PRINTED: 02/07/2013 FORM APPROVED OMB NO. 0938-0391

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AND PLAN OF	F CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	<u> </u>	COMPL	
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	ROVIDER OR SUPPLIER	<u>ل</u> ا		5	EET ADDRESS, CITY, STATE, ZIP CODE 14 OLD MOUNT HOLLY ROAD TANLEY, NC 28164	<u></u>	71372012
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F 000	INITIAL COMMENTS		F	000			
F 226	Nursing Home Licens Section, conducted a 12/11/12 through 12/ began in 483.13 and was removed on 12/1 facility provided and i credible allegation of remain out of complia level E (no actual har than minimal harm the jeopardy) to complete ensure monitoring systeffective. 483.13(c) DEVELOP/	complaint investigation from 13/12. Immediate Jeopardy in 483.25 on 12/03/12. It 3/12 at 12:30 PM when the implemented an acceptable compliance. The facility will ince at a scope and severity in with potential for more at is not immediate employee education and stems put in place are	F	226	· · · · · · · · · · · · · · · · · · ·		1/7/13
SS=K	policies and procedur mistreatment, neglect and misappropriation This REQUIREMENT by: Based on observatio record review the faci policy and procedures of 2 residents with set behaviors (Resident #	elop and implement written es that prohibit a, and abuse of residents of resident property. is not met as evidenced hs, staff interviews and lity failed to implement their a to protect residents from 1			(1) All residents on the unit were immediately protected from any insexual behaviors by Rewith 1:1 24/7 supervishis discharge from the on 12/31/12.	/ appropriate esident #1 ion until	12/31/12
Any deficiency other safeguare following the da	staff became aware F sexually inappropriate DIRECTOR SOR PROVIDER statement enting with an as ds provide sufficient protectivate of survey whether or not the date these documents a	egan on 12/03/12 when desident #1 was exhibiting behaviors toward Resident SUPPLIER REPRESENTATIVE'S SIGNARU sterisk (*) denotes a deficiency which the on to the patients. (See instructions.) Examples of correction is provided. For nur remade available to the facility. If deficience	institution maccept for nursi	ng ho he ab	mes, the findings stated above as disc ove findings and plant a confection are	osable 90 days obserosable 14	2 13
FORM CMS-256	7(02-99) Previous Versions Obs	olete Event ID: HZE	Y11	Fac	ility ID: 953470	n continuation sh	eet Page 1 of 25

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	ROVIDER OR SUPPLIER TOTAL LIVING CENTER		514	ET ADDRESS, CITY, STATE, ZIP CODE 4 OLD MOUNT HOLLY ROAD ANLEY, NC 28164		2/13/2012
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F 226	#11. The administrator immediate jeopardy of Immediate jeopardy of 12:30 PM when the fair implemented an acce compliance. The faci compliance at a scope actual harm with pote harm that is not immediate employee education a systems put in place at 10/20/11 read in part, shall not be subjected anyone including other specified, "The facility protect all residents for resident. The following depending upon the infrequency of abuse an problem:" The resident in quemporarily until the infrequency of abuse and prevention measure. Care planning mediated and prevention measure. Care planning mediated and prevention measure. The most recent Minimul 11/26/12 specified the long term memory improved the specified the long term me	or was notified of the in 12/11/12 at 5:00 PM. was removed on 12/13/12 at acility provided and ptable allegation of lity will remain out of e and severity level E (no intial for more than minimal diate jeopardy) to complete and ensure monitoring are effective. The document will strive to prevent and om abuse by another and measures will be taken individual situation, type and individual situation, type and individual situation is completed in the severity of the severity of the severity of the severity of severity of the severity of th	F 226	Resident's #3, #5, #8, #11 were assessed by Services on 12/12/12 residual effects from to inappropriate sexual behaviors—there were concerns noted. An awas conducted of all oresidents on 12/12/12 ADON and SDC for a of medical records and history of inappropriate sexual behaviors—there no new concerns. Residents admitted to facility since 12/13/12 been reviewed using the "Admission Review for Behaviors" form—there been no admissions with concerns for inappropriate sexual behaviors.	Social for any he no nudit other by the review d any se e were the have he new or e have th any	12/13/12

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F 226	Review of Resident a nurse's entry mada at 7:00 PM that spechand up Resident # her breast and that the consensual. No immore specified in the nurse facilities policy and properties of the prop	#1's medical record revealed by Nurse #1 dated 12/03/12 cified Resident #1 had his 11's shirt and was fondling he behavior was not mediate intervention was e's entry as indicated in the procedures. PM the Director of Nursing and explained that it is were expected with especially on a secured unit, she had educated staff to be the residents when it is were observed. She possider Resident #1's the behaviors to be abusive the was demented and was doing. She also esidents that had been tely by Resident #1 were let to give consent. She earts had not been assessed the did not perceive the e.	F 226	An in-service was cond by for all staff on 12/1 by the Administrator or resident abuse and inappropriate sexual behaviors. This in-ser agenda included: 1. Revised procedure potential admission using the new "Admission Review Behaviors" form. 2. Staff obligations an expectations regard any inappropriate sexual behavior including immediate protection the resident by separation, immediate implementation of care, immediate notification of the Nand immediate report to the DON/NHA. 3. Expectations of the for the provision of resident safety in the event of any inappropriate sexual behavior.	3/12 on rvice for ns w for ding exual the on of ate 1:1 MD, orting nurse nurse

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F 226	On 12/13/12 at 9:40 A interviewed and report secured unit required because of their deme awareness. She explinappropriate behavior reported immediately DON. She stated that behaviors displayed be reported immediately Administrator stated simmediate interventio prevent subsequent be 2. Resident #3 was a 04/30/12 with diagnost Alzheimer's disease, of most recent Minimum 10/22/12 specified the long term memory impimpaired cognitive skithe MDS also specified extensive assistance of (ADL). Review of Resident #4 a nurse's entry made at 7:20 PM specified fixissing the lips of Residentes and procedures and procedures.	that Resident #11 was not M the Administrator was ted that residents on the constant monitoring entia status and poor safety ained that sexually rs were expected to be to either herself or the it the inappropriate sexual y Resident #1 had not been to the DON. The he would have expected has to be put in place to ehaviors from Resident #1. Idmitted to the facility on es that included dementia and anxiety. The Data Set (MDS) dated resident had short and bairment and severely ls for daily decision making. ed the resident required with activities of daily living I's medical record revealed by nurse #1 dated 12/03/12 Resident #1 was licking and ident #3. Resident #1 was I but none of the other were implemented. M the Director of Nursing d and explained that	F 226	4. Implementation of behavior reporting to be completed by nurse for document of immediate actions/notification. 5. Management follow on a daily basis, including weekends any inappropriate behaviors reported monthly QA review 6. Overview of inappropriate sexua behaviors (what the are/what they are not and informed conse. 7. Review of the revise Abuse/Neglect policiand procedures including and investigation.	form the tation s. v-up s, for and vs. l y ot) nt ed cy uding	

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F 226	She verbalized that si separate and redirect inappropriate behavior stated she did not consexually inappropriate because the resident unaware of what he wexplained that the restouched inappropriate demented and unable added that the reside for injury because she actions to be abusive. On 12/13/12 at 10:25 interviewed and report training on abuse and separate and protect incident and report the Nursing (DON). Nursiobserved Resident #1 Resident #3 she separedirected Resident # notified the DON on 1 statement and continuas usual. She added assessed for injury. On 12/13/12 at 9:40 A interviewed and report secured unit required because of their demeawareness. She explinappropriate behavior reported immediately DON. She stated tha	especially on a secured unit. The had educated staff to the residents when ars were observed. She asider Resident #1's behaviors to be abusive was demented and vas doing. She also idents that had been bely by Resident #1 were to give consent. She and not been assessed ted that she had received the residents involved in an te incident to the Director of the #1 stated that when she thinappropriately touching that the residents and the stated that she 2/03/12 via a witness used to monitor Resident #1 that Resident #3 was not AM the Administrator was ted that residents on the constant monitoring tentia status and poor safety		226	An audit will be conducted by the ADON (back-up Nurse in Charge/Nursing Supervisor) Monday throut Friday and by the Nurse in Charge/Nursing Supervisor each weekend through the use of the newly created Inappropriate Behavior Report forms. Nurses will complete these forms as necessary and as reviewed each day, will also provide verbal report to the ADON and/or Nurse in Charge/Nursing Supervisor of any concerns for inappropriate sexual behaviors. These reports will then be reviewed with the Safety Committee Monday through Friday by the ADON (or back-up) for further communication and discussion of interventions. On weekends, this information will be reviewed by the Nurse in Charge/Nursing Supervisor and the DON via conference.	ngh nor ll e a J or d d s.	12/14/12

NAME OF PROVIDER OR SUPPLIER STANLEY TOTAL LIVING CENTER CHI ID SUMMARY STATEMENT OF DEFICIENCIES (FERTIX TAG) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TO BE PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TO BE PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETIVE TO BE APPROPRIATE COMPLETIVE TAG F 226 Continued From page 5 F 226 Call for further communication and discussion of interventions. Any admission from home will now be assessed/evaluated by the assigned nurse using a new screening tool which specified the resident and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL). Review of Resident #1 was in bed with Resident #5. Resident #1 was in bed with Resident #5. Point Resident #1 was found in Resident #1 the facilities policy and procedures. A nurse's entry dated 12/04/12 specified Resident #5. Toom kissing the resident resident mass redirected and give valuation and discussion of interventions. Any admission from home will now be assessed/evaluated by the assigned nurse using a new screening tool which specifically reviews any behavioral history including inappropriate sexual behaviors. This form will be used to help determine if the facility can in fact meet the needs of the potential resident prior to the admission. The Admissions Policy & Procedure was revised to include		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION (X3) DATE SURV COMPLETED		
STANLEY TOTAL LIVING CENTER SYANLEY TOTAL LIVING CENTER SUMMARY STATEMENT OF DEPICIENCIES (M9 ID PREFIX INC 2014) FACILITY OR LIST DEPTICENCY OR LIST DEPTICENCIES FEACURE PROPRIES IN A CORRECTION OR SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1. 3. Resident #5 was admitted to the facility on O5/14/12 with diagnoses that included Alzheimer's disease and anxiety. The most recent Minimum Data Set (MDS) dated 08/12/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making The MDS also specified the resident #1's medical record revealed a nurse's entry dated 12/04/12 at 7.35 AM that specified Resident #1 was in bed with Resident #5's brief. Resident #1 was redirected back to his bed and the two residents remained in the same room. No further intervention was documented nor implemented per the facilities policy and procedures. A nurse's entry dated 12/04/12 specified to procedures. A nurse's entry dated 12/04/12 specified to the facilities policy and procedures. A nurse's entry dated 12/04/12 specified to the facilities policy and procedure. A nurse's entry dated 12/04/12 specified to the facilities policy and procedures. A nurse's entry dated 12/04/12 specified to include a team approach to discussing resident history, including any concerns for			345264				12/	
F 226 Continued From page 5 reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1. 3. Resident #5 was admitted to the facility on 05/14/12 with diagnoses that included Alzheimer's disease and anxiety. The most recent Minimum Data Set (MDS) dated 08/12/12 specified the resident had short and long term memory impairment and severely impaired cognitive skills for daily decision making. The MDS also specified the resident #1 was in bed with Resident # specified Resident #1 was in bed with Resident #5s brief. Resident #1 was not effective. A nurse's entry dated 12/04/12 specified Resident the same room. No further intervention was documented nor implemented per the facilities policy and procedures. A nurse's entry dated 12/04/12 specified Resident #1 was found in Resident was redirected and given Valuum which the note specified Resident the sade room kissing the resident. Resident was redirected and given Valuum which the note specified Resident Resident was redirected and given Valuum which the note specified Resident Resident was redirected and given Valuum which the note specified Resident Resident Resident Bacidant Had the same redirected and given Valuum which the note specified Resident Resident Resident Resident Resident Had Massing Resident Had Alam Scale Resident Had Massing Resident Had Scale Resident Had Sc	•				5	14 OLD MOUNT HOLLY ROAD		
reported immediately to the DON. The Administrator stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1. 3. Resident #5 was admitted to the facility on 05/14/12 with diagnoses that included Alzheimer's disease and anxiety. The most recent Minimum Data Set (MDS) dated 08/12/12 specified the resident fealides policy set of daily decision making. The MDS also specified the resident required extensive assistance with activities of daily living (ADL). Review of Resident #1's medical record revealed a nurse's entry dated 12/04/12 at 7:35 AM that specified Resident #1 was in bed with Resident #55. Resident #1 was redirected back to his bed and the two residents remained in the same room. No further intervention was documented nor implemented per the facilities policy and procedures. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 specified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated 12/04/12 is pecified was not effective. A nurse's entry dated	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
wearing only a t-shirt was in bed with Resident #5. The entry specified Resident #1 was redirected back to his own bed. No other interventions were documented. A nurse's entry dated 12/07/12 at 11:50 PM specified Resident #1 was found in bed with Resident #5. Resident #1 was removed from the room and taken to the activity room. A nurse's entry dated 12/11/12 at 3:00 AM specified the door to Resident #1 and	F 226	reported immediately Administrator stated simmediate intervention prevent subsequent but a consider the consideration of the considerat	to the DON. The she would have expected inside to be put in place to behaviors from Resident #1. Idmitted to the facility on ses that included Alzheimer 's. The most recent Minimum id 08/12/12 specified the dilong term memory rely impaired cognitive skills sing. The MDS also required extensive sies of daily living (ADL). It's medical record revealed 12/04/12 at 7:35 AM that was in bed with Resident his hand inside Resident this hand inside Resident the facilities policy and sentry dated 12/04/12 was found in Resident #5's lent. Resident was valium which the note active. A nurse's entry dated specified Resident #1 was own bed. No other cumented. A nurse's entry 50 PM specified Resident the room and taken to the es's entry dated 12/11/12 at	F	226	communication and discussion of intervention Any admission from hom will now be assessed/evaluated by the assigned nurse using a nescreening tool which specifically reviews any behavioral history includinappropriate sexual behaviors. This form will be used to help determine the facility can in fact meet the needs of the potential resident prior to the admission. The Admissions Policy & Procedure was revised to include a team approach to discussing resident history including any concerns for inappropriate sexual behaviors. This team will	ng Il if et	

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F 226	been placed behind to was able to get inside Resident #1 with his the face of Resident redirected back to be were implemented as procedures. On 12/11/12 at 1:00 (DON) was interview inappropriate behavior demented residents as She verbalized that a separate and redirect inappropriate behavior stated she did not consexually inappropriate because the resident unaware of what he wexplained that the restouched inappropriate demented and unable added that the resident for injury because she actions to be abusive #5 remained in the secured unit.	vas closed and a fall mat had he door. The staff member at the room and found pants off waving his penis in #5. Resident #1 was d. No other interventions a per the facilities policy and PM the Director of Nursing and explained that per swere expected with especially on a secured unit, the had educated staff to at the residents when per swere observed. She insider Resident #1's are behaviors to be abusive was demented and was doing. She also sidents that had been also be provided by Resident #1 were at to give consent. She and not been assessed and in the provided had not perceive the and she had not perceive the and she had not perceive the ame room with Resident #1 alle beds were available on	F 2	MDS Nurse, Nurse in Charge/Nursing Superand DON/ADON/NH new form was created collect such history (Admission Data Collin order to implement immediate intervention necessary. The Nurse Admission Evaluation revised to include querelated to any type of behavior and implement of further intervention necessary. Managers involved in the admist process and all nurses in-serviced on these coby 1/6/13 with implementation on 1/4	rvisor, A. A I to lection) ons as ing n was estions entation as as s sions will be hanges	1/7/13
	interviewed and repo secured unit required because of their dem awareness. She exp inappropriate behavioreported immediately	entia status and poor safety				

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F 226	reported immediate Administrator stated immediate intervent prevent subsequent 4. Resident #9 was 07/13/12 with diagn Alzheimer's disease behaviors. The most (MDS) dated 10/04/short and long term moderately impaired decision making. Tresident was depen with activities of dai Review of Resident a nurse's entry 12/0 specified Resident # nurse. A nurse's er PM specified Resident # nurse in the facilities policy at the facilities policy a	by Resident #1 had not been by to the DON. The I she would have expected ions to be put in place to behaviors from Resident #1. admitted to the facility on oses that included and dementia with strecent Minimum Data Set 12 specified the resident and memory impairment and decognitive skills for daily he MDS also specified the dant on staff for assistance by living (ADL). #1's medical record revealed 4/12 at 10:15 PM that #1 was kissing Resident #9 on the stry dated 12/07/12 at 10:00 ent #1 was kissing Resident esident #1 was redirected. In swere implemented as per	F 226	The Safety Committee we review all new admission records within 24 hours of the admission or by Monfor any admission occurring after 4:30pm the previous Friday. This review will ensure completion of the Admission Date Collection and Nursing Admission Evaluation forms in terms specific interventions for safety including those for inappropriate sexual behaviors. Any further recommendations for interventions from the Sa Committee will be implemented at that time ensure continued compliance. The Social Worker or Social Worker or Social Worker or Social Services Assistant will review and report any concerns related to inappropriate sexual behaviors to the Quality Assessment & Assurance Committee monthly as	of day ing s 1/7/13 l on s of fety to

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		E CONSTRUCTION -	(X3) DATE SU COMPLE	
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F 226	explained that the rest touched inappropriate demented and unable added that the reside for injury because she actions to be abusive On 12/13/12 at 9:40 / interviewed and reporsed unit required because of their demawareness. She expinappropriate behavior reported immediately DON. She stated that behaviors displayed by reported immediately Administrator stated simmediate intervention prevent subsequent but the second management of the resident memory impairment a cognitive skills for dait MDS also specified the resident memory impairment acognitive skills for dait MDS also specified the extensive assistance (ADL). Review of Resident # a nurse's entry dated Resident #1 was sitting this pants off fondling was redirected and between the sident was sitting the sident was sitting the parts off fondling was redirected and between the sident was sitting the parts off fondling was redirected and between the sident was sitting the parts off fondling was redirected and between the sident was sitting the sident was sitting the parts off fondling was redirected and between the sident was sitting the sident was sident was sits sident was sident was sident was sident was sident was sident	idents that had been bely by Resident #1 were be to give consent. She ints had not been assessed be did not perceive the AM the Administrator was ited that residents on the constant monitoring bentia status and poor safety ained that sexually airs were expected to be it to either herself or the it the inappropriate sexual by Resident #1 had not been ito the DON. The she would have expected ins to be put in place to behaviors from Resident #1. Idmitted to the facility on ses that included senile sive disorder. The most Set (MDS) dated 10/12/12 had short and long term and moderately impaired by decision making. The	F	226	scheduled. Any further recommendations for interventions from the QA&A Committee will implemented at that timensure continued compliance.	be	

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STANLEY TOTAL LIVING CENTER STANLEY, NC 28164	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5) COMPLETION (X5) COMPLETION DATE	PLETION
F 226 Continued From page 9 policy and procedures On 12/11/12 at 1:00 PM the Director of Nursing (DON) was interviewed and explained that inappropriate behaviors were expected with demented residents especially on a secured unit. She verbalized that she had educated staff to separate and redirect the residents when inappropriate behaviors were observed. She stated she did not consider Resident #1's sexually inappropriate behaviors to be abusive because the resident was demented and unaware of what he was doing. She also explained that the resident stat had been touched inappropriately by Resident #1 were demented and unable to give consent. She added that the residents had not been assessed for injury because she did not perceive the actions to be abusive. On 12/13/12 at 9.40 AM the Administrator was interviewed and reported that residents on the secured unit required constant monitoring because of their dementia status and poor safety awareness. She explained that sexually inappropriate behaviors were expected to be reported immediately to either herself or the DON. She stated that the inappropriate sexual behaviors displayed by Resident #1 had not been reported immediately to either herself or the DON. She stated she would have expected immediate interventions to be put in place to prevent subsequent behaviors from Resident #1. The administrator was notified of the immediate jeopardy on 12/11/12 at 5.00 PM. The facility provided a credible allegation of compliance on 12/12/12 at 4.40 RM. The following interventions	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SUI COMPLET	
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	ROVIDER OR SUPPLIER TOTAL LIVING CENTI	ER .	S	TREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164		
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F 226	were put into place Immediate Jeopard Credible Allegation All residents of the protected from any having resident #1 paide sitter until he withe hospital on 12/12/12 effects from the sex #1. No concerns we Resident #3 was as Director, on 12/12/12 effects from the sex #1. No concerns we Resident #8 was as Director on 12/12/12 effects from the sex #1. No concerns we Resident #9 was as Director on 12/12/12 effects from the sex #1. No concerns we Resident #9 was as Director on 12/12/12 effects from the sex #1. No concerns we All remaining reside assessed by the So Work Assistant on 1 sexual behaviors the addressed.	by the facility to remove the Conf Compliance: acility were immediately alleged sexual behaviors by provided with 1:1, 24/7 nursing as involuntary committed to 1/12 at 10:15pm. Sessed by the Social Work 2 at 11:15am for any residual ualized behaviors of Resident re noted. Sessed by the Social Work 2 at 2:00pm for any residual ualized behaviors of Resident re noted. Sessed by the Social Work 2 at 2:25pm for any residual ualized behaviors of Resident re noted. Sessed by the Social Work 2 at 2:25pm for any residual ualized behaviors of Resident re noted.	F 22	6		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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F 226	conducted on 12/11/1 sexual abuse to DON began to include all s 12/12/12 at 12:00pm. PRN staff that were used allowed to work in the completed the in-servincluded: A) Recognizing sex B) Identifying and reimmediately by phone Administrator 24 hour telephone numbers a station C) Staff response to separation of resident 24/7 until further notic D) Expectations of sthat resident is monitor receives notification cappropriate safety interectives notification cappropriate safety interectives notification of appropriate safety interection and determining if fact potential admission control admission of prevention developed admission sexual behaviors prio appropriateness for a also revised to include the residents involved behaviors including in	2 by the SDC on reporting or Administrator. In-service taff and completed by Any full-time, part-time or navailable will not be facility until they have ice. This in-service all behaviors aporting of sexual behaviors at the DON or is a day, 7 days a week. The reposted at each nursing include immediate is and initiating 1.1 staffing the staff responsibility to ensure ored until management if behaviors and implements erventions, notifying the shone or in person of its extra person of the sexual behaviors is so for reviewing behaviors is so for reviewing behaviors illity can meet the needs of andidates. Ilicy was revised under the to include the use of a newly is tool for identifying any	F 226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M. A. BUII		E CONSTRUCTION	(X3) DATE S COMPLE	
		345264	B. WIN	G		12/	C /13/2012
	OVIDER OR SUPPLIER	1,20,000 (20,000,000,000,000,000,000,000,000,000,		51	EET ADDRESS, CITY, STATE, ZIP CODE 4 OLD MOUNT HOLLY ROAD FANLEY, NC 28164	. 12/	13/2012
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 226	duty for resident prote A daily audit will be co (back-up will be Nurs- through Friday and the is Manager on Duty) audit will be a review behavior incident reporting these audits, to Nursing in Charge (werbal reports from storelated to sexual behaviors will be reported. Committee Monday-Further review. Any weconcerns related to se	rator 24/7 by the nurse on ection. onducted by the QA/ADON e in Charge) Monday e Nurse in Charge (back-up on the weekend. This daily of a newly developed sexual ort to ensure compliance. the QA/ADON and the eekends) will also obtain aff of any other concerns aviors. These daily audits oncerns related to sexual	F	226			
F 323 SS=K	implemented will be r Director (back-up is the monthly to the Quality further recommendation the Quality Assurance by the Team at that to 483.25(h) FREE OF A HAZARDS/SUPERVIOUS The facility must ensure environment remains as is possible; and ear	s, and any interventions eported by the Social Work he Social Work Assistant) Assurance Team, any ons for interventions from Team will be implemented me to ensure compliance. ACCIDENT SION/DEVICES are that the resident as free of accident hazards	F	323	(1) All residents on the se unit were immediately protected from any inapp sexual behaviors by Residwith 1:1 24/7 supervision his discharge from the fac on 12/31/12.	ropriate ent #1 until	1/7/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345264	B. WING		C 12/13/2012	
NAME OF PR	OVIDER OR SUPPLIER	340204	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	12/13/2012	
	TOTAL LIVING CENT	ED	1	OLD MOUNT HOLLY ROAD		
STANLEY	TOTAL LIVING CENT	ER	STA	ANLEY, NC 28164		
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F 323	Continued From pa	age 13	F 323	(2) Resident's #3, #5, #8, #9, #11 were assessed by So.	i i	
	This REQUIREME	NT is not met as evidenced		Services on 12/12/12 for	1	
	by:			residual effects from the	· .	
		tions, staff interviews and		inappropriate sexual		
,		facility failed to protect sident with sexually		behaviorsthere were no		
		viors for 1 of 2 sampled				
	residents with sexu	ually inappropriate behaviors		concerns noted. An aud		
	(Resident #1). Five	e residents were affected by		was conducted of all otl	nei l	
	this behavior (Resi	dent #3, #5, #8, #9 and #11).		residents residing on the		
				secure unit on 12/12/12 b	γ	
		y began on 12/03/12 when		Social Services for a revi	•	
		e Resident #1 acted sexually				
		rd Resident #11. The	1	of medical records and ar	TÀ I	
		notified of the immediate		history of inappropriate		
	jeopardy on 12/11/	112 at 5:00 PM. Immediate	5	sexual behaviors that had	not	
	jeopardy was remo	oved on 12/13/12 at 12:30 PM rovided and implemented an		been assessed or		
		e allegation of compliance.		addressedthere were no		
	The facility will rem	nain out of compliance at a				
	scope and severity	level E (no actual harm with		new concerns. An audit	was	
		than minimal harm that is not		also conducted of all		
		y) to complete employee		residents residing on othe	ır	
	education and ens	ure monitoring systems put in		units on 12/12/12 by the		
	place are effective	-	- 1	ADON and SDC for a rev		
	The findings are:			of medical records and ar	ıy	
	Resident #1 was a	dmitted from home to the				
	facility on 11/19/12	with diagnoses that included				
	Alzheimer's demer	ntia and psychosexual disorder				
	(12/07/12). A doc	ument titled "Long Term Care				
	Services" (FL2) da	ated 11/19/12 specified				
	Resident #1 was v	rerbally abusive at times. The				
	"Nursing Admissio	n Assessment and Review"				
	dated 11/19/12 co	mpleted by Nurse #1 specified				
	the resident had ir	nappropriate sexual behavior.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345264	B. WING		C 12/13/2012
	OVIDER OR SUPPLIER	R	514	FADDRESS, CITY, STATE, ZIP CODE OLD MOUNT HOLLY ROAD NLEY, NC 28164	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
F 323	11/26/12 specified the long term memory in impaired cognitive some the MDS also specified the MDS also specified the MDS also specified sexually). The MDS behavior put others intruding on the prividisrupting care or live Resident #1 was assextensive assistance (ADL) and was amb. The behavior Care in dated 11/26/12 specified and the specified a problem residents' rooms and in inappropriate area number of inappropriate	Data Set (MDS) dated the resident had short and impairment and moderately kills for daily decision making ified the resident had physical directed toward others in the hitting, kicking, pushing, and abusing others is specified that the resident's at risk for physical injury, acy of others and significantly ring environment for others. Sessed by the MDS to require the with activities of daily living ulatory. Area Assessment (CAA) cified, "Resident has impaired areness and daily decision is ident has episodes of mappropriate areas on their inders into other residents' is ily redirected." Area plan dated 11/27/12 with wandering into other da history of grabbing at staff as. Approaches to reduce the riate behaviors included: ent that behavior is not that when displaying socially	F 323	history of inappropriate sexual behaviors—there we no new concerns. Residents admitted to the facility since 12/13/12 has been reviewed using the resident admission Review for Behaviors" form—there has been no admissions with a concerns for inappropriate sexual behaviors. An in-service was conducted by for all staff on 12/13/1 by the Administrator on resident abuse and inappropriate sexual behaviors. This in-service agenda included: 1. Revised procedure for potential admissions using the new "Admission Review for Behaviors" form. 2. Staff obligations and expectations regarding any inappropriate sexual behavior including the immediate protection.	ve new 12/13/12 ave any e ted 2 12/13/12 or g nal e
	inappropriate behav - provide frequer	rior nt and constant supervision		the resident by separation, immediate	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345264	B. WNG		C 12/13/2012
	ROVIDER OR SUPPLIER	ER	514	ET ADDRESS, CITY, STATE, ZIP CODE 4 OLD MOUNT HOLLY ROAD ANLEY, NC 28164	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 323	Review of Resident the following sexual 1. Resident #11 w 01/18/10 with diagn The most recent Minimum 11/12/12 specified tong term memory in impaired cognitives. The MDS also specified Resident #11's shirt No immediate intervnurse's entry. 2. Resident #3 wa 04/30/12 with diagn Alzheimer's disease most recent Minimu 10/22/12 specified tong term memory in impaired cognitives. The MDS also specified Resident redirected. 3. Resident #5 wa 05/14/12 with diagn Alzheimer's disease recent Minimum Da specified the reside memory impairment.	#1's nurses' notes revealed ly inappropriate behaviors: was admitted to the facility on oses that included dementia. Inimum Data Set (MDS) dated he resident had short and impairment and moderately skills for daily decision making. If it is in a cativities of daily living on and was fondling her breast. It is admitted to the facility on oses that included in the in and anxiety. The im Data Set (MDS) dated he resident had short and impairment and severely skills for daily decision making. If it is a samilted to the facility on oses that included in the included included included in the included includ	F 323	implementation of 1 care, immediate notification of the M and immediate report to the DON/NHA. 3 Expectations of the resident safety in the event of any inappropriate sexual behavior. 4 Implementation of a behavior reporting for to be completed by the nurse for documentar of immediate actions/notifications. 5 Management followon a daily basis, including weekends, any inappropriate behaviors reported and monthly QA reviews. 6 Overview of inappropriate sexual behaviors (what they are not) and informed consent.	nurse new orm ne tion tor

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345264	B. WING		C 12/13/2012
	OVIDER OR SUPPLIER	TER	514	T ADDRESS, CITY, STATE, ZIP CODE OLD MOUNT HOLLY ROAD ANLEY, NC 28164	
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F 323	MDS also specifie extensive assistar (ADL). A nurse's AM specified Resident #5. Res Resident #5's brie back to his bed and the same room. Mocumented. A nuspecified Resident room kissing their redirected and give specified was not 12/07/12 at 8:15 A wearing only a t-s roommate, Resider redirected back to interventions were dated 12/07/12 at #1 was found in b #5. Resident #1 was found in b #5. Resident #1 and Fand a fall mat had The staff member and found Reside his penis in the fall was redirected bad. Resident #9 w 07/13/12 with diagant Alzheimer's diseas behaviors. The moderately impair decision making.	d the resident required are with activities of daily living entry dated 12/04/12 at 7:35 and the first part of the first	F 323	7. Review of the revise Abuse/Neglect police and procedures inche prevention, protection and investigation. (3) An audit will be conduct by the ADON (back-up Nurse in Charge/Nursing Supervisor) Monday through the seach weekend through the use of the newly created Inappropriate Behavior Report forms. Nurses we complete these forms as necessary and as reviewed each day, will also proviverbal report to the ADO and/or Nurse in Charge/Nursing Supervior any concerns for inappropriate sexual behaviors. These report will then be reviewed withe Safety Committee.	ed ed sough in sor ae 12/14/12 vill ed de a N sor

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345264	B. WNG		C 12/13/2012	
	ROVIDER OR SUPPLIER TOTAL LIVING CEN	TER	51	EET ADDRESS, CITY, STATE, ZIP CODE 4 OLD MOUNT HOLLY ROAD FANLEY, NC 28164		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETION	
F 323	with activities of dentry 12/04/12 at was kissing Resid was told to stop. At 10:00 PM specification of the redirected. 5. Resident #9 on the redirected. 5. Resident #8 vince 12/05/09 with diag dementia and deprecent Minimum Dispecified the resid memory impairmed cognitive skills for MDS also specified extensive assistant (ADL). A nurse's Resident #1 sitting fondling Resident redirected and betained and betained the resident fondling her breast specified Resident (and the resident fondling her breast Resident #1 to stoimmediate interver Resident #1. On 12/11/12 at 9: observed on the stated Resident # but added she had NA #1 reported shand was not monitive.	aily living (ADL). A nurse's 10:15 PM specified Resident #1 ent #9 on the lips. Resident #1 A nurse's entry dated 12/07/12 fied Resident #1 was kissing e mouth. Resident #1 was was admitted to the facility on noses that included senile ressive disorder. The most lata Set (MDS) dated 10/12/12 ent had short and long term int and moderately impaired daily decision making. The d the resident required ice with activities of daily living entry dated 12/04/12 specified g on bed with his pants off #8's breast. Resident #1 was	F 323	Monday through Friday the ADON (or back-up) further communication a discussion of intervention on weekends, this information will be reviewed by the Nurse in Charge/Nursing Supervitand the DON via confercial for further communication and discussion of intervention. Any admission from hor will now be assessed/evaluated by the assigned nurse using a new screening tool which specifically reviews any behavioral history including inappropriate sexual behaviors. This form we be used to help determine the facility can in fact me the needs of the potential resident prior to the admission.	for and ans. ewed sor ence ons. ne e 1/7/13 ew ling fill e if eet	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. B UILDI	TIPLE CONSTRUCTION NG	(X3) DATES COMPL	
		345264	B. WING_		12	C / 13/2012
	OVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	waited until a sitter and On 12/11/12 at 12:15 Worker was interview Resident #1's family of had reviewed the FL2 regarding Resident #2 Social Worker stated her the resident's sex had worsened toward the family to be unabled. The Assistant Social Verbort the concern of to anyone after meeting the resident was going secured unit for behalf assistant Social Work interventions were impresident's sexually inabecause she didn't fecton the concerns to other resident #1 was admit knowledge of the resident #1 was admit knowledge of the resident #1 was admit knowledge of the resident propriate to work after his admission to sexually inappropriate were trained to handle explained that inapprotex expected with dement secured unit. She ver re-educated staff that behaviors were obser separate and redirect	PM the Assistant Social ed and stated she met with an 11/19/12. She stated she and spoke to the family I's behaviors. The Assistant that the family reported to ually inappropriate behavior his wife and had caused et to care for him at home. Worker stated she did not being sexually inappropriate my with the family because go to be placed in the vior monitoring. The erralso stated no plemented to address the appropriate behavior elithat he posed any dents. PM the Director of Nursing and and reported that itted to the facility without dent being sexually en. The DON stated that the facility Resident #1 was a toward staff but added staff es such behaviors. The DON opriate behaviors were led residents especially on a dealized that she had when inappropriate ved she expected staff to the residents.	F 32	The Admissions Policy Procedure was revised include a team approach discussing resident his including any concerns inappropriate sexual behaviors. This team consist of Social Service MDS Nurse, Nurse in Charge/Nursing Superand DON/ADON/NHA new form was created to collect such history (Admission Data Collect in order to implement immediate intervention necessary. The Nursing Admission Evaluation was revised to include quest related to any type of behavior and implement of further interventions necessary. Managers involved in the admission process and all nurses win-serviced on these charby 1/6/13 with implementation on 1/7/	to to to tory, s for will ces, visor, A to ction) s as as ag was tions tation as ons vill be anges	1/7/13
	separate and redirect			implementation on 1777		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	AULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		345264	B. WING		12/	13/2012	
	COVIDER OR SUPPLIER TOTAL LIVING CENT	ER	514	ET ADDRESS, CITY, STATE, ZIP CODE OLD MOUNT HOLLY ROAD ANLEY, NC 28164			
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F 323	other residents on stated she was firs sexual inappropria 12/05/12. She add physician's assistator medication adjuresident's sexually reported that on 12 placed on 1 on 1 safter the resident his sexually inappropriate secured unit. The resident only need 7AM to 7PM becal in bed and added staff to monitor him pad alarm had bee to alert staff when the DON provided 12/10/12 that species was doing all they sexually inappropriately	a sexually inappropriate with 12/03/12 or 12/04/12. She at made aware of Resident #1's teness toward residents on the detail that Resident #1's and the second that Resident #1's are the second to decrease the inappropriate behaviors. She 2/06/12 Resident #1 was upervision from 7AM to 7PM and been observed again being that with another resident on the DON explained the led 1 on 1 supervision from use after 7PM Resident #1 was at was an easier time of day for an The DON also stated a bed an placed on Resident #1's bed the resident got out of bed. If a written statement dated the infield she believed that facility could to address Resident #1's the behaviors. The statement for implementing interventions that is set to take effect, continue to seep him busy during the day. Conducted with Nurse #1 on AM. Nurse #1 stated she inission assessment with ally who reported that the ally inappropriate with women. The documented on the "Nursing and the set of the set of the latter with women.	F 323	Staff working on the secunit will be required to all breaks ON the unit-will be paid breaks (including lunch) and wensure that staff is alwareadily available as need for any concerns related safety. (4) The Safety Committee review all new admission or by M for any admission occurafter 4:30pm the preview all review wensure completion of the Admission Date Colle and Nursing Admission Evaluation forms in the specific interventions safety including those inappropriate sexual behaviors. Any further recommendations for interventions from the Committee will be implemented at that the ensure continued	take -these will ays eded d to e will ion rs of fonday urring ous will the ection on erms of for for er Safety	1/7/13	
	12/13/12 at 10:25 completed the adr Resident #1's fam resident was sexu Nurse #1 stated si Admission Assess	AM. Nurse #1 stated she nission assessment with ily who reported that the ally inappropriate with women.		recommendations for interventions from the Committee will be implemented at that the	Safety		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND FLAIT O	00		A. BUILDING			С
		345264	B. WING		12	2/13/2012
	ROVIDER OR SUPPLIER	TER	514	ET ADDRESS, CITY, STATE, ZIP CODE OLD MOUNT HOLLY ROAD ANLEY, NC 28164		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	the oncoming number of the serious she would (DON). On 12/13/12 at 11 interviewed and resecured unit requibecause of their dawareness. She inappropriate behing provided immediate interve prevent subseque. The administrator statismediate Jeopardy on 12/11/12 at 4:45 Februard and resecured unit requibecause of their dawareness. She inappropriate behing provided immediate interve prevent subseque. The administrator statismediate interve prevent subseque. The administrator statismediate interve prevent subseque. The administrator statismediate Jeopardy on 12/11 provided a credible 12/12/12 at 4:45 Februard intervely at 12/12/12 at 4:	se but did not report the elese. She explained that she exually inappropriate behavior orted because the resident was a secured unit for behavior also stated that she was trained ervene when a resident to occurred. She added that she elesidents involved in a assess for injury and them ent report or if the incident was a contact the Director of Nursing elementia status and poor safety explained that sexually aviors were expected to be tely to either herself or the that the inappropriate sexual eled by Resident #1 had not been tely to the DON. The eled she would have expected into to be put in place to int behaviors from Resident #1. Was notified of the immediate /12 at 5:00 PM. The facility eleallegation of compliance on PM. The following interventions eleby the facility to remove the dy:	F 323	The Social Worker of Services Assistant working and report and concerns related to inappropriate sexual behaviors to the Quarantee Massessment & Assur Committee monthly scheduled. Any fur recommendations for interventions from the QA&A Committee wimplemented at that ensure continued compliance.	ill y lity cance as ther r	1/7/13
	Resident #1 was i	mmediately assigned to a nurse				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		TIPLE CONSTRUCTION	1	(X3) DATE SURVEY COMPLETED	
	·	345264	B. WNG		12/	C 13/2012	
	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
F 323	12/11/12 at 5:00 PM supervision continued when Resident #1 was the hospital for evaluate Resident #5 was assonitector on 12/12/12 effects from the sexue #1. No concerns were Resident #3 was assonitector, on 12/12/12 effects from the sexue #1. No concerns were Resident #8 was assonitector on 12/12/12 effects from the sexue #1. No concerns were Resident #9 was assonitector on 12/12/12 effects from the sexue #1. No concerns were Resident #1 was assonitector on 12/12/12 effects from the sexue #1. No concerns were Resident #11 was as on 12/12/12 at 2:40 Ferom the sexualized by the socious work Assistant on 12 work a	upervision beginning on for 24 hours. One on one d until 12/11/12 at 10:15 PM is involuntarily committed to ation and treatment. essed by the Social Work at 11:15 AM for any residual alized behaviors of Resident e noted. essed by the Social Work at 2:00 PM for any residual alized behaviors of Resident e noted. essed by the Social Work at 2:25 PM for any residual alized behaviors of Resident e noted. essed by the Social Work at 2:30 PM for any residual alized behaviors of Resident e noted. essed by the Social Work at 2:30 PM for any residual alized behaviors of Resident e noted. essed by the Social Work at 2:30 PM for any residual alized behaviors of Resident e noted. essed by the Social Worker PM for any residual effects behaviors of Resident #1. te on the locked unit were all Work Director and Social /12/12 for any history of thave not been identified or	F 32	23			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA : IDENTIFICATION NUMBER:	(X2) MU A. BUILE	ILTIPLE CONSTRUCTION DING	(X3) DATE (COMPL	ETED
_		345264	B. WING	·	12	C 2/13/2012
	ROVIDER OR SUPPLIER TOTAL LIVING CENTER	₹		STREET ADDRESS, CITY, STATE, ZIP 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 323	documenting, and resinappropriate behavior developed as a facilit new system include to the secured unit will be refor any history of sexifacility can meet the refor any history of sexifacility can meet the refor admission accepta 2. Any staff noting is behaviors, must immeresidents involved, in notify the medical pronurse in charge, who the Administrator immeresidents involved, in notify the medical pronurse in charge, who the Administrator immeresidents involved, in notify the medical pronurse in charge, who the Administrator immeresidents in charge, who have a cach nursing station 3. Daily audits will built by the QA/ADON nurse in charge) Monaudits will be conduct (back-up is Manager be a review of a newly incident report to ensifacility is meeting the also include discussion safety Committee Model of the DON by the Nurdetermination of any with the DON by the Nurdetermination of any second include discussion safety Committee Model of the DON by the Nurdetermination of any second include the poon the poon of the poon the	sponding to sexually ors on the secured unit was y policy. The components of the following: ion candidates to the eviewed prior to acceptance unit behaviors to ensure needs of the candidate prior noce. nappropriate sexual ediately separate the itiate 1:1 supervision 24/7, vider and report to the will then notify the DON or nediately either in person or ephone numbers are posted in. be conducted on the secure nurse (back-up will be day-Friday. Weekend daily led by the Nurse in Charge on Duty). This daily audit will by developed sexual behavior are compliance that the labove concerns and will on with staff of any other ehaviors. The daily his will be reported to the landay-Friday by the leekend audits will be called rise in Charge for further interventions.	F 3			
	conducted on 12/11/1 sexual abuse to DON	nediately developed and 2 by the SDC on reporting or Administratorthis was completed on 12/12/12				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED	
345264 B. WING	112
NAME OF PROVIDER OR SUPPLIER STANLEY TOTAL LIVING CENTER STANLEY TOTAL LIVING CENTER STANLEY, NC 28164 STANLEY, NC 28164	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOUL	(X5) MPLETION DATE
F 323 at 12:00pm-any staff that was unavailable for the in-service will not be allowed to work in the facility until they have completed it. This in-service included: Recognizing sexual behaviors Identifying and reporting of sexual behaviors Immediately by phone to the DON or Administrator 24 hours a day. 7 days a week. The telephone numbers are posted at each nursing station Staff response to include immediate separation of residents and initiating 1:1 staffing, 247, until further notice Expectations of staff responsibility to ensure that resident is monitored until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents Prevention and how to supervise residents on a secure unit for inappropriate sexual behaviors Admission process for reviewing behaviors and determining if facility can meet the needs of potential admission candidates. A daily audit will be conducted on the secure unit by the QA/ADON nurse (back-up will be nurse in charge) Monday through Friday and on weekends by the nurse in charge (back-up is Manager on Duty). This daily audit will be a review of a newly developed sexual behavior incident report to ensure compliance. During these audits staff will be interviewed by the QA/ADON nurse for any other incidents. These daily audits and any staff concerns will be reported to the Safety Committee Monday-Friday by the QA/ADON and will be called to the DON by the Nurse in charge	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 12/13/2012	
	345264					
	ROVIDER OR SUPPLIER	ER _	STREET ADDRESS, CITY, STATE, ZIP CODE 514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE		(X5) COMPLETION DATE
F 323	Reporting of the Se Reports, any auditi implemented will be Director (back-up is monthly to the Qua further recommend the Quality Assurar	e implementation of further	F 323			
The state of the s						-