

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

PRINTED: 07/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2019
NAME OF PROVIDER OR SUPPLIER THE ARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 300 CLYNELISH CLOSE PITTSBORO, NC 27312	
(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
E 000	Initial Comments An unannounced recertification survey was conducted 6/24/19 through 6/25/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #2UVW11.	E 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through	F 585		7/9/19

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

TITLE

(X6) DATE

Electronically Signed

07/12/2019

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 585	Continued From page 1 postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;	F 585			

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F 585	<p>Continued From page 2</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and family member and staff interview, the facility failed to ensure a written grievance investigation summary with resolution was provided to the person filing the grievance for 1 of 1 sampled resident reviewed for grievances (Resident #5).</p> <p>Findings included:</p> <p>Resident #5 was admitted to the facility on 10/16/14 with multiple diagnoses including Alzheimer's disease and congestive heart failure (CHF).</p> <p>The significant change in status Minimum Data</p>	F 585	<p>* A written grievance investigation summary with resolution was provided to family on 7-8-19 for the resident found to have been affected by practice.</p> <p>* The Administrator reviewed the grievance log for the past 6 months in attempts to identify other residents having the potential to be affected. No other grievances made from any other residents.</p> <p>*Systemic changes have been made to ensure that written grievance investigation summaries with resolution are provided as required. Education was provided on July 3, 2019 to the Director of Nursing, the</p>		

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F 585	<p>Continued From page 3</p> <p>Set (MDS) assessment dated 5/10/19 indicated that Resident #5 had memory and decision making problems and rarely/never understood and rarely/ never understand others. The assessment also indicated that Resident #5 was totally dependent on the staff for all activities of daily living (ADL).</p> <p>Review of the facility's grievance log was conducted. There was 1 grievance filed by Resident #5's family member dated 4/19/19 regarding missing items.</p> <p>The grievance/complaint report dated 4/19/19 was reviewed. The grievance was reported to Social Worker (SW) #1 and Nurse Supervisor during the care plan meeting on 4/19/19. Resident #5's family member reported that 3 rings were missing from their mother, (1) solitaire, (1) with 3 stones and (1) plain band and the rings had sentimental value to their mother. The form indicated that the Nurse Supervisor and the SW #1 were designated to take action on this grievance. The form revealed that several searches for the items and staff interviews were conducted and no rings matching the description were found. The form was completed and signed by SW #1 on 4/24/19.</p> <p>On 6/24/19 at 9:48 AM, a family member of Resident #5 was interviewed. The family member stated the family members visited Resident #5 in March 2019 and the resident was wearing 3 rings (wedding ring with diamond, engagement ring with diamond and a wedding band). The family member indicated that they (brother and sister) came to visit their mother the day prior to the care plan meeting and noticed the 3 rings were missing. The family member</p>	F 585	<p>Administrator, the Director of Social Work/Community Navigation, and to the Arbor Resident Navigator regarding regulatory requirements to issue a written investigation summary with resolution to individuals filing a grievance. This training was provided by the Senior Director of Healthcare Services. The facility grievance report form was also amended to clearly outline the requirement to issue a written investigation summary with resolution to individuals filing a grievance.</p> <p>*The facility will monitor its performance to make sure the solution is sustained by having the Administrator (or designee) audit all grievances to ensure that written grievance summaries with resolutions are provided as required. The Administrator will be notified immediately but not later than 24 hours after any report of misappropriation of resident property. The Administrator (or designee) will then audit each written grievance report within 5 business days to make sure proper written investigation summaries with resolution were provided as required. Any concerns in issues will be brought forth to the Quality Assurance Committee and followed as indicated. Weekly audits by the Administrator (or designee) will continue over the next 3 months (July through September) and then followed as indicated by Quality Assurance Committee.</p>		

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F 585	<p>Continued From page 4</p> <p>reported that they were upset because the rings meant so much to their mother. The family member indicated that she asked a young nurse (didn't know her name) about the rings and the young nurse informed her that the rings were removed from Resident #5's fingers because her fingers were swollen. The family member also stated that a male nurse aide (NA) also told the family member that the rings were removed and were left on the night stand. The family members attended the care plan meeting on 4/19/19 and informed the SW and the Nurse Supervisor about the 3 rings that were missing. The family members were told that they (staff) would be looking for the 3 rings. The family member stated that the family members had not received a call or had not received a letter regarding the resolution to the missing rings. The family member stated that SW #1 had sent her a message saying that the facility was not responsible for any missing items.</p> <p>On 6/24/19 at 11:17 AM, the Administrator was interviewed. She stated that when the missing rings were reported, the investigation was started, a care plan meeting was held with the family, and the visitation log was reviewed thinking the family might have removed the rings. She reported that the investigation did not verify the rings were taken by an employee. She stated that she had called Resident #5's daughter by phone that the rings could not be found and the Police was notified. The Administrator admitted that she did not provide a written grievance summary with resolution to the family member about the missing rings.</p> <p>On 6/25/19 at 9:05 AM, SW #1 was interviewed. She stated that she became aware of Resident</p>	F 585			

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F 585	Continued From page 5 #5's missing rings during the care plan meeting on 4/19/19. She filled out a grievance form and submitted it to the Administrator. She admitted that she had sent a message to Resident #5's daughter informing her that the investigation/search was still ongoing. She verified that she did not provide the family member with a written grievance summary with resolution about the missing rings. On 6/25/19 at 4:10 PM, a follow up interview with the Administrator was conducted. The Administrator stated that she did not know that there was a regulation to provide a written grievance summary to the person filing the grievance.	F 585			
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.	F 609		7/10/19	

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F 609	Continued From page 6 §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 family member and staff interview, the facility failed to report an allegation of a resident missing three rings immediately but not later than 24 hours after the allegation was made to the Administrator, Adult Protective Services (APS) and to the state agency (SA) and the results of the investigation was sent to the state agency within 5 working days of the incident for 1 of 1 sampled resident reviewed for misappropriation of resident property (Resident #5). Findings included: Resident #5 was admitted to the facility on 10/16/14 with multiple diagnoses including Alzheimer's disease and congestive heart failure (CHF). The significant change in status Minimum Data Set (MDS) assessment dated 5/10/19 indicated that Resident #5 had memory and decision making problems and rarely/never understood and rarely/ never understand others. The assessment also indicated that Resident #5 was totally dependent on the staff for all activities of daily living (ADL). Review of the facility's grievance log was	F 609	*Chatham County Adult Protective Services (APS) was contacted on 6-27-19 for the resident found to have been affected by practice. The state agency was previously given a 24 hour report and the results of the investigation were provided previously in the 5 working day report. * The Administrator reviewed the grievance log for the past 6 months in attempts to identify other residents having the potential to be affected. No other missing items or allegations of misappropriation were reported. * Systemic changes have been made to ensure that reporting is completed as required. Education was provided on July 3, 2019 to the Director of Nursing, the facility Administrator, the Director of Social Work/Community Navigation, and to the Arbor Resident Navigator regarding regulatory requirements of reporting allegations of misappropriation by the Senior Director of Healthcare Services. These employees were also instructed to notify the facility Administrator immediately but not later than 24 hours of any allegations of misappropriation of resident property. Education was also		

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F 609	<p>Continued From page 7</p> <p>conducted. There was 1 grievance filed by Resident #5's family member dated 4/19/19 regarding missing items.</p> <p>The grievance/complaint report dated 4/19/19 was reviewed. The grievance was reported to Social Worker (SW) #1 and Nurse Supervisor during the care plan meeting on 4/19/19. Resident #5's family member reported that 3 rings were missing from their mother, 1 solitaire, 1 with 3 stones and 1 plain band and the rings had sentimental value to their mother. The form indicated that the Nurse Supervisor and the SW #1 were designated to take action on this grievance. The form revealed that several searches for the items and staff interviews were conducted and no rings matching the description were found. The form was completed and signed by SW #1 on 4/24/19.</p> <p>On 6/24/19 at 9:48 AM, a family member of Resident #5 was interviewed. The family member stated the family members visited Resident #5 in March 2019 and the resident was wearing her 3 rings (wedding ring with diamond, engagement ring with diamond and a wedding band). The family member indicated that they (brother and sister) came to visit their mother the day prior to the care plan meeting and noticed the 3 rings were missing. The family member reported that they were upset because the rings meant so much to their mother. The family members (sons and daughter) attended the care plan meeting on 4/19/19 and informed the SW and the Nurse Supervisor about the 3 rings that were missing. The family members were told that they (staff) would be looking for the 3 rings.</p> <p>On 6/24/19 at 10:46 AM, the Nurse Supervisor</p>	F 609	<p>been provided to all direct care staff and supervisors from June 26, 2019 through July 10, 2019. This instruction included notifying the Administrator immediately but not later than 24 hours of any allegations of misappropriation of resident property. This training was conducted by the Administrator, Director of Nursing Services and designated RN managers. Any employees that were not educated by July 10, 2019 have been removed from the schedule and are required to complete training before returning back to work.</p> <p>* The facility will monitor its performance to make sure the solution is sustained by having the Director of Social Work/Community Navigator (or designee) audit grievances daily and report to the Administrator (or designee) and Adult Protective Services immediately but not later than 24 hours after any allegations of misappropriation of resident property. Any concerns in issues will be brought forth to the Quality Assurance Committee and followed as indicated. These audits will be conducted a minimum of 5 x week over the next 3 months (July through September) and then followed as indicated by Quality Assurance Committee. The Administrator (or Designee) will also conduct audits on grievances to ensure that timely reports are submitted to the State Agency immediately but not later than 24 hours after any allegations of misappropriation of resident property. The Administrator (or designee) will also make sure that the results of the investigation are sent to the state agency within 5 working days of the</p>		

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F 609	<p>Continued From page 8</p> <p>was interviewed. She reported that it was reported by Resident #5's daughter on 4/18/19 that her mother's rings were missing. A care plan meeting was scheduled on 4/19/19 and again the missing rings were discussed. She stated that she started her investigation on 4/19/19 by interviewing the staff and by searching the rooms (resident's room, dining room, restroom, laundry room) for the rings. The Nurse Supervisor reported that she had submitted her investigation reports to the Administrator on 4/29/19.</p> <p>On 6/25/19 at 9:05 AM, SW #1 was interviewed. She stated that she became aware of the missing rings during the care plan meeting on 4/19/19. She filled out a grievance form and submitted it to the Administrator on 4/24/19. She stated that she was not responsible for the reporting to the SA or APS.</p> <p>On 6/25/19 at 10:55 AM, a follow up interview was conducted with the Nurse Supervisor. She verified that on 4/18/19 she was informed by a staff member (didn't remember the staff member) that Resident #5's rings were missing and on 4/19/19 during the care plan meeting, the family member again reported the 3 rings that were missing, (1) solitaire ring, (1) trinity ring and a band with small stones. She indicated that she did not notify the Administrator and the Director of Nursing (DON) immediately of the missing rings. She added that she only notified the Administrator and the DON immediately if the grievance for abuse or misappropriation was true or there was a theft. The Nurse Supervisor stated that she was not responsible for the reporting to the SA or APS.</p> <p>On 6/25/19 at 2:40 PM, a follow up interview was</p>	F 609	<p>incident. Any trends in issues will also be brought forth to the Quality Assurance Committee and followed as indicated. Daily audits will be conducted by the Administrator (or designee) at least 5 x week over the next 3 months (July through September) and then followed as indicated by the Quality Assurance Committee.</p>		

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F 609	Continued From page 9 conducted with the Administrator. She stated that the Nurse Supervisor did not notify her when the rings were reported missing because the grievance from the daughter did not indicate that the rings were stolen. She revealed that she did not report allegation like this (missing rings) to the APS and she had sent 24 hour and 5 day report only when there was a reasonable theft. The Administrator also reported that she was notified on 4/29/19 of the missing rings not found and so she sent the 24 hour report to the state agency on 4/30 and the 5 day report on 5/7/19.	F 609			