

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2018
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		
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F 607 SS=D	<p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff and family interviews, record review, the facility failed to implement or follow the abuse policy in the area of reporting for 1 of 1 sampled resident who had an allegation of abuse (Resident #1).</p> <p>The findings included:</p> <p>Review of the policy titled "Abuse, Neglect, Exploitation & Misappropriation" revised 11/28/17, read in part: section 7, reporting/response: Any employee who witnesses or has knowledge of an act of abuse or an allegation of abuse to a resident is obligated to report such information immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse to the administrator and to other officials in accordance with state law. The policy further read in part: Once an allegation of abuse is reported the Executive Director (Administrator) is responsible for ensuring that reporting is completed timely and appropriately to appropriate officials in accordance with Federal</p>	F 607	<p>F607</p> <p>1. On 1/24/18, the Executive Director (ED) submitted a 24-hour report for abuse allegation for Resident #1 to NC State agency and Nurse Aide (NA) #1 was suspended pending the outcome of a thorough investigation by the facility. On 1/16/18, the licensed nurse and nurse practitioner (NP) completed a head-to-toe physical assessment; Director of Social Services (DSS) completed psychosocial assessment; Medical Director (MD) notified by Director of Clinical Services (DCS); DCS and ED meeting with Responsible Party (RP) to discuss allegation. Licensed nurses completed 72-hour post incident monitoring of resident with no subsequent adverse side effects observed or reported. On 1/16/18, the DCS provided 1:1 education to identified nurse supervisor on Consulate Abuse policy of timely reporting to the</p>	2/16/18	

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

TITLE

(X6) DATE

Electronically Signed

02/07/2018

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 607	<p>Continued From page 1</p> <p>and State regulations, including notification of Law Enforcement if a reasonable suspicion of crime has occurred. In addition the facility policy titled "Reporting Reasonable Suspicion of a Crime" revised 11/28/17 was reviewed and it read in part: Procedure: 3 Where an alleged violation of abuse gives rise to reasonable suspicion of a crime, reports will be made to the Administrator, to the State Survey Agency, and to local law enforcement. Time Period for Individual Reporting-If the event that caused the reasonable suspicion does not result in serious bodily injury to a resident, the covered individual shall report the suspicion not later than 24 hours after forming the suspicion.</p> <p>Resident #1 was admitted to the facility on 7/2/16 with diagnoses which included: Difficulty speaking, difficulty communicating, anxiety, delusional disorder, stroke, and right sided weakness.</p> <p>Review of Resident #1's most recent Minimum Data Set (MDS) revealed a quarterly assessment with an Assessment Reference Date (ARD) of 11/14/17. The resident was coded as having had severe cognitive impairment. The resident was coded as having requiring supervision with set up help for bed mobility, supervision with one person assistance for toilet use and transfer (such as from a bed to a chair), and independent with set up help for eating. The resident was coded as having had one fall with no injury since his last MDS assessment. The resident was coded as having had received antipsychotic medications, antianxiety medications, and antidepressant medication each day of the seven day assessment period.</p>	F 607	<p>abuse coordinator in person or via telephone. Nurse supervisor verbalized understanding. On 1/26/18, Resident #1 discharged to another facility and NA #1 was released from suspension related to unsubstantiated findings.</p> <p>On 1/25/18, an impromptu Quality Assurance Performance Improvement (QAPI) meeting was conducted by the Executive Director to complete a root cause analysis and to develop corresponding corrective action to ensure the timely reporting and implementation of Consulates <input type="checkbox"/> Abuse Policy. QAPI committee members in attendance included the Executive Director (QAPI Coordinator), Director of Clinical Services (DCS), Director of Social Services (DSS), Unit Coordinator (UM), Business Office Manager (BOM), Housekeeping, Activities, Dietary and Medical Records.</p> <p>Through Root Cause Analysis and based on the findings for Resident #1, it was determined that the facility failed to ensure that facility staff report allegations of abuse timely to the Abuse Coordinator in-person or via telephonic communication to ensure timely identification, reporting and investigation to ensure the safety of residents.</p> <p>2. On 1/16/18, the Director of Social Services completed a quality assurance monitor for current cognitively intact residents (BIMs >13) and current facility staff to ensure allegations of abuse and neglect are identified, investigated and</p>		

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F 607	<p>Continued From page 2</p> <p>Review of a hand written note from the Evening Supervisor dated 1/15/18 revealed a family member of Resident #1 had come to the facility at approximately 11:05 PM. According to the note the family member informed the Evening Supervisor she had planned to meet with the Administrator in the morning to inform her she had been informed NA #1 had been mean to Resident #1 and had hit him. The Evening Supervisor then documented she had removed Resident #1 from the assignment of Resident #1 for that night. She then documented her interviews with two nurses in which both nurses stated Resident #1 had had behaviors and felt it may have been related to a recent medication dose reduction.</p> <p>During an interview conducted on 1/24/18 at 12:26 AM, the Evening Supervisor stated a family member for Resident #1 came into the facility on 1/15/18 at about 11:05 PM and informed the Evening Supervisor it had been reported to her someone had been mean to Resident #1 and hit him and she alleged it had been Nursing Assistant (NA #1). The Evening Supervisor stated NA #1 was working at the facility at the time the allegation was made and had been assigned to Resident #1. The Evening Supervisor stated NA #1 denied having abused a resident, but she had not had an in depth conversation with her about the allegation. She stated she changed NA #1's assignment so she would not be responsible for care to Resident #1 and NA #1 remained working in the facility. The Evening Supervisor stated she had interviewed 2 other nurses and the investigations revealed no information regarding the allegation of abuse. The Evening Supervisor stated the family member of Resident #1 stayed at the facility and</p>	F 607	<p>reported to ensure resident safety. Monitoring included identifying signs and symptoms of abuse and neglect, conducting a thorough investigation, expectation of reporting to abuse coordinator immediately in-person or via telephone and assurance of freedom from retaliation for reporting. No additional allegations reported.</p> <p>Facility staff to report identified allegations of abuse to the Abuse Coordinator/Administrator immediately in-person or via telephone and the Abuse Coordinator or DCS designee to report such allegations to NC State agencies and to other officials in accordance with state law immediately, but not later than 2 hours after the allegation is made, if events involve abuse or serious bodily injury, or not later than 24 hours to the administrator and state agency.</p> <p>3. On 1/25/18, the DCS completed reeducation to current staff on identifying signs and symptoms of abuse and neglect; including sexual abuse, conducting a thorough investigation, knowledge of reporting to abuse coordinator immediately, assurance of freedom from retaliation for reporting to abuse coordinator and expectation of reporting such allegations to state agency immediately, but not later than 2 hours after the allegation is made, if events involve abuse or serious bodily injury, or not later than 24 hours to the administrator and state agency. Newly hired staff to receive education.</p>		

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F 607	<p>Continued From page 3</p> <p>visited with Resident #1 for 30-45 minutes and then left the facility. The Evening Supervisor stated it was after the family member left was when she notified the Administrator and the Director of Nursing (DON) via email a little after 12:00 AM. She stated it was in the email she communicated the family member of Resident #1 would be contacting them in the morning regarding concerns she had about Resident #1. The Evening Supervisor stated the Administrator and the DON contacted her the following morning in regards to the email and the allegation. The Evening Supervisor stated she had realized she probably should have called the Administrator in regards to the allegation and that was what the Administrator had told her in the morning during their phone conversation.</p> <p>Review of the Grievance list from 1/1/18 through 1/23/18 revealed a Grievance with a concern date of 1/16/18 filed by a family member for Resident #1. The description of the concern was the family member was concerned the resident was rough handled. The Grievance was assigned to the Administrator. The actions documented for the Grievance included: The Administrator and the DON had a phone conference with the family member on 1/16/18. The family member's concern was discussed and the family member was assured the facility would investigate the concern. Resident #1 was removed from the assignment for NA #1. In addition the facility social worker completed interviews with Resident #1 and other residents in the facility and there were no concerns identified regarding rough handling. In addition a head to toe assessment was completed on Resident #1 and found no evidence of rough handling. Employee interviews revealed no witnessed rough handling nor had</p>	F 607	<p>Reports of abuse, neglect, exploitation or mistreatment, including injuries of unknown origin and misappropriation, to be reported to the abuse coordinator and state agency immediately as indicated above. The abuse coordinator to ensure the alleged staff member(s) is suspended pending outcome of investigation to remove resident from potential risk. The abuse coordinator to ensure a thorough investigation is completed including, but not limited to, obtaining witness statements and completing quality assurance monitoring and reeducation on abuse policy to alert and oriented residents and facility staff to ensure no further allegations have been identified or reported.</p> <p>4. The ED and/or DCS to conduct quality improvement monitoring of three (3) cognitively intact residents and three (3) facility staff twice weekly for one month, then monthly for nine (9) months to ensure residents are free from abuse, neglect, exploitation or mistreatment, including injuries of unknown origin and misappropriation and any allegation is reporting immediately per regulations. Any identified allegations will be addressed as outlined above. Frequency of monitoring to be modified based on findings.</p> <p>The results of quality improvement monitoring to be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator and/or DCS. The Quality Assurance</p>		

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F 607	<p>Continued From page 4</p> <p>the interviewed employees been aware of a resident having been rough handled. The resident concern further read, the Administrator and the DON returned a phone call to the family member of Resident #1 who had filed the Grievance and the family member recanted her statement and hung the phone up. Several attempts were made to contact the filing party and there was no answer.</p> <p>An interview conducted on 1/24/18 at 1:58 PM with the Administrator and the DON revealed they had received the information regarding the allegation involving Resident #1 and NA#1 via email the morning of 1/16/18 and it had been sent by the Evening Supervisor at approximately midnight. In addition the family member of Resident #1 came into the facility and had discussed a concern regarding rough handling regarding Resident #1 the same morning. The Administrator and the DON stated they had conducted an investigation in regards to the allegation of rough handling and had found the allegation to be unsubstantiated. The Administrator stated it was her expectation for any employee to pick up the phone and notify her immediately of any allegation of abuse. In addition the Administrator stated it was her expectation the Evening Supervisor to have called her the evening of 1/15/18 to inform her of the allegation. The Administrator did not consider the allegation from the family member of Resident #1 during their conversation on 1/16/18 to be an allegation of abuse, the family member stated the resident had been handled roughly. The DON stated she had asked the family member specifically if Resident #1 had been hit and the family member responded, no. The DON further stated if the resident's family member</p>	F 607	<p>Performance Improvement Committee will evaluate the effectiveness of the monitoring/observation tools for making changes to the corrective action if necessary to maintain substantial compliance and ensure residents are free from abuse, neglect, exploitation or mistreatment, including injuries of unknown origin and misappropriation and any allegation is reporting immediately per regulations. The Quality Assurance Improvement Committee members consist of, but not limited to, the Administrator, Director of Clinical Services, Medical Director (quarterly at a minimum) and at least three other members to include but not limited to one direct care giver.</p>		

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

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F 607	<p>Continued From page 5</p> <p>would have stated the resident was hit, she would have completed a 24 hour report, and started an investigation immediately. The DON and the Administrator stated they did not have sufficient reason to submit a 24 hour report regarding abuse. Review of the Reporting Reason Suspicion of a Crime Policy with a revision date of 11/28/17 revealed the time period for individual reporting was within 24 hours if the event that caused the reasonable suspicion does not result in serious bodily injury. Review of the hand written note from the Evening Supervisor dated 1/15/18 with the Administrator and the DON revealed both of them had misread the allegation regarding Resident #1 having been hit by NA #1 due to "and hit him" having been inserted, in small script, at the end of a sentence, over the beginning of the next sentence, and between the line the sentence was on and the text of the above line. The Administrator and the DON stated they had not closely read the inserted text and found it barely legible, but did agree upon reading it closely, it was written the family had made an allegation of Resident #1 having been hit by NA #1 and it had been communicated in writing from the Evening Supervisor. The DON and the Administrator stated upon reading the hand written note from the Evening Supervisor thoroughly there was a clear allegation of abuse.</p> <p>During an interview conducted on 1/24/18 at 4:25 PM with the Administrator and the DON, the Administrator stated due to having had become aware of the allegation against NA #1 a 24 hour report had been completed and NA #1 was suspended. In addition the allegation of NA #1 having hit Resident #1 was being investigated.</p>	F 607			