

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

PRINTED: 04/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/06/2015
NAME OF PROVIDER OR SUPPLIER GASTONIA CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 416 N HIGHLAND STREET GASTONIA, NC 28052		
(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		4/24/15	

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

TITLE

(X6) DATE

Electronically Signed

04/24/2015

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: Based on staff interviews and record review the facility failed to report an allegation of abuse within 24 hours to the State's Healthcare Personnel Registry for 1 of 3 allegations of abuse (Resident #1).</p> <p>The findings included:</p> <p>A policy titled "Abuse, Neglect and Misappropriation" dated 04/13 read in part: "All allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines."</p> <p>Resident #1 was admitted to the facility on 03/29/13 and discharged from the facility on 03/09/15. The Resident's last Minimum Data Set (MDS) prior to discharge specified her cognition was severely impaired.</p> <p>Resident #4 was admitted to the facility on 01/06/15. The most recent MDS dated 03/09/15 specified the resident had moderately impaired cognition.</p> <p>A statement written by nurse aide #1 dated 01/28/15 specified that on 01/23/15 Resident #4 reported that she witnessed an unknown staff member hit Resident #1. The statement specified nurse aide #1 reported the allegation of abuse to her charge nurse on 01/23/15.</p> <p>A written statement by Nurse #1 not dated specified that on 01/23/15 the Nurse spoke to</p>	F 225	<p>F225</p> <p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.</p> <p>1. Resident #1 did not experience harm and the investigation was unsubstantiated. The Director of Nursing employed January 23, 2015 is no longer employed with Gastonia Care and Rehabilitation. Resident #1 no longer resides at Gastonia Care and Rehabilitation. 2. On April 20, 2015, The Administrator re-educated the Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development Coordinator and RN Supervisors on the Abuse Policy and immediate notification to the Administrator for all alleged violations. The Administrator reviewed completing and immediate submission of the 24 initial report hour report to the Department of Health Service Regulation. The Administrator will ensure all completed investigations will be reported to the Department of Health Service Regulation within 5 working days of the incident. Corrective action will be taken for any verified violation. The Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development Coordinator, and RN Supervisors will</p>		

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F 225	<p>Continued From page 2</p> <p>Resident #4 about the allegation.</p> <p>A document titled "24-Hour Initial Report" dated 01/28/15 specified that on 01/23/15 an allegation of abuse was reported to the facility.</p> <p>Fax confirmation of the 24-Hour Report revealed that the report was faxed to the State's Healthcare Personnel Registry on 01/28/15.</p> <p>On 04/06/15 at 12:50 PM the former Director of Nursing (DON) was interviewed and reported that she was the DON at the time of the allegation. She explained that she was aware of the State's requirements that all allegations of abuse must be submitted to the State's Healthcare Personnel Registry within 24 hours of receiving the allegation. The DON added that initially the allegation was confusing and she was not sure what to put on the report but confirmed that she immediately initiated an investigation. The DON stated that she failed to notify the State within the specified timeframe of the abuse allegation.</p> <p>On 04/06/15 at 1:10 PM the Administrator was interviewed and reported that she expected the DON to follow all State guidelines for submitting reports timely and was unaware the DON failed to notify the State within 24 hours of receiving the abuse allegation because she was out of town.</p>	F 225	<p>report daily in morning meeting any allegations of abuse. On weekends, the RN Supervisor will immediately notify the Administrator and Director of Nursing of any allegations of abuse.</p> <p>3. The Administrator/Director of Nursing will monitor any allegations of abuse, completing and timely submission of the 24 hour initial report and 5 working day report using a QI audit tool three times a week x 4 weeks, twice a week x 4 weeks, weekly x 4 weeks, and then monthly x 9 months.</p> <p>4. The Administrator/Director of Nursing/Assistant Director of Nursing will report the results of QI monitoring to the Quality Assurance Performance Improvement Committee monthly x 12 months continued compliance and/or revision.</p>		