PRINTED: 08/19/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION AUG 3 0 2011 (X3) DATE SURVEY COMPLETED			
		345143	B. WING	08/04/2011			
	OVIDER OR SUPPLIER Y CARE AND REHABILI	TATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETION DATE			
	sexual, physical, and punishment, and involuntation or physical abuse, co involuntary seclusion.  This REQUIREMENT by: Based on resident of medical director interfacility falled to preve abusing 2 of 8 sample nursing assistants (N handled " 2 residents facility falled to preve abusing one of 8 sam (Resident#8). Finding Immediate jeopardy & Resident #2 and was a.m. for Resident #2 Jeopardy was remove facility will remain out and severity level D (for more than minimal jeopardy) to ensure in place and completion.  1. Resident #2 was a 4/11/2011. The reside were not limited to, A	right to be free from verbal, mental abuse, corporal pluntary seclusion.  Juse verbal, mental, sexual, reporal punishment, or the interviews, view and record review, the ent staff from physically ed residents. During care, 2 As #1 and #7) " rough as (Resident #2 and #8). The ent staff from verbally expled residents include:  Justice of the interviews and the interviews and the interviews, view and record review, the ent staff from physically ed residents. During care, 2 As #1 and #7) " rough as (Resident #2 and #8). The ent staff from verbally expled residents are include:  Justice of the interviews and included the including of systems put in of employee training.  Justice of the interviews and interviews are included, but included and	F 223	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction,  Siler City Care & Rehabilitation  Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.  Date of Compliance: August 26, 2011  F 223  1. Resident # 2 was assessed by the Director of Nursing Services (DNS) on 5/17/11, a bruise on the chest was noted with no other findings and documented on skin assessment sheet.  CNA, (NA #1), was suspended on 5/18/11 pending investigation. A 24 hour report was completed on 5/17/11 and sent to Health Care Personnel Registry by Director of Nursing Services. 5 day investigation report			
$\cap$	weakness and altered	I mental status.		was completed on 5/24/11 and sent to			

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

ABORATORY DIRECTOR'S OF PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: 9G6D11

Facility ID: 923120

TITLE

ARMINISTRATOR

(X6) DATE

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				1	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURV COMPLETER	D
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NAME OF PR	ROVIDER OR SUPPLIER			1	EET ADDRESS, CITY, STATE, ZIP CODE		
SILER CIT	Y CARE AND REHABIL	TATION CENTER		900 W DOLPHIN ST SILER CITY, NC 27344			
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F 223	The Initial Care Plan plan of care was initi Resident exhibited b physical aggression care, refusing medic bed. The behavior/Approach the resided Do not argue with reneeded. Encourage help in coping. Remotime with resident an personal safety and periods of anger if a wishes. Report any to charge nurse or D Services) immediate respond to directions have the resident's a touching. Give reside explanation of anyth	REGULATORY OR LSC IDENTIFYING INFORMATION)  The Initial Care Plan dated 4/11/11 showed that a plan of care was initiated in the area behavior. Resident exhibited behaviors of verbal and physician was to physical aggression by being combative during care, refusing medications, and refusing to go to pad. The behavior/mood interventions read, "Approach the resident slowly and from the front. Do not argue with resident; involve family when needed. Encourage resident to call upon staff for neelp in coping. Remove to a quiet area. Spend time with resident and reassure resident of personal safety and stay with resident during periods of anger if appropriate or if resident wishes. Report any change in mood or behavior to charge nurse or DNS (Director of Nursing Services) immediately. Allow resident time to respond to directions or request. Be sure you have the resident's attention before speaking or		Health Care Personnel Regi	vices CNA, post Resident's on 5/17/11 with mily was Director of a final written re to report ely on 5/21/11 reporting and dures by the vices. The as suspended er		
•	information overload since the angry, aggressive resident cannot assimilate many details. If strategies are not working, leave resident and re-approach in 10 minutes. "  Resident #2 's Admission Minimum Data Set (MDS) dated 4/18/11, revealed he had short/iong-term memory problems. The resident's decision-making skills were moderately impaired. Resident was hard of hearing in both ears. He had exhibited signs and symptoms of delirium, which fluctuate, delusions, and other behavioral symptoms not directed to others. The resident required extensive assistance from two people for bed mobility, transfers, dressing, and personal hygiene. He was totally dependent for tolleting and bathing. The resident was listed as				education on abuse policy a procedure by Regional Dire Clinical Operations. Licens (SN #1), was suspended on pending further investigation was terminated on 8/16/11 (NA#9) was suspended on pending further investigation returned to work on 8/13/1	ector of ed nurse, 8/3/11 on. SN #1 . CNA 8/4/11 on. NA#9	. s. **

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F 223	report dated 5/17/11 initial ] incident date: description: allegation 1) forced resident to see resident in chest with. The healthcare persodated 5/24/11, read in on 5/11/11, she witner resident 's face holler jerked him down by p. When the resident stoth him down with both him down with him down with both him down with both him down with him down	annel registry 24-hour initial read in part, " [resident's 5/11/11, allegation ande that employee (NA # 5/11/11, allegation ande that employee (NA # 5/11/11, allegation ande that employee (NA # 5/11/11) and find and and and and and and and and and a	F	223	On 7/19/11 an allegation of found on a written note under Director of Nursing's door a approximately 3:15 pm by the Director of Nursing Services actual event allegedly occur 7/17/11 which resulted in the submitting a late report of all abuse. The alleged abuse of (#8) was assessed for injuried finding of physical injury or by Director of Nursing Services (NA#7), was suspend 7/20/11 pending investigation hour report was sent to Heal Personnel Registry on 7/20/11 Director of Nursing Services (NA#7), was terminated positive stigation on 7/25/11 for The 5 day report investigation was completed and sent to Heal Care Personnel Registry on the Director of Nursing Services (NA#8), was suspended on pending investigation and was terminated on 7/25/11 for no reporting abuse timely.	er the t t he s. The red on e center lleged Resident es with no n 7/19/11 ices. ed on on. The 24 ith Care 11 by the s. CNA, st abuse. on report lealth 7/27/11 by vices NA 7/19/11 vas		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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NAME OF PI	ROVIDER OR SUPPLIER	345143		STR	EET ADDRESS, CITY, STATE, ZIP CODE	08/04	1/2011
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F 223	telling him to sit down she pulled him down resident immediately pushed him down for hands. She pushed him down and shoved During an interview of SN #1, who was assed the alleged abuse the bruise was report #1] went to do care of came and got me im the bruise on [Reside large black and purp nipple to another nip it was the same day moved back to the 50 she did not witness to buring a phone interwith NA #1, who alle Resident #2's chest, Director of Nursing of and told me that his come and see her at because someone mon 5/11/11. I told her resident on 5/11/11. took the resident 's saw a large, black-puchest, from one nipp into his upper stomal supervisor [Staff Nur and look[ed] at it, and supervisor. They call	nt's face hollering and h. The resident stood up and by his upper arm. The stands back up and she refully with the palm of both him hard enough that the ck against the wall. [NA #1] the door in my face. on 8/2/11 at 10:00 a.m. with igned to the resident the day and was the first staff nurse ted to, stated that at " [NA in [Resident #2] and she mediately and showed me ent #2's] chest. It was a lish bruise covering one ple. She further stated that (5/11/11) when he was 00 Hall. SN#1 indicated that he abuse.  View on 8/2/11 at 12:00 noon gedly caused the bruising to she stated that " the alled me at home on 5/17/11 ould make an appointment to 3:30 p.m. on 5/18/11, ade an allegation about me that I did not do care on the On 5/12/11 at 11:00 a.m., I shirt off to do a.m. care, and I irplish bruise all over his ie to another, going down ch. I went and got my se (SN) #1], and she came	F	223	2. Nursing Management compensation of skin re-assessment residents in-house on 8/3/11 identified injuries of unknown were found.  Residents were interviewed allegation of abuse beginning using the ambassador rounds department heads.  3. Re-education of the staff vecompleted following the abuse allegation of Resident (#2) of 5/31/11, and 6/1/11 by the Dinursing Services. 109 staff residents, who abuse is report timeline for reporting, how the residents that resist care and an agitated resident have time and then re-approach in a time. Re-education of all facility sets started on 8/3/11 and include abuse, who abuse is reported timeline for reporting, how the residents that resist care and an agitated resident have time and then re-approach in a time and time an	ent on and no and no and no and no and no and no an origin  for any g 8/4/11 s by  was se n 5/26/11 irector of members aded types ded types of to, o care for how to less to calm neline. It of the total and types of to, o care for how to less to calm nely as as Nursing	s t

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During an interview o again on 8/4/11 at 11 Nursing (DON), she so moved on 4/29/11 to moved, the resident be verbally abusive, and back to the 500 Hall of it was reported to me [NA #1] abused Resident #2, NA #2 he #2 is room; NA #2 er #1 forcefully push the wheelchair by pulling further stated that NA resident stood back undown in his wheelchair rolled into stated that on 5/17/11 and he had a purplish the center of his ches nipple; no other bruise The resident denied put that the resident had incident report stated injury. She added, "No resident on 5/17/11, the public had be a purplished that the resident had incident report stated injury. She added, "No resident on 5/17/11, the public had be a purplished that the resident had incident report stated injury. She added, "No resident on 5/17/11, the public had be a purplished that the resident had incident report stated injury. She added, "No resident on 5/17/11, the public had be a purplished that "I feresident willfully and pasked by the surveyor substantiate the abus	urveyor what happened on at nothing happened.  In 8/2/11 at 11:00 a.m. and and a.m. with the Director of stated that the resident was the 300 Hall. Upon being became very agitated, more loud, so he was moved on 5/12/11. The DON stated e on 5/17/11 by [NA #2] that dent #2. " She further stated NA #1 was providing care to leard "fussing" in Resident attered the room and saw NA aresident down in the on his upper arm. The DON attent when the p, the aide pushed him ir with both hands and the the wall. The DON further it, "I assessed the resident to another less or redness was noted. It is a stated a fall on 5/11/11 and the left he fell on his bottom with now the lassessed the entire chest. The bott his chest. "The bott his chest." The bott him in the chair. "When it what evidence she used to	F:	223	were not scheduled will come education prior to returning 126 employees were re-education prior to returning 126 employees were re-education also include the abuse, neglect and misappropriation policy and as of 8/3/11.  The re-education also include the phone numbers are posted Administrator, Director of N Services, the Sun Quality Content and the contact information for the Regional Human Resimmediate reporting of the ashould the caller want to remanonymous. The contacts are 24/7. Re-education is on-go staff must attend prior to be allowed to return to work. Re-education of staff on the policy that addressed resident resist care was completed on to staff by Regional Director Clinical Operations and on 8 the Staff Development Coordinated 2 more times were the Ombudsman of Chatham conducting re-education on a Abuse re-education will commonthly times 3 months.	to work. ated on  procedure  es where d for the ursing impliance mation ources for buse hain e available bing and ing  abuse ats that 18/10/11 of //17/11 by dinator. be kly with County 8/24/11.	

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F 223	[NA #1] had spoken I the hallway, and I can heard the disturbance everything was ok. [N fine; I ' m just frustrat DON had done about indicated she offered 300 and/or change the she would be off was fine.  A review of the facilit NA #1 and NA #2 we the 300 Hall on 5/11  A review of the facilit of the facility of the	oudly to [Resident #2], out in me out of my office when I e and asked [NA #1] if NA #1] stated, ' everything is led. ' " When asked what the	F	223	The Department heads are as specific rooms to make roun complete interviews to insure residents are monitored for swell being. Non-interviewal residents' family members winterviewed as they are in thand alert/oriented room-mate interviewed as well. The ammounds questions include: has been mistreated by staff and have concerns regarding mis property. Any concerns/alleg will be reported immediately Administrator/designee with investigation starting immediate.	ds and e safety and ble vill be e center es will be bassador eve you do you ssing gations y to the	
	During a phone interview on 8/4/11 at 12:55 p.m. with the medical director (MD), he stated "I was over at the facility on 5/19/11 when it was brought to my attention that an aide allegedly abused [Resident #2]. When I saw the chest, it was yellowish; the bruise was several days old, maybe 1 week old.  2. Resident #8 was admitted to the facility on 9/18/07. The resident's diagnoses included, but were not limited to, Parkinson's disease, osteoarthritis, glaucoma, history of muscular disorder and psychosis.  The Care Plan dated 6/13/11 showed that a plan of care was initiated in the areas of self-care deficit and impaired mobility, cognition, and behavior. According to the plan, "Resident exhibits behaviors of verbal, physical aggression,				4. Ambassador rounds finding reviewed at the morning menthe department heads and Administrator present. Administra	eting with  ninistrator  ye been erventions be erformance eeting for  ces and complete aff kly x 4	

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F 223	behavior/mood interesident time to resident mood instruction). Do not any change in mood immediately. Report sexual or aggression nurse immediately. Resident #8 's min 6/28/11 revealed sident memory problems. decision-making skips she had exhibited adelirium present, which wand verbal behavior others, and other bidirected to others. Extensive assistant mobility, transfers, hygiene. She was than doubthing.  A review of the note the abuse) left und Director of Nursing read, "on July 17, with [name of the align [Resident #8 's] rocombative and hit [of the aide] grabbe punched her left up down."	oping and cursing staff. " The rventions read, " Allow pond to directions or request, tia more time to absorb argue with resident; report d or behavior to charge nurse and verbal or physical, re expression to the charge Psychiatric consult as simum data set (MDS) dated the had short/long-term. The resident 's illis were moderately impaired, signs and symptoms of thich fluctuate, and physical real symptoms directed towards enhavioral symptoms not. The resident required the of two people for bed dressing, and personal otally dependent for toileting the that NA # 8 (the witness of	F 223	abuse, where phone nu posted, who is the abus and reporting of abuse A report will be submited Performance Improver monthly for 3 months.  Date of Compliance: A	se coordinator immediately tted to the nent Committee	
		1 read in part, " allegation				

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F 223	CNA (NA# 7). She (N CNA hit a resident in care. She also states the resident she did r she belongs in menta. The healthcare persodated 7/27/11 read in the room with the accincident stated that w bed, the resident bechappened, the CNA shit the resident in the The accused CNA statesident to bed, she [combative. She (NA# at her, and then she keep her from hitting dementia and is confranswer questions about investigation determined buring a phone intervential with NA #7, she state Resident #8 to bed." started to put on [Resident hit me. I with the resident hit me. I with the supervisor because I important. "NA #7 fur worked 7/18/11 and 7 fur worked 7/18/11 and 7	#8) reported that on worked with the accused (A#8) stated the accused the shoulder while providing that the accused CNA told not belong in this facility, that all institution. "  Innel registry 5-day report part, " the CNA who was in sused CNA at the time of the hile putting the resident to ame combative. When this stated that the accused CNA arm and grabbed her hand. The resident swung grabbed the resident swung grabbed the resident arm to ther. The resident has used. She was unable to but the injury. The red that the allegations were to CNA was terminated. "  Tiew on 8/4/11 at 10:40 a.m., d, " I went to help NA #8 put NA #7 further stated, " I ident #8 's] night gown, and caught her hand and held it er not to hit me. I was not er. I did not tell my do not think it was rther stated that, she //19/11, but Resident #8 was the added, " I only had her	F	223			

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F 223	the DON, she stated occurred on 7/17/11. my office door. The Donote stated that one a aide with getting a resident.  The DON added that the resident.  The DON added that the resident for any babuse. I completed a bruising was found. I shoulder, both arms, noted. The DON furtisubstantiated the alle who allegedly physica (Resident #8) told me became combative shor a while and she all that type of resident dacility. ' "That stater witness's statement.  During an interview on NA #8 who witnessed on 7/17/11, "a little afrom [NA #7]. We lifted the combative. The resident in the shoulder and in a restrained positio resident and told her to the facility'; she ' institution.' I went out	In 8/4/11 at 11:00 a.m., with that the alleged abuse "The aide put a note under ON further stated that "the aide was assisting another sident to bed. The resident and the accused aide diverbally abusive to the on 7/19/11, "I assessed ruising secondary to alleged full-body assessment: no assessed the left upper no bruising or redness was ner stated that "I gation because the aide ally and verbally abused that when the resident he held the resident 's hand so made a statement that 'oes not belong in this nent is consistent with the abuse, she stated that fiter dinner I requested help at Resident #8 from her the lift. The resident became that [NA #7], and [NA#7] is shoulder and punched did held the resident 's arm in. She looked at the hat she 'does not belong	F	223			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 223	Administrator and the notified of the Imme	a.m., the facility Interim ne Director of Nursing were ediate Jeopardy. An on of compliance was provided	F	223	Service stage of the service of the service stage of the service o		
	interventions taken further concerns surplements on the services (Elbruise on chest with documented on skir (NA #1), was suspeninvestigation. A 24 5/17/11 and sent to Registry by Director investigation report sent to Health Care Director of Nurses, post investigation of was notified on 5/17 Family was notified. Nursing Manageme full body assessments 8/3/11 and no identification.	of action outline immediate by the Center to abate any rrounds the above issue:  Identified  assessed by Director of DNS) on 5/17/11 to have a no other findings and assessment sheet. CNA, anded on 5/18/11 pending hour report was completed on Health Care Personnel of Nurses. 5 day completed on 5/24/11 and Personnel Registry by CNA, (NA#1) was terminated in 5/24/11. Resident physician 7/11 with no change in orders. on 5/17/11 by DNS.  Int completed a center wide int on all residents in house on iffied injuries of unknown origin					
	Re-education of the	staff was completed following					

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F 223	5/31/2011 and 6/1/20 Nursing Services. 10 Re-education include is reported to, timelin for residents that resi agitated resident hav re-approach in an app CNA (NA#2) received regarding failure to re immediately on 5/21/ reporting and abuse in The RD was suspend further investigation. was suspended on 8/ investigation. CNA (N 8/4/11 pending furthe On 7/19/11 an allegal written note under the at approximately 3:15 Nursing. The actual 7/17/11 which resulte late report of alleged investigation and re-e immediately. The alle was assessed for inju- physical injury on 7/1 The alleged CNA, (N/ 7/20/11 pending inve- report was sent to He Registry on 7/20 by th (NA#7) was terminate 7/25/11 for abuse. Th was completed and s Personnel Registry on	of Resident (#2) on 5/26/11, 111 by the Director of 19 staff members attended. It is to types of abuse, who abuse is for reporting, how to care is to care and how to let an is to calm and then propriate timeline.  If a final written warning is the port alleged abuse 11 and was re-educated on colicy and procedures. It is done if it is investigation.  If a final written warning is the port alleged abuse is investigation.  If a final written warning is the port alleged abuse is investigation.  If a final written warning is investigation.  If a final written warning is a final written warning investigation.  If a final written warning is	F	223			

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
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	NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER			90	EET ADDRESS, CITY, STATE, ZIP CODE 10 W DOLPHIN ST ILER CITY, NC 27344	·	
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F 223	and was terminated of abuse timely.  Re-education of all fa 8/3/11 and included to reported to, timeline to residents that resist of agitated resident have re-approach in an appeducation was conducted in the resident have re-approach in an appeducation was conducted in the re-education was conducted or re-educated on misappropriation police 8/3/11. The re-education phone numbers are pure police of Nurses, the number and the contact Regional Human Reservers.	e 11 /19/11 pending investigation on 7/25/11 for not reporting /19/11 pending investigation on 7/25/11 for not reporting /19/11 pending investigation on 7/25/11 for not reporting /19/11 pending investigation /19/11 pending /19/11 pending investigation /19/11 pending /	E.	223		of sentence	
	24/7. Re-education is attend prior to being a tend prior to being a Residents will be intereduced by ambassador rounds is Ambassador rounds last year but have no components issues we going forward from the heads will be assigned rounds and interview will be interviewed/meresidents family me	s on-going and staff must allowed to return to work. rviewed for any allegation of 11 and ongoing during daily					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER:  A. BUILE			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 223	rounds questions incimistreated by staff an regarding missing proconcerns/allegations to the Administrator/d starting immediately. findings will be review with the department hypesent. Administrate have been delegated interventions and solumonitored monthly at Improvement meeting. The Director of Socia Nursing will complete staff members on all questions will include phone numbers are procordinator and report Re-education of staff also address resident completed weekly for times 3 months.	oriate. The ambassador or order have you been and do you have concerns operty. Any will be reported immediately designee with investigation Ambassador rounds wed at the morning meeting needs and Administrator or will assure that concerns to the appropriate staff for outions. Trends will be the Performance of the Per	F	223			
	assistants that were of second shifts. 2) Red in-services on types of reported to; timeline for care for residents that for all employees (not other disciplines as we recorded on the in-se	on duty on 8/4/11 during the					

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F 223	review of the facility that dates and members also accomplished vi	e 13 ice on 8/3/11. 4) Record s QI committee meeting attending. Validation was a review of the records of all ed full body assessment on	F	223			di Sangara da
F 225 SS=J	483.13(c)(1)(ii)-(iii), (iNVESTIGATE/REPO ALLEGATIONS/INDI  The facility must not been found guilty of a mistreating residents had a finding entered registry concerning a of residents or misap and report any know court of law against a indicate unfitness for other facility staff to the or licensing authorities. The facility must ensinvolving mistreatme including injuries of unisappropriation of rimmediately to the act to other officials in act through established state survey and cer.	employ individuals who have abusing, neglecting, or by a court of law; or have a linto the State nurse aide abuse, neglect, mistreatment apropriation of their property; ledge it has of actions by a san employee, which would service as a nurse aide or the State nurse aide registry as.  The state nurse aide registry as.  The state nurse aide registry as an employee, which would service as a nurse aide or the State nurse aide registry as.  The state nurse aide registry as a nurse aide or the state nurse aide registry as a nurse aide or the state nurse aide registry as a nurse aide or the state nurse aide registry as a nurse aide or the state nurse aide registry as a nurse aide or the state nurse aide registry as a nurse aide or the state nurse aide registry as an employee, which would service as a nurse aide or the state nurse aide registry as an employee, which would service as a nurse aide or the state nurse aide registry as an employee, which would service as a nurse aide or the state nurse aide registry as an employee, which would service as a nurse aide or the state nurse aide or the	F .	225	1.Resident # 2 was assessed Director of Nursing Service on 5/17/11 a bruise on the conted with no other findings documented on skin assessment CNA, (NA #1), was suspend hour report was completed and sent to Health Care Pers Registry by Director of Nur Services. 5 day investigation was completed on 5/24/11 a Health Care Personnel Registry Director of Nursing Service (NA #1) was terminated positive stigation on 5/24/11. Rephysician was notified on 5/17/11 by Director of Nursing Services.	s (DNS) hest was s and nent sheet ded on on. A 24 on 5/17/1 sonnel sing on report and sent to stry by es. CNA, st esident's /17/11 wi y was	1
		estigations must be reported		!	CNA (NA#2) received a fin warning regarding failure to		

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F 225	with State law (inclucertification agency) incident, and if the a appropriate corrective.  This REQUIREMENT by: Based on resident cand record review, the immediately report a residents (Residents report to the state agrive day timeframe.  Immediate jeopardy Residents #2 and was a.m. for Residents #3 Jeopardy was remove facility will remain out and severity level D for more than minimal jeopardy) to ensure place and completion.  1. Resident #2 was a 4/11/2011. The residementia with behave weakness and altered.  The healthcare personeport dated 5/17/11	o other officials in accordance ding to the State survey and within 5 working days of the lileged violation is verified we action must be taken.  T is not met as evidenced observations, staff interviews he facility falled to allegations of abuse for 2 of 2 and #8) and failed to gency within the 24 hour and Findings include:  began on 5/11/11 with a identified on 8/3/11 at 10:56 and #8. Immediate wed on 8/4/11 at 7p.m. The aut of compliance at a scope (no actual harm with potential all harm that is not immediate monitoring of systems put in a femily on dent's diagnoses included, but alzhelmer's disease, vioral disturbances, muscle and mental status.	F	225	abuse policy and procedures Director of Nursing Services Registered Dietician was sus on 8/2/11 pending further investigation. Registered Direturned to work on 8/09/11 education on abuse policy ar procedure by Regional Director Clinical Operations. Licenses (SN #1), was suspended on 8 pending further investigation was terminated on 8/16/11. (NA#9) was suspended on 8 pending further investigation returned to work on 8/13/11. On 7/19/11 an allegation of a found on a written note under Director of Nurse's door at approximately 3:15 pm by the Director of Nursing Services actual event allegedly occurr 7/17/11 which resulted in the submitting a late report of all abuse. The alleged abuse of (#8) was assessed for injuries finding of physical injury on by Director of Nursing ServiceNA, (NA#7), was suspended.	arting and a by the s. The spended detician post rend etor of ed nurse, 8/3/11 n. SN #1 CNA /4/11 n. NA#9 detection of ed nurse was ar the detection of ed nurse, and the detection of ed nurse was ar the detection of ed nurse was artificial ed nur	
	initial] incident date: description: allegation	5/11/11, allegation on made that employee			7/20/11 pending investigation hour report was sent to Healt	n. The 24	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 225	(NA#1) forced reside pushing resident in content of the healthcare persodated 5/24/11, read in on 5/11/11, she witner resident 's face holle jerked him down by pushed him down with both him down with ported to the had a bruise on his colline. After speaking with CNA (NA#1), CNAs of the content of	nt to sit down forcefully hest with hands."  Innnel registry 5-day report in part, "Witness stated that essed CNA (NA#1) in ring at him, and then she culling on his upper arm. Good back up, she pushed ands on his chest. On A#1) taking care of the he nurse that the resident hest from sternum to breast with the witness, the accused on the hall, and hall nurses, it the allegation was	F	225	Personnel Registry on 7/20/10 Director of Nursing Services (NA#7), was terminated positive investigation on 7/25/11 for The 5 day report investigation was completed and sent to H Care Personnel Registry on the Director of Nursing Services substantiated the abuse. CN (NA#8), was suspended on 7 pending investigation and waterminated on 7/25/11 for not reporting abuse timely.  2. Nursing Management components in-house on 8/3/11 identified injuries of unknown were found.  Residents were interviewed allegation of abuse beginning using the ambassador rounds department heads.  3. Re-education of the staff was completed following the abuallegation of Resident (#2) of 5/31/11, and 6/1/11 by the Director of abuse, who abuse is report imeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of abuse, who abuse is report timeline for reporting, how to the staff of	s. CNA, t abuse. on report lealth 7/27/11 by rices A 7/19/11 as ot  npleted a ent on and no yn origin for any g 8/4/11 s by  was se n 5/26/11, irector of members aded types ted to,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		ULTIPI .DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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saw me and shoved the Director of Nursin attempted to tell her, DON's office and stagiving care to my resi (without telling the DO saw the registered did the abuse that I saw. tell my supervisor. Not the family member], a bruise. "  During an interview of SN #1, who was assi of the alleged abuse the bruise was report went to do care on [Resident # black and purplish bruise on [ Resident # black and purplish bruise o	the door in my face. I went to ang 's (DON)] office crying. I but SN #1 came into the arted to accuse me of not idents. I left the office ON of what happened) and I etitian and I told her about She told me that I should A #2 added, " I told [name of and she took pictures of the and she took pictures of the and was the first staff nurse ed to, stated that " [NA #1] tesident #2] and she came ely and showed me the 12 's chest. It was a large uise covering one nipple to writed it to the nurse me not to worry about it ng to put it in the incident are of his falls. I do not ntill the end of the shift and I se bruise on resident #2 's ed [name of the resident], by job; that is my supervisor 'wiew on 8/2/11 at 12:00 noon gedly caused the bruising to she stated that " the director at home on 5/17/11 and told e an appointment to come a.m. on 5/18/11, because	F	225	residents that resist care and an agitated resident have timend then re-approach in an immanner.  Re-education of all facility started on 8/3/11 and include abuse, who abuse is reported timeline for reporting, how to residents that resist care and an agitated resident have timend then re-approach in a timen and the Director of Services or designee; employwere not scheduled will come education prior to returning 126 employees were re-education prior to returning 126 employees were re-educated as of 8/3/11.  The re-education also include the phone numbers are posted Administrator, Director of New Services, the Sun Quality Community and the contact information for the Regional Human Resimmediate reporting of the ashould the caller want to remanonymous. The contacts are 24/7. Re-education is on-go staff must attend prior to bein allowed to return to work	taff was ed types of I to, o care for how to let the to calm nely vas f Nursing yees who uplete re- to work. cated on  procedure  les where ed for the lursing ompliance rmation sources for buse nain e available ing and	

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F 225	resident on 5/11/11.  took the resident's saw a large, black-pichest, from one nipp into his upper stoma supervisor [Staff Nurand look[ed] at it, an supervisor. She furt back on May 24th ar investigation and let surveyor what happer that nothing happened the nurse supervisor first week in May-"I of the resident] had I waited to document falls. We [everyone is bruise was from one the bruise. I did not a aide [NA #2] came for #1] pushed the residinvestigation, we four found the bruise, she notes in the chart an resident. I never saw	at I did not do care on the On 5/12/11 at 11:00 a.m., I shirt off to do a.m. care, and I urplish bruise all over his te to another, going down ch. I went and got my se (SN) #1], and she came d she got the nursing ner stated, "They call me and substantiated the me go." When asked by the ened on 5/11/11, she stated	F	225	Re-education of staff on the policy that addressed resider resist care was completed on to staff by Regional Director Clinical Operations and on 8 the Staff Development Coor Re-education on abuse will be conducted 2 more times were the Ombudsman of Chatham conducting the re-education 8/24/11. Abuse re-education continue monthly times 3 m. Nurses were re-educated on weekly skin assessments by of Nursing Services on 8/10. The Department heads are as specific rooms to make roun complete interviews to insur residents are monitored for swell-being. Non-interviewal residents' family members we interviewed as they are in the and alert/oriented room-mate interviewed as well. The amount of the staff of the	nts that a 8/10/11 c of be conty on will onths. doing Director /11. ssigned ds and e rafety and ble rill be e center es will be abassador	
	She further stated the origin must be invested a staff member notes bruising to the residentified. An incident resident is assessed documents the incidentifies the medical of	at injuries from unknown igated immediately, or when a new injury such as ant, the supervisor should be report is filled out and the . The floor supervisor also ent in the chart. The nurse loctor and the family. She is reporting procedure was			rounds questions include: ha been mistreated by staff and have concerns regarding mis property. Director of Nurses will validate weekly skin ass by completing random skin assessments on residents whi identified to have no skin int	do you sing s/designee sessments o were	,

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F 225	time he had multiple of 5/11, and no injuries of 5/11, and no injuries of 5/11, and no injuries of again on 8/4/11 at 11 Nursing (DON), she is moved on 4/29/11 to moved, the resident by verbally abusive, and back to the 500 Hall of it was reported to m [NA #1] abused Resident at on 5/11/11 while Resident #2, NA #2 hr #2 is room; NA #2 er #1 forcefully push the wheelchair by pulling further stated that NA resident stood back undown in his wheelchair rolled into stated that on 5/17/11 and he had a purplish the center of his ches nipple; no other bruise completed a 24-hr rephealthcare registry, at The DON further stated in 5/11/11 and the fell on his bottom with When I assessed the bruise was from nipple encompassed the ent for the resident to fall bruise to his chest."	sident, because around that alls, on 4/17, 5/8/, 5/9, and were found.  In 8/2/11 at 11:00 a.m. and t30 a.m. with the Director of tated that the resident was the 300 Hall. Upon being lecame very agitated, more loud, so he was moved on 5/12/11. The DON stated the on 5/17/11 by [NA #2] that then #2. " She further stated NA #1 was providing care to leard "fussing" in Resident of the room and saw NA resident down in the on his upper arm. The DON #2 reported that when the p, the aide pushed him in with both hands and the the wall. The DON further the state of the resident term one nipple to another less or redness was noted. I immediately port, faxed it to the ad started the investigation. I immediately port, faxed it to the ad started the resident had a le incident report stated he are incident on 5/17/11, the	F	225	concerns by the licensed nur validations will be completed shift for 2 residents per shift for a total of 6 residents per weeks. Any concerns/allegat be reported immediately to the Administrator/designee with investigation starting immed.  4. Ambassador rounds finding reviewed at the morning meet the department heads and Administrator present. Administrator present. Administrator present and delegated to the appropriate sinterventions and solutions, will be monitored monthly at Performance Improvement Comeeting for 3 months.  The Director of Social Servithe Director of Nursing will random interviews with 5 starmembers on each shifts week weeks, questions will include abuse, where phone numbers posted, who is the abuse coof and reporting of abuse immed A report will be submitted to Performance Improvement Comonthly for 3 months.  Date of Compliance: August	d on each per day day x 4 ions will he iately.  Ings will be eating with inistrator re been staff for Findings to the Committee aff kly x 4 e types of a are redinator diately the Committee	

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F 225	evidence she used to allegation, the DON s in the week that [NA a [Resident #2], out in to of my office when I he asked [NA #1] if ever stated, 'everything is When asked what the NA#1 behavior she in the aide off Hall 300 a assignment. NA #1 to next day and everything	ked by the surveyor what substantiate the abuse stated, "I had noticed earlier #1] had spoken loudly to the hallway, and I came out eard the disturbance and ything was ok. [NA #1] is fine; I 'm just frustrated.'" is DON had done about edicated she offered to move and/or change the	F	225				
	NA #1 and NA #2 we the 300 Hall on 5/11/A review of the facility NA #1 worked on the the 7-3 shift. (NA#2 we #2 but as a CNA team resident #2).  A review of the facility NA #1 worked on the the 7-3 shift. (NA#2 we #2 but as a CNA team resident #2).  A review of the facility that NA #1 worked or during the 7-3 shift. (I resident #2 but as a Caccess to resident #2).	re assigned and worked on /11 during the 7-3 shift.  y's daily staffing revealed 300 Hall on 5/12/11 during // vas not assigned to resident in leader she had access to  y's daily staffing revealed 300 Hall on 5/16/11 during // vas not assigned to resident in leader she had access to  y's daily staffing revealed in the 300 Hall on 5/17/11 NA#2 was not assigned to CNA team leader she had .).						
		n 8/2/11 at 2:30 p.m. with ian (RD), she stated, " I						

STATEMENT OF DEFICIENCIES (XI AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 225	May, and she mention someone roughing a to her supervisor. I the resolved. I did not follow the supervisor. I the resolved. I did not follow the supervisor. I the resolved. I did not follow the supervisor to the DON that [Resistent on his chest. SN #3 a who was assigned to the resident 's room the resident 's chest. Is attention that the Don May 13. SN #3 instruction in the supervisor to the supervisor that the bruise and that to the resident] witness to the resident witness on his abdome up. "SN #3 indicated to see this bruise, become back on me." Is she documented the documentation was not supervisor to supervisor the supervisor to do the instruction of the supervisor to do the s	#2] very upset sometime in ned something about resident, and I directed her ought everything was low up on it. "  In 8/4/11 at 12:20 p.m. with at "the day after [Resident I 500 [5/13/11], at about medication pass; I reported ident #2] had a large bruise idded that NA #6 [the aide Resident #2] called me to and showed the bruise on "It was brought to SN #3 'ON was not in the building sisted that the DON is resident 's room and look (NA #6) [the aide assigned is the DON 's observation.  In 8/4/11 at 1:00 p.m. with the bruise was purple and no yellow. There were no ean, just the lower ribs and if "I really wanted someone cause I did not want it to SN #3 further indicated that bruise, and "all of my hissing out of the record."  In a had received abuse atton and several times since of the stated that they were service training on the program. SN #3 stated is should be reported to the	F	225			

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	ROVIDER OR SUPPLIER	TATION CENTER	•	900	EET ADDRESS, CITY, STATE, ZIP CODE 10 W DOLPHIN ST LER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 225	Continued From page	<b>⊋</b> 21	F	225			
	administrator stated hadministrator and he administrator and he alleged allegation too has zero tolerance for expected an incident immediately when an of unknown origin was that any staff who alle must leave the premisstatement was obtainfilled out immediately, days to complete an inadministrator indicate be reviewed. A head-be completed on the redirection to the statement was obtained and the statem	was not here when the ok place. He added that he r abuse in the facility, and he report to be completed allegation of abuse or injury is made. He further added egedly abused a resident ses as soon as their ied. A 24-hour report is to be . The facility then has up to 5 investigation. The ied that training files should to-toe assessment was to resident as soon as an If the allegation was made					
	DON stated that her edon the hall immediate nurse of any allegation the doctor and docum nurse's notes. If the number the supervisor, admin report should be filled made after an employ employee should be callegation is made dur hours, the employee is where the employee is employee is subseque pending the outcome facility has 24 hours to	on 8/4/11 at 5:13 p.m., the expections are that the nurse one of the charge one. The nurse should call ment the allegation in the nurse is busy, she can tell histrator, or DON. An incident of out. If the allegation is the called and suspended. If the charge the employee's working is called into the office, is to write a statement. The ently suspended with pay of an investigation. The o send in the initital report to 5 days to complete the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345143	B. WIN			ł	C 4/2011
	OVIDER OR SUPPLIER Y CARE AND REHABIL	ITATION CENTER		90	EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST 3LER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	Continued From pag investigation.	e 22	F	225			
	9/18/07. The residen were not limited to, P	ma, history of muscular			e to ignore a		
	the abuse) left under Director of Nursing 's read, " on July 17, 2 with [name of the aid [Resident #8 's] roor combative and hit [na of the aide] grabbed	that NA # 8 (the witness of the s (DON) door dated 7/17/11 011, I worked on the 100 Hall le (NA#7)]. We were in m. [Resident #8] became ame of the aide], then [name [Resident #8 ' s] arm and er arm and held her hands	•	**************************************			
	report dated 7/20/11 description: CNA (NA Sunday 7/17/11 she CNA (NA# 7). She (N CNA hit a resident in care. She also states	ponnel registry 24-hour initial read in part, "allegation A# 8) reported that on worked with the accused NA#8) stated the accused the shoulder while providing a that the accused CNA told not belong in this facility, that all institution."		The second secon	w i two		
	dated 7/27/11 read in the room with the acc incident stated that w bed, the resident bed happened, the CNA s hit the resident in the	onnel registry 5-day report n part, " the CNA who was in cused CNA at the time of the while putting the resident to came combative. When this stated that the accused CNA arm and grabbed her hand, ated that while putting the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345143	B. WIN	G		08/	C 04/2011	
	OVIDER OR SUPPLIER	TATION CENTER		9001	T ADDRESS, CITY, STATE, ZIP CODE W DOLPHIN ST ER CITY, NC 27344			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 225	resident to bed, she [combative. She (NA# at her, and then she is keep her from hitting dementia and is configured and the substantiated and the During a phone interwith NA #7, she state Resident #8 to bed. "started to put on [Resthe resident hit me. I for while, and I told hiverbally abusive to he supervisor because I important." NA #7 for worked 7/18/11 and 7 not assigned to her. Sthat night because I volume DON, she stated occurred on 7/17/11. my office door. I was Monday [7/18/11], and Tuesday evening [7/1 under a pile of papers further stated that "the was assisting another to bed. The resident haccused aide became abusive to the resider 7/20/11 because she pending the investigat	the resident] became  17) states the resident swung grabbed the resident arm to her. The resident has used. She was unable to but the Injury. The ned that the allegations were the CNA was terminated. "  1 went to help NA #8 put NA #7 further stated, " I sident #8 's) night gown, and caught her hand and held it ter not to hit me. I was not ter. I did not tell my do not think it was ther stated that, she 17/19/11, but Resident #8 was She added, " I only had her went to help [NA #8]. "  1 m 8/4/11 at 11:00 a.m., with that the alleged abuse 1" The aide put a note under in Raleigh the following d it was not until late 19/11] that I saw the note so on my desk. " The DON the note stated that one aide raide with getting a resident became combative, and the te physically and verbally nt. I suspended the aide on was off on [7/19/11] tion, but she worked that mmediately suspended the	F	225				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345143	B. WING	3		C 08/04/2011	
	ROVIDER OR SUPPLIER  TY CARE AND REHAB	ILITATION CENTER		900 1	T ADDRESS, CITY, STATE, ZIP CODE W DOLPHIN ST ER CITY, NC 27344		
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F 225	physical abuse imm stated that "the aidoor had just attendand completed the company's online 5/26/11, with a 100 that any alleged abimmediately. The Dabuse of the reside investigated timely. The DON added the resident for any abuse. I completed bruising was found shoulder, both arm noted. I immediatel and faxed it to the I the investigation. I knew according to did not know of the [she and the admin Monday, and we er alleged abuse imm  The DON further stallegation because physically and verb me that when the reside also made a staten does not belong in is consistent with the During an interview NA #8 who witness on 7/17/11, "a little	nediately. " The DON further de who put the note under my ded mandatory abuse training abuse procedure [the abuse training program] on % score. " The DON added use has to be reported DON further added that the ent was not reported or " because we did not know. " at on 7/19/11, " I assessed to bruising secondary to alleged a full-body assessment: no . I assessed the left upper s, no bruising or redness was y completed a 24-hr report nealthcare registry, and started faxed the 5-day investigation. I policy they were late, but we abuse allegation because we istrator] were in Raleigh that neouraged the staff to report ediately to their supervisors. " ated that " I substantiated the the aide who allegedly ally abused (Resident #8) told esident became combative nt's hand for a while and she ment that ' that type of resident this facility. ' " That statement he witness's statement.	F	225			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	BILITATION CENTER	90	EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST ILER CITY, NC 27344			
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F 225	chair to the bed w combative. The regrabbed the reside her in the shoulde in a restrained poresident and told her in the facility; shinstitution. I wen supervisor; some [medications]. The I do not trust that it under [DON's] I did not report it to chain of command anything when you buring an intervier administrator state administrator and alleged allegation has zero tolerance expected an incide immediately when of unknown origin that any staff who must leave the prestatement was obfilled out immediated administrator indicates to complete administrator indicates to complete administrator indicates the present was and the nurse, then assessment.	age 25  ith the lift. The resident became sident hit [NA #7], and [NA#7] and 's shoulder and punched and held the resident 's arm sition. She looked at the ner that she 'does not belong to be 'belongs to a mental to outside and I did not see the one said she went to get meds are was a nurse on the floor but hurse. So I wrote a note and put door. I was terminated because on my supervisor. I know the supervisors do not do u report anything to them.  If you have an interim he was not here when the took place. He added that he are for abuse in the facility, and he ent report to be completed an allegation of abuse or injury was made. He further added allegedly abused a resident emises as soon as their tained. A 24-hour report is to be eatly. The facility then has up to 5 an investigation. The sated that training files should ad-to-toe assessment was to he resident as soon as an de. If the allegation was made she will conduct the	F 225				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345143	B. WIN			ı	C 4/2011
	OVIDER OR SUPPLIER Y CARE AND REHABIL	TATION CENTER		900	ET ADDRESS, CITY, STATE, ZIP CODE  W DOLPHIN ST  ER CITY, NC 27344	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	Continued From pag notified of the Immed acceptable allegation by the facility on 8/4/	liate Jeopardy. An of compliance was provided	F	225			. 4.
	Nursing Services (Di bruise on chest with (NA#1), was suspend investigation. A 24 h 5/17/11 and sent to h Director of Nurses. 5 completed on 5/24/1 Personnel Registry b	sessed by Director of NS) on 5/17/11 to have a no other findings. CNA, ded on 5/18/11 pending our report was completed on dealth Care Registry by day investigation report 1 and sent to Health Care y Director of Nurses. CNA, ted post investigation on					
	full body skin assess house on 8/3/11 and unknown origin. Approved was included in all stabuse and neglect reincluded all staff and members have been Re-education of the stabuse allegation 5/31/2011 and 6/1/20 Nursing Services. Reincluded types of about to, timeline for report that resist care and	staff was completed following of Resident (#2) on 111 by the Director of e-education of all facility staff use, who abuse is reported ing, how to care for residents how to let an agitated calm and then re-approach					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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•	OVIDER OR SUPPLIER  Y CARE AND REHABILI	TATION CENTER	·	90	ET ADDRESS, CITY, STATE, ZIP CODE 0 W DOLPHIN ST LER CITY, NC 27344		
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F 225	regarding failure to reimmediately on 5/21/reporting and abuse parent of the RD was suspend further investigation. Was suspended on 8/investigation. CNA (No pending further investigation. CNA (No pending further i	I a final written warning aport alleged abuse 11 and was re-educated on solicy and procedures. Ited on 8/2/11 pending Licensed nurse, (SN#1) 3/11 pending further IA#9) was suspended tigation.  Iducated on doing weekly assigned. The Director of esignee will validate weekly completing random skin dents who were identified to concerns by the licensed ions will be completed on all per shift per day for total of 6 weeks.  In was validated via used nurses, Director of eeping staff and 8 nursing on duty on 8/4/11 during the	F	225			

- OFILIE	STON WEDICARE &	ALDIONID OF CALO				<u> </u>	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER Y CARE AND REHABILI	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 226 SS=J	policies and procedur mistreatment, neglect and misappropriation  This REQUIREMENT by: Based on resident in record review, and far facility failed to impler procedures to report, 2 residents from alleg abuse. (Resident #2 all mmediate jeopardy to Resident #2 and was 10:56 a.m. for Resided Jeopardy was remove the facility provided a compliance. The faci compliance at a scop actual harm with pote harm that is not immediate in monitoring of systems completion of employ.	elop and implement written es that prohibit , and abuse of residents of resident property.  is not met as evidenced terviews, staff interviews, cility policy review, the ment their policies and investigate, and protect 2 of ed physical and verbal and #8).  regan on 5/11/11 with identified on 8/3/11, at ints #2 and #8. Immediate ed on 8/4/11 at 7 p.m when credible allegation of lity will remain out of e and severity level D (no intial for more than minimal idiate jeopardy) to ensure is is put in place and ee training.	*	226	F226  1. Resident # 2 was assessed Director of Nursing Services on 5/17/11 a bruise on the chroted with no other findings documented on skin assessm CNA, (NA #1), was suspend 5/18/11 pending investigation hour report was completed on and sent to Health Care Personal Registry by Director of Nursing Services. 5 day investigation was completed on 5/24/11 at Health Care Personnel Regist Director of Nursing Services (NA #1) was terminated post investigation on 5/24/11. Rephysician was notified on 5/17/11 by Director of Nursing Services.  CNA (NA#2) received a final warning regarding failure to alleged abuse immediately of and was re-educated on report to the control of the cont	inest was and lent sheet. led on in. A 24 in 5/17/11 onnel sing in report and sent to stry by is. CNA, stresident's 17/11 with was ctor of all written report in 5/21/11	h
	Mistreatment, and Mistreatment, and Mistreatment, and Mistreatment Policy Statement	sappropriation of Resident art:			abuse policy and procedures Director of Nursing Services Registered Dietician was sus on 8/2/11 pending further	by the s. The	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITAT			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344			,,20,1
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETION DATE
other agencies serving the members, visitors, legal of other individuals.  PROTECTION The administrator or his/linvestigates allegations of protect the resident durin implements corrective acresults of the investigation. The administrator/design employees suspected of outcome of the investigate of prevention. The department Heads/don strategies to identify, of in situations in which abuse misappropriation of residuals in the contract of the investigation. The department of the investigation of the investigat	to prevent the nd abuse of residents resident property. Staff permit anyone else to a or physical abuse, remisappropriation of subjected to abuse by a tlimited to facility staff, ants or volunteers, staff of the resident, family guardian, friends, or the investigation, and abuse pending on the tion. The shall suspend all abuse pending the tion.  Idesignee educates staff corrects, and intervenes use, neglect, or lent property is more the identifies events such resident, occurrences, may constitute abuse;	F:	226	investigation. Registered Directurned to work on 8/09/11 education on abuse policy ar procedure by Regional Direction Clinical Operations. License (SN #1), was suspended on 8 pending further investigation was terminated on 8/16/11. (NA#9) was suspended on 8 pending further investigation returned to work on 8/13/11.  On 7/19/11 an allegation of a found on a written note under Director of Nurse's door at approximately 3:15 pm by the Director of Nursing Services actual event allegedly occurr 7/17/11 which resulted in the submitting a late report of all abuse. The alleged abuse of (#8) was assessed for injurice finding of physical injury on by Director of Nursing Services (NA#7), was suspended 7/20/11 pending investigation hour report was sent to Health Personnel Registry on 7/20/11 Director of Nursing Services (NA#7), was terminated positivestigation on 7/25/11 for The 5 day report investigation or The 5 day report investigation	post re- nd ctor of d nurse, 8/3/11 n. SN #1 CNA /4/11 n. NA#9 abuse was er the set on e center leged Resident s with no 7/19/11 ces. ed on n. The 24 th Care 11 by the s. CNA, t abuse.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345143	B. WIN	٠ <u>.                                    </u>		08/04/2011	
	ROVIDER OR SUPPLIER  Y CARE AND REHABIL	ITATION CENTER	•	STRE 90 SI			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 226	alleged violations ar the state agency and required.  INVESTIGATION The administrator or investigates allegation misappropriation of staff member respor investigation of alleg results to the proper  1. Resident #2 was 4/11/2011. The resid were not limited to, /	his/her designee reports and substantiates incidents to did to all other agencies as his/her designee ons of abuse, neglect, resident property, identifies asible for initial reporting, led violation and reporting of authorities.  admitted to the facility on dent's diagnoses included, but Alzheimer 's disease, vioral disturbances, muscle	F.	226	was completed and sent to H Care Personnel Registry on the Director of Nursing Serv substantiating the abuse. Ch (NA#8), was suspended on 7 pending investigation and w terminated on 7/25/11 for no reporting abuse timely.  2. Nursing Management con center wide skin re-assessme residents in-house on 8/3/11 identified injuries of unknow were found. Residents were interviewed allegation of abuse beginnin using the ambassador round department heads.	7/27/11 by rices NA 7/19/11 as ot  npleted a ent on and no wn origin for any ag 8/4/11	
	Resident #2 's Admission Minimum Data Set (MDS) dated 4/18/11, revealed he had short/long-term memory problems. The resident 's decision-making skills were moderately impaired. He had noted signs and symptoms of delirium present, which fluctuates, delusions, and other behavioral symptoms not directed to others.  Review of the Healthcare Personnel Registry 24-hour initial report dated 5/17/11 read in part, " [resident 's initial] incident date: 5/11/11allegation description: allegation made that employee (NA #1) forced resident to sit down forcefully pushing resident in chest with hands. "  Review of the Healthcare Personnel Registry 5-day report dated 5/24/11, read in part, "				3. Re-education of the staff completed following the abuallegation of Resident (#2) of 5/31/11, and 6/1/11 by the Entering Services. 109 staff attended. Re-education included of abuse, who abuse is report timeline for reporting, how tresidents that resist care and an agitated resident have timent and then re-approach in a time manner. Re-education of all facility started on 8/3/11 and include	on 5/26/11, Director of members uded types rted to, to care for how to let the to calm mely	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

SILER CITY CARE AND REHABILITATION CENTER  SILER CITY CARE AND REHABILITATION CENTER  SILER CITY, NC 27344   (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 226 Continued From page 31  Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident's face hollering at him, and then she jerked him down by pulling on his upper arm. When the resident stood back up, she pushed him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was designee; employees who were not	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				CIVID 140. 0000 0001	
NAME OF PROVIDER OR SUPPLIER  SILER CITY CARE AND REHABILITATION CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 226  Continued From page 31  Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident's face hollering at him, and then she jerked him down by pulling on his upper arm. When the resident stood back up, she pushed him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the control of the control o	TATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '				
NAME OF PROVIDER OR SUPPLIER  SILER CITY CARE AND REHABILITATION CENTER  SILER CITY, NC 27344   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 226  Continued From page 31  Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident's face hollering at him, and then she jerked him down by pulling on his upper arm. When the resident stood back up, she pushed him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the nurse in the content of the pushed him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the pushed him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the pushed him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the pushed him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the provided him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the provided him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused c.NA (NA#1) the vitness of the provided him down with both hands on his chest from sternum to breast line. After speaking with the witness, the accused content of the provided him down with the vitness of the provided him down				D MAIN	ıc.	Approximation of the state of t	C	
SILER CITY CARE AND REHABILITATION CENTER  (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 226 Continued From page 31  Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident's face hollering at him, and then she jerked him down by pulling on his upper arm. When the resident stood back up, she pushed him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was the content of the precision of the precis	<u>.</u>		345143	D. VVIIV			08/04/2011	
F 226  Continued From page 31  Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident 's face hollering at him, and then she jerked him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, the accused C.NA (NA#1) on the hall, and hall nurses, it was taked the resident store Deficiency at timeline for reporting, how to care for residents that resist care and how to let an agitated resident have time to calm and then re-approach in a timely manner, re-education included assessing injuries of unknown cause.  This re-education was conducted by the Director of Nursing Services or designee; employees who were not			TATION CENTER					
F 226 Continued From page 31 Witness stated that on 5/11/11, she witnessed CNA (NA #1) in resident's face hollering at him, and then she jerked him down by pulling on his upper arm. When the resident stood back up, she pushed him down with both hands on his chest. On 5/12/11, the CNA (NA #1) taking care of the resident reported to the nurse that the resident had a bruise on his chest from sternum to breast line. After speaking with the witness, it was a conducted by the Director of Nursing Services or designee; employees who were not					S	ILER CITY, NC 27344		
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and the accused CNA was terminated. The resident had a bruise to chest and no other injuries. Resident has advanced dementia and does not recall incident. The accused CNA (NA #1) was suspended during the investigation, and after completion she was the terminated."  During a phone interview on 8/2/11 at 12:30 p.m., NA #2 (the aide who witnessed the alleged abuse) she stated "On 5/11/11 while breakfast was going on, I heard fussing in his room. I pushed the door and saw (NA #1) in the resident's face hollering and telling him to sit down. The resident stood up and she pulled him down by his upper arm. The resident immediately stands back up and she pushed him hown forcefully with the palm of both hands. She pushed him hard enough that the wheelchair rolled back against the wall. NA #1 [name of the aide who allegedly abused the resident] saw me and shoved the door in my face. I went to [the Director of Nursing 's DON] office crying, I attempted to tell her, but SN #1 came into the DON's office and started to accuse me of not giving care to my residents. I left the office and I saw the registered dietitian and I told her about the abuse that I saw. She told me that I should tell my supervisor. I was afraid to		Witness stated that of CNA (NA #1) in reside and then she jerked is upper arm. When the pushed him down with On 5/12/11, the CNA resident reported to the had a bruise on his colline. After speaking with C.NA (NA#1) on the lidetermined that the and the accused CNA resident had a bruise injuries. Resident has does not recall incide #1) was suspended after completion she During a phone intern NA #2 (the aide who abuse) she stated "I was going on, I heard pushed the door and seace hollering and the resident stood up and she pushed in palm of both hands. Senough that the wheel had the resident door in my face. I we shall be shall	ent's face hollering at him, him down by pulling on his resident stood back up, she hobth hands on his chest. (NA #1) taking care of the he nurse that the resident hest from sternum to breast with the witness, the accused hall, and hall nurses, it was allegation was substantiated A was terminated. The to chest and no other advanced dementia and what. The accused CNA (NA during the investigation, and was the terminated. "  Wiew on 8/2/11 at 12:30 p.m., witnessed the alleged On 5/11/11 while breakfast if fussing in his room. I saw (NA #1) in the resident' elling him to sit down. The dishe pulled him down by his ent immediately stands back im down forcefully with the She pushed him hard elchair rolled back against e of the alde who allegedly saw me and shoved the ent to [the Director of Nursing I. I attempted to tell her, but DON's office and started to ing care to my residents. I aw the registered dietitian he abuse that I saw. She told	F	-	abuse, who abuse is reported timeline for reporting, how to residents that resist care and an agitated resident have time and then re-approach in a time manner, re-education includ assessing injuries of unknown. This re-education was conducted the Director of Nursing Services designee; employees who we scheduled will complete re-exprior to returning to work. It employees were re-educated abuse, neglect and misappropolicy and procedure as of 8. The re-education also include the phone numbers are posted. Administrator, Director of N. Services, the Sun Quality Conumber and the contact informediate reporting of the ashould the caller want to remain an available 24/7.  Re-education is on-going an must attend prior to being all return to work.  Re-education of staff on the policy that addressed resider resist care was completed on the policy that addressed resider.	how to let how to let he to calm hely ed who cause. Leted by wices or ere not education 26 I on the opriation 6/3/11. Hes where ed for the dursing compliance formation sources for abuse main re hid staff llowed to abuse hts that he 8/10/11	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	00/0-1/2011	
SILER CIT	Y CARE AND REHABILI	TATION CENTER	900 W DOLPHIN ST SILER CITY, NC 27344				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 226	tell my supervisor, be NA #1 are very good would have me fired. [name of the family m pictures of the bruise. During an interview o SN #1, who was assign of the alleged abuse and was the first staff reported to, stated N/Resident #2 and she immediately and show Resident #2 's chest. purplish bruise coverinipple. I reported it to not normally docume and I forgot to docume assessed [name of the not my job; that is my During an phone internoon with NA #1, who bruising to Resident #2 the director of nursing 5/17/11 and told me to appointment to come 5/18/11, because son about me on 5/11/11. care on the resident of 11:00 a.m., I took the a.m. care, and I saw a bruise all over his che another, going down went and got my super and she came and loonursing supervisor I we say the same and loonursing supervisor I	cause my supervisor and friends, and I was afraid she " NA #2 added, " I told gember], and she took " In 8/2/11 at 10:00 a.m. with gened to the resident the day and who worked on the hall murse the bruise was A #1 went to do care on came and got me wed me the bruise on It was a large black and ang one nipple to another the nurse supervisor. I do not until the end of the shift ent what I saw. I never the resident], because that is supervisor 's job. "  Inview on 8/2/11 at 12:00 to allegedly caused the #2's chest, she stated that " and see her at 3:30 p.m. on the ene made an allegation and see her at 3:30 p.m. on the ene made an allegation are sident's shirt off to do a large, black-purplish the privisor [Staff Nurse (SN) #1], bk[ed] at it, and she got the worked with him until about	F	226	Clinical Operations and on 8 the Staff Development Coord Re-education on abuse will be conducted 2 more times were the Ombudsman of Chatham conducting re-education on the Abuse re-education will commonthly times 3 months. Nurre-educated on doing weekly assessments by Director of N8/10/11.  New employees will be educated the first day of employment Director of Nursing Services designee on abuse, neglect a misappropriation policy priorector with residents.  Staff burn out will be managed schedule management that he overtime. The Director of N Services will review the overtime. The Director of N Services will review the overtime. Beginning September a new schedule will be implicated that follows a 4 days on 2 days on 3 days on 4 days on 5 days on 5 days on 6 days on 6 days on 8 days on 8 days on 9 days on 8 days on 9 days on 9 days on 8 days on 9	dinator.  De  Rkly with  County  08/24/11.  Itinue  Irses were  V skin  Nurses on  Cated on  by the  S or  Ind  Or to  Ged thru  Imits  Iursing  Irtime  Ier 9, 2011  Iemented  Iays off  Services  Is alls to  In out by  It behavior  It behavior  It limited	
		care because I work all the			complaints by individuals, s		

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	ider or supplier Care and Rehabili	TATION CENTER		90	EET ADDRESS, CITY, STATE, ZIP CODE DO W DOLPHIN ST ILER CITY, NC 27344		
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hoo a work on the first th	n May 24th and sub- nd let me go. " Whe what happened on 5/ othing happened.  During an interview o ne nurse supervisor, ret week in May-I do ne resident] had the waited to document lit alls. We [everyone in ruise was from one ne bruise. I did not a ide [NA #2] came fo rulse was from one one bruise. I did not a ide [NA #2] came fo rulse was from one one bruise, she otes in the chart and esident. " She furthe nknown origin must or when a staff memb as bruising to the resi e notified. An incide esident is assessed. Incomments the incide outher added that this out followed for the re ouring an interview o ne Director of Nursin was reported to me o ide who witnessed ti rul abused Resident in 5/11/11 while NA is desident #2, NA #2 h	ated, "They call me back stantiated the investigation on asked by the surveyor 11/11, she stated that  In 8/2/11 at 10:30 a.m. with she stated that about the not know the date-[name of large bruise on his chest. I because he had multiple the facility] thought the of his falls. I did not look at assess him. A week later, the rward and told us that [NA ent in his chest. During the hid out that when SN #1 did not put any nursing if she did not assess the er stated that injuries from be investigated immediately, her notes a new injury such ident, the supervisor should intreport is filled out and the The floor supervisor also int in the chart. The nurse octor and the family. She is reporting procedure was	F	226	abrupt answers to peers, increouts, and reporting late to we burn out is identified the staf will be removed from that as encourage to take time off or referred to Human Resources additional support.  The Department heads are as specific rooms to make rouncomplete interviews to insure residents are monitored for swell-being. Non-interviewal residents' family members we interviewed as they are in the and alert/oriented room-mate interviewed as well. The amounds questions include: has been mistreated by staff and have concerns regarding mist property. Director of Nursin or designee will validate we assessments by completing a skin assessments on resident were identified to have no skin tegrity concerns by the licentary concerns by the lic	ork. If  f member signment, may be s for  ssigned ds and e afety and ble ill be e center es will be abassador ve you do you ssing g Services ekly skin random s who kin ensed ll be 2 residents of 6 Any	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA - AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER FY CARE AND REHABILI	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	#1 forcefully push the wheelchair by pulling further stated that NA resident stood back u down in his wheelchair wheelchair rolled into stated that on 5/17/1 and he had a purplish the center of his ches nipple; no other bruis The resident denied prompleted a 24-hr resident denied prompleted a 24-hr resident denied prompleted a 24-hr resident for the Obe assigned to Resid have contact with him resident slight or as care. DON added that days after 5/11/11. A review of the facility NA #1 and NA #2 wro 5/11/11 during the 7-A review of the facility NA #1 worked on the the 7-3 shift.  A review of the facility NA #1 worked on the the 7-3 shift.  The DON further state that NA #1 worked or during the 7-3 shift.	e resident down in the on his upper arm. The DON a #2 reported that when the up, the aide pushed him air with both hands and the the wall. The DON further 1, " I assessed the resident a yellowish large bruise at ut from one nipple to another es or redness was noted. Doin, I immediately port, faxed it to the und started the investigation. I stated that, NA #1 was a NAs and she did not have to ent #2 's hall in order to un. She may just answer the usist another aide giving ut NA#1 worked several y 's daily staffing revealed orked on the 300 Hall on	F	226	immediately to the Administrator/designee with investigation starting immed 4. Ambassador rounds finding reviewed at the morning mediathe department heads and Administrator present. Administrator present. Administrator present. Administrator present of the appropriate interventions and solutions, will be monitored monthly a Performance Improvement of meeting for 3 months. The Director of Social Servithe Director of Nursing will random interviews with 5 started meeting for 3 months will include abuse, where phone number posted, who is the abuse cool and reporting of abuse immed A report will be submitted to Performance Improvement of monthly for 3 months.  Date of Compliance: August	liately.  Ings will be eting with hinistrator we been staff for Findings at the Committed complete aff kly x 4 le types of s are ordinator ediately the Committed Committed Committed Committed	e

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER	ILITATION CENTER	•	900 V	FADDRESS, CITY, STATE, ZIP CODE N DOLPHIN ST ER CITY, NC 27344			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 226	what was wrong, a on the 300 Hall are meant by that. At the my office door and was going on, on the she did was to tell she had not receive stated the resident breakfast, and she stated that she had concerning the mathe staff.	e upset and crying. I asked nd she stated, 'those people mean.' I asked her what she he same time, SN #1 opened walked in. I asked her what he hall. [SN #1] stated that 'all [NA #2] that a resident said ed her bath yet. '[NA #2] was given her bath before left the office. "The DON I a discussion with SN #1 nner in which she speaks to	F	226				
	resident willfully ar further added, " TI [SN #1] was given go through corpora The DON stated thin-service online at During an interview	v on 8/4/11 at 12:20 p.m. with						
	#2 came back to F a.m. during my me DON that Residen chest. SN #3 adde assigned to Reside resident 's room a resident 's chest." attention that the E May 13. SN #3 ins accompanied her to	that "the day after Resident fall 500 [5/13/11], at about 8:00 dication pass; I reported to the at #2 had a large bruise on his d that NA #6 [the aide who was ent #2] called me to the nd showed the bruise on the lit was brought to SN #3's DON was not in the building on isted that the DON o the resident's room and e and that NA #6 [the aide sident] witnessed the DON's						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU!		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER Y CARE AND REHABILI	TATION CENTER	•	900	EET ADDRESS, CITY, STATE, ZIP CODE 0 W DOLPHIN ST LER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETION DATE
F 226	DON stated that her on the hall immediate nurse of any allegation the doctor and documnurse's notes. If the rathe supervisor, admir report should be filled made after an employeemployee should be allegation is made du hours, the employee where the employee employee is subsequipending the outcome facility has 24 hours to the end of the state	e 36  In 8/4/11 at 5:13 p.m., the expections are that the nurse sly inform her or the charge ons. The nurse should call ment the allegation in the nurse is busy, she can tell distrator, or DON. An incident of out. If the allegation is yee has gone home, the called and suspended. If the uring the employee's working is called into the office, is to write a statement. The ently suspended with pay of an investigation. The consend in the initital report to 5 days to complete the	F	226			
	9/18/07. The resident were not limited to, P osteoarthritis, glauco disorder, psychosis, a Resident #8 's minim 6/28/11 revealed she memory problems. Ti decision-making skills She had noted signs present, which fluctual behavioral symptoms and other behavioral others.	ma, history of muscular and diabetes.  num data set (MDS) dated had short/long-term ne resident 's swere moderately impaired. and symptoms of delirium ates, and physical and verbal directed towards others, symptoms not directed to					
	A review of the note t	hat NA # 8 (the witness of					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE S COMPL	
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NAME OF PROVIDER OR SUPPLIER	343(43		STREET	ADDRESS, CITY, STATE, ZIP COL		/04/2011
SILER CITY CARE AND REHABILITA	TION CENTER		900 W	ODLPHIN ST R CITY, NC 27344		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
read, "on July 17, 201 with [name of the aide]. s] room. [Resident #8] b [name of the aide], then grabbed [Resident #8 selft upper arm and held.  A review of the healthca 24-hour initial report data allegation description: Con Sunday 7/17/11 she CNA (NA# 7). She state resident in the shoulder also states that the accuresident she did not belebelongs in mental institute. A review of the healthca 5-day report dated 7/27 CNA who was in the root at the time of the incide the resident to bed, the combative. When this health the accused CNA in and grabbed her hand, that while putting the reresident swung at her, a resident arm to keep her resident has dementia a unable to answer quest investigation determined substantiated and the CD During a phone intervier.	DON) door dated 7/17/11  1, I worked on the 100 Hall We were in [Resident #8 ' became combative and hit Iname of the aide] Is arm and punched her her hands down."  The personnel registry ted 7/20/11 read in part, " CNA (NA# 8) reported that worked with the accused at the accused CNA hit a while providing care. She used CNA told the long in this facility, that she ution. "  The personnel registry In read in part, " the om with the accused CNA int stated that while putting resident became appened, the CNA stated sident to bed, she [the lative. She states the land then she grabbed the lar from hitting her. The land is confused. She was lions about the injury. The latted that the allegations were	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI DENTIFICATION NUMBER:  A. BUILDING					
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	OVIDER OR SUPPLIER Y CARE AND REHABILI			900 W DC	DRESS, CITY, STATE, ZIP CODE DLPHIN ST CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 226	" I started to put on [I and the resident hit in held it for while, and not verbally abusive supervisor because important." NA #7 fut worked 7/18/11 and not assigned to her. I that night because I worked DON, she stated occurred on 7/17/11. her office door. The I note stated that one aide with getting a rebecame physically a resident. I suspended because she was off investigation, but she (7/18/11). I immediat for not reporting the simmediately. "	need. " NA #7 further stated, Resident #8 's] night gown, ne. I caught her hand and I told her not to hit me. I was no her. I did not tell my do not think it was urther stated that, she 7/19/11, but Resident #8 was She added, "I only had her went to help [NA #8]."  on 8/4/11 at 11:00 a.m., with that the alleged abuse. The aide put a note under DON further stated that " the maide was assisting another sident to bed. The resident and the accused aide and verbally abusive to the did the aide on 7/20/11 on [7/19/11] pending the aworked that Monday ely suspended the other aide verbal and physical abuse.		226			
	the resident for any k abuse. I completed a bruising was found. I shoulder, both arms, noted. I immediately and faxed it to the he the investigation. I fa knew according to po did not know of the a [she and the adminis	oruising secondary to alleged full-body assessment: no assessed the left upper no bruising or redness was completed a 24-hr report ealthcare registry, and started exed the 5-day investigation. I blicy they were late, but we buse allegation because we trator] were in Raleigh that ouraged the staff to report					

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Į	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE A. BUILDING		TED	
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PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
The DON allegation physically me that wishe held til also made does not be was consisted. During an the NA #8 that on 7/1 help from physically lifted (Resthe Hoyer The resident 's shoulder a restrained and told he facility '; see went outsis someone (medication). On 8/2/11 Administration of compliae 8/4/11 at 5 Credible A	further state because the and verbal and the resident a stateme elong in the stent with the state who witner 7/11, " a light and verbal ident #8) from thit [NA #7, the and verbal ident #8) from the state of the immediate of the im	ed that "I substantiated the le aide who allegedly by abused Resident #8 told ident became combative 's hand for a while and she int that 'that type of resident is facility.' "That statement he witness's statement.  In 8/11/11 at 10:05 a.m., with seed the abuse, she stated title after dinner I requested a aide who allegedly by abused the resident]. We come her chair to the bed with sident became combative.  #7}, and [NA#7] grabbed the and punched her in the eresident's arm in a the looked at the resident 'does not belong in the gesto a mental institution.' I do not see the supervisor; ent to get meds  Im., the facility Interim a Director of Nursing were late Jeopardy. An allegation rovided by the facility on  If Compliance  Ording abuse, assessing ause, and care for residents	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE S COMPL	
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F 226	who resist care for al 8/3/11; all employees prior to returning to w re-educated as of 8/3 on-going.  At time of re-education instructed where the for Administrator, Dir Quality Compliance r information for the Reimmediate reporting reported would like to contacts are available. All new employees w day of employment b Services or designees	facility staff was started on must complete re-education ork. 126 employees were //11 and education is memployees are being phone numbers are posted ector of Nurses, the Sun number and the contact egional Human Resource for of abuse in case the premain anonymous. The	F	226			
	Nursing will do rando members on all shifts questions will include phone numbers are proposed to be coordinated and report Re-education of staff misappropriation polithen monthly x 3 more staff burn out will be management that lime Nurses will review the Beginning September be implemented that off cycle. Director of	, types of abuse, where posted, who is the abuse tring abuse immediately, on the abuse, neglect and cy will completed weekly x 4 withs.  Imanaged thru schedule lits overtime. The Director of e overtime report daily.  If 9, 2011 a new schedule will follows a 4 days on 2 days Nursing/Supervisors will all halls to monitor for any					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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NAME OF PR	OVIDER OR SUPPLIER			ł	ET ADDRESS, CITY, STATE, ZIP CODE	1 00,0-	1,2011
SILER CIT	Y CARE AND REHABILI	TATION CENTER		j	D W DOLPHIN ST LER CITY, NC 27344		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 226	frustration with peers individuals, short abre increased call outs, a burn out is identified to removed from that as take time off or may be Resources for additional control of the Center held on A Improvement Commit 2:00pm including the the Plan of Correction taken to re-educate a immediate reporting or suspected abuse, of unknown origins reach to the Abuse policy and prono changes made.  The allegation was valicensed nurses, Dire housekeeping staff as were on duty on 8/4/2. Record review of abuse; who the abuse reporting abuse; how resist care; were revisited to the policy of the abuse of the a	at behavior. Burn out sentified as, but not limited to: increased complains by upt answers to peers, and reporting late to work. If the staff member will be signment, encouraged to be referred to Human and support.  Beasures  Ad hoc Performance tree meeting on 8/3/11 at Medical Director to discuss and Discussion included steps all staff on the abuse policy, of any allegations of abuse and assessment of injuries apported immediately. The cedure was reviewed with a ctor of Social Work, and 8 nursing assistants that all during the second shifts, the in-services on types of the is reported to; timeline for to care for residents that the ewed for all employees (not es, all other disciplines as were recorded on the complete the meeting dates and	F A Company of the Co	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345143	B. WIN	G		08/04	) 1/2011
	OVIDER OR SUPPLIER	TATION CENTER		90	EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST ILER CITY, NC 27344		
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F 226	residents who receive 8/3/11. 483.20(b)(2)(i) COM	iew of the records of all ed full body assessment on PREHENSIVE		226 273	F 273	; ; ; ;	
SS=D	after admission, excl there is no significant physical or mental co	ct a comprehensive dent within 14 calendar days uding readmissions in which change in the resident's ndition. (For purposes of sion" means a return to the nporary absence for	•		<ol> <li>Resident #5 had a compre assessment completed on 7/2 MDS coordinator</li> <li>A medical records audit w completed on 08/24/11 by N Management and MDS nurs assure that residents have a</li> </ol>	22/11 by vas Jursing	
	by: Based on record rev facility failed to comp assessment of fourte for one (Resident#5) Findings included: Resident #5 was adn diagnosis included in seizures, and hyperte Review of the medial day comprehensive a Minimum Data Set (M record. On 8/1/11 at 10:00an there was no MDS or She stated the depar two (2) weeks behind assessments. While the missing data in the	record revealed a fourteen assessment using the MDS) was not in the medical an, MDS coordinator stated empleted for Resident # 5. tment was about one (1) to be completing the completing the computer she indicated ident #5 's fourteen (14) day			assure that residents have a comprehensive assessment complete as required.  3. Re-education was completed with the Interdisciplinary team by Directe of Nursing Services on 8/24/11 regarding the timeline for completin comprehensive assessments.  4. A validation of completion of comprehensive assessments will be completed by Nursing Management and MDS nurses weekly x 3 months Validation findings will be reviewed by Performance Improvement Committee monthly for 3 months.		-

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	JLTIP	LE CONSTRUCTION	(X3) DATE SURV	
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		345143	B. WIN	G		08/04	
	OVIDER OR SUPPLIER Y CARE AND REHABILI	TATION CENTER		90	EET ADDRESS, CITY, STATE, ZIP CODE DO W DOLPHIN ST ILER CITY, NC 27344		
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F 279 SS≃D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided						
	§483.10, including the right to refuse treatment under §483.10(b)(4).  This REQUIREMENT is not met as evidenced by: Based on record review, staff interview the facility failed to develop individualized care plan for falls for one (Resident#5) of eight (8) sampled residents.  Findings included: Resident #5 was admitted on 6/28/11, cumulative diagnosis of subdural hematoma, seizures, and hypertension. Review of the physician order dated 6/29/11, "Bed and chair alarm in place check for function and placement every shift every day. Must wear helmet at while oob (out of bed) subdural				4. Residents that receive new physician orders will be reviced inical meeting to assure the plan updates are completed. That are newly admitted will initial care plans reviewed whours of admit, then the care will be reviewed at the CAR the second week post admiss. Health Information Manager complete an audit of newly a residents to assure that care been completed weekly for and monthly for 2 months.	ewed in at any care Residents have within 24 plans E meeting sion. It will admitted plans have 1 month	5

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	ROVIDER OR SUPPLIER  TY CARE AND REHABILI	TATION CENTER	•	90	EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST ILER CITY, NC 27344		
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F 279	hematoma S/P(status · Review of the carevealed Resident #5 individualization for R completed as follows · " Mats on floor m· " Side rails up X enabler. " · " Assist resident with assistance u , roll walker, quad cardevice, std.(standard board. " Review of the Chang documentation dated #5 had a fall out of a with family. Review of the physici Must wear helmet at transcribed by the As (ADON). Review of the daily m revealed Resident #5 protective head gear. During an interview 8 indicated Resident #5 gear off regularly it would be a sistent Director of is she had written the in admission, and stated the plan for Resident learning how to do the know how to fill in the the computerized plan care plan have been	s post) evactuatuion. " (sic). re plan dated 6/29/11, was at risk for falls. The tesident #5 had not been  ext toside of bed "while in bed as an  getting in and out of bed sing a std.(standard) walker n, Str. (straight) cane, no ) pivot transfer(sic), slide e of Condition 6/29/11 revealed Resident wheel chair while visiting an order dated 6/30/11, " all times. " The order was sistant Director of Nursing  urse's documentation refused to wear the  /1/11 at 10:00am, aide #1 is throws her protective head as a daily struggle.  n 8/1/11 at 3:00pm, with the Nursing (ADON) indicated	F	279	will be submitted to the Pert Improvement Committee me 3 months.  Date of Compliance: August	onthly for	;

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	OVIDER OR SUPPLIER	TATION CENTER	s	TREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344	,		
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F 279	updated the care plar transcribed and once exhibit behaviors and protective head gear. During an interview of director of nursing (De	dicated she should have a when the new order was Resident #5 began to refusing to wear the a 8/2/11 at 4:00pm, the ON) reviewed the dicated the care plan should	F 27	9			