

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/15/2023
NAME OF PROVIDER OR SUPPLIER GUILFORD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2041 WILLOW ROAD GREENSBORO, NC 27406	
(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	E 000		
F 000	INITIAL COMMENTS	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the	F 607		7/14/23

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

TITLE

(X6) DATE

Electronically Signed

07/05/2023

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 607	<p>Continued From page 1</p> <p>QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to report an allegation of abuse to the state agency within 2 hours for Resident #1. This was evident for 1 of 3 alleged abuse investigations reviewed. (Resident #1)</p> <p>Findings included:</p> <p>The facility abuse policy, last revised 10/24/22, read in part, "All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of patient property were to be reported immediately but (a) not later than 2 hours after the allegation is made if the events that cause the allegation involves abuse or result in serious bodily injury or (b) not later than 24 hours if the events that cause the allegation did not involve abuse and did not result in serious bodily." Further review of the policy revealed "A licensed nurse will notify the Administrator and/or Director of Nursing immediately."</p>	F 607	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F607 Plan of Correction</p> <ol style="list-style-type: none"> 1. Resident is no longer in the facility 2. Current residents are at risk 3. All residents will be interviewed related to any abuse concerns. 4. The Administrator and Director of Nursing will be educated by the Regional Director of Clinical Services regarding appropriate reporting. <p>Director of Nursing or designee will educate current staff on abuse policy and the importance of timely reporting.</p>		

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F 607	<p>Continued From page 2</p> <p>Review of the initial allegation report of this regarding Resident #1 was submitted to the state on 04/28/23. The allegation detail indicated "Resident was discharged from center on 04/7/23 against medical advice. Facility contacted on 04/28/23 by staff from home healthcare nurse to report that Resident #1 reported that she was kicked by a worker while she was a resident at this facility."</p> <p>An interview with Nurse #1 was conducted on 06/13/23 at 1:30pm and it was indicated while she was working, the Greensboro Police department arrived around 2:30am on 04/07/23, and the Police Officer indicated Resident #1 had called the department and reported a staff member had beat and kicked her during her stay at the facility the evening 04/07/23. Nurse #1 indicated the Officer reported Resident #1 had no visible signs of abuse. Nurse #1 indicated she called the Unit Manager at home and reported this information to her. Nurse #1 indicated Resident #1 had left the facility against medical advice (AMA) around 12:30 am on 04/07/23.</p> <p>An interview with Unit Manager (UM) was conducted on 06/13/23 at 2:00pm. The UM revealed she had received a phone call from Nurse #1 between 2:30am and 2:45am on 04/07/23 Nurse #1 reported a police officer was at the facility regarding Resident #1 and Resident had made an allegation of physical abuse while in the facility, however Resident #1 was no longer in the facility. The UM stated Nurse #1 told her Resident #1 called from home and reported to the police she had been beat and kicked by a white male with white hair, a beard, tattoos, wearing a T-shirt, and jeans. Nurse #1 put the phone on</p>	F 607	<p>Current staff will provide a written statement of what has been reported to them to the Director of Nursing and Administrator at the time of the report. Any staff who is not educated will not be allowed to work until education is received.</p> <p>Any new staff will be educated by the Director of Nursing or designee during orientation on abuse policy and reporting.</p> <p>4. All allegations of abuse will be audited by Administrator 3x weekly, then weekly x4 weeks, then monthly x1.</p> <p>5. Results of audits will be reviewed at Quarterly QA Meeting x2 for further resolution if needed. The Administrator is responsible for monitoring the audits.</p> <p>Completion Date: July 14, 2023</p>		

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F 607	<p>Continued From page 3</p> <p>speaker and the officer asked Nurse #2 if there was anyone fitting that description working in the facility and she responded no. The officer asked what Resident #1's mental status was and informed the nurse there was no visible evidence to confirm abuse. The UM indicated she immediately called the Administrator and could not reach him and then called the Director of Nursing (DON) to inform her of what was reported by the officer.</p> <p>An interview with DON was conducted on 6/13/23 at 2:30pm, and it was revealed that she received a call from the Unit Manager on 04/07/23 during the early morning. She indicated that she reported the allegation that Resident #1 was beat and/or kicked by staff to the Administrator during the morning meeting on 04/07/23 at 9:00am. She indicated she was not aware if the Administrator reported this information to the state. The DON indicated she should have reported the allegation of abuse to the state, but she did not.</p> <p>An attempt to contact via telephone the former administrator, Administrator #1, on 06/14/2023 at 8:00am and was unsuccessful.</p> <p>A second interview was conducted with the DON on 06/14/23 at 10:10 am, and she revealed she was made aware of the allegation after Resident #1 was discharged early in the morning of 04/07/23. The Resident left the facility AMA on 04/07/23. She stated the facility was contacted on 04/28/23 by Resident #1's Home Health Nurse to report Resident # 1 reported she was kicked by a worker while she was a resident at the facility during her stay on 04/06/23-04/07/23. The DON indicated at that time she reported the information to the state and conducted an investigation of the</p>	F 607			

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F 607	Continued From page 4 allegation. During an interview with the current administrator, Administrator #2, on 06/14/23 at 10:47am, he indicated it was his expectation to follow the abuse policies of the facility and the state regulation for reporting any allegation of abuse within the required timeframe of 2 hours.	F 607		