

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

PRINTED: 11/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2013
NAME OF PROVIDER OR SUPPLIER GREENFIELD PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5TH ST GREENVILLE, NC 27834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and record review the facility failed to follow its abuse policy for 1 of 5 sampled residents (Resident #2) which resulted in an allegation that a staff member stole money from a resident not being investigated. Findings included:</p> <p>1. The facility's Abuse and Neglect Prohibition policy (undated) documented misappropriation of resident property ("meaning the deliberate misplacement, exploitation or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent") was considered a type of abuse. The training section of the policy documented, "Staff will be trained on how they should report their knowledge related to allegations of abuse, neglect, involuntary seclusion and misappropriation of resident property with fear of reprisal....Staff will be trained on what constitutes abuse, neglect and misappropriation of resident property." The investigation section of the policy documented, "The facility will conduct an investigation of an alleged abuse, neglect or misappropriation of resident property in accordance with state law."</p> <p>Resident #1 was admitted to the facility on 12/14/12. Her documented diagnoses included</p>	F 226	<p>1. Nursing Assistants #1, #2 and #3 (assigned to Resident #1) were counseled on 10-31-13 and individual inservices were conducted on 10-31-13 with these Nursing Assistants regarding the importance of following the facility Grievance and Complaint Resolution Policy by reporting any grievances or concerns including misappropriation of resident property voiced by residents, families or visitors to assure timely investigations.</p> <p>2. All staff were inserviced between 10-31-13 and 11-7-13 by Nursing Administration regarding the importance of following the facility Grievance and Complaint Resolution Policy by reporting any grievances or concerns including misappropriation of resident property voiced by residents, families or visitors to assure timely investigations.</p> <p>3. All staff will be inservices monthly x 4 then quarterly x 4 regarding the importance of following the facility Grievance and Complaint Resolution Policy by reporting any grievances or</p>	11/12/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/15/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1 dementia.</p> <p>Review of the resident's care plan revealed on 02/17/13 non-compliance with daily care needs was identified as a problem, and on 03/05/13 non-compliance with medication administration was identified as a problem. Interventions to both of these problems included asking the resident what changes in her routine might enhance compliance, informing the resident about risks of non-compliance, psychiatric consults as needed, and giving positive feedback and reinforcement for resident compliance.</p> <p>The resident's 09/16/13 Quarterly Minimum Data Set documented the resident's cognition was intact, she exhibited behaviors other than verbal and physical abuse one to three days during the look back period, and she rejected care one to three days during the look back period.</p> <p>Review of the resident's medical record revealed the most recent visit for psychiatric/psychological counseling was on 10/09/13.</p> <p>At 4:40 PM on 10/29/13 Resident #2 stated that a change purse containing forty dollars was stolen from her. She explained she kept the purse in her brief, and about a month ago a nursing assistant (NA) removed the purse when changing her and never replaced it. Resident #2 reported she confronted this same NA and a nurse the day after the incident, but nothing was ever done about her missing money.</p> <p>Review of the facility's grievance log and alleged abuse investigations since 08/01/13 revealed there was no documentation of Resident #2's allegation of theft.</p>	F 226	<p>concerns including misappropriation of resident property voiced by residents, families or visitors to assure timely investigations. A random audit of a minimum of 4 interviewable residents will be done weekly x 4 then monthly x 4 by the facility Social Worker to assure compliance with the Grievance and Complaint Resolution Policy in regards to abuse and misappropriation of resident property.</p> <p>4. All investigated grievances or complaints reported and the results of the interviews of interviewable residents will be taken to the facility QA&A committee for review. The committee will make recommendations of any needed staff education based on the findings of these investigated grievances and the results of these audits.</p>		

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F 226	Continued From page 2 At 10:48 AM on 10/30/13 Nurse #1, who cared for Resident #2 on first shift, stated neither the resident or other staff members had reported to her that the resident had money stolen out of her brief. At 11:03 AM on 10/30/13 NA #1, who cared for Resident #2 on first shift, stated she had never seen any money in the resident's room. She reported she had seen a yellow pouch which the resident kept in her brief, but had only seen pieces of paper in the pouch. However, she commented it had probably been about a month ago since she had seen this yellow pouch. NA #1 stated Resident #2 never told her about a staff member taking money from her. At 2:42 PM on 10/30/13, during a telephone conversation, NA #2 stated she sometimes cared for Resident #2 on third shift. She reported about a month ago the resident told her that a staff member took money out of the wallet which she kept in her brief. The NA commented she told Nurse #3 about the theft. According to this NA, she had not seen the wallet herself and had not seen any money in the resident's room. At 2:47 PM on 10/30/13 NA #3, who cared for Resident #2 on second shift, stated about a month ago the resident told her that a NA stole money out of her brief. This NA reported she informed a nurse about the resident's accusation, but could not remember which nurse it was. According to NA #2, the resident kept money in a sock at one time, then later started keeping the money in her brief. She commented she thought the resident kept the money in a purse wrapped in tissue which was then stored in her brief.	F 226			

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F 226	<p>Continued From page 3</p> <p>However, she stated it had been a good while since she had seen the purse.</p> <p>At 3:25 PM on 10/30/13 Nurse #2, who cared for Resident #2 on second shift, stated neither Resident #2 or any staff members reported to her that a NA had stolen money which the resident stored in her brief.</p> <p>At 9:07 AM on 10/31/13, during a telephone conversation, Nurse #3 stated she cared for Resident #2 on third shift. She reported neither Resident #2 or any staff members reported to her that a NA had stolen money which the resident stored in her brief.</p> <p>At 9:38 AM on 10/31/13 NA #4, who reported caring for Resident #2 four or five times on first shift, stated that about a month ago the resident told her a staff member stole money from her. She reported the resident did not name the staff member or specify an amount of money stolen. NA #4 commented she had not seen money or a change purse in the resident's room. She stated she told a nurse, but could not remember which one, about Resident #2's allegation.</p> <p>During interviews with five direct care staff only 1 of 5 (NA #3) named misappropriation of property as a type of abuse they had been in-serviced on.</p> <p>At 10:43 AM on 10/31/13 the administrator and director of nursing (DON) stated they would expect accusations of theft to be entered into the grievance system. They explained if the investigating staff member was able to obtain the name of an accused perpetrator, a description of the perpetrator, or the resident was able to point the perpetrator out, then the facility completed an</p>	F 226			

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F 226	Continued From page 4 abuse investigation and submitted a 24-hour and 5-day report to the state. At 11:10 AM on 10/31/13 the staff development coordinator stated she provided in-servicing on abuse upon hire and quarterly to everyone working in the facility. She provided the handouts used in the October 2013 abuse/neglect in-services, and in them misappropriation of property was identified as a type of abuse. She explained that in the January, April, and July 2013 abuse/neglect in-servicing she provided staff with a copy of the facility's Abuse and Neglect Prohibition policy, and discussion followed.	F 226			