

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL041074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/27/2020
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NAME OF PROVIDER OR SUPPLIER  
**SPRING ARBOR OF GREENSBORO**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5125 MICHAUX ROAD  
GREENSBORO, NC 27410**

(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) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey and complaint investigation on 01/23/20 through 01/24/20 and on 01/27/20. The complaint was initiated by the Adult Care Licensure Section on 01/23/20.	D 000		
D 270	<p>10A NCAC 13F .0901(b) Personal Care and Supervision</p> <p>10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide supervision according to the residents' needs and current symptoms for 3 of 5 sampled residents (#1, #3, and #5) including a resident who exhibited exit seeking behaviors (#5), a resident who eloped from the facility (#3), and two residents who had multiple falls which resulted in a knee injury (#1 and #3), a head contusion (#3) and a resident who inappropriately touched female residents (#5).</p> <p>The findings are:</p>	D 270		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Sharon Vroom*

TITLE  
ED

(X6) DATE

3/5/2020

Received and Accepted 03/06/20 *Maggie Chrismon*

PLAN OF CORRECTION for Annual Survey and Complaint Investigation completed January 27, 2020. (15BG11/NC00160318)

**Spring Arbor of Greensboro**

**HAL-041-074**

**Guilford County**

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It is Spring Arbor of Greensboro's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.

**D 270 - 10A NCAC 13F .0901(b) Personal Care and Supervision**

**(b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.**

Plan of Correction:

After a complete and thorough assessment of each individual resident, including Fall Risk and Elopement Risk assessments, all Care Plans will be developed specific to that resident's identified needs. Individual in-services were completed on Individualized Programming Plans, Safety checks, and Fall Management Program (Rose Program) by Executive Director (ED), Cottage Program Manager (CPM), and Cottage Care Coordinator (CCC) on January 26, 27, 28, 31, and February 1, 2, 3, 4, 2020.

Documentation In-service for SIC/MT was conducted by Executive Director (ED), Resident Care Director (RCD), Cottage Care Coordinator (CCC), and Regional Nurse on January 31, 2020. Another SIC/MT documentation was completed by ED and Resident Care Director (RCD) on February 20, 2020. Additional documentation in-service by Regional Nurse scheduled for March 6, 2020.

Care Plan Overviews will be completed to assist team members to distinguish specific care needs of each resident. In-service for Care Plan Overview scheduled for Resident Care Staff on March 12, 2020.

Prevention of Re-occurrence:

Care Plans will be reviewed and updated as needed with any significant change in condition. Resident Care Plan Overviews will be updated at least monthly and on an as needed basis to reflect the current needs of each resident. Reviews and on-going updates will be completed by ED, RCD, CCC and/or designee.

A Safety Check system was implemented to follow a resident event that may require short-term additional observation and supervision for 24-48 hours or longer, if deemed necessary.

PLAN OF CORRECTION for Annual Survey and Complaint Investigation completed  
January 27, 2020. (15BG11/NC00160318)

Safety Checks will be communicated at daily stand-up, on Care Plan Overviews, and at shift change huddles.

Monitoring Responsibility & Frequency:

ED, RCD, CCC and/or designee will review Care Plans quarterly and/or with change in condition. On-going thorough reviews of all resident care documentation including the Hot Box and 24-Hour Shift-To-Shift Report will be completed by the ED, RCD, and CCC to ensure follow up and follow through for any safety interventions.

Regional Director and Regional Nurse will conduct random chart audits of residents' records during their onsite visits to community.

Correction Completion Date: March 12, 2020

**(D 338) 10A NCAC 13F .0909 Resident Rights**

**An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Resident Rights, are maintained and may be exercise without hindrance.**

Plan of Correction:

Immediately upon learning of these findings, ED conducted In-Services on Resident Rights for all three shifts, and scheduled Kim Johnson, Ombudsman, to provide additional Team Member training and re-education on Thursday, February 13, 2020. Training included scenarios of 'What to Do' and re-education on the importance of timely communication of concerns about a specific resident, or on behalf of a specific resident to their Supervisor, RCD and/or another appropriate manager. Team members signed an additional Resident Rights acknowledgement form, and this form has been filed in each team member's training file.

PLAN OF CORRECTION for Annual Survey and Complaint Investigation completed January 27, 2020. (15BG11/NC00160318)

Prevention of Re-occurrence:

Team members are reminded on a regular basis, including at monthly All Staff Meetings, about the importance of respecting Residents' Bill of Rights and to respect their dignity. New hires have Residents' Bill of Rights training as part of new hire orientation and sign Resident Rights acknowledgement. On-going all team members are in-serviced at All Staff meetings and sign acknowledgement form annually. This form is kept in each team member's training file.

Monitoring Responsibility & Frequency:

ED, RCD, CCC, and/or Designee will be reviewing all resident care documentation and 24-Hour Shift-To-Shift report daily to ensure that Resident Rights are maintained and exercised without hindrance.

Regional Director and Regional Nurse will review random documentation in these residents' records during their onsite visits to community to assure compliance.

Correction Completion Date: March 12, 2020

**(D 914) G.S. 131D-21(4) Declaration of Residents Rights**

**Every resident shall have the following rights:**

**4. To be free of mental and physical abuse, neglect and exploitation.**

Plan of Correction:

Immediate In-Services and re-education trainings were conducted by the ED on February 20, 2020 for Med-Techs (MT) and Supervisors (SIC). MT/SIC trainings and re-education on Resident Rights included examples and group discussion about how the entire team is responsible to assure that every resident at Spring Arbor lives in an environment that is free of fear for his/her safety and well-being, and free of mental and physical abuse, neglect and exploitation. MT/SIC need to contact management, responsible party, and primary care provider about any concerns with Resident Rights so appropriate safety measures may be put in place.

PLAN OF CORRECTION for Annual Survey and Complaint Investigation completed  
January 27, 2020. (15BG11/NC00160318)

Prevention of Re-occurrence:

ED, RCD and CCC will be vigilant in reviewing all documentation for appropriate follow-up daily to ensure individualized safety measures are in place to protect Resident Rights. Resident Rights training and education will be conducted for all team members upon hire and annually thereafter. In addition, Resident Rights will be reviewed and reinforced regularly by the ED, RCD and/or CCC.

Monitoring Responsibility & Frequency:

ED, RCD, CCC and/or designee will read and review all documentation to verify that Resident Rights are upheld and notification of appropriate parties, and safety interventions are in place.

Correction Completion Date: March 12, 2020

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Respectfully submitted by,

Sharon Vroom, ED

Sharon Vroom, Executive Director

Date: March 5, 2020