations of abuse and neglect are reported. Monitor Social Worker/DON will log the completion of education for new employees on the Resident Abuse and Neglect policy. | | |

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| F 225 | Continued From page 3 time. She indicated that the resident was asking for assistance to use the bathroom and NA#1 was rude in the way she spoke to her. She could not recall the details of the conversation or whether the resident had reported any physical contact or injury. If the resident had reported any physical interaction she would have started the abuse protocol. She does not recall whether she had contacted the Social Worker, the Director of Nursing or the Administrator. She stated she put her statement under the Social Worker's door. During an interview on 1/12/16 at 4:45PM, the Administrator indicated the expectation was for the first person who had received report of allegation of abuse should have initiated the abuse investigation procedures. The Social Worker and Director of Nursing should have been contacted immediately. The Social Worker and Director of Nursing would share the information with the Administrator after the investigation was completed. The staff that received must complete the designated reports (24 hour and 5 day) and perform the process in accordance to the abuse policy. The Administrator confirmed the 24 hour report and 5 day report were not completed in accordance to facility policy. Nursing Assistant #1 was unavailable for interview after several attempts. | F 225 | Social Worker/DON will log the completion of 24 Hour Initial Report of allegations of abuse and neglect. Administrator will monitor the logs to ensure compliance weekly for 3 months. All employees will be educated on Resident's Rights. All new employees will be educated on Resident's Rights during new employee orientation. All nursing employees will be educated on the weekly Watch List to ensure resident specific care is followed. Registered Nurses will initiate the 24 Hour Initial Report if receiving an allegation of abuse in the absence of the Social Worker/DON. The Registered Nurse will notify the Social Worker and DON. The Social Worker/DON will notify the Administrator. Then the Social Worker/Don will submit the 5 day final report per requirements. | | |
| F 226 SS=D | 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES | F 226 | | 2/9/16 | |

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| F 226 | Continued From page 4 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 staff and resident interviews, record review and review of the abuse policy, the facility failed to implement their abuse policy for reporting allegations of abuse for 1 of 3 sampled residents who reported abuse (Resident #2). The findings included: The facility policy entitled "Resident Abuse and Neglect" dated June 2007, read in part; all reports of abuse, suspected or witness will be reported immediately to the Director of Nursing and the Administrator. All alleged violations will be reported to the NC health Care Personnel Registry. Initial report are completed within 24 hours of the event with the final report to follow within 5 working days. The reports would be sent to the state nurse aid registry and discipline specific licensing authorities. The resident involved in the incident and/or their POA will be notified of the outcome of the investigation as well as all further occurrences. The other components of the policy were followed. Resident #2 was admitted to the facility on 9/16/15. Resident #2 had diagnoses including right ankle sprain, neuropathy, right foot contusion, fibromyalgia, fractured 5th metatarsal, chronic pain and rheumatoid arthritis. The Minimum Data Set (MDS) dated 9/23/15, indicated Resident #2 had no problems with short or long term memory and was independent with | F 226 | F226 Reviewed and revised the Resident Abuse and Neglect policy. All employees will be educated on the Resident Abuse and Neglect policy which includes alleged violations involving mistreatment, neglect or abuse, injuries of unknown source and misappropriation of property and reporting of the allegation to DON/SW. All employees educated on writing witness statements if involved or witness allegations of abuse, include: who was involved, what happened, where did it happen and when did it happen. All employees educated on signing and dating their statements. All new employees will be educated on the Resident Abuse and Neglect policy and reporting of | | |

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| F 226 | Continued From page 5 decision making. Resident #2 required extensive to total assistance with all activities of daily, transfers and mobility. The fractured 5th metatarsal was found on the second x-ray. Review of the grievance form dated 9/23/15, revealed Resident #2 reported to the social worker on Sunday 9/20/15 a third shift nursing assistant broke her foot after she had asked the nursing assistant for assistance to put on her tennis shoes before going to the bathroom. Review of the initial 24 hour report dated 9/29/15, revealed the resident's allegation of abuse incident date was on 9/20/15. The report specified Resident #2 stated that a nursing assistant broke her foot. The 24 hour and 5 day report was sent to the Division of Health Service Regulation on 9/30/15. Review of the abuse investigation paperwork revealed witness statements were not obtained until 9/29/15 through 10/14/15. During an interview on 1/12/16 at 12:10PM, Resident #2 indicated that she had reported to the 3rd shift nurse supervisor that a nursing assistant had broken her foot, by not putting on her tennis shoes when she needed to go to the bathroom back in September. Resident #2 reported she heard something pop in her foot. Resident #2 added that she preferred to wear the tennis shoe when she needed to go to the bathroom, because it gave her support and balance when she stood up to walk. She further stated that the nursing assistant had an attitude and because she needed to go to the bathroom right away and could not hold it any longer. " I told the nurse and the nursing assistant that my foot hurt and it started to swell right away. This could have been avoided had she put my shoes on as I asked. " She further stated after the incident the physician had come in and looked at | F 226 | the allegation to Social Worker/DON in new employee orientation. The RN, Social Worker/DON will obtain initial witness statements from staff and ensure they are signed and dated within 24 to 48 hours of the reported incident. A log will be created for completion by Social Worker/DON for all abuse and neglect allegations. This log will be signed and dated daily until completion of the investigation. The log will include: date and type of incident, confirmation of 24 Hour Initial report, confirmation of 5 Day final report, initial witness statements obtained with date and signatures. All Abuse and Neglect Allegations log entries will be signed and dated by Social Worker/DON, or designee daily until investigation is completed. Monitor The administrator or designee will monitor and sign the Abuse and Neglect Allegations log daily during the investigation to ensure the 24 hour report is submitted on time, the statements | | |

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