STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. BUILDING _____ B. WING _____	C 09/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HEALTH CARE CENTER	1987 HILTON STREET BURLINGTON, NC 27217

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F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(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 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. §483.12(c)(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 interviews, facility staff failed to notify the administrator and the state agency within two hours of an allegation of staff-to-resident sexual abuse for one of one resident reviewed for abuse (Resident #2). The findings included:	F 609	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state	9/29/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/20/2018

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F 609	Continued From page 1 Resident #2 was admitted 02/09/18 with diagnoses that included diabetes mellitus type 2, history of pulmonary embolism, and schizoaffective disorder bipolar type. The quarterly Minimum Data Set (MDS) dated 07/13/18 revealed that the resident was cognitively intact with extensive assistance needed for all activities of daily living except for supervised eating. No hallucinations or delusions were documented during the seven-day lookback period. Resident #2 ' s care plan dated 05/03/18 included an entry created 04/06/18 for "adverse behavioral symptoms related to mood instability, depressive episodes and inability to sleep." Resident #2 made an allegation of staff-to-resident sexual abuse on 07/26/18 during the facility ' s annual recertification survey. The facility investigated the alleged incident and the claim was unsubstantiated. A nursing progress note dated 08/31/18 indicated that Resident #2 left the facility on 08/31/18 for an appointment at a wound care center. While there, he complained of chest pain and was sent to the emergency department (ED) of a local hospital. He returned to the facility later that day. A review of the 08/31/18 hospital discharge summary revealed that Resident #2 was screened for domestic violence during the ED admission procedure. He reported to the ED nurse that a "fat girl" had sex with him at the skilled nursing facility. When asked if he felt safe returning to the facility, he replied "no, they sexually abuse me." Resident #2 was assessed as oriented to person, time, place and situation.	F 609	regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F609 The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited. The facility Licensed Nurse failed to notify the administrator and the state agency within two hours of an allegation of staff to resident sexual abuse by Resident # 2. The hospital Emergency room discharge summary revealed that Resident # 2 was screened for domestic violence during the ED admission procedure. Resident #2 reported that a fat girl had sex with him at the skilled nursing facility, and stated they sexually abuse me. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. Licensed Nurses will be educated on A licensed nurse will immediately report all allegations involving abuse, neglect, exploitation, mistreatment, including injuries of unknown source and misappropriation of patient property or a crime against a patient to Administrator or DON, and report to state agency, Adult protective services, and Police within 2 hours if involves abuse, or results in serious bodily injury in person or via	

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F 609	Continued From page 2 The ED nurse noted that she placed a social work consult and notified the local Police Department. The hospital discharge summary documented that a second nurse at the hospital spoke to a family member (with power of attorney) of Resident #2. The family member stated that the resident was being followed by a psychiatrist and there was currently an open Adult Protective Services report. She gave permission for the resident to return to the facility if no other placements could be found "as he is in close contact with management." Nurse #1 documented in a progress note that Resident #2 returned to the facility 08/31/18 at 5:45 p.m. Her note stated to "see discharge notes for additional information." In an interview on 09/04/18 at 2:15 p.m., the facility Social Worker stated that she was not aware of any new allegations of sexual abuse by Resident #2 within his last five weeks at the facility. In an interview on 09/04/18 at 3:00 p.m., Resident #2 denied that staff members at the facility did not treat him with dignity and respect. In an interview on 09/05/18 at 4:09 p.m., Nurse #1 stated that she received a verbal report from the hospital on the transfer of Resident #2 but his allegation of sexual abuse was not mentioned. She did, however, learn of it later that evening on 08/31/18 when she read the full discharge notes and that is why she referred to them in her admission note. When asked, she stated she did not phone the ED nurse for clarification. She did report the allegation of sexual abuse to the	F 609	telephone by the Director of Nursing or Assistant Director of Nursing or Staff Development Nurse. Any Licensed Nurse that has not been educated will not be allowed to work until receive education in person or via telephone by Director of Nursing or Assistant Director of Nursing or Staff Development Nurse All new Licensed Nurses, including Agency staff before their first assignment, will be educated in orientation in person by Staff Development Nurse or Director of Nursing or Assistant Director of Nursing on A licensed nurse will immediately report all allegations involving abuse, neglect, exploitation, mistreatment, including injuries of unknown source and misappropriation of patient property or a crime against a patient to Administrator or DON, and report to state agency, Adult protective services, and Police within 2 hours if involves abuse, or results in serious bodily injury. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Director of Nursing or Assistant Director of nursing will audit all Emergency room discharge summaries for allegation of sexual abuse, 3 X weekly X 4 weeks, weekly X 4 weeks, and Bi-weekly X 2. Director of Nursing or Assistant Director of nursing will audit all allegations of sexual abuse, regardless of where reported, to determine if incidents were reported within two hours 3X weekly X 4 weeks, weekly X	

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F 609	Continued From page 3 oncoming third shift nurse but couldn ' t remember if she told the second shift nursing supervisor. She stated that the third shift nurse told her that this was not the first time that Resident #2 had made a claim of sexual abuse. Nurse #1 indicated her awareness of the requirement to report any allegation of abuse or neglect. She acknowledged that a report of "this magnitude" should be reported to management. In an interview on 09/05/18 at 3:55 p.m., Nurse #2 confirmed that she was the second shift nursing supervisor on Friday evening 08/31/18 when Resident #2 returned from the hospital. She stated that she did not work that weekend or on Monday. She was not aware of the allegation of sexual abuse until Tuesday 09/04/18. In an interview on 09/05/18 at 4:45 p.m., the Director of Nursing (DON) stated that she did not learn of the allegation of sexual abuse from the hospital social worker on 08/31/18 despite speaking to her on the phone about other matters. She stated that Nurse #1 was not familiar with the Resident #2 as he recently had a room transfer to her hall. She acknowledged that Nurse #1 should have reported the alleged incident to the nursing supervisor in addition to sharing it on the shift report. The DON became aware of the abuse allegation on 09/04/18 on reading the hospital discharge summary. In an interview on 09/05/18 at 5:30 p.m., the Administrator shared his expectation that allegations of abuse be reported to management as soon as staff members become aware. He indicated that he faxed an Initial Report of the abuse allegation to the state agency on 09/05/18 after discussion with the management team.	F 609	4 weeks, and Bi-weekly X 2. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. The Director of Nursing is responsible for implementing the acceptable plan of correction by 09/29/2018	

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F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop an individualized care plan to address the emotional and psychosocial needs for one of one resident reviewed for an allegation of staff-to-resident sexual abuse (Resident #2). The findings included:	F 657	The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited. The facility Failed to develop an individualized care plan to address the emotional and psychosocial needs for Resident # 2 for an allegation of staff to resident sexual abuse. On 8/6/2018	9/29/18

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F 657	Continued From page 5 Resident #2 was admitted 02/09/18 with diagnoses that included schizoaffective disorder bipolar type. The quarterly Minimum Data Set (MDS) dated 07/13/18 revealed the resident was cognitively intact with extensive assistance needed for all activities of daily living except for supervised eating. No hallucinations or delusions were documented during the seven-day lookback period. Resident #2 ' s current care plan dated 05/03/18 included a single entry created 04/06/18 for "adverse behavioral symptoms related to mood instability, depressive episodes and inability to sleep." There was no mention of the resident having made an unfounded allegation of sexual abuse in July of 2018. Relevant medications at the time of the survey included Belsomra 10 mg by mouth for bipolar disorder, Ziprasidone HCl 60 mg by mouth every morning for bipolar disorder and Bupropion ER 100 mg by mouth daily for major depressive disorder. Each medication had a start date of 07/10/18. A review of facility reports of abuse revealed that Resident #2 made an allegation of sexual abuse by facility staff on 07/26/18. The allegation was unsubstantiated after being investigated by the facility and local law enforcement. Resident #2 was seen by his psychiatrist on 07/30/18 after his allegation of abuse and his psychotropic medications were adjusted. The consultation summarizing the appointment indicated a diagnosis of "bipolar disorder with psychosis."	F 657	Psychologist # 1 recommended for Resident # 2 that staff enter resident□s room with a witness due to recent unfounded claims made by Resident # 2 of sexual abuse, and this recommendation was not put on care plan until 9/5/2018. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. Director of Nursing and Assistant Director of Nursing will be educated on timely development of an individualized care plan to address the emotional and psychosocial needs for any resident allegation of sexual abuse. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Director of Nursing will audit all resident allegations of sexual abuse for timely development of an individualized care to address the emotional and psychosocial needs weekly X 4 weeks, Bi-weekly X 2, and monthly X 1. Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. The Director of Nursing is responsible for implementing the acceptable plan of correction by 09/29/2018	

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F 657	Continued From page 6	F 657		

Notes on the investigation of the first allegation of sexual abuse were completed by the Director of Nursing (DON). In her undated statement, the DON indicated that the psychiatrist advised staff members not to speak to Resident #2 about the alleged incident "so that it will go away from his mind."

A nursing progress note dated 08/04/18 documented inappropriate sexual behavior by Resident #2. The resident "had his hand in his brief" and asked an aide to come closer stating to her "I need you to see what I am doing."

Resident #2 was seen by Psychologist #1 on 08/06/18. Psychologist #1 noted that Resident #2 has a history of severe mental illness with "impaired reality testing." In the section "Notes to Other Providers," she "recommended that staff enter [resident ' s room] with a witness due to recent unfounded claims made by pt. of sexual abuse."

A review of a hospital discharge summary of 08/31/18 revealed that Resident #2 made another allegation of sexual abuse by facility staff on 08/31/18, and an Initial Report was filed with the state agency on 09/05/18.

In an interview on 09/05/18 at 11:45 a.m., the Assistant Director of Nursing (ADON) stated that she was aware of the recommendations by Psychologist #1 that staff entered the resident ' s room with a witness due to unfounded claims of sexual abuse. She stated that the issue was discussed in an Interdisciplinary Team (IDT) meeting and that staff were now following this approach.

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F 657	Continued From page 7 In an interview on 09/05/18 at 12:14 p.m., the DON indicated that narrative notes written by the psychologist after seeing residents were emailed to her for review. She printed them and provided them to Medical Records for scanning and uploading into the electronic health record. The DON was aware of the psychologist ' s recommendation not to enter the room of Resident #2 alone and she had informed staff members in person of this guidance. It was also discussed in an IDT meeting following the resident ' s allegation, but minutes of team meetings were not documented in the medical record. She stated that staff members were already aware of Resident #2 ' s inappropriate behaviors before the abuse allegation and were entering his room in pairs. The DON stated that at the time she didn ' t see the need to update the care plan because staff were already implementing the recommendation. She acknowledged that care plan revisions to address abuse allegations and impaired reality testing would provide a more consistent behavioral approach for the resident. In an interview on 09/05/18 at 5:30 p.m., the Administrator acknowledged the need to formulate a care plan for Resident #2 with strategies that may help prevent repeated allegations of sexual abuse related to his impaired reality testing.	F 657		