

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

PRINTED: 05/31/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/20/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1987 HILTON STREET</b> <b>BURLINGTON, NC 27217</b>		
(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>483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>483.12(a) The facility must-</p> <p>(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or</p> <p>(iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>(4) Report to the State nurse aide registry or licensing authorities 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.</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if</p>	F 225		5/18/17	

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

TITLE

(X6) DATE

Electronically Signed

05/30/2017

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	<p>Continued From page 1</p> <p>the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to report an allegation of misappropriation of resident property to the state survey and law enforcement agency as required for 1 (Resident #2) of 3 sampled residents reviewed for misappropriation of resident property. Findings included:  Resident # 2 was admitted to the facility on 1/11/17 with multiple diagnoses including Adult Failure to thrive and Hypertension. The admission Minimum Data Set (MDS) assessment dated 1/18/17 indicated that Resident #2's cognition was intact. Resident #2 expired on</p>	F 225	<p>F225 How corrective action will be accomplished for each resident found to have been affected by the deficient practice: The patient discharged on 3/13/2017.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All service concerns will be reviewed daily by the administrator and reported if meets reporting requirements. All service</p>		

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F 225	<p>Continued From page 2 3/13/17.</p> <p>The facility's grievance log for the last six months (November 2016 through April 18, 2017) was reviewed. The grievance log indicated that Resident #2 had a grievance filed on 1/26/17.</p> <p>The Service Concern Report dated 1/26/17 for Resident #2 was reviewed. The detail of the concern was missing money (\$100 bill (1), \$5 bill (2), quarters (26), dimes (5) and a nickel (1). The grievance was received by the Social Worker (SW) who then referred the grievance to the Administrator.</p> <p>On 4/18/17 at 2:38 PM, the SW was interviewed. The SW stated that when Resident #2 was first admitted, he was upset that his money was missing. After a day or two, the Physical Therapy Assistant (PTA) found the money inside a white envelope in the resident's room. The PTA had given the money to the resident. This was reported to her by the Therapy Manager. Days later, a family member of Resident #2 reported that the resident was upset that his money was missing again. The SW indicated that when the money was not found, she filled out a Service Concern Report and forwarded the report to the Administrator. She indicated that she did not complete a Service Concern Report the first time the resident reported his money was missing because the money was found.</p> <p>On 4/18/17 at 2:40 PM, the PTA was interviewed. The PTA stated that he went to the room of Resident #2 to get him for therapy. He was upset claiming that his money was missing. The PTA looked around and found a white envelope with money inside his drawer. The white envelope</p>	F 225	<p>concerns since 03/01/17 were reviewed by the administrator for need to report. There were no additional instances requiring reporting.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur: The administrator begins morning meeting each day, which is attended by all department heads, by asking for any customer service issues, including items that are missing and/or believed to be stolen. Per policy, the administrator will investigate all allegations of theft, as well as reporting to local law enforcement and to the Health Care Personnel Registry within 24 hours of the allegation being made. The administrator will also follow up with the HCPR with a five day report. The administrator will perform an investigation into the matter, enlisting help from department heads, as needed. The administrator will review customer service issues daily. In cases of items or money that is missing, the administrator will seek clarification on whether anyone believes this to be a case of theft. This will be audited weekly for the next three months by the discharge planning department.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: All audits will be reviewed by the facility quality assurance committee at our next quarterly QA meeting X 1.</p>		

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F 225	Continued From page 3 was given to the resident. The PTA further indicated that he observed Resident #2 put the white envelope with the money in the pocket of his pants. The PTA was unable to remember the exact date when he found the money but it was days after his admission. The PTA also did not know how much money was in the while envelope.  On 4/19/17 at 10:20 AM, the Administrator was interviewed. He stated that he was responsible for the investigation and reporting of the incident with Resident #2 regarding the missing money. He indicated that Resident #2's family member indicated that it was a housekeeper who took the money but when the resident was interviewed he stated that it was a nurse and then a nurse supervisor. The administrator further stated that when he interviewed Resident #2, he was describing the person who took the money as 22 years old. He further indicated that because he was given different stories, he did not pursue with the reporting. He also stated that if he had known that a staff member had seen the money in the resident's room, he should have followed the policy by reporting the allegation of missing money to the state agency and to law enforcement agency.	F 225			
F 226 SS=D	483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  483.12 (b) The facility must develop and implement written policies and procedures that:  (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of	F 226		5/18/17	

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F 226	<p>Continued From page 4 resident property,</p> <p>(2) Establish policies and procedures to investigate any such allegations, and</p> <p>(3) Include training as required at paragraph §483.95,</p> <p>483.95</p> <p>(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-</p> <p>(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to implement their policy and procedure on misappropriation of resident property by not thoroughly investigating and reporting an allegation of misappropriation of resident property for 1 (Resident #2) of 3 sampled residents reviewed. Findings included:</p> <p>The facility's policy on abuse, neglect and misappropriation of resident property dated 11/4/16 was reviewed. The policy on investigation and follow up reporting read, in part,</p>	F 226	<p>F226</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice: The patient discharged on 3/13/2017.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All service concerns will be reviewed daily</p>		

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F 226	<p>Continued From page 5</p> <p>"The Administrator is responsible for directing the proficiency and the timeliness of any and all investigation and all follow up investigative reporting to the State Agency regarding the Center's initial reported incidents of alleged/suspected patient abuse, neglect, mistreatment, exploitation or crime against a patient. " The procedure included "2. The Administrator and or Director of Nursing will immediately initiate a thorough internal investigation of the alleged /suspected occurrence. The investigative protocol will include, but not limited to collecting evidence, interviewing alleged victims and witnesses and involving other appropriate individuals, agents or authorities to assist in the process and determinations. 5b. The Administrator will immediately (within 2 or 24 hours of knowledge of the allegation) notify the Adult Protective Services Agency, the local Ombudsman and the appropriate local law enforcement authorities (police, sheriff's office and or medical examiner) for and incident of patient abuse, mistreatment, neglect or misappropriation of personal property or other reasonable suspicion of a crime."</p> <p>Resident #2 was admitted to the facility on 1/11/17 with multiple diagnoses including Adult Failure to thrive and Hypertension. The admission Minimum Data Set (MDS) assessment dated 1/18/17 indicated that Resident #2's cognition was intact. Resident #2 expired on 3/13/17.</p> <p>The facility's grievance log for the last six months (November 2016 through April 18, 2017) was reviewed. The grievance log indicated that Resident #2 had a grievance filed on 1/26/17.</p>	F 226	<p>by the administrator and reported if meets reporting requirements. All service concerns since 03/01/17 reviewed for need to report by the administrator. No other instances were found to require reporting.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur: The administrator begins morning meeting each day by asking for any customer service issues, including items that are missing and/or believed to be stolen. All department heads are present at this meeting. Per policy, the administrator will refer all allegations of theft to local law enforcement and to the Health Care Personnel Registry within 24 hours of the allegation being made. The administrator will also follow up with the HCPR with a five day report. The administrator will also investigate, enlisting help from other department heads as needed. The administrator will review customer service issues daily. In cases of items or money that is missing, the administrator will seek clarification on whether anyone believes this to be a case of theft. This will be audited weekly for the next three months by the discharge planning department.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: All audits will be reviewed by the quality assurance committee at our quarterly QA meeting X 1.</p>		

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F 226	<p>Continued From page 6</p> <p>The Service Concern Report (a form used by the facility to document the details of the concern (step 1), the action taken (step 11), the follow up and the outcome of the grievance (step 111) dated 1/26/17 for Resident #2 was reviewed. Step 1 on the form revealed that a facility member of Resident #2 had filed a grievance on 1/26/17. The detail of the concerns was about missing money (\$100 bill (1), \$5 bill (2), quarters (26), dimes (5) and a nickel (1). The grievance was received by the Social Worker (SW) who then referred the grievance to the Administrator. The report included an e-mail sent to the ombudsman. There were no statements nor interviews obtained from alleged witnesses.</p> <p>The Service Concern Report did not include the action taken. Step 11 was blank. Step 111 indicated that the Administrator spoke with (name of Ombudsman) after the fact and the ombudsman seemed to be in agreement that the story was not strong enough to warrant a report.</p> <p>On 4/18/17 at 2:38 PM, the SW was interviewed. The SW stated that when Resident #2 was first admitted he was upset that his money was missing. After a day or two, the Physical Therapy Assistant (PTA) found the money inside a white envelope in the resident's room. The PTA had given the money to the resident. This was reported to her by the Therapy Manager. Days later, a family member of Resident #2 reported to her that the resident was upset that his money was missing again. The SW indicated that when the money was not found, she filled out a Service Concern Report and forwarded the report to the Administrator.</p> <p>On 4/18/17 at 2:40 PM, the PTA was interviewed.</p>	F 226			

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F 226	<p>Continued From page 7</p> <p>The PTA stated that he went to the room of Resident #2 to get him for therapy. The resident was upset, claiming that his money was missing. The PTA looked around and found a white envelope with money inside his drawer. The white envelope was given to the resident. The PTA further indicated that he observed Resident #2 put the white envelope with the money in the pocket of his pants. The PTA was unable to remember the exact date when he found the money, but it was days after his admission. The PTA also did not know how much money was in the white envelope.</p> <p>On 4/19/17 at 10:20 AM, the Administrator was interviewed. He stated that he was responsible for the investigation and reporting of the incident for Resident #2 regarding the missing money. He indicated that Resident #2's family member indicated that it was a housekeeper who took the money, but when the resident was interviewed he stated that it was a nurse and then a nurse supervisor. The administrator further stated that when he interviewed Resident #2, he was describing the person who took the money as 22 years old. He further indicated that because he was given different stories, he did not pursue with the reporting. He stated that he did not talk with the nurse, nurse supervisor or the PTA so he did not know that Resident #2 had money in his room. He also stated that if he had known that a staff member had seen the money in the resident's room, he should have followed the policy by reporting the allegation of missing money to the state agency and to law enforcement agency.</p> <p>The Therapy Director was interviewed on 4/20/17 at 11:55 AM. She stated that the incident with</p>	F 226			

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F 226	Continued From page 8 Resident #2 regarding the missing money was discussed during one of the standup meetings. She could not remember the exact date of the meeting. The meeting consisted of all the department heads including the Administrator. She indicated that Resident #2 had claimed his money was lost just after admission to the facility and that money was found by the PTA. The PTA had given the money back to the resident.	F 226		