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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(XII) PROVIDER/ SUPPLIER/ NURSING HOME
IDENTIFICATION NUMBER:

346233

A. BUILDING __________________
B. WING

(XIX) DATE SURVEY COMPLETED
C
07/07/2011

NAME OF PROVIDER OR SUPPLIER
SUNRISE REHABILITATION & CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
305 DEER PARK ROAD
NEBO, NC 28761

(X) IDENTIFICATION NUMBER

F 226

STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LEGAL IDENTIFYING INFORMATION)

ID
346233

F 226

SUMMARY STATEMENT OF DEFICIENCIES

403.13(c) DEVELOP/IMPLEMENT
ABUSE/NEGLECT, ETC. POLICIES

The facility must develop and implement written
policies and procedures that prohibit
mistreatment, neglect, and abuse of residents
and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:

Based on interviews and medical record review,
the facility failed to ensure that the facility policy
was followed regarding immediate reporting of
any abuse allegation to the Administrator of
Director of Nursing for one (1) of one (1) resident
(Resident #3).

The findings are:

A facility policy entitled Abuse Prevention Policy
and Procedure Manual, dated 2001, read in part:
"Reporting Abuse to Facility Management: 8. Any
individual observing an incident of resident abuse
or suspecting resident abuse must immediately
report such incident to the Administrator or
Director of Nursing."

Resident #3 was admitted to the facility with
diagnoses of diabetes, chronic pain, and kidney
disease. The admission Minimum Data Set
(MDS) dated 06/28/11 revealed the resident had
short term memory problems and modified
independence in cognitive skills for daily decision
making.

On 07/07/11 at 10:48 a.m. a family member of
Resident #3 was interviewed. He reported the
resident had told him that a staff member

<table>
<thead>
<tr>
<th>ID</th>
<th>346233</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 226</td>
<td>7-21-11</td>
</tr>
</tbody>
</table>

1. Upon being informed of the abuse
   report, the Administrator
   conducted an investigation into
   alleged abuse. The 24 hour report
   was completed by the
   Administrator and reported.

2. While in-services were being
   conducted with staff each of
   which was informed that if
   anyone knew of any other
   reports of abuse of any kind, they were to
   report it in confidence. Social
   Worker completes a log of all
   reports and this was reviewed by
   the Administrator to substantiate
   that no reports were made since 7-
   21-11.

3. Social Worker was immediately
   in-serviced by Administrator on
   the requirement that
   Administrator will be notified
   immediately upon report of any
   form of abuse.

4. All residents have the potential to
   be affected. Administrator has
   been in position since 6-29-11. No
   other instances have occurred
   since that time.

5. Staff will be in-serviced by
   Administrator on the abuse policy
   and procedure, including the
   immediate notification of the
   Administrator. Policy has been
   placed in nursing manual for
   reference.

6. Administrator/Designee will
   randomly audit complaint log
   weekly x4, monthly x3, and
   quarterly to ensure Administrator
   has knowledge of any abuse
   allegations. Findings will be
   reported at the monthly QA
   meetings.

LABORATORY DIRECORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Wendie Allen, Administrator

Any deficiency statement ending in an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing its determined that other safeguards provide sufficient protective for 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 required to continued program participation.

FORM CMS-2565 (02-99) Provider Variations: Optional
Event ID: L031J1
Facility ID: 033336

[Signature]

[Redacted]

[Redacted]
Continued From page 1

"slapped her real hard and was rough with her." He stated she told him she had been slapped on her bottom. He stated he had reported what resident #3 told him at a care plan meeting on 07/05/11 attended by the facility Social Worker, a nurse, and a dietary person. The family member stated the resident was not present at the meeting. He stated the Social Worker assured him they would investigate the incident.

On 07/07/11 at 12:00 noon, the facility Social Worker (SW) was interviewed. The SW stated that on 07/05/11 during the care plan meeting for resident #3, who was not present at the meeting, the family member reported that the resident had said a staff member had slapped her. The SW stated that after the care plan meeting, she interviewed the resident who denied being slapped. She stated she attempted to discuss the allegation with the resident again on 07/07/11 but the resident did not want to talk because she wanted to eat breakfast. The SW stated she was still investigating the allegation, but stated she had not informed the Administrator or Director of Nursing of the allegation. She stated she knew that according to the abuse policy she should have reported the allegation immediately to the Director of Nursing (DON) or the Administrator. The SW did not offer a reason why she did not report to the DON or Administrator immediately.

On 07/07/11 at 12:10 p.m. the Administrator was interviewed. She stated the facility abuse policy required employees to report any allegation of abuse or neglect to the DON or Administrator immediately. She stated she was unaware of the current allegation of abuse until now. She stated the SW should have informed her of this.
Continued From page 2 allegation during or immediately after the care plan meeting on 07/06/11 so she could suspend any identifiable staff members involved, oversee the investigation, and initiate a twenty-four hour report to the state agency. The Administrator stated she would begin her investigation immediately and file a twenty-four hour report of the investigation to the state agency.