

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

PRINTED: 12/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/21/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARREN HILLS A PERSONAL CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>864 US HWY 158 BUSINESS WEST</b> <b>WARRENTON, NC 27589</b>		
(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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225		12/4/14	

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

TITLE

(X6) DATE

Electronically Signed

11/27/2014

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 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to submit a 24 hour report to the health care personnel registry for 1 of 1 sampled residents (Resident #2) when an allegation of abuse was reported to the facility. Findings included:</p> <p>Resident #2 was re-admitted to the facility on 10/19/10 with cumulative diagnoses of cerebrovascular accident (CVA), hypertension, and reflux.</p> <p>Resident #2's Quarterly Minimum Data Set dated 10/30/14 indicated that Resident #2 was cognitively aware. Resident #2 needed the extensive assistance of 1 person for hygiene.</p> <p>A review of the facility grievance logs for 11/14/14 showed a concern had been made regarding a staff member cursing at and being abusive toward Resident #2.</p> <p>A review of the investigation conducted by the facility did not show any evidence that a 24 hour report had been sent to the health care personnel registry.</p> <p>In an interview on 11/20/14 at 9:00 AM the Director of Nursing (DON) stated she investigated the allegation of abuse but did not report it to the health care personnel registry. She indicated she had been told in the past that unless the allegation was substantiated she did not need to send the required reports.</p> <p>In an interview on 11/20/14 at 2:00 PM Resident #2 stated "no" when asked if any staff members had used curse words while providing care.</p>	F 225	<p>Warren Hills Nursing Center acknowledges and proses this plan of corrections to the extent that the summary of finding is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as written allegation of compliance.</p> <p>Warren Hills Nursing Center's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Warren Hills reserves the right to refute any deficiency on this statement of deficiencies through Informal Dispute Resolution, Formal Appeal and or Administrative or Legal Procedures.</p> <p>The facility shall ensure that all alleged violations involving mistreatment, neglect, or abuse, including injures of unknown source and misappropriation of resident's property are reported immediately to the administrator of the facility and to other official in accordance with state law through established procedures (including to the State Survey and Certification Agency).</p> <p>A 24 Hour Report and 5 Day report on resident #2 was completed on 11/20/2014 and sent to the Department of Health and Human Services. The Administrator was notified that it had been completed and he reviewed it. They were then sent by</p>		

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F 225	Continued From page 2 Resident #2 also stated "no" when asked if any staff members had been mean or had hit any residents.	F 225	Certified Mail. The Administrator in-serviced the Director of Nursing on the state regulation and our Abuse Policy on reportable violations i.e. mistreatment, neglect or abuse, injuries of unknown origin, misappropriation of their property and etc. A Quality Assurance Audit Tool shall be used to monitor all alleged violations involving injury of unknown source, neglect or abuse, mistreatment and misappropriation of resident's property. The Director of Nursing and/or designee shall check with staff daily to see if any possible occurrences have occurred. The proper procedure shall be started immediately with the 24 Hour Report sent in and the investigation started. Any staff member involved shall be moved and/or suspended while investigation is in process. Family member and/or visitor involved in any occurrence shall be asked to leave the facility and proper authorities notified, 24 Hour report shall be done and 5 Day report shall follow. The Audit Tool shall include type, name, 24 Hour, 5 Day, Administrator, Ombudsman, and Law Enforcement notified if applicable. It shall also include dates done. The Administrator shall sign Audit Sheet after each alleged occurrence to ensure that facility policy and state regulations have been followed. The Medical Director, the Administrator and/or Director of Nursing shall review and revise the audit tool randomly.		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226		12/4/14	

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F 226	<p>Continued From page 3</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 record review and staff interviews the facility failed to implement their policy in the area of reporting for 1 of 1 sampled residents (Resident #2) when an allegation of abuse was reported to the facility. Findings included: A review of the Warren Hills Nursing Center Abuse Policy revised 7/11/14 showed under Investigation, " The investigation shall not exceed 24 hours at which time a full report will be made to the administrator and state agencies " (health care personnel registry).</p> <p>Resident #2 was re-admitted to the facility on 10/19/10 with cumulative diagnoses of cerebrovascular accident (CVA), hypertension, and reflux.</p> <p>Resident #2 ' s Quarterly Minimum Data Set dated 10/30/14 indicated that Resident #2 was cognitively aware. Resident #2 needed the extensive assistance of 1 person for hygiene.</p> <p>A review of the facility grievance logs for 11/14/14 showed a concern had been made regarding a staff member cursing at and being abusive toward Resident #2.</p> <p>A review of the investigation conducted by the facility did not show any evidence that a 24 hour</p>	F 226	<p>The Facility shall implement their Abuse Policy and procedures that prohibits mistreatment, neglect, and abuse of residents and misappropriation of resident's property.</p> <p>Resident #2, 24 Hour and 5 Day Report was completed on 11/20/2014. Any resident in the facility shall have 24 Hour and 5 Day Reports done if and/or when any type of mistreatment, neglect and abuse of resident and misappropriation of resident's property is reported and/or observed. Investigation shall be started immediately and any staff member involved shall be moved and/or suspended while investigation is in process. The Director of Nursing shall meet/speak with the Administrator to discuss and decide what actions need to occur with each occurrence.</p> <p>A Quality Assurance Audit Tool shall be used to monitor all alleged violations involving injury of unknown source, neglect or abuse, mistreatment and misappropriation of resident's property. The director of Nursing and/or designee shall check with staff daily to see if any possible occurrences have occurred. The proper procedure shall be started</p>		

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F 226	<p>Continued From page 4</p> <p>report had been sent to the health care personnel registry.</p> <p>In an interview on 11/20/14 at 9:00 AM the Director of Nursing (DON) stated she investigated the allegation of abuse but did not report it to the health care personnel registry. She indicated she had been told in the past that unless the allegation was substantiated she did not need to send the required reports.</p> <p>In an interview on 11/20/14 at 11:54 AM the Administrator indicated that the facility policy should have been followed and a report should have been sent.</p> <p>In an interview on 11/20/14 at 2:00 PM Resident #2 stated " no " when asked if any staff members had used curse words while providing care. Resident #2 also stated " no " when asked if any staff members had been mean or had hit any residents.</p>	F 226	<p>immediately with the 24 Hour Report sent in and the investigation started. Any staff member involved shall be moved and/or suspended while investigation is in process. Family member and/or visitor involved in any occurrence shall be asked to leave the facility and proper authorities notified, 24 Hour Report shall be done and 5 Day report shall follow. The Audit Tool shall include type, name, 24 Hour, 5 Day, Administrator, Ombudsman, and Law Enforcement notified if applicable. It shall also include dates done. The Administrator shall sign Audit Sheet after each alleged occurrence to ensure that facility policy and state regulations have been followed.</p> <p>The Medical Director, the Administrator and/or director of Nursing shall review and revise the audit tool randomly.</p>		