

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

PRINTED: 05/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2023
NAME OF PROVIDER OR SUPPLIER DURHAM NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705	
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E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 4/11/23-4/13/23. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID # 4LWU11. INITIAL COMMENTS	F 000		
F 602 SS=G	A complaint investigation survey was conducted from 4/11/23-4/13/23. Event ID 4LWU11. The following intakes were investigated NC00200647 and NC00199892. 1 of 7 allegations resulted in a deficiency. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 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. This REQUIREMENT is not met as evidenced by: Based on record review and resident, family, staff and Detective interviews, the facility failed to prevent misappropriation of Resident #2's property by Housekeeper #1. Housekeeper #1 used Resident #2's personal debit card account without the resident's consent for multiple personal purchases and cash apps (mobile financial transfers) was reported to be totaling	F 602	F-602 (1) How corrective action will be accomplished for resident(s) found to have been affected: The police were notified by the Administrator on 3/10/2023 and resident #2s credit/debit card was disabled by her	4/14/23

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

TITLE

(X6) DATE

Electronically Signed

05/04/2023

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 602	<p>Continued From page 1</p> <p>over \$1,000.00. This financial loss caused the resident to feel "angry" and resulted in a loss of independence for the resident as her family removed the debit card from her possession to avoid any further incidents. This deficient practice was for 1 of 1 (Resident #2) reviewed for misappropriation of property.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 11/21/22.</p> <p>The quarterly Minimum Data Set (MDS) dated 1/19/23 indicated Resident #2 had moderate cognitive impairment.</p> <p>A statement written by the Director of Nursing (DON) on 3/10/23 included the following information: On 3/10/23, the Director of Nursing (DON) and Administrator had a conversation with Resident #2's daughter, regarding money transactions on Resident #2's debit card account that did not make sense. The daughter was upset regarding the missing money. The Administrator advised the daughter the police would be notified. Later in the evening the daughter called the DON and informed him an investigation had been opened and a Detective was in charge of the investigation.</p> <p>A review of the police report written by the Detective on 3/10/23 revealed an itemized list of charges, purchases, and money transfers reported by Resident #2's daughter. The police report listed in the property description as: one debit card, twenty-three pending inventory property and one money in the amount of \$642.</p>	F 602	<p>daughter. Resident #2 was interviewed on 4/14/2023 by the Director of Nursing regarding misappropriation. The initial allegation of misappropriation for resident #2 was submitted on 4/14/2023 and the 5 day report was submitted on 4/18/2023. Housekeeper #1 is no longer an employee.</p> <p>(2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: On 4/14/2023 The Administrator, The Director of Nursing, and the Unit Manager initiated resident interviews to all residents that are able to be interviewed to see if any other residents had been affected by the alleged suspect or anyone else and who to report to if ever affected by misappropriation. No other residents were noted to be affected. It was also conveyed that financial record maintenance assistance is available. Should anyone need additional support, contact the business office manager.</p> <p>On 4/14/2023 The Administrator, The Director of Nursing, and the Unit Manager initiated staff interviews from all departments to see if any other residents may have been affected by the alleged suspect or anyone else. No other residents were noted to be affected.</p> <p>On 4/14/2023 the Administrator reviewed resident rights with a focus on misappropriation with the resident council president that included definition review</p>		

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F 602	<p>Continued From page 2</p> <p>Review was conducted of emails and bank statements for February 2023 and March 2023 submitted by Resident #2's daughter to the police department on 3/15/23. The transactions occurred between 3/3/23-3/10/23. The documents revealed charges and purchases that included a local furniture store, cellular store, fast food restaurants, delivery food services, a hotel, an internet travel site, ride shares, cash app transactions, and a cable/cellular provider were being investigated by the police department. The identity of Housekeeper #1 was determined by the purchases.</p> <p>An interview was conducted on 4/11/23 at 10:36 AM. Resident #2 stated she used her debit card to make specific food purchases to her favorite food spots. Housekeeper #1 offered to help her make the food purchase at one of her favorite places 3/3/23. Housekeeper #1 took her debit card information from the debit card and brought the food. She explained her daughter called her very upset, she could not recall the day, about charges on the bank statement that were not her usual purchases. She further explained, her daughter told her about the charges that were made to furniture stores, cash apps and places of which she had not heard. Resident #2 further stated "I was very angry and mad as h ...ll." The resident stated her daughter removed the debit card from her in fear the staff would do this again and it was not fair that she could not make her preferred food purchases because a staff stole her information.</p> <p>A telephone interview was conducted on 4/11/23 at 9:48 AM with Resident #2's daughter who stated she was extremely upset, angry and frustrated that the facility did not protect Resident</p>	F 602	<p>and who to report to if ever affected by misappropriation. It was also conveyed to him that financial record maintenance assistance is available. Should anyone need additional support, contact the business office manager.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future: To protect residents from similar occurrences, on 4/14/2023 the Administrator, Director of Nursing, and Unit Manager initiated re-education to all staff regarding misappropriation that includes the process for reporting loss of debit/credit cards and/or unauthorized purchases/charges, the definition of misappropriation, exploitation, examples of resident property, examples of misappropriation, and signs to look for that could signify misappropriation.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained: Monitoring will be done by the Administrator, The Director of Nursing, or designee to ensure that through the grievance process and resident interviews, no additional occurrences of misappropriation take place. This monitoring process will consist of 5 resident interviews weekly for 4 weeks and then 10 resident interviews monthly for 3 months.</p> <p>Any issues during monitoring will be</p>		

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F 602	<p>Continued From page 3</p> <p>#2's personal money from an employee. The daughter stated she reviewed her mother's bank statement for February 2023 and March 2023, and she noticed large sums of money being taken from the account between the end of February 2023 and the first week of March. The daughter further stated the withdrawals and purchases did not make sense since Resident #2 was unable to make those types of purchases from the facility. She explained the purchases included local furniture store, cellular store, fast food restaurants, delivery food services, a hotel, an internet travel site, ride shares, cash app transactions, and a cable/cellular provider. The daughter indicated she had spoken with the police department who helped identify the staff as Housekeeper #1. Resident #2's daughter stated the total amount of money missing from the resident's account was reported to be in the amount of \$1,000 or more. The daughter reported Housekeeper #1 confessed to the police department she had taken the account information from Resident #2's debit card.</p> <p>An attempt to interview the Housekeeper #1 on 4/11/23 at 10:00 AM via the telephone was made and the number provided by the facility was disconnected.</p> <p>An interview was conducted on 4/12/23 at 1:41 PM with the Detective who stated he received a call on 3/10/23 from Resident #2's daughter who was very upset/frustrated the facility may have allowed an employee to make charges on her mother's debit account. The daughter stated she had contacted the facility because she was concerned about the unexplained charges that occurred on her mother's account. The Officer stated he had spoken with the daughter</p>	F 602	<p>addressed immediately. The Administrator and/or The Director of Nursing will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>The facility alleges compliance on 4/14/2023</p>		

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F 602	<p>Continued From page 4</p> <p>numerous times to obtain copies of bank statements/account information and it was discovered the individual was a former employee, Housekeeper #1. He stated once he saw the name of the alleged staff, he was familiar with the individual and contacted the former employee for questioning. Housekeeper #1 was interviewed on 3/16/23 and she admitted and confessed to making the unauthorized charges on Resident #2's debit account while she was an employee at the facility and after. Housekeeper #1 stated the resident had given her the card to purchase a pizza for her. Housekeeper #1 stated she had forgotten that she had linked the card information to her phone. Housekeeper #1 did not have the physical debit card, but had a screen shot the information on her telephone. After further questioning about the continuation of charges to locations associated to her personal life/events (i.e., paying personal bills, cash app family). Housekeeper #1 was charged with fraudulently obtaining property and identity theft.</p> <p>An interview was conducted on 4/11/23 at 11:00 AM, the Director of Nursing (DON), stated an in-service was done with staff on the abuse policy which included misappropriation of property on 3/16/23 and 10 residents were interviewed by the administrator who asked if anyone had taken any personal belongings or items without consent. There was no other action taken after the in-service and resident interviews. The DON further stated systemic changes would occur to include the protection of resident's personal property of debit card and financial information.</p> <p>An interview was conducted on 4/11/23 at 11:20 AM, the Administrator stated an in-service was</p>	F 602			

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F 602	Continued From page 5 done with staff on the abuse policy which included misappropriation of property on 3/16/23 and 10 residents' interviews were done on 3/20/23. He further stated revisions to the current abuse policy and financial record maintenance system would be developed and monitored to prevent a reoccurrence.	F 602			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(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.	F 609		4/14/23	

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F 609	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to report an allegation that a resident's financial information from a debit card was used fraudulently due to suspicious charges to the account by failing to submit a 24 hour and 5 day report within the required time frame to the State Agency of North Carolina for 1 of 1 residents reviewed for abuse (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 11/21/22. The diagnoses included chronic kidney disease, congestive heart failure, diabetes, and hypertension.</p> <p>The quarterly Minimum Data Set (MDS) dated 1/19/23 indicated Resident #2 had moderate cognition loss.</p> <p>A record review of the facility's submitted revealed no record of a 24 hour or 5-day report regarding the allegations of misappropriation, or fraudulent use of Resident #2's debit card.</p> <p>An interview was conducted on 4/11/23 at 8:00 AM. The Director of Nursing (DON) stated the 24 -hour and 5-day report had not been submitted to the state agency in accordance with the facility policy. He stated he felt the investigation was complete when the accused employee confessed to the police about the theft. The DON further stated he did not report to the state agency because the employee self-terminated and was no longer employed, the facility felt as though there was no longer an issue.</p>	F 609	<p>F-609</p> <p>(1) How corrective action will be accomplished for resident(s) found to have been affected: The initial allegation of misappropriation for resident #2 was submitted on 4/14/2023 and the 5 day report was submitted on 4/18/2023.</p> <p>(2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: All residents have the potential to be affected by this alleged non-compliance and as a result, the systemic changes stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future: To protect residents from similar occurrences, on 4/14/2023 the Administrator, Director of Nursing, and the Unit Manager initiated re-education to all staff regarding the guidelines and requirements for state reporting obligations along with the required timeline for reporting.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p>		

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F 609	Continued From page 7 An interview was conducted on 4/11/23 at 9:00 AM. The Administrator stated when the initial report was received on 3/10/23 the family identified the staff as a nurse aide. After reviewing the employee files and staff agency records the named employee was not employed as a nurse aide, therefore, the family was informed the employee did not work for the facility. The named employee was discovered by the family and police department, and it was determined the former staff was in the position of housekeeper and not a nurse aide. The Administrator stated the 24-hour, and 5-day report was not submitted to the state agency in accordance with the facility policy, because the facility was already out of compliance for not reporting to the state agency and they were currently working on the plan of correction. The Administrator further stated the situation was addressed with the current in-service and the investigation was complete when the accused employee confessed to the police about the theft.	F 609	Monitoring will be done by the Administrator and/or the Director of Nursing to ensure that all state reporting obligations were done and within the appropriate timeline. This monitoring process will take place weekly for 4 weeks and then monthly for 3 months. Any issues during monitoring will be addressed immediately. The Administrator and/or The Director of Nursing will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance. The facility alleges compliance on 4/14/2023		
F 610 SS=E	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 610		4/14/23	

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F 610	<p>Continued From page 8</p> <p>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:</p> <p>Based on record review and staff interview, the facility failed to complete a thorough investigation of an allegation of misappropriation of property for Resident #2 and to implement measures to prevent further potential misappropriation of property during the investigation. This had the potential to affect other facility residents.</p> <p>The findings included:</p> <p>Review of the Abuse Policy Prohibition dated August 2017 Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Protection:</p> <p>1. the facility will protect residents from harm during the investigation. The facility will timely investigate any allegation abuse/neglect, exploitation, mistreatment, injuries of unknown origin, or misappropriation of resident property in accordance with state law. Any employee alleged to be involved in an instance(s) of abuse and/or neglect will be interviewed and suspended immediately and will not be permitted to return to work unless and until such allegations of abuse/neglect are substantiated.</p> <p>Review of the facility investigation summary from the Director of Nursing's timeline dated 3/10/23-4/4/23, revealed the family reported to the facility that Resident #2 had money</p>	F 610	<p>F-610</p> <p>(1) How corrective action will be accomplished for resident(s) found to have been affected: The police were notified by the Administrator on 3/10/2023 and resident #2s credit/debit card was disabled by her daughter. Resident #2 was interviewed on 4/14/2023 by the Director of Nursing regarding misappropriation. The initial allegation of misappropriation for resident #2 was submitted on 4/14/2023 2023 and the 5 day report was submitted on 4/18/2023. Housekeeper #1 is no longer an employee.</p> <p>(2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: On 4/14/2023 The Administrator, The Director of Nursing, and the Unit Manager initiated resident interviews to all residents that are able to be interviewed to see if any other residents had been affected by the alleged suspect or anyone else and who to report to if ever affected by misappropriation. No other residents were noted to be affected. It was also conveyed that financial record maintenance assistance is available. Should anyone</p>		

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F 610	<p>Continued From page 9</p> <p>transactions on her debit card that did not make sense and she was upset the money was missing. The family and facility notified the police of the allegation on 3/10/23. On 3/12/23, the family provided the name of the employee who was making charges and indicated she was a nurse aide who used Resident #2's card to get her items from the vending machine. The statement documented the DON advised the family member the facility did not employ a nurse aide by that identified name. The Director of Nursing interviewed the roommate of Resident #2, (Resident #1), on 3/12/23 who denied missing any money. The facility Staff Development Coordinator did an in-service on 3/16/23 on the abuse policy to include misappropriation of property. On 3/20/23 a connection was made with the name of the former employee, Housekeeper #1, in another department. The employee started in February 2023 and self-terminated on 3/5/23 when she did not show for her shift and did not call off. On 3/20/23 the Administrator asked ten residents have you ever had any belongings or items taken from you without consent and all responded no. The Director of Nursing spoke with the detective on 4/4/23 who indicated Housekeeper #1 confessed to the theft of Resident #2's financial information and unauthorized purchases.</p> <p>Review of the facility investigation revealed no evidence that Resident #2 was interviewed regarding the allegation of misappropriation of property. There was no evidence in the investigation that interventions were implemented to identify and protect all facility residents who could have been by misappropriation of property. The facility did not provide any evidence of systemic changes, corrective action, or a</p>	F 610	<p>need additional support, contact the business office manager.</p> <p>On 4/14/2023 The Administrator, The Director of Nursing, and the Unit Manager initiated staff interviews from all departments to see if any other residents may have been affected by the alleged suspect or anyone else. No other residents were noted to be affected.</p> <p>On 4/14/2023 the Administrator reviewed resident rights with a focus on misappropriation with the resident council president that included definition review and who to report to if ever affected by misappropriation. It was also conveyed to him that financial record maintenance assistance is available. Should anyone need additional support, contact the business office manager.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future: To protect residents from similar occurrences, on 4/14/2023 the Administrator, Director of Nursing, and the Unit Manager initiated re-education to all staff regarding investigative procedures following any alleged violation that includes the process for reporting loss of debit/credit cards and/or unauthorized purchases/charges.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p>		

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F 610	Continued From page 10 monitoring system to ensure misappropriation of property did not occur in the future. An interview was conducted on 4/12/23 at 1:00 PM with the Director of Nursing who indicated the Administrator assisted with the investigation and felt the investigation was complete when Housekeeper #1 confessed to the theft. The DON stated the employee was a new hire in February of 2023. The DON stated he did not interview all residents who were interviewable, the resident representative(s), or staff to identify other residents who could have been affected because Housekeeper #1 self-terminated. He indicated since Housekeeper #1 was no longer employed; the facility felt as though there was no longer an issue. An interview was conducted on 4/12/23 at 1:45 PM, the Administrator stated he assisted with the investigation in conjunction with the DON and felt the investigation was complete when Housekeeper #1 confessed to the theft. The Administrator further stated additional interviews with staff, residents and resident representative(s) should have taken place. He added revisions in the education and training methods would be implemented to include addressing the process for reporting loss of debit cards and/or unauthorized purchases/charges to prevent further incidents of misappropriation of resident property.	F 610	Monitoring will be done by the Administrator and/or the Director of Nursing to ensure that all alleged violations have a thorough investigation that was completed. This monitoring process will take place weekly for 4 weeks and then monthly for 3 months. Any issues during monitoring will be addressed immediately. The Administrator and/or The Director of Nursing will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance. The facility alleges compliance on 4/14/2023		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written	F 867		4/14/23	

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F 867	<p>Continued From page 11</p> <p>policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:</p> <p>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> <p>§483.75(d) Program systematic analysis and systemic action.</p>	F 867			

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F 867	<p>Continued From page 12</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing:</p> <p>(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;</p> <p>(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</p> <p>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.</p> <p>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct</p>	F 867			

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F 867	<p>Continued From page 13</p> <p>distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident and staff interview and record review, the facility's quality assurance and performance improvement (QAPI) process failed to implement, monitor, and revise as needed the action plan developed following the complaint investigation of 3/16/23 to achieve and sustain compliance. This was for a repeated deficiency cited during a complaint investigation on 4/13/32 in the area of reporting</p>	F 867	<p>F-867</p> <p>(1) How corrective action will be accomplished for resident(s) found to have been affected: F-609- The initial allegation of misappropriation for resident #2 was submitted on 4/14/2023 and the 5 day report was submitted on 4/18/2023.</p>		

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F 867	<p>Continued From page 14</p> <p>misappropriation of property under the abuse policy to the State Agency. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance (QA) Program.</p> <p>The findings included:</p> <p>This tag was cross referenced to:</p> <p>F609 Based on resident, staff, administrative interviews, and record review, the facility failed to report an allegation of abuse to the State Agency within two hours of becoming aware of the allegation for 1 of 2 allegations of abuse reviewed (Resident #5 and #6).</p> <p>During the previous complaint survey on 3/16/23, the facility failed to report an allegation of abuse to the State Agency within two hours of becoming aware of the allegation for 1 of 2 allegations of abuse.</p> <p>During an interview on 4/12/23 at 12:45 PM, the Administrator indicated the Quality Assurance (QA) committee 1) identifies areas of concern, 2) does a root cause analysis, 3) develops a plan, audits, and monitors that plan and 4) discusses the outcome. The Administrator indicated when problem areas were identified the quality assurance and performance improvement (QAPI) plan was laid out. Individual staff should report progress or lack of progress and reason for the lack of progress. The root cause should be analyzed, and all effort should be made to resolve this issue. The team should continuously monitor until the deficient area concerns have been resolved.</p>	F 867	<p>(2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: F-609- All residents have the potential to be affected by this alleged non-compliance and as a result, the systemic changes stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future: F-609- To protect residents from similar occurrences, on 4/14/2023 the Administrator, Director of Nursing, and the Unit Manager initiated re-education to all staff regarding the guidelines and requirements for state reporting obligations along with the required timeline for reporting.</p> <p>To protect residents from similar occurrences, on 4/14/2023 the Senior Director of Clinical Operations re-educated the Quality Assurance and Performance Improvement Committee on maintaining implemented procedures and monitoring interventions that the committee puts into place.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained: F-609- Monitoring will be done by the Administrator and/or the Director of</p>		

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F 867	Continued From page 15	F 867	<p>Nursing to ensure that all state reporting obligations were done and within the appropriate timeline. This monitoring process will take place weekly for 4 weeks and then monthly for 3 months.</p> <p>Any issues during monitoring will be addressed immediately. The Administrator and/or The Director of Nursing will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>F-867- Monitoring will be done by the Administrator and/or the Director of Nursing to ensure that all implemented QAPI plans that were put into place are maintained. This monitoring process will take place weekly for 4 weeks then monthly for 6 months.</p> <p>Any issues during monitoring will be addressed immediately. The Administrator and/or The Director of Nursing will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>The facility alleges compliance on 4/14/2023</p>		

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