PRINTED: 06/24/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345421		345421	B. WING		C 06/14/2011		
NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 226 SS=D	The facility must dever policies and procedure mistreatment, neglect and misappropriation  This REQUIREMENT by:  Based on record revir facility failed to follow procedure in reporting administrator for 1 (Refereidents. The finding The facility's abuse por 12/09 was reviewed. reporting read in part must be reported imm administrator. If the arthe allegation, it should to the Director of Nurs Regional Manager".  Resident #3 was origin on 04/26/08 with multiplementia, Anxiety, His Pulmonary Disease (OBenign Prostatic Hype and Vitamin D Deficier Minimum Data Set (MI assessment reference indicated that the resident care plan indicate.	Ito Policies  Itop and implement written es that prohibit It, and abuse of residents of resident property.  It is not met as evidenced  It is	F 226	The Laurels of Chatham winhave this submitted plan of correction stand as its writter allegation of compliance. Or alleged compliance is June 2 Preparation and/or execution this plan of correction does constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliant with regulatory requirement.  Resident # 3: The resident was been updated to include additional interventions to redirect aggressive behaviors as approaching in a calm, dimanner, stepping into his perspace in order to get his atter re-directing away from other residents when behaviors begascalate and assisting him to	cen Our 27 <sup>th</sup> . n of not  d set  ce s. was plan c- such rect rsonal ntion, gin to	67-1	

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.

PRINTED: 06/24/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WNG 345421 06/14/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK THE LAURELS OF CHATHAM PITTSBORO, NC 27312 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ſĐ PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) F 226 Continued From page 1 quiet environment when agitated. F 226 Review of the social worker's progress notes The resident continues to be dated 3/1/11 indicated that the resident was alert followed in behavior and oriented x (times) 3. management. Resident # 3 will The nurse's notes dated 6/11/11 indicated that follow up with the Social Service the resident was alert and oriented x 3. Director weekly for one month to identify any issues or concerns. On 6/14/11 at 11:15 AM, administrative staff Resident # 3 will continue to have member #3 was interviewed. She revealed that she had witnessed the incident that happened a monthly visits by Psychiatric week ago between the administrative staff services and by the Psychologist. member #1 and Resident #3. She stated that Resident #3 was interviewed on Resident #3 became upset to a female resident 6/14/11 and he denied that he had who was, yelling. He started yelling at her and tried to hit her. Administrative staff member #1 felt threatened or that anyone had came to intervene. She told Resident #3 not to been inappropriate to him. In the hit the female resident as she did not know what event that interventions fail to be she was doing. Resident #3 started yelling at her effective and/or the resident and the administrative staff member #1 responded in a loud tone of voice. She stated becomes a danger to himself or that administrative staff #1 responded in a nonothers, the facility will increase professional way. Staff member #3 also agreed supervision for Resident #3 and that the administrative staff #1 had told Resident #3 that she would kick him out if he would hit the seek alternative placement if the female resident. She also agreed that it was an resident's needs cannot be met by abuse incident that should have been reported to the facility. the administrator. She added that she talked to the administrative staff #1 after the incident but did not report it to the administrator. During staff and managers

During an interview on 6/14/11 at 11:19 AM.

administrative staff #2 indicated that he observed the following interaction between Resident #3 and

the administrative staff #1 in the last week or so.

Resident #3 was yelling at another resident for

making noise. Administrative staff member #1 told Resident #3 to leave the other resident alone. Resident #3 then got loud with the her: the

education, the Administrator has

asked if at any time have they

been aware or felt that the

Administrator had not been

notified of any allegation of

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NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF CHATHAM			O6/14/2011  STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312				
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F 226	loudly to Resident #3, problems he could be Administrative staff #2 was a threatening state have reported his obstadministrator but did in On 6/14/11 at 12:50 Finterviewed. Resident could be mean and rost explained that he was his Depression. He stremember of any incide disrespectful or has yet they did, it didn't bother remember of an incide has threatened to kick On 6/14/11 at 3:02 Phomember #1 was interviewed and a male reside of her office and saw a who was making noise yelling at her to stop a She tried to intervene not to hurt the female She stated that she was she talked to him. She continued to swing at you hit her, you would	telling him that if he caused discharged from the facility. Indicated he believed that tement and that he should ervations to the not.  If M, Resident #3 was that the stated that at times he ugh to people. He acting this way because of ated that he did not dent where the staff was elled at him. He indicated if er him. He also did not ent where a staff member	F	226	abuse. No other instance of notification was found.  Administrative staff have be educated regarding the policy procedures in reporting sustabuse by the Administrator 6/16 and 6/17/11.  All Staff has been re-educate the Staff Development Coordinator with completion 6/27/11 regarding the policy procedures for reporting suspected abuse. Abuse education continues to be a new employee orientation a provided at least quarterly firstaff.  A monitoring tool will be used weekly for two months them monthly for two months for interviewing staff and orient residents to ensure understate of identifying abuse and responsibility in reporting concerns according to policy social services/designee	een recy and pected on ted by and part of all sed ted nding	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 226	administrative staff m loudly to Resident #3 problems he could be Administrative staff # was a threatening state have reported his obstadministrator but did.  On 6/14/11 at 12:50 finterviewed. Resident could be mean and receptained that he was his Depression. He stremember of any incidisrespectful or has y they did, it didn't both remember of an incident has threatened to kick on 6/14/11 at 3:02 Plemember #1 was interpreted from the female and a male receptained to fintervene of the office and saw who was making nois yelling at her to stop a She tried to intervene not to hurt the female She stated that she was talked to him. She continued to swing at you hit her, you would	ember #1 in turn spoke very telling him that if he caused discharged from the facility. Indicated he believed that tement and that he should servations to the not.  PM, Resident #3 was at #3 stated that at times he bugh to people. He s acting this way because of	F	226	Abuse education will be conducted at all staff mee the Administrator, SDC or designee every other mon the next six months and is of new employee orientation.  Administrator/designee we conduct five random interwith staff weekly for four then monthly for three meensure understanding of the Abuse and Abuse reporting policy. Additional education will be provided during the interviews when indicated.  Interview results will be reto the Administrator week the next four weeks and cowill be reported to the quassurance committee for for recommendations.  Results will be reported to Quality Assurance Committee for for two quarters.  Continued compliance with monitored through routines.	th for a part ion.  ill views weeks onths to be agation be l.  eported by for oncerns ality for oncerns ality for the ittee.		

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AND PROVIDER OR SUPPLIER  THE LAURELS OF CHATHAM  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  O(4) ID  PRETTY TAG  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  O(4) ID  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  O(4) ID  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  O(4) ID  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  SIMMANY STATEMENT OF DEPICIENCES PRETTY TAG  O(4) ID  PRETTY TAG  F 226  Continued From page 2 administrative staff member # fi in turn spoke very loudy to Resident # 31, olling him that if he caused problems he could be discharged from the facility. Administrative staff staff to the could be discharged from the facility. Administrative staff staff to the could have reported his observations to the administrator but did not.  On 6/14/11 at 12:50 PM, Resident #3 was interviewed. Resident #3 stated that at times he could be mean and rough to people. He explained that he was earling his way bocause of his Depression. He stated that he did not remember of any necident where a staff member has threatened to kick him out of the place.  On 6/14/11 at 12:50 PM, Resident #3 was interviewed. Resident where a staff member has threatened to kick him out of the place.  On 6/14/11 at 3:02 PM, the administrative staff member of an incident where a staff member has threatened to kick him out of the place.  On 6/14/11 at 3:02 PM, the administrative staff member of an incident that happened on 6/0/11. She was in the roffice when she heard a female and a maile resident yielding. She went out of her office and was breathed resident who was making noise and Resident #3 was yelling at her to stop and was tyring to that, on to the further investigation have a demented female resident who was making noise and Resident #3 was yelling at her to stop and was tyring to that, on the further investigation have been reported to Administrative action will be initiated for any identified concerns.	STATEMENT OF DEFICIENCIES		TESTOTION OF THE CENTRAL CONTROL CONTR	<del></del>			OMB NO. 0938-0391	
THE LAURELS OF CHATHAM    CX4-JiD   SUMMARY STATEMENT OF DEPICIENCIES   2 CHATHAM BUSINESS PARK   PITTSBORO, NC 27312	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı			COMPLETED	
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