MAGNOLIA LANE NURSING AND REHABILITATION CENTER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346219

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
05/17/2013

NAME OF PROVIDER OR SUPPLIER
MAGNOLIA LANE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
107 MAGNOLIA DR
MORGANTON, NC 28655

(X4) ID PREFIX
TAG
F 226 SS-D

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

483.13(c) U-VL-LUP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES

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

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the facility failed to file the 24 Hour Initial Report with the Health Care Personnel Registry (HCPR) for an allegation of abuse for 1 of 4 residents reviewed for abuse (Resident #3). Findings included:
A review of the facility policy titled Abuse, Neglect or Misappropriation of Resident Property Policy, revised 05/01/13, revealed a section titled Reporting/Response, with a subheading titled North Carolina. This section stated "the Division of Health Service Regulation, Health Care Personnel Section, is to be notified of all allegations which appear to a reasonable person to be related to abuse, neglect, or misappropriation of property within 24 hours."
A review of a Resident Concern form dated 05/13/13 revealed a concern from Resident #3's family member that Nurse Aide (NA) #1 was mean to the Resident. The concern stated that on this same date, NA #1 got Resident #3 up for a bath and in the shower room hit her on her arm, bruised her knee and pulled her hair. The form revealed the Director of Nursing's (DON) and the Administrator's review. The Administrator

ADMINISTRATOR

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosed to the surveyor 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required. Continued program participation.
Continued From page 1 documented the family was talked to with plans to speak to the Resident and proceed with further investigation. Attached to the Resident Concern form was a statement by the DON documenting a phone conversation she had with NA #1, noting NA #1 had resigned her position.

On 05/17/13 12:20 PM the DON was interviewed. She stated concerns requiring investigation or reporting would be forwarded to her with situations involving allegations of abuse, neglect or misappropriation of property requiring completion of the 24 Hour Initial Report. The DON stated criteria to report to the state would include whatever the resident stated, especially if the resident stated the name of a staff member. She stated she was informed of the abuse allegation on 05/14/13, at which time she obtained the statement from NA #1 over the phone. The DON stated the 24 Hour Initial Report was completed on 05/14/13 but it had not yet been sent to the state.

On 05/17/13 at 1:10 PM the Administrator was interviewed. She stated her expectation that allegations of abuse be reported to the state using the 24 Hour Initial Report in the prescribed timeframe.

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| F 226         | informal dispute resolution, formal appeal procedure and/or legal proceedings.  
<p>|               | Resident #3 was assessed by the unit nurse with no injuries related to the allegations. The investigation was done and the 24hr. &amp; 5 day report was faxed to DHSR on 5-17-13. The cna #1 is no longer employed and upon investigation the alleged allegation was unsubstantiated. All reports of alleged abuse allegations within the last 90 days were reviewed for proper reporting to state agency as required with no further issues identified on 5-17-13 by the Administrator. Resident concerns and/or potential alleged allegations of abuse will be discussed at the morning QI meeting which includes all |
|              | 5-17-2013 |</p>
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department heads and the Administrator. Upon review, the Administrator will ensure that all potential alleged allegation of abuse will be reported to the required state agencies within 24 hrs. followed by a 5 day report.

An inservice on reporting alleged allegation of abuse to include the appropriate state agencies was given to the DON & Administrator on 5-17-13 by the RN consultant. All resident concerns and/or alleged allegation of abuse to include Resident #3 will be monitored 5 days / wk x 2 months, then weekly x 4 months, then monthly by the QI nurse and/or staff facilitator utilizing a QI tool to ensure that the required reporting of alleged allegations of abuse are reported as required to include to the appropriate state agency. Upon the identification of any
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Potential concern, the QI nurse and/or staff facilitator will notify the Administrator. Upon notification, the Administrator will take appropriate action to ensure required reporting to include to the appropriate state agency occurs. The results of these audits will be forwarded by the QI Nurse to the Executive QI Committee monthly x 3 then quarterly for review, the identification of potential trends, the development of plans of action as deemed necessary, and to determine the frequency of and/or the need for continued monitoring.