STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345089	A. BUILDING _____ B. WING _____	C 06/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT COVE HEALTH AND REHABILITATION CENTER	**511 WINDMILL STREET WALNUT COVE, NC 27052**

(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 COVID-19 Focused Survey was conducted on 6/1/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# RZ6211	E 000		
F 609 SS=B	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	F 609		6/30/20

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

Electronically Signed | 06/21/2020

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F 609	Continued From page 1 by: Based on record review and staff interview the facility failed to report abuse allegations within 2 hours of notification of the allegation and within 5 business days to the state. This was for 1 of 1 alleged abuse investigations completed by the facility. The findings included: The state abuse policy that is used by all facilities "Allegations of Abuse, Neglect, Exploitation or Mistreatment with a revised date of 4/18/18 included in part: "1. 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 this facility and to other officials (including 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 ..." Review of the abuse investigations since the last annual recertification revealed one investigation that was not reported according to the facility abuse policy. a. An initial allegation of resident to resident abuse was reported by Resident #1 to an aide who reported it to a nurse on 11/4/19 at 5:45 AM. Resident #1 had stated that her roommate,	F 609	The Executive Director re-educated the Director of Nursing regarding the reporting time frames related to F-tag 609. The Executive Director and the Director of Nursing reviewed all reportable events reported to the state agency from 10-1-19 to present for accuracy of reporting within the allowed time frames per regulation F-609. The Regional Director of Clinical Services educated the Executive Director and Director of Nursing regarding reporting to the state agencies all events meeting criteria in regulation F-609 within the specified time frames on 6-8-20. The Executive Director and/or the Director of Nursing educated all staff members regarding the importance of immediately reporting to the Executive Director and/or the Director of Nursing any events involving abuse, neglect, exploitation or misappropriation of resident property by 6-30-20. A monitor was put into place to track the reporting to the state agencies of any events involving abuse, neglect, exploitation or misappropriation of resident property. This monitor will be reviewed every Monday through Friday for 3 months, then weekly for 4 weeks, then monthly for 2 months. Reportable events was also added to the department manager stand up meeting going forward for heightened awareness to events and	

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F 609	Continued From page 2 Resident #2, had hit her on the arm and abdomen so she had hit her back. Review of the report revealed the initial allegation was faxed to the state agency on 11/4/19 at 10:32 AM-approximately 4 hours after the facility became aware of the incident. b. An investigation of the resident to resident altercation allegation was faxed to the state agency on 11/13/19 at 12:47 PM - 6 days after the facility became aware of the resident to resident allegation. Interview with the Administrator and Director of Nursing (DON) on 6/1/2020 at 10:40 AM revealed the Administrator understood the regulation that every abuse allegation should be reported within 2 hours of notification and within 6 days of investigation but the DON had simply misunderstood the regulation.	F 609	reporting of events. The results of the monitor will be reported to the Quality Assurance Performance Improvement Committee.	