PRINTED: 12/30/2015 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345501	B. WING		C 12/10/2015	
	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	12/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 157 SS=D	SERVICES A facility must immediconsult with the residence known, notify the residence or an interested family accident involving the injury and has the polyintervention; a significantly experience of the status in either life the clinical complications significantly (i.e., a neexisting form of treating consequences, or to	ident's legal representative ly member when there is an resident which results in rential for requiring physician rant change in the resident's sychosocial status (i.e., a rental, or psychosocial reatening conditions or re	F 157		12/28/15	
	and, if known, the resor interested family mechange in room or roospecified in s483.15(resident rights under regulations as specificathis section. The facility must record the address and pholegal representative of this REQUIREMENT by: Based upon record repractitioner interviews the physician, the nur	promptly notify the resident ident's legal representative ember when there is a ommate assignment as e)(2); or a change in Federal or State law or ed in paragraph (b)(1) of ord and periodically update ne number of the resident's or interested family member. This is not met as evidenced eview and staff and nurse so, the facility did not notify se practitioner, or the family abuse was made for one of		#1 Corrective Action for affected residents Resident's responsible party was notified	ed	
ARODATORY	-	BUPPLIER REPRESENTATIVE'S SIGNATURE	:	TITLE	(X6) DATE	

Electronically Signed 12/28/2015

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.

Facility ID: NH956223

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
			A. BOILDI			l ,	c l
		345501	B. WING			1	10/2015
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>, , , , , , , , , , , , , , , , , , , </u>	10/2010
				26	600 CROASDAILE FARM		
CROASDA	ILE VILLAGE			D	URHAM, NC 27705		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 157	Continued From page	e 1	F	157			
	three residents who	were reviewed for abuse			by Licensed Nurse on 12/07/15. The		
	allegations, Resident	:#1. Findings included:			resident's Nurse Practioner was notifie	d	
					verbally by the Health Care Administra	tor	
	A review of the admi	ssion assessment dated			on 12/10/15. Resident was assessed b	У	
		that Resident #1 was			DON on 12/07/15 in relation to allegation		
		cility on 09/22/2015 from the			of abuse and no signs or symptoms of		
	hospital with diagnos				abuse or any negative outcomes were		
		al vascular accident, and			identified.		
	·	ulmonary disease. The			#2 Corrective Action for all residents'		
		vealed Resident #1 had erm memory problems, had			affected		
	_	t for making decisions			ancolod		
	=	asks of life, and that she			All residents have the potential to be		
		ssistance with most of her			affected and situations will be monitore	ed	
		g. An updated assessment			by QAPI team.		
	for Resident #1 dated	d 11/19/2015 revealed that					
		assistance with eating, that			#3 Prevention Measures		
		s with swallowing, and that					
		havioral symptoms which			100% education provided by DON to		
	included rejection of	care.			entire nursing administration team on		
	A				notification of resident s responsible		
		ng care plan initiated on			party and physician after any allegation	1 OT	
	11/19/2015 revealed	Resident #1 nad a I interventions in place			abuse 12/08/15. Random audits of physician notifications will be complete	d	
		or problems. One of the			by Healthcare Administrator/DON.	u	
		d, "Please approach me			by Healtheare Administrator/DON.		
		, smile, and give me personal			#4 Method of Monitoring		
	space when I appear	- · · · · · · · · · · · · · · · · · · ·			" · · · · · · · · · · · · · · · · · · ·		
					All allegations of abuse and neglect wi	ll be	
	A review of the facility	y's 24-Hour Report to the			audited by the Director of Social Service		
		el Registry revealed that an			designee to ensure that the policy was		
	•	as made regarding an			followed including notification of MD ar	ıd	
		d on 12/05/2015 at 9:00 AM.			RP of allegation.		
		e allegation was as follows:			Audits will be submitted monthly by the		
	•	2/06/2015 that [Nurse #1]			Director of Social Services to the QAP		
		take her medications on			committee for 6 months, time frame ma	аy	
		Iso reported that the nurse			be increased based upon findings.		
	resident's hands so s	ssistant Name] to hold the			#5 Completion Date:		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		OMPLETED
		345501	B. WING			C 12/10/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	<u> </u>	12/10/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	report that the physical or family was notified. A review of the nursi there were no notes 12/07/2015 to indical practitioner, or family the abuse allegation. An observation of the 8:40 AM revealed R to her forehead about yellow bruises arour right forearm and Nurse #3 and Nurse #3 and Nurse issue, and she was staff to resident abuse and she was staff to resident abuse and she was staff to resident abuse and have reported the althe nurse practitioner allegation. In an interview with a latter of the foreign for the foreign foreign for the foreign foreign for the foreign foreign for foreign foreign foreign for foreign f	e was no indication on the cian, family nurse practitioner, d of the allegation. In g progress notes revealed from 12/05/2015 through te the physician, nurse y had been notified regarding the the physician of the left wrist and on her hit wrist. The facility's administrator on PM, she stated that she e call on 12/06/2015 at 11:36 who made the allegation of the se by Nurse #1. The she had just suspended both #1 because of another so focused on the suspension of the abuse allegation to the the nurse practitioner. The in retrospect, she should legation to the physician or after she received the the Campus Administrator on PM, she stated that Resident the campus PM and PM a	F 15	12/28/15		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345501	B. WING _		1	C 2/10/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 2600 CROASDAILE FARM DURHAM, NC 27705		2/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 157	conducted with the r provided care for Re interview, she stated report that an allega had been made. The care of the resident physician was away not received any not allegation or about a 12/10/2015. The NF to see Resident #1 a 12/07/2015 at aroun medications and she	15 PM, an interview was nurse practitioner (NP) who esident #1. During the dishe had not received a tion of abuse to Resident #1 and NP stated she was taking while Resident #1's regular that week, and that she had diffication regarding the any new bruising until P stated she was in the facility and her family member on the diffication of the facility and her family member on the could have assessed the and any other issues at that	F1	57		
F 223 SS=D	12/10/2015 at 4:45 If family member on 1 bruises that were not forearms and wrists allegations of abuse 483.13(b) ABUSE The resident has the sexual, physical, and punishment, and involved This REQUIREMENT by: Based on record refacility did not preve making a verbally the	T is not met as evidenced view and staff interviews, the nt a staff member from reatening statement to 1 of 3 for abuse allegations,	F 2	#1 Corrective Action for affect 100% education provided to team members on the abuse policy including what constitutions.	all Pavilion and neglect	12/28/15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345501	B. WING			C 12/10/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 223	10/06/2015 indicated re-admitted to the far hospital with diagnos hypertension, cerebrotheronic obstructive personal same assessment resolutions and long to moderate impairment regarding her daily to required extensive a activities of daily living for Resident #1 dates she required limited ashe had no difficulties	ission assessment dated I that Resident #1 was cility on 09/22/2015 from the	F 2:	and neglect and the different ty abuse, as well as notification of and responsible party. Residen assessed by DON on 12/08/15 signs and symptoms of abuse outcomes were identified. #2 Corrective action for all residented All residents have the potential affected. Administration identifier residents to be interviewed by SWork. Interviews were conducted other residents having the potential affected did not identify any additional strengths.	to be ed random Social ed and notial to be	
	11/19/2015 revealed measurable goal and related to her behavi interventions include calmly, speak slowly space when I appear. On 12/09/2015 at 10 conducted with the N who was present during medication event of that on 12/05/2015 s common area where games or watch telewitnessed Nurse #1 her medications from the resident refused, take them. NA state exactly what Nurse #	ng care plan initiated on Resident #1 had a d interventions in place or problems. One of the d, "Please approach me , smile, and give me personal r to be upset." :30 AM, an interview was Jursing Assistant #1 (NA #1), ring part of the alleged 12/05/2015. NA #1 stated he was seated in the residents often sit to play		#3 Prevention Measures 100% education provided to all team members on the abuse as policy including what constitute and neglect and the different ty abuse, as well as notification of and responsible party. Staff De will also provide education on the and neglect policy during orient new team members including we constitutes abuse and neglect addifferent types of abuse. Direct Nursing or designee will complete a random audits of unannounce medication administration of nursidents rights and dignity of medication administration. #4 Method of Monitoring	nd neglect s abuse pes of f physician velopment he abuse tation for vhat and the or of ete at least ed ursing staff servation	

345501 EFICIENCIES	B. WING _	STI		1 2 /1	; 10/2015
	B. WING _			_	
				1 14/1	
EFICIENCIES			REET ADDRESS, CITY, STATE, ZIP CODE		10/2013
EFICIENCIES			00 CROASDAILE FARM		
EFICIENCIES					
EFICIENCIES		_ DC	JRHAM, NC 27705		
CEDED BY FULL G INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
cause Nurse #1 Ill to a vacant medications. t up to assist couch the NA #1 explained because only a, and that a bet with meds or #1 stated she ne on 5 at 11:19 AM as asked to on that while she are in the ase #1 attempt as which were a #2 stated the day and that she NA #2 stated ident, "We can ay." NA #2 ar (NA#2) to a resident's tions. NA #2 #1 and Resident hall from that NA #1 told dis down are #1 on ed that on			QAPI will monitor corrective actions to ensure compliance during monthly meetings. Director of Nursing or design will complete at least 5 random audits of unannounced medication administratio of nursing staff each month that will include observation of residents rights and dignity during medication administration for 6 months timeframe may be extended based on findings. Audits will be submitted to the QAPI committee monthly by the DON. Social Worker will complete 5 interviews with alert, oriented, and reliable residents earnonth in relation to abuse and neglect allegations. Interviews will be submitted monthly by the Director of Social Service.	ee of n	
	cause Nurse #1 ill to a vacant medications. by up to assist touch the NA #1 explained 2 because only s, and that a set with meds or a #1 stated she one on 5 at 11:19 AM as asked to on I that while she ere in the rse #1 attempt ons which were A #2 stated the day and that she NA #2 stated sident, "We can way." NA #2 er (NA#2) to e resident's stions. NA #2 #1 and Resident hall from that NA #1 told ds down urse #1 on ted that on ated in the ng to administer . Nurse #1 lent #1's	cause Nurse #1 ill to a vacant medications. of up to assist touch the NA #1 explained because only s, and that a st with meds or a#1 stated she one on 5 at 11:19 AM as asked to on I that while she ere in the rse #1 attempt ons which were A #2 stated the day and that she NA #2 stated sident, "We can way." NA #2 er (NA#2) to eresident's ations. NA #2 #1 and Resident hall from that NA #1 told ds down urse #1 on ted that on ated in the ing to administer	all to a vacant medications. To up to assist touch the NA #1 explained because only so and that a st with meds or a #1 stated she one on a #1 stated she one on a #1 attempt on swhich were a #2 stated the day and that she na way." NA #2 stated sident, "We can way." NA #2 er (NA#2) to be resident's attons. NA #2 #1 and Resident hall from that NA #1 told ds down are #1 on the that on a ted in the na to administer. Nurse #1	Cause Nurse #1 all to a vacant medications. If up to assist touch the NA #1 explained to be cause only s, and that a st with meds or an assist to on the that while she tere in the tous which were to the that NA #2 tated thall from that NA #1 told dis down The tous which were that the tous which were that the that NA #1 told dis down The tous which were that the tous which were that the that NA #1 told dis down The tous which were that the tous which were that the that NA #1 told dis down The tous which were that the tous which were that the that NA #1 told dis down The tous which were that the tous which were that the that NA #1 told dis down The tous which were that the tous which were that the that that NA #1 told dis down The tous which were that the tous which were that the thall from that NA #1 told dis down The tous which were that the tous which were that the thall from that that NA #1 told dis down The tous which were that the tous which were that the thall from that NA #1 told dis down The tous which were that the tous which were that the thall from that that that the thall from that that the thall from that that the the that the thall from that the thall from that the thall from the thall	Cause Nurse #1 Ill to a vacant medications. In turb to assist to uch the NA #1 explained 2 because only s, and that a st with meds or s.#1 stated she one on that while she ere in the ons which were A #2 stated the day and that she NA #2 stated the day and that she NA #2 stated the dident, "We can vay." NA #2 er (NA#2) to e resident's titons. NA #2 #1 and Resident hall from that NA #1 told dis down Jack Policy (April 1) QAPI will monitor corrective actions to ensure compliance during monthly whether will complete at least 5 random audits of unannounced medication administration of nursing staff each month that will include observation of residents rights and dignity during medication administration for 6 months timeframe may be extended based on findings. Audits will be submitted to the QAPI committee monthly by the DIN. Social Worker will complete 5 interviews with alert, oriented, and reliable residents each month in relation to abuse and neglect allegations. Interviews will be submitted monthly by the Director of Social Services to the QAPI committee for 6 months, time frame may be increased based upon findings. #5 Completion Date #5 Completion Date #5 Completion Date #5 Completion Date #5 Completion Date

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		Ι,	c
		345501	B. WING				10/2015
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
CDOACD	AU E VII I ACE			2	600 CROASDAILE FARM		
CROASD	AILE VILLAGE			D	OURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 223	then used a spoon to medications to her. resident was agitated refused to take her mand saying, Yuck." never said, "No." Nu something to the resisn't easy," or, "I know #1 stated that after Formedications, she left while, then returned medications again. If a medications again, area was very chaotic take the resident to thall to assist her as son Nurse #1 added that this the easy way or who witnessed that somight have misunded her statement. In an interview with NPM, she stated that some common area on 12 attempted to give medication at the medication at the medication at the medication and them. NA #3 explain her head side to side clearly, "I'm not going that Nurse #1 tried a medications to her, be and that she refused her head, "no" and setake them. NA #3 st	hem with applesauce, and attempt to administer the Nurse #1 added that the dight that day and that she nedications, making a face Nurse #1 stated the resident urse #1 stated that she said ident similar to, "I know this withis is hard for you." Nurse desident #1 refused the her in the commons area a to try to administer the Nurse #1 stated the common or, so she asked NA #2 to he vacant room across the she gave the medications. she did not say, "We can do the hard way," and that those she made this statement restood her or misconstrued NA #3 on 12/09/2015 at 2:21 she was present in the 105/2015 when Nurse #1 edications to Resident #1. If the proached Resident #1 with told her it was time to take the did that Resident #1 shook to take it." NA #3 stated gain to give a spoonful of the out the resident #1 refused at three times. NA #3 stated	F	223			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG	(X3) DATE	SURVEY
		345501	B. WING _		1	C / 10/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705		10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)) BE	(X5) COMPLETION DATE
F 226 SS=D	the hard way." NA #3 statement was disturt it on 12/06/2015. In an interview with the administrator (CA) on 12/09/2015 at 11:50 A alleged statement by the easy way or the her and that it could be resident or to others of 483.13(C)(1)(i) STAF RESIDENTS The facility must development policies and procedur mistreatment, negled and misappropriation (Use F226 for deficient facility's development policies and procedur This REQUIREMENT by: Based on observation and nurse practitione to follow its Abuse an the facility did not ide suspected abuse or pathe resident after an a made, and b) staff me and report suspected residents reviewed in Resident #1. Finding	an take it the easy way or a stated she felt the bing to her, so she reported the facility's campus 12/10/2015 at on the AM, she stated that the Nurse #1, "We can take it ard way," was disturbing to be taken as a threat to a who heard the statement. F TREATMENT OF		#1 Corrective Action for affected Residents Resident was assessed by DON on 12/08/15 and no signs or symptoms abuse or negative outcomes were identified. #2 Corrective Action for all residents affected All residents have the potential to be		12/28/15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345501	B. WING _			C 12/10/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>'</u>	12/10/2010
				2600 CROASDAILE FARM		
CROASDA	AILE VILLAGE			DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	Continued From pag	e 8	F 2	26		
1 220	Policy, effective Janumay 13, 2014, revea B. on page 3, "Employer new hire orientation, the importance of imor suspected instance Section IV A., page 4 employees need to be abuse or neglect: urcuts, bruises, welts, V, page 4 of the policinternal investigation Examination and internal manager/designee compage 2014.	lary 14, 2014 and revised on led the following in Section II oyees are instructed during periodic in-services,on mediate reporting witnessed es of abuse/neglect." In the policy stated, "All he able to detect potential explained open wounds, or discoloration" Section by revealed: "The Community	F 2	affected. Administration idientic residents to be interviewed by Work. Interviews were conducted other residents having the potential affected did not identify any acconcerns. #3 Prevention Measures 100% education provided to a team members on the abuse a policy including what steps to any allegation of abuse or neg Development Coordinator will education on the abuse and n during orientation for new tear including the steps to follow as	Social sted and ential to be editional all Pavilion and neglect follow after glect. Staff also provide eglect policy m members	
	10/06/2015 indicated re-admitted to the fact hospital with diagnost hypertension, cerebrotheronic obstructive pusame assessment reshort term and long to moderate impairment regarding her daily to required extensive as activities of daily living for Resident #1 dates she required limited as he had no difficulties she had exhibited be included rejection of A review of the nursing 11/19/2015 revealed measurable goal and	al vascular accident, and ulmonary disease. The vealed Resident #1 had erm memory problems, had t for making decisions asks of life, and that she esistance with most of her ag. An updated assessment d 11/19/2015 revealed that assistance with eating, that is with swallowing, and that havioral symptoms which care.		allegation of abuse or neglect. Nursing or designee will comp 5 random audits of unannound medication administration of n each month that will include of of resident rights and dignity of medication administration. #4 Method of Monitoring QAPI will monitor corrective at ensure compliance during mon meetings. Director of Nursing will complete at least 5 randor unannounced medication adm of nursing staff each month th include observation of residen dignity during medication adm for 6 months and time frame n extended based on findings. A submitted to QAPI committee DON. All allegations of abuse	Director of olete at least ced ursing staff beservation luring ctions to onthly or designee on audits of inistration at will t rights and inistration may be audits will be monthly by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED	
		345501	B. WING			C 12/10/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 2600 CROASDAILE FARM DURHAM, NC 27705	DE	12/10/2010
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 226	calmly, speak slowl space when I appear to the Health on 12/08/2015 at 10 stated that the facili Report to the Health dated 12/07/2015 a allegation of abuse. The facility's 24-Ho Personnel Registry abuse was made reoccurred on 12/05/2 description of the afollows: "It was rep [Nurse #1] forced the medications on 12/0 that the nurse aske Name] to hold the regive her medication a) A review of the record dated Decer #1 was receiving X medication), 15 mill breakfast. (A side erisk of bleeding.) A Skin Assessment 12/07/2015 at 11:50 description of the re"Has three bruises bruise to inner arm and 0.2 inches wide top of wrist 1 inch lost the state of the results of the second of the sec	ed, "Please approach me y, smile, and give me personal ar to be upset." the Director of Nursing (DON) 0:03 AM on 12/08/2015, she ty had submitted a 24-Hour of Care Personnel Registry to 11:51 AM regarding an to Resident #1. ur Report to the Health Care revealed that an allegation of the egarding an incident that 2015 at 9:00 AM. The legation on the report was as orted on 12/06/2015 that the resident to take her 05/2015. It was also reported the [Nursing Assistant esident 's hands so she could is." medication administration of the end of the properties of the end	F 23	will be audited by the Directo Services/ designee to ensure abuse and neglect policy was Audits will be submitted mon QAPI committee by the Direct Services for 6 months, time to be increased based upon find #5 Completion Date 12/28/15	that the s followed. thly to the ctor of Social frame may	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345501	B. WING _			C 12/10/2015
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	<u>'</u>	12110/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 226	dated 12/08/2015 at following: " Res (committee related to hands and red abras Areas to right hand i and area to left hand placement. Red abras to be from resident son anticoagulation a of combative behavi A review of the nursi there was no other cassessment of Residuallegation of abuse vat 11:36 AM. In an interview with the on 12/09/2015 at 4:0 stated that she woul to have received a sallegation of abuse vatere was implied phabuse of 12/05/2016 unaware of the abus to the facility on Mor investigation did not facility that day.	disciplinary Team (IDT) Note 12:04 PM revealed the resident) reviewed by IDT of discolored areas to bilateral sion to resident's forehead. It is consistent with watch asion to forehead is believed acratching area. Resident is not has had multiple episodes for s" In progress notes revealed accumentation that an ident #1 was made after the was reported on 12/06/2015 The Director of Nursing (DON) 100 PM, she explained that she dhave expected Resident #1 kin assessment after the was made on 12/06/2015 if hysical harm from the alleged is. She explained she was the allegation until she came in inday, 12/07/2015, and that the start until she was in the	F 2	· · · · · · · · · · · · · · · · · · ·		
	12/06/2015 after she abuse on 12/06/2015 Administrator explain was not completed be staff supervisor on Sthe investigation and did not begin until M	se should have started on e received the allegation of				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345501	B. WING		C 12/10/2015
	ROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	12/10/2010
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 226	recognize the report it was first reported AM. b) On 12/09/2015 a conducted with the who was present du medication event of that on 12/05/2015 common area where games or watch telewitnessed Nurse #1 her medications from the resident refused take them. NA state	problem that she did not seed incident to be abuse when to her on 12/06/2015 at 11:36 at 10:30 AM, an interview was Nursing Assistant #1 (NA #1), ring part of the alleged 12/05/2015. NA #1 stated she was seated in the e residents often sit to play	F 226		
	concerned about the told NA #2 to come room to assist her w NA #1 stated that w! Nurse #1, she told N resident, we do not she made the stater the nurse should given nursing assistant she holding the resident. An interview was concerned that she with the facility where Reson staff members reabuse or a medicati #1 on 12/05/2015. During an interview	dicine, but that she was e situation because Nurse #1 across the hall to a vacant with giving the medications. Then NA #2 got up to assist NA #2, "Don't touch the hold hands." NA #1 explained ment to NA #2 because only be medications, and that a could not assist with meds or its hands. Inducted with the Unit 1015 at 10:56 AM. She was supervising the section of esident #1 resided, and that ported to her any suspected on incident involving Resident On 12/09/2015 at 11:19 AM istant who was asked to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDING				C	
		345501	B. WING				10/2015	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
CBOASD	AILE VILLAGE			2	600 CROASDAILE FARM			
CKOASDI	AILE VILLAGE			D	OURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 226	and 2 other nursing a common area, she we to give Resident #1 in crushed and mixed we resident was a little at refused to take her in that Nurse #1 then stake it the easy way explained that Nurse come across the hall hands while she gaves stated she then wend #1 into a vacant roor common area. NA #1 her not to hold the respective because that would in an interview with NPM, she stated that so common area on 12/2 attempted to give me NA #3 stated that Nurmedication at the me with a food item, perfuye of food) then ap the medications and them. NA #3 explain her head side to side clearly, "I'm not going that Nurse #1 tried at medications to her, is and that she refused her head, "no" and stake them. NA #3 stake them.	the medication 2, she stated that while she assistants were in the ritnessed Nurse #1 attempt her medications which were with food. NA #2 stated the agitated that day and that she hedications. NA #2 stated aid to the resident, "We can for the hard way." NA #2 #1 asked her (NA#2) to and hold the resident's the the medications. NA #2 with Nurse #1 and Resident across the hall from 2 confirmed that NA #1 told sident's hands down	F	226				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501			' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		C 12/10/2015		
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	12/10/2013	
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 226 F 241 SS=D	NA #3 stated that she NA #2 come back our while later, and that is stain on her sweater when she was taken stated she was conce because her behavio was brought back into stated she thought has he went to the resider want to know." NA # should have recogniz suspected abuse and incident on 12/05/201 that she did report it to In an interview with the 12/09/2015 at 4:00 P would expect for a state suspected abuse immanner. 483.15(a) QUALITY to The facility must promanner and in an emenhances each residefull recognition of his This REQUIREMENT by: Based on record revision for 1 of 3 res Findings included: A review of the admit	one at that time. In addition, witnessed Nurse #1 and to of the vacant room a short Resident #1 had a pinkish that had not been present into the vacant room. NA #3 erned about the resident reshe did not look up as she to the common area. NA #3 er expression was odd, so ent and asked her if she was not replied, "You just don't astated she knew she ared the incident as a should have reported the possible from the properties of Nursing on M. She stated that she aff member to report the endiately or within a timely of LIFE. The properties of the properties of the incidents in a point or her individuality. The properties of the properties of the incidents in a point or her individuality. The properties of t	F 22			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345501	B. WING		C	
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	12/10/2015	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 241	ROVIDER OR SUPPLIER AILE VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 24 ⁻	#2 Corrective Action for all residents affected All residents have the potential to be affected. Administration identified rance residents to be interviewed by Social Work. Interviews were conducted and other residents having the potential to affected did not identify any additional concerns. #3 Prevention Measures Director of Nursing or designee will complete at least 5 random audits of unannounced medication administration of nursing staff each month that will include observation of residents rights dignity during medication administration 100% of nursing team educated on resident's dignity including respecting residents dignity. #4 Method of Monitoring QAPI will monitor corrective actions to ensure compliance during monthly meetings. Director of Nursing of designing will complete at least 5 random audits unannounced medication administration of nursing staff each month that will include observation of residents rights dignity during medication administration for 6 months, time frame may be extended based on findings. Audits wis submitted to the QAPI committee month by the DON. Social work will interview alert, oriented, and reliable residents extended based on findings.	be on and on. and on and on ll be thly 5	

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 12/10/2015	
		345501					
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CO		2/10/2013	
				2600 CROASDAILE FARM			
CROASD	AILE VILLAGE			DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTII CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 241	Continued From page	e 15	F 2	41			
Γ 241	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 stated she then went with Nurse #1 and Resident #1 into a vacant room across the hall from common area. NA #2 added that when she was in the room observing the medication administration, Nurse #1 explained to the resident why she needed to take her medication, then drew up the medication from the medication cup using a syringe and administered the medication by pushing the plunger on the syringe into Resident #1's mouth. In an interview conducted with Nurse #1 on 12/09/2015 at 12:21 PM, she stated that on 12/05/2015, Resident #1 was seated in the common area when she was going to administer her medications around 9:00 AM. Nurse #1 explained that she crushed Resident #1's medications, mixed them with applesauce, and then used a spoon to attempt to administer the medications to her. Nurse #1 added that the resident was agitated that day and that she refused to take her medications, making a face and saying, Yuck. " Nurse #1 stated the resident never said, "No." Nurse #1 stated that she said something to the resident similar to, "I know this isn't easy," or, "I know this is hard for you." Nurse #1 stated that after Resident #1 refused the medications, she left her in the commons area a while, then returned to try to administer the medications again. Nurse #1 stated the common area was very chaotic, so she asked NA #2 to take the resident to the vacant room across the hall to assist her as she gave the medications. Nurse #1 added that the medications were already mixed with applesauce in a medicine cup due to her earlier attempt to administer the medications, and that		F 2	month in relation to dignity. Social Work will submit aud the QAPI Committee for 6 n frame may be increased bar findings. Completion Date: 12/28/15	its monthly to nonths, time		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 12/10/2015	
		345501	B. WING				
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODI 2600 CROASDAILE FARM DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 241	at 2:38 PM, she exp for Resident #1 frequency problems with admir Resident #1, and the medications because problems with swalled that the resident had that she did not have refusing her medical In an interview with 12/09/2015 at 3:45 Fexpect a nurse to comedication after it has she also stated that	with Nurse #3 on 12/10/2015 lained that she provided care uently and that she had no nistering medications to at she did not crush her e the resident had no owing. Nurse #3 also added d documented behaviors, but e problems with Resident #1 tions. the Director of Nursing on PM, she stated she would not intinue to attempt to give ad been refused 2 or 3 times.	F 24	1			
	revealed Resident # facility on 09/22/201 diagnoses including vascular accident, a pulmonary disease. revealed Resident # long-term memory p impairment for making daily tasks of life. That Resident #1 requesting and extensive other activities of da	ray scheduled assessment 1 was re-admitted to the 5 from the hospital with hypertension, cerebral nd chronic obstructive The same assessment 1 had short-term and roblems and had moderate ng decisions regarding her ne assessment also indicated uired limited assistance with e assistance with most of her ily living, including personal d locomotion on the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		PLE CONSTRUCTION IG	(X3) D	(X3) DATE SURVEY COMPLETED	
345501		B. WING _	B. WING		C		
NAME OF P	ROVIDER OR SUPPLIER	0.0001		STREET ADDRESS, CITY, STATE, ZIP CO		12/10/2015	
CROASDAILE VILLAGE				2600 CROASDAILE FARM DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 241		ge 17 ras totally dependent upon ed mobility, and transfers.	F2	41			