Division of Health Service Regulation STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A BUILDING HAL049010 R WING 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (305) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE. DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section and the Iredell County Department of Social Services conducted a complaint investigation on January 8 and 11, 2016. The complaint investigation was initiated by the Iredell County Department of Social Services on January 6, 2016. D 137 10A NCAC 13F .0407(a)(5) Other Staff D 137 Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 5 sampled staff (Staff A and C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256. The findings are: A. Review of Staff A's personnel record revealed: -Staff A was hired on 2/10/15. -Staff A's first day of work was 2/11/15 as a Medication Aide/Supervisor-In-Charge (SIC). -Staff A's HCPR was performed 2/19/15 with no substantiated findings. Refer to the interview with the Business Office Manager on 1/11/16 at 1:15pm. Refer to the interview with the Administrator on 1/11/16 at 2:10pm. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/BUPPLIER REPRESENTATIVE'S SIGNATURE STAC (80)

Jarph Cline

STATE FORM

PRINTED: 01/26/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED A BUILDING B. WNG HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID. EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY D 137 Continued From page 1 D 137 B. Review of Staff C's personnel record revealed: -Staff C was hired 1/12/15. -Staff C's first day of work was 1/16/15 as a Medication Aide/Supervisor-In-Charge (SIC). -Staff C's HCPR was performed 1/27/15 with no substantiated findings. Refer to the interview with the Business Office Manager on 1/11/16 at 1:15pm. Refer to the interview with the Administrator on 1/11/16 at 2:10pm. Interview with the Business Office Manager (BOM) on 1/11/16 at 1:15pm revealed: -When a job applicant filled out an application and the applicant had the experience the facility was looking to hire, the BOM would then completel a Health Care Personnel Registry check on the applicant. -If the Health Care Personnel Registry check had no finding the applicant would be sent to have a drug screen. -"Depending on the results of the drug screen we will go further with the process." Interview with the Administrator on 1/11/16 at 2:10pm revealed: -The HCPR check was to be completed before

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hiring an applicant.

scheduled to work.

Qualifications

-The BOM was responsible for completing all the

requirements for staff, before they were

D 139 10A NCAC 13F .0407(a)(7) Other Staff

D 139

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Aide.

-Staff B signed a release on 9/27/06 for a criminal

background check to be performed. -Staff B's criminal background check was

completed on 10/2/06.

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C. Review of Staff C's personnel record revealed:

Refer to the interview with the Administrator on

-Staff C was hired 1/12/15 as a Medication Aide / Supervisor.

-Staff C signed a release on 1/15/15 for a criminal background check to be performed.

-Staff C's first day of work was 1/16/15

Manager on 1/11/16 at 1:15pm.

1/11/16 at 2:10pm.

-Staff C's criminal background check release form was noted to be mailed to the State Bureau of investigation on 1/29/15.

-Staff C's criminal background check was completed on 2/10/15

Refer to the interview with the Business Office Manager on 1/11/16 at 1:15pm.

Refer to the interview with the Administrator on 1/11/16 at 2:10pm.

D. Review of Staff D's personnel record revealed: -Staff D was hired 10/18/15 as a Personal Care Aide.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 **BUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY** D 139 Continued From page 4 D 139 -Staff D signed a release on 10/18/15 for a criminal background check to be performed. -Staff D's first day of work was 10/19/15. -Staff D's criminal background check release form was noted to be mailed to the State Bureau of Investigation on 12/16/15. -Staff D's criminal background check was completed on 12/30/15. Refer to the interview with the Business Office Manager on 1/11/16 at 1:15pm. Refer to the interview with the Administrator on 1/11/16 at 2:10pm. Interview with the Business Office Manager (BOM) on 1/11/16 at 1:15pm revealed: -New hires were "probationary for the first 90 days" of their employment. -The employee could be let go within the 90 day probationary period "dependent on background check [results] or if they were not working out." -"The criminal background check is done just whenever I mail it in." -"The criminal background check release form is signed when I give the new hire their orientation packet to complete." -The criminal background check takes 2 weeks to result, once the signed release form is mailed to the State Bureau of Investigation. -The date on the top of the report from the State Bureau of Investigation is the date the criminal background check was completed, "We actually don't see the results (of the criminal background check] until a few days after that." Interview with the Administrator on 1/11/16 at

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2:10pm revealed:

-The BOM was responsible for completing all the

Division	of Health Service Re	gulation			FORM APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049010	B. WNG		01/11/2016	
NAME OF F	PROVIDER OR SUPPLIER	291 COI	MERCIAL DRI	VE		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					
D 139	requirements for state to work. -The criminal backg when the facility dereshe was aware the were to be reviewed allowed to work aro. She was unaware much time to mail the criminal background. A Plan of Protection on 1/11/16 as follow. An audit of all curreconducted to ensure have been complete. All criminal backgrounds to be a complete on site before hiring. Training will be provided and contraction of the provided to the complete on the provided to the	aff before they were scheduled pround check was completed cided to hire someone. It criminal background results at before a new hire was und the residents. It was taking the BOM so the release forms to get the dischecks done. It was received from the facility is at employee files will be a criminal background checks and ound check results are to be	D 139	Facility will Plan of protes as roted on r of 500. On contracted will Care to come hire cr back around o see FAHachim Office manage De resiponsis Completing paper work will review r for complice new hire is	plete all minal hecks. ent A rwill bel for Newhire Administrate paperwork noe before	
D 338	all residents guarant Declaration of Resid and may be exercise	9 Resident Rights shall assure that the rights of seed under G.S. 131D-21, ents' Rights, are maintained ad without hindrance.	D 338	to work.		
	This Rule is not met TYPE A1 VIOLATION	N				
	Based on observatio	ns, interviews and record				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED HAL049010 B. WING 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 338 Continued From page 6 D 338 reviews, the facility failed to ensure a resident [Resident #1] was free from sexual abuse by a staff member [Staff A. Medication Aide (MA)]. The findings are: Interview on on 1/11/16 at 7:10am with Staff F. Medication Aide (MA), revealed that on the morning of 1/5/16 the cook approached her about concerns she had about Staff A, MA being in Resident #1's room with the door shut. Staff F. MA went to Resident #1's room and attempted to open the door and noticed the door was locked. She unlocked the door and observed Staff A. MA sitting on the foot of Resident #1's bed with his pants pulled down, and Resident #1 was laving on the bed with her pants pulled down. Review of Resident #1's current FL2 dated 7/8/15 revealed: Diagnoses included dementia, anxiety, depression and history of anger outbursts. -Resident #1 was constantly disoriented. -She was ambulatory. An admission date of 1/25/15. Continued interview on 1/11/16 at 7:10am with Staff F. MA revealed: -She had worked at the facility for 5 years. -Staff A, MA had changes in his behaviors starting in November 2015, but could not give any specific behavioral changes. -Prior to November 2015 Staff A, MA never came onto the female halls [Halls A and B]. -Prior to November 2015 Staff A, MA was a

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dependable and quiet employee.

working more with Resident #1.

-The past few months Staff A, MA wanted to start

-Staff A. MA would have periods where he was very tired and seemed somewhat disoriented.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28116 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 338 Continued From page 7 D 338 -Staff A, MA would sit and go to sleep, but she never reported this to anyone. -Staff A, MA was observed on B hall after 12/26/15, she did address this with Staff A, MA but did not report this to the Administrator. -Staff A, MA could not get his work completed on his assigned halls without help. -On one occasion she was looking for Staff A, MA and she found him coming out of Resident #1's -She had told Staff A, MA on several occasions that he was not to work on the female halls. -He had become more talkative than he had previously been. -On Christmas eve Staff A, PCA was in Resident #1's room with the door shut, but she did not know if it was locked. -On Christmas day Staff A, MA made a statement to Staff F, MA "Give me a hug and make your husband jealous". -On Christmas day he was going around singing which was uncharacteristic of him. -The two female hallways are A and B, and Staff A. MA would only want to be on B hall where Resident #1 resided -On Christmas night Staff F, MA called the Administrator with concerns about Staff A, MA

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door.

changes.

going into Resident #1's room and locking the

-She had been told that Staff A, MA had been coming into work early to get the dining room set up which she did not feel was appropriate.

Interview with the Administrator on 1/8/16 at

On 1/5/16, camera footage had shown Staff A.

9:00am and 12:33pm revealed:

-She had not previously spoken with the Administrator about Staff A, MA behavioral changes, but could not specify any specific

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 338 Continued From page 8 D 338 MA going into Resident #1's room with the resident -The door had been shut and he was in there with the resident for 90 seconds. -Camera footage showed Staff A, MA come out of the room after the Medication Aide opened the door "adjusting his pants." -She had not known until this incident that Staff A. MA was hard of hearing. -The incident occurred at 6:35am. Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff F, MA did talk with her on 12/26/15 about her concerns with Staff A, MA. She completed a hand written memo and had it delivered to the facility on 12/26/15 for all staff to sign. -She had not addressed the content of the memo with Staff A, MA specifically. Review of a hand written document dated 12/26/15 signed by all employees, including Staff A. MA of the facility revealed "No male employee should be in a female resident's room without a female employee or family member! All staff sign!" The document was signed by the Administrator, and all facility staff. Interview on 1/11/16 at 11:45am with the investigating detective revealed: -His first contact with Staff A, MA was on 1/5/16 at the facility. -Staff A, MA did admit during an interview with the law enforcement officer to having sexual contact with Resident #1 on 4 different occasions over a 3 month period. -Staff A, MA had no previous criminal history. -Staff A, MA could not remember the dates of

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these encounters.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURIVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (005) JEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 338 Continued From page 9 D 338 -On the morning of 1/5/16 at 3:00am Staff A. MA. admitted to oral sex with Resident #1. -On the morning of 1/5/16 at 6:30am Staff A. MA admitted to attempting to have sexual intercourse with Resident #1 before he was interrupted by -Staff A, MA said he had asked the Administrator in December 2015 if there was a position available at another facility that he could transfer to, but did not ask him why he wanted to transfer. Review of a hand written statement given to the Administrator on 1/5/15 by Staff A, MA when he came to the facility to speak to the police detective revealed: -Staff A, MA had assisted Resident #1 all night on third shift. -"[Resident #1 Name] very needful" -Staff A, MA spoke with Resident #1 that morning "I ask [Resident #1 Name] was she OK, and [Resident #1 Name] said to me are we in trouble." Interview on 1/8/16 at 11:45am and 1/11/16 at 9:45am with the Administrator revealed: -Staff A, MA had worked at the facility years ago and she had known him for a long time. -Staff A, MA had been back at the facility working for about a year. -She did recall before Christmas Staff A, MA "Sticking his head in the door and asking if there was a position available at the other facility managed by the Administrator." -He had always been a good employee and he had always worked well with other staff and residents. -He had never been disrespectful to anyone at the facility. -She had not addressed his behavioral changes

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anything to her

with Staff A, MA because no one had reported

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background check

-Resident #1 was confused and had short term memory deficits and some long term memory

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING. C B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28116 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFOX. PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 338 Continued From page 11 D 338 Interview on 1/11/16 at 6:30am with Staff G. Medication Aide (MA) revealed: -Staff A, MA spent a lot of time on B hall. -Staff A, MA wanted to work with Resident #1. -She had told him that he [Staff A, MA] did not need to be on the female hallway. -"We had to help him on his assigned halls" . -His behaviors changed several months ago. -She did observe Staff A, MA on B hall after 12/26/15, she did not report this to anyone. -She had seen Staff A, MA walking Resident #1 down to her room on several occasions. -Staff A would go into Resident #1's room with -There was one incident where Staff A, MA went down B hall and went into an unoccupied room that did not connect beside of Resident #1's room and when asked what he was doing he replied "Technically I am not in [Resident #1's name] room." -She had seen Staff A, MA in Resident #1's room with her door closed and she asked him what he was doing and he replied he was taking Resident #1 to the bathroom. On one occasion Staff A, MA ask her "What would you do if you were attacked by a man". -She had told Staff F, MA about Staff A being in Resident #1's room with door locked. Staff A, MA would sit and sleep at night. -She had been told that Staff A, MA would come in to work early.

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revealed

months ago.

Confidential interview with a staff member

 They were uncomfortable around Staff A, MA. -They had notice Staff A, MA staring at them. -Staff A, MA started acting strange several

-They had not told anyone of their concerns. -Staff A, MA would come into work early and "Set Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING HAL049010 01/11/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

291 COMMERCIAL DRIVE

CROWN COLONY 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 338	up the dining room and sometimes walk [Resident #1 name] down to her room". -They had never seen Staff A, MA doing anything inappropriate with any residents. Confidential interviews with two staff members revealed Staff A, MA would come into work an hour to an hour and a half early to set up the dining room and look at his electronic tablet, but they never had any concerns or witnessed anything inappropriate. Interview with Staff H, MA, on 1/8/16 at 3:45pm revealed: -Staff F, MA had approached her on 12/25/15 to share a "concern about a situation" with Staff A, MA. -Staff F, MA "just stated [Staff A] had just wanted to be on B hall more than he had before" even though Staff A, MA had been assigned to care for the residents on C and D halfs [Male Hallways]. -Staff F, MA had asked Staff A, MA why he had been going down on B hall and Staff A, MA had said Resident #1 was up and he was just taking her back to her room. -"[Staff F] said she just didn't have a good feeling about [Staff A] going down that hallway and had a feeling something wasn't right." -"I told [Staff F] she needed to contact the [Administrator's name] immediately" and report the concerns she had about Staff A, MA. -On 12/26/15, Staff F, MA called Staff H to tell her she had spoken with the Administrator about her concerns about Staff A's recent behavior. -Shortly after the telephone conversation with Staff F, MA the Administrator called Staff H, MA and told her she was having another staff member to bring over a new form for all employees to read and sign. -The form stated no male was allowed in a	D 338			

PRINTED: 01/26/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING _ C B. WING HAL049010 01/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX JEACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 338 Continued From page 13 D 338 female resident's room without another staff member present. -She had presented the form to the staff on her shift and had them read and sign it. -She had presented the form to Staff A, MA and after reading it he had stated "Why because I was hanging up her clothes" and then signed the form. Interview with Staff I, PCA, on 1/11/16 at 11:15am revealed -She worked 1st shift. -At times when she would come in to find Staff A. MA "standing at the cart and [the residents he was responsible for getting up and dressed] on his hall wouldn't be up." -"He would say they wouldn't get up, but I would say well let's go get them up." -She had never gone in to any rooms on the men's hall and "found anyone soaked" from not being changed properly. -"He was a good worker." -Other than not getting residents up like he was supposed to on occasion, she had never noticed anything else being left undone. Interview with the Cook on 1/8/16 at 3:05pm revealed: -"I was working the morning of the incident." -"I got here at 5:15am" that morning. -"Sometimes I come in early and sit down and relax before going to work." -"I was talking to [Staff F's name] and she said to

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resident halls

me why is [Staff A's name] on my hall." -Staff A, MA was assigned to care for the male

-The Cook went on in the kitchen and started to work and then "I happened to go in the dining room and I saw through the window [Staff A] was motioning for [Resident #1's name] to come on"

PRINTED: 01/26/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER. COMPLETED A. BUILDING: _ B. WING HAL049010 01/11/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 291 COMMERCIAL DRIVE CROWN COLONY MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFOX PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY D 338 Continued From page 14 D 338 down the hall towards the resident's room. -"So when I seen [Staff A] take [Resident #1] down the hall, I went and told [Staff F's name] that [Staff A's name] was taking [Resident #1's name] back to her room." -"I never thought no more about it. I went back and started cooking." Interview with Resident #1's Power of Attorney (POA) on 1/8/16 at 11:50am revealed: -She visited Resident #1 one to two times a -Resident #1 had vascular dementia. -Resident #1's short term memory "was gone." -There were "some days" the resident struggled to hold a conversation due to the advancing -The POA had not noticed any recent behavioral changes in Resident #1. -Resident #1 had never mentioned any inappropriate "encounters" to her, -Resident #1 had "recently been very content -Resident #1 met with a mental health provider 3 times since the event on 1/5/16 and the resident "hasn't remembered anything." -The POA had never had any concerns with the care given to Resident #1 in the facility until the recent event that had occurred with Staff A. MA. -"The facility had been nothing but good to [Resident #1's name]."

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12:21pm revealed:

her to have sex with them.

the facility.

Interview with Resident #1 and POA on 1/8/16 at

-Resident #1 denied ever having been forced to do anything she did not want to do by anyone in

-Resident #1 denied anyone in the facility forced

-When Resident #1 was asked did she feel safe

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C				
NAME OF PR	OVIDER OR SUPPLIER	HAL049010 STREET A	DORESS, CITY, ST.	ATE, ZIP CODE	01/11/2016			
CROWN C	OLONY	0.002.00.000	MMERCIAL DRIV SVILLE, NC 281					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME				
D 338	and happy here?" ar like it here." Interview with the Re (RCC) on 1/8/16 at 9. The only concern the to her concerning Stresidents complained early during the night sugars. -She had counseled him he could not wall after 6am to perform. On Christmas Eve shand out some small had said Staff A "was talk to the Administration of 1/11/16 as follows. -Employee [Staff A] and Administrator will me reporting issues invoconcerns. -The Regional Ombor Resident Rights train	sident stated "Yes." vant to make sure its safe id Resident #1 responded "I sident Care Coordinator 50am revealed: at had ever been brought up aff A, MA, was some if he had awakened them too to do fingerstick blood Staff A on 11/14/15 and told are any of the residents until fingerstick blood sugars, the had come to the facility to a gifts to the staff and Staff F is not himself" and I told her to alter about it. In any concerns about hade residents, but that he was submitted by the facility is was terminated on 1/5/16, eet with staff regarding living staff and resident adsman will be conducting	D 338	The Regional Of Conducted Presonance Presonance Staff Preporting 54 Presonance Months Staff Presonance	ident 12016			
D912	G.S. 131D-21(2) De	claration of Residents' Rights	D912	See HHOCKE	OHO			

Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
VIas Access to	HAL049010		B. WNG		0	1/11/2016
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
ROWN	OLONY		MMERCIAL DRIVE			
			SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL SEC IDENTIFYING INFORMATION)	PREFIX TAG			
D912	Continued From page 16 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.		D912			
	reviews, the facility for received care and se appropriate, and in co	n, interviews and record ailed to assure all residents ervices which were adequate, compliance with relevant is and rule and regulations				
	failed to assure 4 of 5 C, and D) had a crim accordance with G.S [Refer to Tag 0139 10]	and record review, the facility 5 sampled staff (Staff A, B, inal background check in 114-19.10 and 131D-40. 0A NCAC 13F .0407 (a)(7) ions (Type B Violation)].				
	G.S. 131D-21 Decla Every resident shall if 4. To be free of ment- neglect, and exploital This Rule is not met Based on observation review, the facility fail		D914			

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STATE FORM

Division of Health Service Regulation EXAMPLE AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010		(X2) MULTIPLE Of A. BUILDING: B. WING	CON	(X3) DATE SURVEY COMPLETED C 01/11/2016		
NAME OF P	ROVIDER OR SUPPLIER	291 CO	ADDRESS, CITY, STATE MMERCIAL DRIVE SVILLE, NC 28116			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C IEACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	OMPLETE DATE
D914	Continued From page 17 The findings are: Based on observations, interviews and record reviews, the facility failed to ensure a resident [Resident #1] was free from sexual abuse by a staff member [Staff A, Medication Aide (MA)], [Refer to Tag 0338 10A NCAC 13F .0909 Resident Rights TYPE A1 VIOLATION].		D914			

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