PRINTED: 06/13/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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\		345446	B. WNG			05/1	10/2013
	OVIDER OR SUPPLIER PINES HEALTH AND RI	EHAB CENTER		9	EET ADDRESS, CITY, STATE, ZIP CODE 5 LOCUST STREET ONNELLYS SPRINGS, NC 28612		
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F 000	complaint investigation 483.13 (F226) at J	cited as a result of the on event ID #YNVL11.	F	000	"Preparation and/or execution of this plan correction does not constitute admission of agreement by the provider of the truth of the set forth in the statement of deliciencies. To forrection is prepared in/or executed so because the provisions of the Federal and Law require it.*	r ne facts The Plan blely State	6-10-2013
F 226 SS=J	Immediate jeopardy by staff became aware inappropriately towar administrator was no jeopardy on 05/09/13 jeopardy was remove when the facility provacceptable credible at The facility will remais scope and severity leopardy education and ensure place are effective. 483.25 (F323) at J Immediate jeopardy staff became aware inappropriately toward administrator was not jeopardy on 05/09/13 jeopardy was remove when the facility provacceptable credible at The facility will remais scope and severity leopardy was removed when the facility provacceptable credible at The facility will remais scope and severity leopardy was removed acceptable credible at The facility will remais scope and severity leopardy) education and ensur place are effective. 483.13(c) DEVELOF ABUSE/NEGLECT,	ETC POLICIES //SUPPLIER REPRESENTATIVE'S SIGNATURE	F23	26	 Corrective action was accomplished Resident #108 and Resident #12 following manner: Resident #126 was placed on (one licensed nurse or nursing as assigned to observe and monitor Resident #126 at all times. Resident #126 at all times. Resident #108 was protected from inapprosexual behaviors based on the astic to be action and monitoring of Resident #126. Corrective action was accomplished all those resident having the pote be affected by the alleged deficie practice in the following manner:	1:1 sistant dent priate ssigned f ned for intlal to int the i-9-13 by rse ripted as any u aviors between ther d they had d. No in the and luled ind then inth, at erviews	(X6) DATE
LABORATORY	ALL LL		5 .		Administrator	6-	15.20/

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which the institution may be excused from correcting providing it is determined that k was a deficiency which is a determined to the correction of t 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 od days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued

program participation.

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

Event ID: YNVL11

Facility ID: 923110

JUN 1 7 2013 If continuation sheet Page 1 of 30

by: MMH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 2	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	policies and procedur mistreatment, neglec and misappropriation This REQUIREMENT by: Based on staff interviacility failed to devel for reporting abuse a administrator and/or failed to implement p protect 1 of 1 residen (#126) from sexually Immediate jeopardy is staff became aware inappropriately towar administrator was no jeopardy on 05/09/13 jeopardy was remove when the facility prove when the facility provential for more that immediate jeopardy) education and ensure place are effective. The findings included A document titled "Al 11/21/11 read in part and operationalize propertions and ensure place are effective."	elop and implement written res that prohibit to and abuse of residents of resident property. The is not met as evidenced review and record review the populicies and procedures elegations to the Director of Nursing and rotective measures to to the population of 1 resident inappropriate behavior. The implementation of the immediate of the immediate of the immediate of at 4:05 PM. Immediate of an obj. 10.13 at 4:37 PM ided and implemented an ellegation of compliance. In out of compliance at a size D (no actual harm with an minimal harm that is not to complete employee emonitoring systems put in	F 22	The Social Worker or designed assigned to conduct these interviews of interviewable resilf a resident answers one of the scripted questions affirmatively the facility will begin abuse investigation protocol, perform hour reporting and follow up 5 reporting to the NC Health Carpersonnel Registry. 2. Non inter-viewable residents we observed for any nonverbal signabuse, and there were no indictor outwards signs of abuse. 3. Staff is asked to identify if they aware of any other residents we sexually inappropriate behavior they reported that there were refused that there were refused to observe and monitor Resident #126 was placed on 1 (one licensed nurse or nursing assessigned to observe and monitor Resident #126 at all times. 5. One to one observation and monitoring is documented on a trasign in form. To ensure Resident supervised as planned the assign Nurse Manager shall monitor the one tracking sign in form on a dail basis. The assigned Nurse Manashall review the weekend sheets Monday, and the weekend supervensure that the documentation on sign-in forms is accomplished on weekends.	dents. de then 24 day e were gns of cation were with or and none. 11 istant acking #126 is ed one to by ger on visor will the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	WES 52		E CONSTRUCTION (X3) DATE SUI COMPLET		
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abuse." The docume processes in which the their abuse prohibition. The facility shall orientation and on-go should report their kn allegations of abuse. The facility shall protected from harmous further review of the there was no policy reallegations to the Adr Nursing. Resident #126 was a 03/22/12 with diagnosand depressive disord (MDS) dated 12/09/1 moderately impaired documented behavion the resident required activities of daily living or wheelchair for mot Resident #108 was a 11/16/11 with diagnosal Alzheimer's disease, others. The Minimum 11/11/12 specified the impaired cognitive sk assistance with activities of daily in a comparison of the second sec	nalize a policy of reporting int also read in part the se facility would implement in included: train employees through sing session about how staff owledge related to assure residents are during the investigation. document revealed that elated to reporting abuse ministrator and/or Director of dmitted to the facility on ses that included dementia der. The Minimum Data Set 2 specified the resident had cognitive skills but no rs. The MDS also specified limited assistance with g (ADL) and used a walker bility.	F	226	6. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include imme separation of the residents' involved the inappropriate sexual behavior, including 1:1 staffing (one licensed nor nursing assistant assigned to obstand monitor at all times), and immediate reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 7. In addition to the above action Resident #126 was examined by the Medical Director on 5/10/13, and Resident #126 was placed on antianxiety medication. Resident #126 was placed on antianxiety medication. Resident #126 remains on 1:1 observation and monitoring for 21 debeginning effective 5/9/13. If there are further incidents of sexual acting during the 21 day period; observation be changed to frequent monitoring. Frequent monitoring shall be defined an observation made every 30 minutians three days and then hour for seven days and then observation every who hours upon routine care rounds. Resident #126 shows any signs of inappropriate sexual behavior after the removed from the 1:1 staffing, the 1: observation and monitoring will be resumed immediately and the physic will be notified for medication adjustry.	diate in urse erve liate liate vas ing hat urse out in will lias ery lf peing 1	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 8		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	on a Saturday or Surright after Christmas #126 sitting in the har #108's breasts. She and together the aid #126 and separated that she reported the stated that following Resident #126's local shift. She stated that was not made award supervision for Residual material was mobile throughed explained that Residual hards had a because she remind. On 05/10/13 at 2:55 and reported that shift #126 fondling Residual stated the incident has have worked with NA Weekend Supervision incident was reported. On 05/10/13 at 8:05 interviewed and report all allegations immediate supervisions being notified by NA fondled Resident #7 she could not recall confirmed it was a wadded that the incident of January because	the nurse. She stated that inday "several months ago, "she observed Resident allway fondling Resident called NA #1 for assistance as approached Resident the residents. She added incident to Nurse #3. NA #3 the incident she monitored ation for the remainder of her at following the incident she of changes in the level of dent #126 and added that he out the facility. The NA dent #126's room remained and commented that a fondness for Resident #108 ded him of his wife. PM NA #1 was interviewed the had observed Resident ent #108's breasts. She appened on a weekend when a #3, Nurse #3 and the or. She added that the ed to Nurse #3.	F	226	The following systemic changes he been made to ensure the deficien practice does not re-occur: 1. An addendum to the Abuse an Neglect Policy was developed by facility administrator to include impropriate sexual behavior including 1:1 staffing (one license or nursing assistant assigned to and monitor at all times), and impreporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 2. An in-service was conducted for staff concerning resident protection reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to DON and/or Administrator 24 hou day, 7 days a week., C) Staff respinctude ensuring resident protection initiating 1:1 staffing until further in D) It is the staff responsibility to eather the resident is monitored 1:1 management receives notification behaviors and implements appropriately interventions, notifying the provider by phone or in person of incidents, E) Prevention and how supervise residents on any unit for inappropriate sexual behaviors, F Admission process shall review for potential sexual behaviors and	t the mediate ed in control of the c	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 226	#108. Nurse #3 repo Resident #108 if she inappropriately by Re felt the resident was a added that Resident a occurred. She stated monitor Resident #12 reported the incident On 05/09/13 at 11:40 Supervisor was intervice alled an incident (or reported she had obseindling Resident #10 she was trained to se report the incident to (DON). She added the documented the incident adocumentation of the Supervisor explained hall to monitor Resident to remainder of the following the incident changes made to Re Resident #108. On 05/09/13 at 2:10 (DON) and Assistant were interviewed. The they were unaware of stated she would explicate the poon reported the were implemented to	nappropriate with Resident rted that she asked had been touched sident #126 because she alert and oriented. She #108 denied the incident had a she told the nurse aides to 16. Nurse #3 stated that she to the Weekend Supervisor. AM the Weekend Supervisor. AM the Weekend viewed and reported that she date unknown) where NA #3 served Resident #126 108's breasts. She stated that sparate residents and then the Director of Nursing that she would have dent in the medical record. Secall if she had notified the and was unable to provide incident. The Weekend at that she asked staff on the ent #126 more frequently for shift. She stated that	F	226	determining if the facility can meet the needs of any potential candidates for admission, G) Licensed nursing staff responsible for recording sexually inappropriate behavior in the facility computer software incident reporting system. 3. Incident reports shall be reviewed daily in the Incident Reporting Softw Program by the ADON (or designee Nurse in Charge). A review of these incidents reports will note any incider reported involving inappropriate sex behavior. Following this daily audit incidents the ADON and /or the nurse charge will verbally question staff of other concerns related to sexual behaviors. Daily audits and any other staff concerns related to sexual behaviors. Daily audits or other staff concerns related to sexual behavior be called directly to the DON by the Nurse in Charge for further review. These audits will be done on a cont permanent basis. The review of the incident report will follow with any funceded corrective action.	r r r r r r r r r r r r r r r r r r r	6-10-2013

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F 226	the incident no change prevent reoccurrence report the incident to Administrator. The have immediately imprevent the behavior notifying the physicial resident with one to the control of the prevent the behavior notifying the physicial resident with one to the control of the physicial resident with one to the control of the physicial resident with one to the control of the physicial resident with one to the control of the physicial resident with one to the physicial resident with one to the physicial resident with the physicial r	DON reported that following ges had been made to ges head been made to ges head been made to ges head been made to the Director of Nursing or DON stated that she would plemented measures to from reoccurring such as an and monitoring the gene supervision. In #126's medical record for made by Nurse #1 dated that specified Resident #126 repriately touching Resident entry documented that redirected and monitored. In AM Nurse Aide (NA) #2 reported that on 01/07/13 resident #126 with his hand shirt. She explained that red the residents, Resident and from Resident #108's that she reported the who instructed the NA to generate the NA to g	F	226	The facility will ensure the corrective solution is sustained through implementation of the addendum the Abuse Policy, In-service education and new employee orientation to include in-service resident protection and reporting inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying reporting of sexual behaviors immediately by phone to the DO and/or Administrator 24 hours a 7 days a week., C) Staff respons include ensuring resident protec with immediate separation of resident and initiating 1:1 staffing until further notice, D) It is the stresponsibility to ensure that the resident is monitored 1:1 until management receives notification behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents, Prevention and how to supervisor residents on any unit for inappropriate sexual behaviors. Social Worker shall report to the Quality Assurance Performance Improvement (QAPI) Team each month on a continual and permate basis the number of incidents involving inappropriate sexual behaviors, any further recommendations for intervention from the Quality Assurance Performance Improvement Team be implemented. Outcomes will tracked by the QAPI Team to encompliance.	of god and N day, se to tion gaff on of E) e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 226	on/07/13 NA #2 notification was touching Resider explained that the resident explained that the resident instructed NA #2 more frequently for the She added that she obe abusive and inapposed the incident to the Dirac Administrative staff by handled the situation. On 05/09/13 at 2:10 If (DON) and Assistant were interviewed. The unaware of the incident would expect Nurse with instance additional interviewent Resident with a sexually inappropriated to prevent Resident with a sexually inappropriated in the sexual interviewent the behavior notifying the physicial resident with one to consider the sexual interviewed and report in the sexual interviewed and report in the sexual interviewed in the se	Nurse #1 stated that on ed her that resident #126 on #126 in #108's breasts. Nurse #1 sidents were separated and to monitor Resident #126 on eremainder of the shift. It considered the behavior to propriate but did not report ector of Nursing or other ecause she felt she had. PM the Director of Nursing (ADON) on the example of the shift of the properties of Nursing (ADON) on the example of the properties of Nursing (ADON) on the example of the properties of Nursing (ADON) on the example of the properties of Nursing (ADON) on the example of the properties of Nursing (ADON) on the properties of Nursin	F	226			

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F 226	Resident #108 but he continued to monitor frequently. c. Review of Resident revealed a nurses' er 01/11/13 at 12:00 PM #126 touched Resided The entry also specification fredirected and monitor redirected and monitor further review of the #126 revealed a care specified Resident #/inappropriate behavior resident. Intervention included: - redirect when addressed to report adverse behavior resident. Intervention included: - redirect when addressed to monitor resident #108 On 05/09/13 at 11:22 was interviewed and notified her that Resident #108 inappropriately. Resident #126 was to tolerated by the facility keep his distance from added that Resident cognition and was untouched. On 05/09/10 at 2:10 (DON) and Assistant	fered a room change to r family declined so the staff Resident #126 more It #126's medical record It was pecified Resident Int #108 inappropriately. It was pred. It was pecified Resident Int #108 inappropriately. It was pred. It was pecified Resident It was pecified R	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 2		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	this time she was on assumed the DON rowas notified by the S' 01/11/13. The ADON #126 had touched Readded that she did now itnessed the incider she was only aware to observed with his had and did not consider inappropriate. The Aknown Resident #126 breasts she would have interventions to prever as notifying the physi #126 to be on one to that Resident #108 who but the family declined the family declined touching her breasts separated the reside Worker of the incident she would during her shifts to ke Resident #108. d. Resident #126's mand revealed an entrodated 04/30/13 that is sexually inappropriate entry also specified Family was precised from the incident she would have a sexually inappropriate entry also specified Family 1900 from the sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she would have a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she was a sexually inappropriate entry also specified Family 1900 from the incident she	leave and the ADON had ble. The ADON stated she W of the incident on W was unaware Resident esident #108's breasts and to interview Nurse #2 who hat. The ADON explained that that Resident #126 had been and on Resident #108's leg the behavior to be sexually and and additional ent any reoccurrence such incident and ordering Resident one monitoring. She added was offered a room change and. PM Nurse #2 was arted that she had observed and Resident #108's leg and and ordering Resident was offered a room change and. PM Nurse #2 was arted that she had observed and Resident #108's leg and and notified the Social and notified the Social and notified the Social and monitor Resident #126 was the epin from accessing the stated Resident #126 was the with Resident #108. The Resident #108 was moved to be Resident #126's access to	F	226			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1050 320		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 226	revealed a care plan sexually inappropriate female resident. Interincluded: - separate resident monitor resident adverse behaviors im refer to psychiatromatic possible suspicion of and the supervisor with DON to initiate and stated that she was incident on 04/29/13 to put Resident #108 checks on Resident #108 checks checks checks checks the Resident #108 checks	sident #126's medical record updated on 04/30/13 for a behaviors towards a reventions in the care plan at from Resident #108 s behavior and report any mediately ric services PM Nurse Aide (NA) #4 reported that on 04/29/13 ant #126 fondling Resident stated that she and another sidents and notified the nurse ing (DON).	F	226			

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F 226	"touchy-feely" person On 05/09/13 at 3:30 finterviewed and report Resident #126 being Resident #108 on 04/had also been notified involving Resident #1 01/11/13. She stated the incidents and felt to prevent any reoccustated she was not an occurred on a weeke 01/07/13 where Resident had she been not of sexually inapproprifacility would have iminterventions to prevereoccurring 3 more time. The administrator was jeopardy on 05/09/13 provided a credible a 05/10/13 at 4:37 PM. were put into place be Immediate Jeopardy: Corrective action was Resident #126 on 1:7 nursing assistant assitimes) monitoring at a were instructed by th PM that without excein visual sight at all tiform was implemented.	e facility and that he was a and friendly to everyone. PM the Administrator was red that she was aware of sexually inappropriate with /29/13. She stated that she d of a similar incident 126 and Resident #108 on I that the facility addressed they implemented measures arrence. The Administrator ware of the 2 incidents that and in January 2013 and on dent #126 was observed by Resident #108. She stated stifled after the first incident interest interest incident interest interest incident interest	F	226			

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	OVIDER OR SUPPLIER	EHAB CENTER		9	REET ADDRESS, CITY, STATE, ZIP CODE 15 LOCUST STREET CONNELLYS SPRINGS, NC 28612		
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F 226	the times of the obsers started a testosterone 04/30/13 which he will remain on 1:1 observin order to allow the tempedication to become further incidents of second for sany signs of security and incidents of second for medication of second further incidents of second for medication of second further incidents of second for menacing behavior 108 was assessed by 05/10/13 and no outwer of second for any residual effect of Resident #126. No All residents had the the alleged deficient was accomplished for Resident #126 on 1:105/09/13. All interviewere questioned on 0 and the nurse manage questions and all repand no one had been has any resident tour have you observed in	rvation. Resident #126 e inhibiting medication on II remain on. He will also ation for a period of 21 days estosterone inhibiting e effective. If there are no exual acting out during that	F	226			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345446	B. WING			05/1	10/2013
	OVIDER OR SUPPLIER	EHAB CENTER		95	EET ADDRESS, CITY, STATE, ZIP CODE S LOCUST STREET ONNELLYS SPRINGS, NC 28612		
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F 226	Has any other reside uncomfortable? These questions will interviewable resident weeks, every two we evaluate the need to Residents who were observed for any non 05/09/13. There were signs of abuse. Staff were asked to it any other residents who behavior and they reach addendum to the developed by the fact 05/09/13 to include in residents involved in behaviors, including immediate reporting DON and/or Administrator was impropriate behavior and they resident protection a inappropriate behavior and they resident protection a inappropriate behavior. Administrator was impropriate to all staff pm. Any full-time, pay were unavailable will facility until they have This in-service for all A) Recognizing sexual B) Identifying and reimmediately by phon Administrator 24 houtelephone numbers a station.	also be asked of the ats weekly for three more eks for one month, then continue. non-interviewable were exerbal signs of abuse on e no indications or outward dentify if they were aware of with sexually inappropriate ported there were none. abuse/neglect policy was sility administrator on mmediate separation of the inappropriate sexual initiation of 1:1 staffing and of sexual behaviors to the trator 24/7 by the nurse on the following systemic changes lace: An in-service about and reporting of sexually ors to the DON or amediately developed and 13 by the ADON and SW. began on 05/09/13 at 5:05 art-time or PRN staff that anot be allowed to work in the ecompleted the in-service. I staff included: the inservice and the sexual behaviors.	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 226	and initiating 1:1 staff D) It is staff responsit is monitored 1:1 until notification of behavior appropriate safety int medical provider by p incidents. E) Prevention and ho any unit for inappropr F) Admission process and determining if fac potential admission of Additional in-services included: G) Licensed responsible for docur inappropriate behavior incident reporting pro must be completed by of the incident occurr A daily audit will be of (back-up will be Nurs through Friday and the is Manager on Duty) incident reports of ina behaviors. During the the Nurse in Charge question staff of any sexual behaviors. The other staff concerns r will be reported to the weekend audits or ot sexual behaviors will DON by the Nurse in These audits will be of Reporting of the sexual	diate separation of residents fing 24/7 until further notice. Delity to ensure that resident management receives ors and implements erventions, notifying the shone or in person of the weak to supervise residents on the sexual behaviors. The second of the sexual behaviors of andidates. Sepecific to licensed staff of nursing staff are menting any sexually or in the facility 's computer gram. This documentation by the end of shift of the day ence. The second of andidates on the weekend to review the second of the weekend to review the weekend to review the second of the weekend to review the weekend to r	F	226			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	20 100000000000000000000000000000000000		CONSTRUCTION	(X3) DATE COMP	
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	OVIDER OR SUPPLIER PINES HEALTH AND R	EHAB CENTER		95	EET ADDRESS, CITY, STATE, ZIP CODE 5 LOCUST STREET CONNELLYS SPRINGS, NC 28612		10/2010
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F 226	Improvement Team of basis, with any further interventions from the Performance Improve implemented by the Tomplemented by the	Assurance Performance each month on a continual or recommendations for a Quality Assurance ement Team to be fear at that time to ensure was lifted on 05/10/13 at a provided evidence of all staff related to reporting to the Director of Nursing and protecting residents ing supervision to residents with abusive behaviors. Everalled they were aware of corting and protecting. ICES PROVIDED MEET TANDARDS Id or arranged by the facility hal standards of quality. It is not met as evidenced exiews, resident interviews and accility failed to transcribe a metal by a physician and clarify one changing medication campled residents. Resident		226	Corrective action was accomple for resident #117, by the nurse clarifying and correctly transcrite the order for Prilosec. Resider #117 has since been discharge from the facility. Corrective action for all resider who have the potential for deficing practice is for the nurses to clawith the attending physician an order that is not specifically cle residents have the potential to affected by failure to clarify and transcribe physician orders cor All resident's Medication Administration Records (MARS be reviewed by Unit Managers ensure accuracy. The current sof comparing the MARS with the physician renewal order set for errors at the end of each month be updated requiring two check Physician renewal order sets we reflect the nurse signature of the check and then a signature and of the nurse performing the final	bing nt ed nts cient cient rify y ear. All be d rectly. S) will to system ne h shall ks. vill ne first d date	6-10-2013

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION	(X3) DATE COMPI	
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	OVIDER OR SUPPLIER PINES HEALTH AND RI SUMMARY STA	EHAB CENTER ATEMENT OF DEFICIENCIES	ID	9	REET ADDRESS, CITY, STATE, ZIP CODE 5 LOCUST STREET CONNELLYS SPRINGS, NC 28612 PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	220	COMPLETION DATE
F 281	revealed the physicia symptoms of gastroes 20 milligrams (mg) or April 2013 Medication (MAR) was changed Prilosec 20 mg once According to the April administered 20 mg of through 04/16/13. The day was stopped or notation on the MAR for changed) 4/16/13 orders, written by Nuran order to change to Resident #117's diure vitamins. A nursing note, writte 04/16/13 at 2:15 PM (name) regarding gas orders noted to DC (of change Prilosec to bit increase in Prilosec 2 twice a day was not rorders dated 04/16/1 reflected Prilosec was twice a day from 04/1 The May 2013 MAR once a day was print rewritten by hand by day. According to the administered twice a 05/02/13. On 05/03/1	117's physician orders in ordered Prilosec (for sophageal reflux disease) are a day on 04/09/13. The hadministration Record to reflect this new order for a day. 12013 MAR, Prilosec was once a day from 04/10/13 are MAR noted Prilosec once in 04/16/13 and a written that the "frequency (symbol "The physician's telephone are #5, for 04/16/13 included to weekly weights, decrease efficiand to discontinue her	F	281	check. This signature will be plat the bottom of the physician of sheet in the block "Complete Of Checked". All Nurses will be in serviced in steps of complete medication orders, order transcription and order clarificat. To ensure compliance, the Unit Manager or his/her designee we conduct random audits compar nursing documentation to the Maudits will be conducted three to per week for two weeks, and the two times per week for two weeks, and the monthly for two months. To ensure sustained results eat audit results will be reported to Director of Nursing (DON) for reand the DON will report the results the Quality Assurance Perform Improvement (QAPI) committee the need for further monitoring determined by the QAPI commitments.	tion. ill ing 1ARS. times en eks, as. ch the eview ults to ance e with to be	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CO		(X3) DATE SURVEY COMPLETED	
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F 281	The Prilosec was reversed at 2013 MAR to reflect According to the May administered at 20 m through 05/09/13. Review of the mediciphysician orders and the change in the Prince onducted on 05/09/15 he could not recall changes. She recall stomach pains due to stated she may have reflected in the 04/16 stated without the wife would not have chard dosage increase. She probably compared no physician order form once a day to the back on the MAR to the medical record. The recall the specifics. Interview on 05/09/11 #117 revealed she in since her vitamins with the Mark of the medical record. The specifics of was her expectation telephone order, the transcribe it to the Mark of the Mark of the medical record.	e #5 to "see original order." written by hand on the May 20 mg once a day. y 2013 MAR, Prilosec was ng once a day from 05/03/13 al record revealed no I no nursing notes to reflect ilosec dosage of 05/03/13. w with Nurse #5, was 13 at 11:33 AM. She stated the specifics of the Prilosec ted that Resident #117 had to gastric problems. Nurse #5 to forgotten to write the order 6/13 nursing note. She ritten order, the pharmacy the further stated that she the orders to the MAR, saw or the increase in Prilosec wice a day and changed it the only order she found in She again stated she did not 3 at 12:04 PM with Resident and no stomach problems	F	281			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE : COMPL	LETED
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	ROVIDER OR SUPPLIER	REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 95 LOCUST STREET CONNELLYS SPRINGS, NC 28612			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY 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 APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE
F 323 SS=J	responsible for che orders at the end o stated Nurse #5 sh with the physician a error report before On 05/09/13 at 1:0 Nurse #5 should haphysician when shipust changed the M 483.25(h) FREE O HAZARDS/SUPER The facility must end environment remains is possible; and adequate supervist prevent accidents. This REQUIREME by: Based on observative record review the effective interventif sexually inappropriate toward administrator was jeopardy on 05/09	ment nursing staff were cking the MARs and physician f the month. The ADON ould have clarified the change and filled out a medication changing the MAR. 4 PM, the Administrator stated ave clarified the order with the e questioned the order and not IAR. F ACCIDENT	F2	323	 Corrective action was accompled Resident #108 and Resident #1 following manner: Resident #108 was protected in inappropriate sexual behaviors the assigned 1:1 observation are monitoring of Resident #126. If #126 was placed on 1:1 (one like nurse or nursing assistant assign observe and monitor at all times. Corrective action was accomplicable those residents having the perfected by the alleged deficing practice in the following manner. All interviewable residents facility were questioned on the social worker and the numanagers. The following significant questions were asked: A) Fresident touched you inappropriately? Have yobserved inappropriate beform any other residents or any resident? Have yobserved inappropriately touched concerns were reported from interview. Interviews of aler oriented residents are scheweekly times three weeks, every two weeks for one month of the need for these into to be continue will be evaluated. 	d from based on nd Resident censed gned to s.) shed for otential to ient r: in the 5-9-13 by urse cripted das any rou naviors between other ed they had ed. No m the t and duled and then onth, at terviews	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	acceptable credible a The facility will remai scope and severity le potential for more tha immediate jeopardy) education and ensure place are effective. The findings included 1. Resident #126 wa 03/22/12 with diagno and depressive disor (MDS) dated 12/09/1 moderately impaired documented behavior the resident required activities of daily livin or wheelchair for mod Resident #108 was a 11/16/11 with diagno Alzheimer's disease, others. The Minimur 11/11/12 specified the impaired cognitive sh assistance with activ a. On 05/09/13 at 11 was interviewed and trained to report any resident behavior to on a Saturday or Sur right after Christmas #126 sitting in the ha #108's breasts. She	ided and implemented an allegation of compliance. In out of compliance at a evel D (no actual harm with an minimal harm that is not to complete employee emonitoring systems put in the description of the	F	323	The Social Worker or designee in assigned to conduct these interviews of interviewable resid If a resident answers one of the scripted questions affirmatively the facility will begin abuse investigation protocol, perform 2 hour reporting and follow up 5 d reporting to the NC Health Care Personnel Registry. 2. Non inter-viewable residents we observed for any nonverbal sign abuse, and there were no indica or outwards signs of abuse. 3. Staff is asked to identify if they waware of any other residents wit sexually inappropriate behavior they reported that there were not they reported that there were not (one licensed nurse or nursing assis assigned to observe and monitor Resident #126 at all times. 5. One to one observation and monitoring is documented on a tracking in form. To ensure Resident #1 supervised as planned the assigned Nurse Manager shall monitor the one tracking sign in form on a daily basis. The assigned Nurse Manage shall review the weekend sheets on Monday, and the weekend supervise ensure that the documentation on the sign-in forms is accomplished on the weekends.	ents. then then the ay ere as of ation were the and one. tant king (26 is) the to er or will ne	6-10-2013

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NAME OF PROVIDER OR SUPPLIER COLLEGE PINES HEALTH AND REH	HAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 95 LOCUST STREET CONNELLYS SPRINGS, NC 28612				
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she reported the incider added that she also reported that she also reported that she and reported that she in #126 fondling Resident stated the incident hap she worked with NA #3 Weekend Supervisor. Incident was reported to the interviewed and reporter report all allegations or immediate supervisor. being notified by NA #3 fondled Resident #108 she could not recall the confirmed it was a week added that the incident of January because aff made aware of 2 addit #126 being sexually in #108. Nurse #3 reported the inappropriately by Resident #108 if she he inappropriately by Resident #108 if she he inappropriately that is added that Resident #126 reported the incident to Supervisor was intervited.	e residents. She stated ent to Nurse #3. She ported the incident to the M NA #1 was interviewed had observed Resident to #108's breasts. She opened on a weekend when 3, Nurse #3 and the She added that the to Nurse #3. M Nurse #3 was red that she was trained to resuspicion of abuse to her She stated she recalled 3 that Resident #126 had 3. Nurse #3 explained that red date of the incident but reserved in January. She at occurred in the early part of the treatment of Resident red that she asked had been touched sident #126 because she lert and oriented. She ends denied the incident had she told the nurse aides to 5. Nurse #3 stated that she othe Weekend Supervisor. AM the Weekend sident when the weekend sident was and reported that she late unknown) where NA #3	F	323	Neglect Policy was developed by the facility administrator to include immoseparation of the residents' involve the inappropriate sexual behavior, including 1:1 staffing (one licensed or nursing assistant assigned to obtain and monitor at all times), and immose reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 7. In addition to the above action Resident #126 was examined by the Medical Director on 5/10/13, and Resident #126 was placed on antianxiety medication. Resident #126 also placed on a testosterone inhib medication. It should also be noted Resident #126 remains on 1:1 observation and monitoring for 21 obeginning effective 5/9/13. If there no further incidents of sexual acting during the 21 day period; observation be changed to frequent monitoring Frequent monitoring shall be define an observation made every 30 min times three days and then hour for seven days and then observation etwo hours upon routine care round: Resident #126 shows any signs of inappropriate sexual behavior after removed from the 1:1 staffing, the observation and monitoring will be resumed immediately and the physical will be notified for medication adjusting will be notified for medication adjusting the physical part of the physical part o	was iting that days are gout on will ed as utes.	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 323	she was trained to se report the incident to (DON). She added the documented the incident she was unable to reduce the DON of the incident adocumentation of the Supervisor explained hall to monitor Reside the remainder of the On 05/09/13 at 2:10 (DON) and Assistant were interviewed. To they were unaware or received notification Supervisor. The DO the Weekend Supervisor. The DO the Weekend Supervisor that no additional into prevent Resident sexually inappropriate result of the incident been aware of the inimmediately implementation. b. Review of Reside revealed a nurses' en on 1/107/13 at 9:23 PM was observed inapp #108. The nurse's en Resident #126 was interviewed and composite the inte	08's breasts. She stated that eparate residents and then the Director of Nursing hat she would have dent in the medical record. ecall if she had notified the and was unable to provide incident. The Weekend that she asked staff on the ent #126 more frequently for shift. PM the Director of Nursing to Director of Nursing (ADON) the DON and ADON stated of the incident and had not	F	323	The following systemic changes have made to ensure the deficient practice not re-occur: 1. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include imme separation of the residents' involved the inappropriate sexual behavior, including 1:1 staffing (one licensed or nursing assistant assigned to obtain and monitor at all times), and immereporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 2. An in-service was conducted for staff concerning resident protection reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to DON and/or Administrator 24 hours day, 7 days a week., C) Staff respondicule ensuring resident protection immediate separation of resident an initiating 1:1 staffing until further noon D) It is the staff responsibility to ensure that the resident is monitored 1:1 unmanagement receives notification of behaviors and implements appropriately interventions, notifying the more provider by phone or in person of incidents, E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors, F) Admission process shall review for potential sexual behaviors and	does ne nediate d in nurse serve ediate all and the sa mase to myth and tice, sure ntil of iate nedical	6-10-2013

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMPI	
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F 323	when she approache #126 removed his habreasts. She added incident to Nurse #1 watch Resident #126 remainder of her shift On 05/09/13 at 5:20 interviewed and report anything out of Director of Nursing. 01/07/13 NA #2 notification was touching Reside explained that the reshe instructed NA #2 more frequently. She the behavior to be at did not report the inc. Nursing or other Adn felt she had handled On 05/09/13 at 2:10 (DON) and Assistant were interviewed. The they were unaware or received notification stated she would exprotified her immedia interventions could her prevent any reoccurrithat no additional into prevent Resident sexually inappropriat result of the incident c. Review of Resident.	thirt. She explained that d the residents, Resident and from Resident #108's that she reported the who instructed the NA to a more frequently for the t. PM Nurse #1 was brief that she was trained to for the ordinary" to the Nurse #1 stated that on fied her that Resident #126 and #108's breasts. Nurse #1 stated that she considered for the ordinary was breaked that she considered for the that she considered for the that she considered for the situation. PM the Director of Nursing the DON and ADON stated for the incident and not from Nurse #1. The DON for the incident so that finance here implemented to rence. The DON reported for the incident was she was trained to act the toward Resident #108 as	F	323	determining if the facility can meet to needs of any potential candidates for admission, G) Licensed nursing staresponsible for recording sexually inappropriate behavior in the facility computer software incident reporting system. 3. Incident reports shall be reviewed daily in the Incident Reporting Soft Program by the ADON (or designed Nurse in Charge). A review of these incidents reports will note any incidents reported involving inappropriate see behavior. Following this daily audit incidents the ADON and for the nuncharge will verbally question staff of other concerns related to sexual behaviors. Daily audits and any off staff concerns related to sexual bewill be reported to the DON immed Any weekend audits or other staff concerns related to sexual behaviors in Charge for further review. These audits will be done on a corpermanent basis. The review of the incident report will follow with any needed corrective action.	or ff are ff are g g g g g g g g g g g g g	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	EHAB CENTER		9	REET ADDRESS, CITY, STATE, ZIP CODE 5 LOCUST STREET CONNELLYS SPRINGS, NC 28612	1 00/	10/2010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 323	#126 touched Resider The entry also specificated and monitive Further review of the #126 revealed a care specified Resident # inappropriate behavioresident. Intervention included: - redirect when accept report adverse behavioresident. Intervention included: - redirect when accept report adverse behavioresident. Intervention included: - redirect when accept report adverse behavioresident. Intervention included: - redirect when accept report adverse behavior resident #108 On 05/09/13 at 11:22 was interviewed and notified her that Resident #108 inappropriately Resident #126 was tolerated by the facility keep his distance from added that Resident cognition and was untouched. On 05/09/10 at 2:10 (DON) and Assistant were interviewed. This time she was on assumed the DON rewas notified by the Sol/111/13. The ADOI #126 had touched Redded that she did not accept the solution in the side of the solution in the side of the solution in the side of the side o	A that specified Resident ent #108 inappropriately. Fied Resident #126 was ored. Immedical record for Resident ent #126 had sexually ors towards a female ensidentified on the care plan edverse behaviors occur enteraction with Resident enteraction enteraction with Resident enteraction en	F	323	The facility will ensure the correct solution is sustained through implementation of the addend the Abuse Policy, In-service education and new employee orientation to include in-service resident protection and report inappropriate sexual behaviors which included A.) Recognizities sexual behaviors, B) Identifying reporting of sexual behaviors immediately by phone to the and/or Administrator 24 hours 7 days a week., C) Staff respinctude ensuring resident prowith immediate separation of resident and initiating 1:1 staff until further notice, D) It is the responsibility to ensure that the resident is monitored 1:1 until management receives notificate behaviors and implements appropriate safety intervention notifying the medical provider phone or in person of incident Prevention and how to super residents on any unit for inappropriate sexual behaviors Social Worker shall report to Quality Assurance Performant Improvement (QAPI) Team expensions the number of incidents involving inappropriate sexual behaviors, any further recommendations for interver from the Quality Assurance Performance Improvement Tebe implemented. Outcomes we tracked by the QAPI Team to compliance.	dum to ce of ting of rs ng ng and DON s a day, onse to tection fing staff ne l ation of rs rs rs rby rs. The the ce ach manent l otions	6-10-2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		Commence of the American Control of the American State of the Control of the Cont	(X3) DATE SURVEY COMPLETED	
		20.00				1 AT 58 W	
		345446	B. WNG			05/	10/2013
	OVIDER OR SUPPLIER PINES HEALTH AND RE	EHAB CENTER		96	EET ADDRESS, CITY, STATE, ZIP CODE 6 LOCUST STREET CONNELLYS SPRINGS, NC 28612		
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F 323	she was only aware to observed with his har and did not consider inappropriate. The A known Resident #126 breasts she would ha interventions to preve as notifying the physi #126 to be on one to On 05/09/13 at 2:50 finterviewed and repo Resident #126 rubbin touching her breasts. separated the resider Worker of the incident the incident she would uring her shifts to ke Resident #108. d. Resident #126's mand revealed an entry dated 04/30/13 that is sexually inappropriate entry also specified Fanother hall to reduce and Resident #126 w services. Further review of Resrevealed a care plan sexually inappropriate female resident. Integrate plan to included - separate resident - separ	that Resident #126 had been and on Resident #108's leg the behavior to be sexually DON stated that had she to touched Resident #108's are made additional and any reoccurrence such cian and ordering Resident one monitoring. PM Nurse #2 was reted that she had observed any Resident #108's leg and She stated that she hat sand notified the Social and the stated that following domonitor Resident #126 are him from accessing the with Resident #126 was the with Resident #108. The Resident #126's access are referred for psychiatric resident #126's medical record appdated on 04/30/13 for the behaviors towards a the went and report any the from Resident #108 the sheavior and report any the sexually sheaving the sexu	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 ×	(2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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		345446	B. WNG			05/1	0/2013
NAME OF PROVIDER OR SUPPLIER COLLEGE PINES HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 95 LOCUST STREET CONNELLYS SPRINGS, NC 28612				
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F 323	on 05/08/13 at 12:40 was interviewed and she observed Reside #108's breasts. She NA separated the resand Director of Nursi On 05/09/13 at 9:20 interviewed and reported that staff were traine possible suspicion of and the supervisor with DON to initiate a stated that she was incident on 04/29/13 to put Resident #108 checks on Resident might of 04/29/13. To 04/30/13 Resident # psychiatric services a testosterone reductake up to a month feeffect. She stated the monitor the resident that Resident #126 whimself throughout to "touchy-feely" persoon 05/09/13 at 3:30 interviewed and reported to the superviewed and reported to the supervisor with the stated the stated the stated the supervisor of 05/09/13 at 3:30 interviewed and reported to the supervisor of the supe	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 - refer to psychiatric services On 05/08/13 at 12:40 PM Nurse Aide (NA) #4 was interviewed and reported that on 04/29/13 she observed Resident #126 fondling Resident #108's breasts. She stated that she and another NA separated the residents and notified the nurse and Director of Nursing (DON). On 05/09/13 at 9:20 AM the DON was interviewed and reported that all staff received yearly training on abuse policy and procedure for identifying and reporting abuse. The DON stated that staff were trained to immediately report any possible suspicion of abuse to their supervisor and the supervisor was responsible for notifying the DON to initiate an investigation. The DON stated that she was in the building when the incident on 04/29/13 occurred and instructed staff to put Resident #108 to bed and to do hourly checks on Resident #126 until he went to bed the night of 04/29/13. The DON added that on 04/30/13 Resident #126 was evaluated by psychiatric services and received an order to start a testosterone reducing medication which could take up to a month for the medication to take effect. She stated that staff were continuing to monitor the resident every 2 hours. She added that Resident #126 was very social and propelled himself throughout the facility and that he was a "touchy-feely" person and friendly to everyone. On 05/09/13 at 3:30 PM the Administrator was interviewed and reported that she was aware of Resident #126 being sexually inappropriate with		323			

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F 323	the incidents and felt to prevent any reocci stated she was not a occurred on a weeke 01/07/13 where Resi staff to have fondled that had she been not of sexually inappropriacility would have in interventions to prevent occurring 3 more to the administrator was jeopardy on 05/09/13 provided a credible a 05/10/13 at 4:37 PM were put into place to Immediate Jeopardy Corrective action was Resident #126 on 1: nursing assistant assitimes) monitoring at were instructed by the PM that without exces in visual sight at all the form was implement of who was assigned the times of the obsestanted a testosteror 04/30/13 which he were main on 1:1 obsersin order to allow the medication to becomfurther incidents of \$21 day period, the 1	It that the facility addressed they implemented measures currence. The Administrator ware of the 2 incidents that and in January 2013 and on dent #126 was observed by Resident #108. She stated officed after the first incident iate behaviors then the immediately implemented ent the behavior from mes. Its notified of the immediate at 4:05 PM. The facility allegation of compliance on the facility to remove the	F	323			

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F 323	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	323			

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NAME OF PROVIDER OR SUPPLIER COLLEGE PINES HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 95 LOCUST STREET CONNELLYS SPRINGS, NC 28612			•	
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F 323	compliance. The Immediate Jeopa at 4:37 PM. The faci in-service training for inappropriate resider the staff revealed the	ardy was lifted on 05/10/13 lity provided evidence of all staff on the prevention of at behavior. Interviews with by were aware of new d implementing supervision	F	323			