

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2019
NAME OF PROVIDER OR SUPPLIER CURIS AT WILKESBORO TRANSITIONAL CARE & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697	
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F 000	INITIAL COMMENTS A complaint investigation was conducted from 01/30/19 to 02/01/19. Immediate Jeopardy was identified at: CFR 483.12 at tag F-600 at a scope and severity of (J). Immediate Jeopardy began on 01/03/19 and was removed on 02/01/19. An extended survey was completed.	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record reviews, and resident, staff, psychiatric Nurse Practitioner and Medical Doctor interviews, the facility failed to protect a resident's right to be free of sexual abuse for 1 of 3 sampled residents (Resident #1) reviewed for abuse. Resident #2, was cognitively intact and observed to have his hand down the pants and incontinent	F 600	1.) On 1/3/19 NA Instructor #1 witnessed resident #2 having their hand in Resident #1's brief. Called for assistance and NA #1 helped separate the two residents immediately. Resident #1 has no signs of mental anguish or physical injury from incident. Resident #2 was immediately	3/1/19

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

TITLE

(X6) DATE

Electronically Signed

02/22/2019

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 600	<p>Continued From page 1</p> <p>brief of Resident #1 who was cognitively impaired. Resident #1 was assessed by facility staff and found to have no physical injuries.</p> <p>Immediate Jeopardy began on 01/03/19 when Resident #2, who was cognitively intact, placed his hand in the brief and pants of Resident #1 who was cognitively impaired. Immediate Jeopardy was removed on 02/01/19 when the facility provided and implemented a Credible Allegation of Immediate Jeopardy removal. The facility remains out of compliance at the lower scope and severity level of D (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) to ensure monitoring systems put into place are effective.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 06/15/18 with diagnoses which included hemiparesis following cerebrovascular disease.</p> <p>A review of Resident #2's admission minimum data set (MDS) dated 06/28/18 revealed he was cognitively intact for daily decision making. The MDS also indicated he transferred self, requiring extensive assistance at times, was mobile in a wheelchair and had contracture of left hand and wrist. The most recent quarterly MDS dated 11/12/18 revealed the resident was cognitively intact for daily decision making, had physical behavioral symptoms 4-6 days, and was independent with transfers and wheelchair locomotion.</p> <p>A review of Resident #2's medical record beginning 07/13/18 revealed the resident had behaviors towards the staff. A nurse's note dated</p>	F 600	<p>placed on 1:1 care and continues to be on 1:1. A total body skin assessment was completed immediately by the facility nurse on that assignment on resident #1 to ensure no injury. There was a psychological visit set up for resident #1 to ensure there were no residual effects. Social well-being visits were completed for resident #1. Close observation by nursing staff for the resident #1 to include well-being, s/s of depression/anxiety, changes in appetite, changes in habits or behaviors. Police department, responsible party and other required agencies were contacted. Following investigation, the abuse was substantiated, and criminal charges were filed. Medical director was at the facility when the incident happened and was informed and went to resident's room and she was resting in bed.</p> <p>2.) Safe surveys were completed by Administrator, Unit managers, activities director, business office manager, admissions director, and MDS coordinators on 1/31/19 on all residents with a BIMS score of 12 or higher to assist in identifying any potential abuse. There were no issues identified that dealt with abuse, neglect or behaviors. Licensed nurses completed skin assessments on all residents with a BIMS less than 12. The Skin assessments were completed on 1/4/19.</p> <p>The Executive Director and Director of Nursing held a meeting with the department heads on 1/30/19 to discuss how to identify residents with behaviors and how to protect other residents from</p>		

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F 600	<p>Continued From page 2</p> <p>07/13/18 described Resident #2 grabbed Nurse #2's breast, took his whole hand and grabbed her vaginal area and attempted to grab her breast again before she was able to get out of the room. This occurred while she was administering medications and checking Resident #2's blood sugar as ordered.</p> <p>An interview on 02/01/19 at 9:30 AM with Nurse #2 revealed she was the nurse who had been working with Resident #2 the evening of 07/13/18. Nurse #2 stated when she was giving Resident #2 his medication he grabbed her breast with his hand. Nurse #2 stated she told him that was inappropriate behavior and it would not be tolerated by the staff. She stated Resident #2 looked at her and smiled. The nurse stated she then obtained his blood sugar and he took his hand and grabbed her crotch and attempted to grab her breast a second time, but she was able to put her arm up and block him from grabbing her. Nurse #2 again told the resident his behavior was unacceptable and would not be tolerated and stated he again smiled at her.</p> <p>A review of Resident #2's record revealed he had been seen by the psychotherapist beginning 08/16/18 for irritability and inappropriate behaviors with staff. The note stated he appeared to be suspicious, was narcissistic and depressed. Stated he seemed to have disdain for professionals and their opinions. The plan was for follow up psychotherapy for 26 sessions.</p> <p>A review of Resident #2's care plan dated 12/17/18 revealed he had a care plan for behaviors of cursing, red face and history of throwing things. The goal was for Resident #2 to have less episodes of anger over the next</p>	F 600	<p>abuse. It was discussed that surveyors identified that there was a failure in the system to prevent abuse from happening due to a previous incident when resident #2 had become sexually inappropriate with staff, on 7/13/18. This was not addressed sufficiently by the previous administrator, Director of Nursing, and/or the Social Services Director.</p> <p>The facility will identify other residents by utilizing behavior management batch orders that were added to all residents in Point Click Care, effective on 1/31/19. This will be added to all new residents upon admission. Licensed nursing staff were in-serviced on adding resident behaviors management orders to all new residents, by the Director of Nursing, Unit Managers and/or Staff Development Coordinator on 2/1/19. The interdisciplinary team will develop an individualized plan of care that will take in account type of behavior, time of day and any underlying factors that might need to be addressed for the resident. The 24-hour clinical report will be reviewed in morning clinical startup and any identified behaviors will be added to the clinical follow-up tool to be addressed immediately by, director of nursing, unit managers, and/or staff development coordinator. Administrator and/or director of nursing will be notified during weekends if any residents exhibit challenging behaviors and/or sexually inappropriate behaviors.</p> <p>3.) Additional in-services on abuse policy and procedures was started on at 7:00 pm</p>		

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F 600	<p>Continued From page 3</p> <p>quarter. The interventions included encourage resident to go to a quiet environment, promote safe, secure surroundings and reduce noise during behavior episodes to prevent escalation, psyche consult, and provide reorientation as needed. There was no indication on the care plan there had been sexually inappropriate behaviors towards staff.</p> <p>A review of Resident #2's record revealed he was seen on 12/21/18 by the Psychiatric Nurse Practitioner (NP). The NP documented the resident had a new roommate and seemed pleasant, cooperative and in no apparent distress.</p> <p>Resident #1 was readmitted to the facility on 03/27/18 with diagnoses which included vascular dementia with behavior disturbance and bipolar disorder.</p> <p>A review of Resident #1's annual MDS dated 11/15/18 revealed she was assessed as having short and long-term memory problems and was severely impaired for daily decision making. The MDS indicated Resident #1 required extensive assistance with all activities of daily living (ADL) except eating and locomotion. The MDS also indicated Resident #1 had no range of motion (ROM) impairments.</p> <p>A review of the medical record for Resident #1 revealed the following timeline on the evening of 01/03/19, as documented by Nurse #1, when Resident #1 was sexually assaulted by Resident #2:</p> <p>7:10 PM Nurse Aide (NA) #1 was informed by the</p>	F 600	<p>on 1/30/19 in addition to continual in-service and post-test on challenging behaviors that were started on 1/8/19 for 100% of staff. All staff will be complete this in-service training on 1/31/19 or staff will be removed from schedule until training can be completed. All staff, including nursing, dietary, housekeeping, maintenance, therapy, and department heads, were in-serviced by Director of Nursing, Staff Development Coordinator, and Unit Managers on the following: 1. Residents exhibiting challenging behaviors/sexually inappropriate behaviors. 2. Monitoring changes in residents' behaviors. 3. Documentation in medical records regarding interventions surrounding resident challenging behaviors/sexually inappropriate behaviors. 4. Notifying family and Director of Nursing of any changes in residents' conditions. 5. Reporting to appropriate people when sexually inappropriate behaviors or abuse occurs.</p> <p>The Administrator and Director of Nursing will continue to review all 24 - hour reports (paper copies) and the 24-hour report on orders from Point Click Care Monday thru Friday during morning meeting to identify any Resident with behaviors/statements that could be a danger to themselves or other Residents. Behaviors identified on the 24-hour report will be added to the clinical follow-up log and addressed daily to ensure that all behaviors are identified, monitored and care planned. Once behaviors have been identified or any additional concerns identified, the interdisciplinary team will</p>		

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F 600	<p>Continued From page 4</p> <p>Community College Nurse Aide Instructor that Resident #2 was in the hallway outside his room and had his right hand down Resident #1's brief and pants. NA #1 instructed Resident #2 to remove his hand out of Resident #1's pants and he did not comply. NA #1 walked over and removed Resident #2's right hand out of Resident #1's pants and immediately separated the residents. NA #1 removed Resident #1 while another NA stayed with Resident #2. NA #1 informed Nurse #1 of the incident and Nurse #1 immediately notified the DON. Resident #1 was taken to her room and NA #1 returned to Resident #2's room and took him in the room where he remained with 1 on 1 supervision.</p> <p>7:20 PM Nurse #1 notified the Director of Nursing (DON) and she in turn notified the Administrator of the sexual abuse.</p> <p>8:06 PM - the DON came in to facility and a skin observation of Resident #1 was completed with no issues identified. It was documented that special time and attention was paid to the vaginal area of the resident.</p> <p>8:30 PM - The DON and Administrator notified the local Police Department about the sexual abuse.</p> <p>8:35 PM - The DON notified the Medical Director of the sexual abuse.</p> <p>9:23 PM - The direct care nurse - Nurse #1 called Resident #1's family member and left a voicemail message for a return call.</p> <p>9:26 PM - Two Police officers (one male and one female) from the local Police Department came in to talk with both residents and make a report and</p>	F 600	<p>continue to use the PCC generated tool for monitoring and will develop an individualized care plan. Clinical follow-up log with corrective actions from interdisciplinary team meeting and/or clinical startup will be taken to monthly QAPI. Administrator and/or director of nursing will be notified during weekends if any residents exhibit challenging behaviors and/or sexually inappropriate behaviors.</p> <p>New hires for all departments will be educated by the Administrator, Director of Nursing, and/or Staff Development Coordinator on Abuse Policy/Procedures and Behaviors during orientation.</p> <p>4.) An Adhoc QAPI meeting was held with interdisciplinary team and Medical Director (via phone) on 1/31/19 to discuss the problem, plan and interventions initiated (PCC behavior monitoring tool, staff in-services, and current care plans for both resident #1 and resident #2) and the Medical Director did not have any further recommendations.</p> <p>All staff will have annual abuse and behavior in-services with post-tests. The Staff Development Coordinator will audit annual in-service and posttest for continued compliance.</p> <p>The daily clinical follow-up sheet which contains identified behaviors from the 24 hour report, the Point Click Care behaviors generated 24 hour order report, and individualized interventions which were put into place will be presented at the monthly QAPI meeting x 3 months by the Director of Nursing for discussion and</p>		

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F 600	<p>Continued From page 5 take statements from the staff.</p> <p>9:35 PM - The female Police officer went into Resident #1's room to interview her and was not able to get any reliable answers from the resident.</p> <p>9:40 PM - The male Police officer went in to interview Resident #2 and he told the police officer that Resident #1 had placed his hand on her abdomen and believed she placed his hand down her pants. The resident then became very angry, cursing and swearing at the officers and would not answer any further questions.</p> <p>10:00 PM - Resident #1's family member called back to the facility and staff informed her of the sexual abuse that had occurred.</p> <p>An interview on 01/30/19 at 8:14 PM with Nurse #1 revealed she had both residents assigned to her the evening of 01/03/19 and stated NA #1 told her about the sexual abuse with Residents #1 and #2. Nurse #1 stated she immediately notified the DON about what had happened. Nurse #1 stated she had seen Resident #1 rolling around in the hallway prior to the incident and stated she had seen Resident #2 sitting in his wheelchair in the doorway of his room. The nurse stated she had not noticed anything unusual about either of the residents prior to the sexual abuse and stated the off going nurse had not reported anything unusual about either of the residents during report.</p> <p>An interview on 01/30/19 at 11:50 AM with Nurse Aide (NA) #1 revealed on the evening of 01/03/19 at approximately 7:10 PM she walked out of another resident's room and was summoned by</p>	F 600	<p>review by the interdisciplinary team which consist of the Executive Director, Director of Nursing, all department heads and the Medical Director, to assure continued compliance is maintained. Any concerns identified in the QAPI meeting will be discussed and an appropriate plan and interventions will be put into place. Upon completion of the initial 3 month process the QAPI team will discuss and determine if there is a need for continued monitoring. The Director of Nursing or nurse supervisor will audit systemic changes and be responsible for presenting information to the QAPI team.</p> <p>Administrator will be responsible for the ongoing compliance of F 600. The alleged compliance date is February 1, 2019.</p>		

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F 600	<p>Continued From page 6</p> <p>the local Community College Nurse Aide (NA) Instructor that Resident #2 had his hand down inside the pants and brief of Resident #1. NA #1 immediately went over and asked Resident #2 to remove his hand out of Resident #1's pants and he did not comply. She stated she removed his hand from Resident #1's brief and pants. NA #1 asked another NA to stay with Resident #2 while she took Resident #1 to the nurse's station to tell the nurse. After NA #1 told Nurse #1 what had happened she took Resident #1 back to her room. NA #1 went back to Resident #2's room and asked him what he was doing and said Resident #2 stated to her "am I in trouble?" NA #1 stated she told the resident that she had to report the sexual abuse. NA #1 revealed Resident #2 was immediately placed on one to one supervision and was never left alone.</p> <p>An interview on 01/30/19 at 12:21 PM with the NA Instructor revealed she had students at the facility on the evening of 01/03/19. The Instructor stated she rounded the corner and saw Resident #2 with his right hand in the brief and pants of Resident #1. She stated both residents were right outside Resident #2's door and she found NA #1 and asked her to handle the situation. The Instructor stated after the residents were separated, Resident #2 was placed on one to one supervision. The Instructor stated Resident #2 was never left alone after the abuse.</p> <p>An interview on 01/30/19 at 4:06 PM with the Speech Therapist (ST) revealed she had been asked to do a cognitive screening on Resident #2 which was done on 01/17/19. The ST stated she had done two different tests on him and had determined from the test scores that he was cognitively intact, and his reasoning ability was</p>	F 600			

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F 600	<p>Continued From page 7</p> <p>good, and he had the ability to recall. The ST stated Resident #2 was mobile with his wheelchair and had been on psyche services since before the sexual abuse with Resident #1.</p> <p>An interview on 01/30/19 at 5:45 PM with the Director of Nursing (DON) revealed she had been notified of the sexual abuse and had immediately come to the facility. The DON stated at around 8:00 PM on the evening of 01/03/19 she had done a head to toe skin assessment on Resident #1 and paid special attention to her vaginal area to assure there was no redness, bleeding, tearing, or swelling. The DON stated Resident #1 was severely cognitively impaired for daily decision making and could not consent to sexual activity. The DON also stated Resident #2 was cognitively intact for daily decision making and could consent to sexual activity with another cognitively intact resident.</p> <p>An interview on 01/30/19 at 3:01 PM with Resident #1 revealed she was alert to name only and was unable to answer any questions related to the sexual abuse that occurred on 01/03/19.</p> <p>An interview on 01/30/19 at 3:16 PM with Resident #2 revealed he remembered a female resident whose name he doesn't recall and doesn't remember what she looked like came into his room. The resident stated he was legally blind and could only see someone right in front of him and objects far off were just like shadows. Resident #2 stated he had not ever done anything inappropriate to another resident as he knew of. The resident stated he didn't remember putting his hand down a woman's pants into her brief and said he didn't do it. Resident #2 also stated he didn't remember a staff member asking him to</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>remove his hand from a woman's pants and didn't remember a staff member removing his hand. Resident #2 stated he had not been sexually abused while at the facility and had not sexually abused anyone that he knew of. Resident #2 stated 01/03/19 had been a while ago and he didn't remember anything.</p> <p>An interview on 01/30/19 at 4:35 PM with the Medical Doctor (MD) revealed he was the physician for both residents but his interaction following the sexual abuse was with Resident #2 as Resident #1 was not able to give any valuable information due to her cognition. The MD stated Resident #1 was not cognitively capable of consenting to sexual activity; however, Resident #2 was capable of consenting to sexual activity. The MD stated he had asked Resident #2 about the sexual abuse and Resident #2 told him Resident #1 had placed his hand down in her pants inside her brief. The MD stated Resident #2 knew what he was doing and knew it was wrong.</p> <p>An attempt was made on 01/30/19 at 4:47 PM to interview the Psychotherapist for Resident #2; however, he was out of the country and unable to be reached.</p> <p>An interview on 01/30/19 at 4:51 PM with the Psychiatric Nurse Practitioner revealed she had seen Resident #2 in follow up after the sexual abuse on Resident #1 and stated he was capable of intact thought and his insight and judgement were within normal limits. The NP also stated Resident #2 was capable of remembering what he did and knowing what he did and she stated he had no cognitive problems.</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>An interview on 01/30/19 at 5:45 PM with the Director of Nursing (DON) and the Administrator revealed they both came to the facility immediately after they were notified of the sexual abuse. They both stated Resident #2 had been on one to one supervision since the abuse and would remain on supervision until they found placement for him. The Administrator stated they had done training on behaviors instead of abuse because their staff had appropriately handled the abuse situation and had done everything according to their policy and procedure. The DON and Administrator stated they chose behaviors because Resident #2 had not responded to the staffs request to remove his hand from Resident #1's pants. The Administrator and DON confirmed that training was not started for 5 days after the abuse and had not been completed with all the staff but stated they had not provided training on sexual abuse. The DON stated she had completed 3 mandatory in-services but had not reached all the nursing staff and had only done training with the nurses and nurse aides but not the rest of the staff.</p> <p>A review of the Police Report dated 01/04/19 revealed the Police Department and the District Attorney's office had obtained a criminal summons for Resident #2 for the sexual battery of Resident #1.</p> <p>The Administrator was informed of Immediate Jeopardy on 01/31/19 at 12:16 PM.</p> <p>The facility provided an Acceptable Allegation of Immediate Jeopardy removal on 02/01/19 at 10:40 AM as follows:</p>	F 600			

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NAME OF PROVIDER OR SUPPLIER CURIS AT WILKESBORO TRANSITIONAL CARE & REHAB CNTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		
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F 600	<p>Continued From page 10</p> <p>This letter and the documentation constitute a credible allegation by Curis at Wilkesboro Transitional Care and Rehabilitation Center that the immediate jeopardy identified by the Department of Health and Human Services (DHHS) of North Carolina on January 31, 2019 has been removed as of January 31, 2019.</p> <p>While the Nursing Center does not agree that all the allegations set forth in the January 31, 2019 Statement of Deficiencies are accurate, the Nursing Center recognizes that it must persuade your office that appropriate systems are in place to assure ongoing compliance with the Federal requirements for participation in the Medicare and Medicaid programs. As set forth in detail below, the Nursing Center believes that as of January 31, 2019, the immediate jeopardy is removed.</p> <p>Credible Allegation of immediate jeopardy removal</p> <p>The following interventions have been initiated; to assure that as of January 31, 2019, the Nursing Center has abated the immediate jeopardy that was called F600 Abuse.</p> <p>Curis at Wilkesboro Transitional Care and Rehabilitation Center Immediate Corrective plan to Remove Immediate Jeopardy January 31, 2019</p> <p>Resident Affected:</p> <p>On 1/3/19 NA Instructor #1 witnessed resident #2 having their hand in Resident #1's brief. Called for assistance and NA #1 helped separate the two residents immediately. Resident #1 has no signs</p>	F 600			

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F 600	<p>Continued From page 11</p> <p>of mental anguish or physical injury from incident. Resident #2 was immediately placed on 1:1 care and continues to be on 1:1. A total body skin assessment was completed immediately by the facility nurse on that assignment on resident #1 to ensure no injury. There was a psychological visit set up for resident #1 to ensure there were no residual effects. Social well-being visits were completed for resident #1. Close observation by nursing staff for the resident #1 to include well-being, s/s of depression/anxiety, changes in appetite, changes in habits or behaviors. Police department, responsible party and other required agencies were contacted. Following investigation, the abuse was substantiated and criminal charges were filed. Medical director was at the facility when the incident happened and was informed and went to resident 's room and she was resting in bed.</p> <p>How the facility will identify other residents with the potential to be affected:</p> <p>Safe surveys are corporate interview tools to assist in identifying any potential abuse. Safe surveys were completed by Administrator, Unit managers, activities director, business office manager, admissions director, and MDS coordinators on 1/31/19 on all residents with a BIMS score of 12 or higher. There were no issues identified that dealt with abuse, neglect or behaviors. Licensed nurses completed skin assessments on all residents with a BIMS less than 12. The Skin assessments were completed on 1/4/19.</p> <p>The Executive Director and Director of Nursing</p>	F 600			

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F 600	<p>Continued From page 12</p> <p>held a meeting with the department heads on 1/30/19 to discuss how to identify residents with behaviors and how to protect other residents from abuse. It was discussed that surveyors identified that there was a failure in the system to prevent abuse from happening due to a previous incident when resident #2 had become sexually inappropriate with staff, on 7/13/18. This was not addressed sufficiently by the previous administrator, Director of Nursing, and/or the Social Services Director.</p> <p>The facility will identify other residents by utilizing behavior management batch orders that were added to all residents in Point Click Care, effective on 1/31/19. This will be added to all new residents upon admission. Licensed nursing staff were in-serviced on adding resident behaviors management orders to all new residents, by the Director of Nursing, Unit Managers and/or Staff Development Coordinator on 2/1/19. The interdisciplinary team will develop an individualized plan of care that will take in account type of behavior, time of day and any underlying factors that might need to be addressed for the resident. The 24-hour clinical report will be reviewed in morning clinical startup and any identified behaviors will be added to the clinical follow-up tool to be addressed immediately by, director of nursing, unit managers, and/or staff development coordinator. Administrator and/or director of nursing will be notified during weekends if any residents exhibit challenging behaviors and/or sexually inappropriate behaviors.</p> <p>Systemic Changes:</p>	F 600			

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F 600	Continued From page 13 A. Additional in-services on abuse policy and procedures was started on at 7:00 pm on 1/30/19 in addition to continual in-service and post-test on challenging behaviors that were started on 1/8/19 for 100% of staff. All staff will be complete this in-service training on 1/31/19 or staff will be removed from schedule until training can be completed. All staff, including nursing, dietary, housekeeping, maintenance, therapy, and department heads, were in-serviced by Director of Nursing, Staff Development Coordinator, and Unit Managers on the following: 1. Residents exhibiting challenging behaviors/sexually inappropriate behaviors. 2. Monitoring changes in residents' behaviors. 3. Documentation in medical records regarding interventions surrounding resident challenging behaviors/sexually inappropriate behaviors. 4. Notifying family and Director of Nursing of any changes in residents' conditions. 5. Reporting to appropriate people when sexually inappropriate behaviors or abuse occurs. B. The Administrator and Director of Nursing will continue to review all 24 - hour reports (paper copies) and the 24 hour report on orders from Point Click Care Monday thru Friday during morning meeting to identify any Resident with behaviors/statements that could be a danger to themselves or other Residents. Behaviors identified on the 24-hour report will be added to the clinical follow-up log and addressed daily to ensure that all behaviors are identified, monitored and care planned. Once behaviors have been identified or any additional concerns identified, the interdisciplinary team will continue to use the	F 600			

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F 600	<p>Continued From page 14</p> <p>PCC generated tool for monitoring and will develop an individualized care plan. Clinical follow-up log with corrective actions from interdisciplinary team meeting and/or clinical startup will be taken to monthly QAPI. Administrator and/or director of nursing will be notified during weekends if any residents exhibit challenging behaviors and/or sexually inappropriate behaviors.</p> <p>C. New hires for all departments will be educated by the Administrator, Director of Nursing, and/or Staff Development Coordinator on Abuse Policy/Procedures and Behaviors during orientation.</p> <p>Monitoring:</p> <p>A. An Adhoc QAPI meeting was held with interdisciplinary team and Medical Director (via phone) on 1/31/19 to discuss the problem, plan and interventions initiated (PCC behavior monitoring tool, staff in-services, and current care plans for both resident #1 and resident #2) and the Medical Director did not have any further recommendations.</p> <p>B. All staff will have annual abuse and behavior in-services with post-tests. The Staff Development Coordinator will audit annual in-service and post-test for continued compliance.</p> <p>C. The daily clinical follow-up sheet which contains identified behaviors from the 24 hour</p>	F 600			

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F 600	<p>Continued From page 15 report, the Point Click Care behaviors generated 24 hour order report, and individualized interventions which were put into place will be presented at the monthly QAPI meeting x 3 months by the Director of Nursing for discussion and review by the interdisciplinary team which consist of the Executive Director, Director of Nursing, all department heads and the Medical Director, to assure continued compliance is maintained. Any concerns identified in the QAPI meeting will be discussed and an appropriate plan and interventions will be put into place. Upon completion of the initial 3 month process the QAPI team will discuss and determine if there is a need for continued monitoring. The Director of Nursing or nurse supervisor will audit systemic changes and be responsible for presenting information to the QAPI team.</p> <p>D. Administrator will be responsible for the ongoing compliance of F 600. The alleged compliance date is January 31, 2019.</p> <p>Conclusion:</p> <p>Curis at Wilkesboro Transitional Care and Rehabilitation Center believes that the corrective action described above demonstrates that as of January 31, 2019, the Nursing Center has removed the alleged immediate jeopardy identified during the January 30, 2019 survey. Therefore; the Nursing Center requests that DHHS lift the immediate jeopardy.</p> <p>Executive Director</p>	F 600			

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F 600	Continued From page 16 Curis at Wilkesboro Transitional Care and Rehabilitation Alleged Compliance Date is 02/01/19 The Director of Nursing is responsible for ongoing compliance of F-600. The facility's Credible Allegation of Immediate Jeopardy removal was verified on 02/01/19 at 3:17 PM and based on verification that Resident #2 had been and would remain on 1 to 1 observation until placement in another facility. Interviews with alert and oriented residents were conducted and no one expressed they had been sexually abused or abused in any way and family members were interviewed and voiced no concerns. Administrative, management, nursing, housekeeping, dietary, maintenance, therapy and activities staff all verified that training had been provided regarding the abuse policy and the need to protect residents, report allegations, investigate allegations, and report to the state agency and authorities if needed. This training was verified as being provided to all departments.	F 600			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must	F 656		3/4/19	

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F 656	<p>Continued From page 17</p> <p>describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to develop a care plan for 1 of 1 sampled residents (Resident #2) reviewed for inappropriate sexual behaviors.</p> <p>The findings included:</p>	F 656	<p>#1) Resident #2's care plan was reviewed and updated to reflect resident's inappropriate sexual behaviors on January 7, 2019.</p> <p>#2) All residents have the potential to be affected by the deficient practice. Care plans for 100% of all residents identified</p>		

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F 656	<p>Continued From page 18</p> <p>Resident #2 was admitted to the facility on 06/15/18 with diagnoses which included hemiparesis following cerebrovascular disease.</p> <p>A review of Resident #2's admission minimum data set (MDS) dated 06/28/18 revealed he was cognitively intact for daily decision making. The MDS also indicated he transferred self, requiring extensive assistance at times, was mobile in a wheelchair and had a contracture of his left hand and wrist.</p> <p>A nurse's note dated 07/13/18 described Resident #2 grabbed Nurse #2's breast, took his whole hand and grabbed her vaginal area and attempted to grab her breast again before she was able to get out of the room. This occurred while she was administering medications and checking Resident #2's blood sugar as ordered.</p> <p>A review of Resident #2's medical record on 07/13/18 revealed a note written by the Social Worker (SW) and stated she had talked with Resident #2 and informed him that the behaviors towards the staff were assault and he could be arrested for those behaviors. Another note written by SW on the same date, documented the SW along with the MDS nurse had talked with the resident about his behavior and documented Resident #2 stated "I'm not touching the b**ches anymore." Resident #2 became very upset as evidenced by his red face, angry tone and cursing at the SW. The SW informed his family member of his behavior during their conversation.</p> <p>A review of Resident #2's record revealed he had been seen by psychotherapist beginning 08/16/18 for irritability and inappropriate behaviors with staff. The note stated he appeared to be</p>	F 656	<p>to have behaviors will be audited and updated by March 1, 2019.</p> <p>#3) Director of Nursing and/or Unit Manager will review all behaviors from the 24-hour report and report sheets in clinical meeting 5 days a week. Interdisciplinary team will discuss behaviors and care plan interventions on all identified behaviors. Staff are to notify the Administrator and/or Director of Nursing on weekends if a resident has a behavior that has the potential to harm the resident or other residents. The Administrator and/or Director of Nursing will guide staff to implement interventions that address the resident's immediate behavior. Director of Nursing and/or Unit Manager will randomly audit care plans of residents with identified behaviors 3 times a week for continued compliance. Audits to be conducted for 90 days.</p> <p>#4) Director of Nursing and/or Unit Manager will bring behavior care plan audits to monthly QAPI meeting for review for 3 months. After 90 days of 100% compliance the QAPI team will review and determine if further monitoring or process changes need to occur to remain in compliance. Director of Nursing is responsible for implementing the acceptable plan of correction. Date of compliance will be March 4, 2019.</p>		

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F 656	<p>Continued From page 19</p> <p>suspicious, was narcissistic and depressed. Stated he seemed to have disdain for professionals and their opinions. The plan was for follow up psychotherapy for 26 sessions.</p> <p>A review of Resident #2's care plan dated 12/17/18 revealed he had a care plan for behaviors of cursing, red face and history of throwing things which was initiated on 07/13/18. The goal was for Resident #2 to have less episodes of anger over the next quarter. The interventions included encourage resident to go to a quiet environment, promote safe, secure surroundings and reduce noise during behavior episodes to prevent escalation, psyche consult, and provide reorientation as needed. There was no indication on the care plan the resident had exhibited sexually inappropriate behaviors.</p> <p>A review of the medical record for Resident #1 revealed on the evening of 01/03/19, around 7:10 PM the following sexual abuse occurred: Nurse Aide (NA) #1 was informed by the Community College Nurse Aide Instructor that Resident #2 was in the hallway outside his room and had his right hand down Resident #1's brief and pants. NA #1 instructed Resident #2 to remove his hand out of Resident #1's pants and he did not comply. NA #1 walked over and removed Resident #2's right hand out of Resident #1's pants and immediately separated the residents. NA #1 removed Resident #1 while another NA stayed with Resident #2. NA #1 informed Nurse #1 of the incident and Nurse #1 immediately notified the DON. Resident #1 was taken to her room and NA #1 returned to Resident #2's room and took him in the room where he remained with 1 on 1 supervision.</p>	F 656			

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F 656	Continued From page 20 A review of Resident #2's care plan revealed a care plan for inappropriate behaviors related to sexual behaviors at times was developed on 01/04/19. An interview on 02/01/19 at 10:30 AM with the MDS nurses revealed MDS #2 was aware of the behaviors displayed by the resident to the staff but stated she had not initiated a care plan for the behaviors until the resident had displayed behaviors towards a resident on 01/03/19. The MDS nurse stated she was not sure why a care plan had not been initiated after the behaviors with staff. An interview on 02/01/19 at 11:30 AM with the Director of Nursing (DON) was conducted. The DON stated she had not read back in his chart and had not seen the nurse's notes describing his inappropriate behavior with staff on 07/13/18. The DON stated she would have expected his care plan to have been updated and a care plan developed and implemented for the inappropriate behaviors towards staff.	F 656			
F 843 SS=C	Transfer Agreement CFR(s): 483.70(j)(1)(2) §483.70(j) Transfer agreement. §483.70(j)(1) In accordance with section 1861(l) of the Act, the facility (other than a nursing facility which is located in a State on an Indian reservation) must have in effect a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs that reasonably assures that- (i) Residents will be transferred from the facility to the hospital, and ensured of timely admission to the hospital when transfer is medically	F 843		3/4/19	

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F 843	<p>Continued From page 21</p> <p>appropriate as determined by the attending physician or, in an emergency situation, by another practitioner in accordance with facility policy and consistent with state law; and</p> <p>(ii) Medical and other information needed for care and treatment of residents and, when the transferring facility deems it appropriate, for determining whether such residents can receive appropriate services or receive services in a less restrictive setting than either the facility or the hospital, or reintegrated into the community will be exchanged between the providers, including but not limited to the information required under §483.15(c)(2)(iii).</p> <p>§483.70(j)(2) The facility is considered to have a transfer agreement in effect if the facility has attempted in good faith to enter into an agreement with a hospital sufficiently close to the facility to make transfer feasible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to have a transfer agreement in place for transferring resident's to the local hospital for evaluation and treatment, which had the potential to effect 88 of 88 residents who resided in the facility.</p> <p>The findings included:</p> <p>Review of the facility contracts with local entities revealed that the transfer agreement with the local hospital was not executed.</p> <p>An interview was completed with the Administrator on 2/1/2019 at 10:45 AM. The Administrator stated he had been at the facility since December 2018. The Administrator further</p>	F 843	<p>#1) It was identified on February 2, 2019 that the facility did not have an active and current Transfer Agreement with the local hospital.</p> <p>#2) Administrator will correct the missing transfer agreement by initiating/completing a Transfer Agreement with the local hospital.</p> <p>#3) Administrator will bring the completed Transfer Agreement to the QAPI team after completion. After 100% compliance the QAPI team will review and determine if further monitoring or process changes need to occur to remain in compliance. Administrator is responsible for implementing the acceptable plan of correction. Date of compliance will be</p>		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2019
NAME OF PROVIDER OR SUPPLIER CURIS AT WILKESBORO TRANSITIONAL CARE & REHAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET WILKESBORO, NC 28697		
(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 843	Continued From page 22 stated he did not know how long the facility had been without an executed transfer agreement with the local hospital. The Administrator continued to explain when he pulled the contracts for the extended survey, he realized he had no executed transfer agreement and contacted the hospital on 2/1/2019. The Administrator explained the local hospital was the only hospital the facility utilized for evaluation and treatment of the residents that resided at the facility and the local hospital had not refused any transfers from the facility. The Administrator indicated he was aware of the regulation regarding transfer agreements with local entities.	F 843	March 4, 2019.	