

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2019
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560
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F 600 SS=D	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§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.</p> <p>§483.12(a) The facility must-</p> <p>§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 review and staff interviews, the facility failed to protect a severe cognitively impaired resident (Resident #1) from verbal abuse from two staff members, for 1 of 3 sampled residents reviewed for abuse.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 09/21/18 with diagnosis including Dementia, Bipolar, Depression, Hypertension, Major Depressive Disorder, Obesity, Chronic Pain and Anxiety Disorder.</p> <p>Resident #1 most recent of the Quarterly Minimum Data Set (MDS) dated on 01/24/19 revealed that the resident cognitive status was coded as severe impairment. The resident was coded as having behaviors of delusion and coded for other behavioral symptoms not directed</p>	F 600	<p>This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this Allegation of Compliance does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>- The Certified Nursing Assistants</p>	3/8/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/03/2019
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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>toward others. The resident was coded as requiring extensive assistance of two people or more for bed mobility and transfer. He was coded total dependent for dressing, toilet use, personal hygiene and bathing and supervision for eating with set up only.</p> <p>Resident #1 care plan dated on 01/24/19 read in part "the resident has had episodes of yelling out. He has also been observed by staff intentionally attempting to scoot himself out of bed and onto the floor. Goal: Resident will have no injury due to scooting out of bed through next review. Resident will have decreased episodes of yelling out by next review. Approaches: Monitor mood for changes. Approach resident in calm, unhurried manner. Give resident choices. Provide consistency in daily care providers as much as possible. Assess physical factors that may foster behaviors. Allow resident to participate in care as much as she is able to. Try to discover reason for change in behavior. Psych consult as needed. Monitor mood/behaviors. Give medication as ordered. Introduce yourself each time when approaching resident. Mat to floor beside bed."</p> <p>Review of the Investigation Report dated on 01/26/19 revealed that the allegation of resident abuse was substantiated for Nursing Assistant (NA) #2 and NA #3 law enforcement was not notified. NA #3 was suspended on 01/26/19 pending on full investigation and NA#2 quit on 01/26/19 and failed to give a statement.</p> <p>During an interview on 02/07/19 at 1:30 PM with NA #1, stated he was working the front desk as the receptionist on January 26, 2019 and heard NA #2 and NA #3 speaking loud and rudely to the</p>	F 600	<p>involved in the alleged deficient practice regarding the care of the affected resident (Resident #1) are no longer employed by the facility.</p> <p>¿ Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>- The facility has interviewed all alert and oriented residents in the facility that have the potential to be affected by the same alleged deficient practice and found that none identified have experienced any abuse.</p> <p>¿ Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>-The facility has implemented weekly interviews with all alert and oriented residents that ask a series of questions regarding abuse and neglect. The facility has also in-serviced all partners on abuse, beginning on the day of the alleged deficient practice. All partners will be in-serviced on abuse prevention, identification and reporting by March 8th, 2019.</p> <p>¿ Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</p> <p>- The Administrator is responsible for ensuring compliance is achieved and sustained. All weekly interviews are</p>		

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F 600	<p>Continued From page 2</p> <p>Resident #1. NA #1 further stated that NA#3 said to Resident #1 "do not touch me or I will lose my job today." NA #1 said he did not see NA #2 putting her finger in the resident's face. NA #1 further stated that Nurse #1 came into the room because the Resident #1 was on the floor.</p> <p>During an interview on 02/07/19 at 1:40 PM with Nurse #1, she stated that there was an overhead page code green (which means a fall) and she headed down the hall to assist and heard NA #2 and NA #3 speaking in a foul manner to Resident #1. Nurse #1 stated when she entered the room and the resident was on the floor and Resident #1 was reaching for something in the air that was not there and then he reached in the direction of NA #3's ankle. Nurse #1 stated that NA #3 bent over in the Resident #1's face and pointed her finger in his face and stated "do not touch me or I will lose my job today, this is not the day." Nurse #1 further stated that she told NA #2 and NA #3 not to move the resident until she assessed him. Nurse #1 said she left Resident #1's room go get vital sign machine and when she got back NA #2 and #3 were lifting the resident to the bed without a lift.</p> <p>During a telephone interview with the NA #2 (who no longer works at the facility) on 02/07/19 at 5:07 PM, she stated that she was attempting to assist NA #3 with getting Resident #1 off the floor and the resident kept trying to hit her. NA #2 further stated that she did not talk to the resident rudely she said to the resident in normal tone of voice to Resident #1 "could you please stop and be nice, this is not the day." The NA #2 said that they were short staffed that day and there were no lifts in sight and the Nurse #1 said he has to be gotten up off the floor. She said that NA #3 helped her</p>	F 600	<p>compiled and reviewed by the Administrator on a weekly basis for 3 months. All results from the interviews will be shared with the QAPI committee during monthly meetings for 3 months until compliance is achieved and sustained, and quarterly thereafter.</p> <p>Completion Date will be: 3/8/2019</p>		

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

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F 600	<p>Continued From page 3</p> <p>lift the resident with a lift pad to get Resident #1 back on the bed.</p> <p>During an telephone interview with NA #3 (who no longer works at the facility) on 02/07/19 at 5:26 PM, she stated a family member told her Resident #1 was on the floor and she proceeded to Resident #1's room and called Nurse #1 for assistance. NA #3 further stated she assisted NA #2 with getting Resident #1 off the floor. NA #3 stated that the Resident grabbed at her ankle and she almost fell. NA #3 said she told Resident #1 he should not do that and she grabbed his right hand to redirect him. NA #3 further stated that the resident was cursing.</p> <p>During an interview with NA #4 on 02/08/19 at 1:20 PM revealed that there has not been any changes in the Resident #1's behavior since 01/26/19. NA #4 stated that the resident is verbal abusive at times and will try to get out of bed or chair.</p> <p>During an interview with Nurse #1 on 02/08/19 at 1:25 PM revealed that there has not been any changes in the Resident #1's behavior since 01/26/19. Nurse #1 stated that the resident is verbal abusive at times, combative and constantly tries to get up.</p> <p>During an interview with the Director of Nursing on 02/08/19 at 1:53 PM, she stated that it was her expectation that residents are treated with respect and free of any abuse.</p> <p>During an interview with the Administrator on 02/08/19 at 2:02 PM, she stated that it was her expectation that staff follow code of conduct and performing as they were trained in relation to</p>	F 600			

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F 600	Continued From page 4 abuse. The Administrator further stated that residents in the facility should be free from abuse and neglect.	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 describe the following - (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 (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). (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. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document	F 656		3/8/19	

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F 656	<p>Continued From page 5</p> <p>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 review and staff interviews, the facility failed to implement the care plan by not using a lift to transfer 1 of 3 sampled residents (Resident #1) reviewed for accidents.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 09/21/18 with diagnosis including Dementia, Bipolar, Depression, Hypertension, Major Depressive Disorder, Chronic Pain, Osteoarthritis and Anxiety Disorder.</p> <p>Resident #1 most recent of the Quarterly Minimum Data Set (MDS) dated on 01/24/19 revealed that the resident cognitive status was coded as severe impairment. The resident was coded as requiring extensive assistance of two people or more for bed mobility and transfer. He was coded total dependent for dressing, toilet use, personal hygiene and bathing.</p> <p>Resident #1 care plan dated on 01/24/19 read in part "Problem: Resident is at risk for falls due to Dementia with impaired cognition, impaired mobility, weakness, shortness of breath on exertion at times and psychotropic medication use. He has been observed attempting to intentionally scoot himself onto the floor. Goal:</p>	F 656	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>-The resident that was found to be affected by the alleged deficient practice, Resident #1, was immediately assessed for injury and found to be without injury and at his clinical baseline.</p> <p>¿ Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All Care Plans for residents in the facility will be reviewed for resident transfer status accuracy by March 8th, 2019. Activities of Daily Living Care Guides will also be reviewed for accuracy to ensure that all residents are being cared for according to what is indicated on their care plan by March 8th, 2019.</p> <p>¿ Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p>		

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F 656	<p>Continued From page 6</p> <p>Resident will have no fall related injuries through next review. Approaches: Complete fall risk assessment per policy and as needed. Place a call bell within reach and answer promptly. Keep personal items within reach. Keep bed in the lowest position. Keep room neat and free from clutter. All transfers to be made via lift with two staff members. Mat to floor beside bed."</p> <p>During an interview on 02/07/19 at 1:40 PM with Nurse #1, she stated that on 01/26/19 there was an overhead page code green (which means a fall) and she headed down the hall to assist. Nurse #1 further stated that she told Nursing Assistant (NA) #2 and NA #3 not to move the resident until she assessed him. Nurse #1 said she left Resident #1's room go get vital sign machine and when she got back NA #2 and #3 were lifting the resident to the bed without a lift. Nurse #1 further stated that Resident #1 was unsafely transferred by NA #2 and NA #3 without proper equipment and tossed Resident #1 up like a rag doll. Nurse #1 said she did not see how they could left Resident #1 because he was over 200 pounds and the NA #2 and NA #3 were very petite.</p> <p>During a telephone interview with the NA #2 (who no longer works at the facility) on 02/07/19 at 5:07 PM, stated that they were short staffed that day and there were no lifts in sight and the Nurse #1 said he has to be gotten up off the floor. She said that NA #3 helped her lift the Resident #1 with a lift pad to get him back on the bed.</p> <p>During an telephone interview with NA #3 (who no longer works at the facility) on 02/07/19 at 5:26 PM, stated a family member told her Resident #1 was on the floor and she proceeded to Resident</p>	F 656	<p>-All Certified Nursing Assistants, LPNs and RNs will be in-serviced by March 8th, 2019 regarding Activities of Daily Living Care Guides and Care Plans, to ensure appropriate transfer status is used for all residents in the facility. Care Plans are kept on each unit and will be reviewed by the MDS Coordinator or designee on a quarterly basis for accuracy. The Director of Nursing or designee will review ADL Care Guides used by CNAs and direct care employees on a quarterly basis to ensure accuracy. The Director of Nursing and/or Nurse Management will review 5 residents per week for 4 weeks to ensure the transfer method indicated on the care plan and ADL care guide is utilized. The Director of Nursing and/or Nurse Management will review 5 residents per month thereafter to ensure continued compliance with care plan indications.</p> <p>¿ Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and ¿ Include dates when corrective action will be completed.</p> <p>The Results of these reviews will be brought to the QAPI committee by the MDS Coordinator and Director of Nursing or designee for review on a monthly basis for 3 months until compliance is achieved and sustained. The QAPI committee will review compliance with care plans quarterly thereafter with the Administrator being responsible for ensuring compliance is achieved and sustained.</p>		

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F 656	<p>Continued From page 7</p> <p>#1's room and called Nurse #1 for assistance. NA #3 further stated she assisted NA #2 with getting Resident #1 off the floor because there was no lift available.</p> <p>During an interview on 02/07/19 at 5:30 PM with NA #1, stated he was working the front desk as the receptionist on January 26, 2019 and heard overhead page code green (which means a fall) so he when down to Resident #1's room. He further stated that NA #2 and NA #3 was in the room and Resident #1 was on the floor. NA #1 went to look for a lift and by the time he got back NA#2 and NA#3 were lifting Resident #1 with a pad.</p> <p>During an interview with NA #4 on 02/08/19 at 1:20 PM, stated that the Resident #1 has to be transferred from the bed with a lift and at least two people.</p> <p>During an interview with Nurse #1 on 02/08/19 at 1:25 PM, stated that the Resident #1 has to be transferred from the bed with a lift and at least two people.</p> <p>During an interview with the Director of Nursing on 02/08/19 at 1:53 PM, she stated that it was her expectation that staff follow the care plan for the resident.</p> <p>During an interview with the Administrator on 02/08/19 at 2:02 PM, she stated that it was her expectation that staff use the transfer method indicated on the care plan for the resident to prevent accidents.</p>	F 656	Date of Compliance: March 8, 2019		