	-	ID HUMAN SERVICES				FOR	MAPPROVED
	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MU		CONSTRUCTION	(X3) DATE	D. 0938-0391
	CORRECTION	IDENTIFICATION NUMBER:	· /				PLETED
				_			С
		345391	B. WING			08/	/31/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H			131 NORTH CHURCH STREET		
	[			G	REENSBORO, NC 27401		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 225 SS=D		(4) INVESTIGATE/REPORT /IDUALS	F	225			9/28/17
	483.12(a) The facility	must-					
	(3) Not employ or oth who-	erwise engage individuals					
		juilty of abuse, neglect, opriation of property, or urt of law;					
	or her professional lic						
	licensing authorities a actions by a court of I	e nurse aide registry or any knowledge it has of aw against an employee, unfitness for service as a icility staff.					
		egations of abuse, neglect, atment, the facility must:					
	abuse, neglect, explo including injuries of u misappropriation of re reported immediately after the allegation is cause the allegation i						
ABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATUF	2F		TITLE		(X6) DATE

## **Electronically Signed**

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.

09/20/2017

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/06/2017 MAPPROVED D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345391	B. WING				31/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H			131 NORTH CHURCH STREET REENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 225	abuse and do not res the administrator of th officials (including to adult protective servic for jurisdiction in long accordance with State procedures. (2) Have evidence that thoroughly investigate (3) Prevent further po- exploitation, or mistre investigation is in pro (4) Report the results administrator or his o representative and to with State law, includ Agency, within 5 work if the alleged violation corrective action mus This REQUIREMENT by: Based on record rev interviews the facility allegation of misappro- personal property to t Personnel Investigati and 2. do a thorough allegation for one of t misappropriation of p #4. The findings included Resident #4 was adm 7/21/17. Review of th	<ul> <li>a the allegation do not involve ult in serious bodily injury, to ne facility and to other the State Survey Agency and ces where state law provides -term care facilities) in e law through established</li> <li>at all alleged violations are ed.</li> <li>beential abuse, neglect, eatment while the gress.</li> <li>of all investigations to the r her designated o ther officials in accordance ing to the State Survey king days of the incident, and n is verified appropriate at be taken.</li> <li>T is not met as evidenced</li> <li>iew, staff and resident failed to 1. report an opriation of a resident ' s the state agency, Healthcare ons and law enforcement investigation of the hree sampled residents for ersonal property. Resident</li> </ul>	F2	225	F 225 •The process, root cause, that lead to deficient practice, was one individual failing to follow the established policy, Abuse Prevention Program, which was updated on 3.27.17, regarding allegati of abuse. The facility Abuse Prevention Program requires that all allegations of abuse, neglect, exploitation and misappropria of property be handled appropriately: t resident should be protected, the incid should be reported to the healthcare	s ons 1 tion he	

Facility ID: 943494

If continuation sheet Page 2 of 18

		MEDICAID SERVICES				<u>O. 0938-03</u>	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY	
			A. BUILDING	B			
		345391	B. WING			C	
		343391				3/31/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	=		
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		1131 NORTH CHURCH STREET			
	1			GREENSBORO, NC 27401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE	
F 225	Continued From page	e 2	F 22	25			
	1.0	ng term memory problems		personnel registry within 24 h	ours (2		
		s intact. The MDS indicated		hours for abuse and / or bodily	•		
	he had no behaviors			then again at 5 days, and to lo			
		's investigation included		agencies including police as in			
		ent #4, aide #1 and charge		The physician and responsible			
		a typed, unsigned interview		be notified, the allegation sho			
		ge nurse #1 indicated		thoroughly investigated, and in			
		to medication aide #1, that		should be put into place as ne			
		s liquid Morphine from his		the situation cited, a staff mer			
		om. Charge nurse #1 talked		to report the allegation of misa			
	-	his allegation. Resident #4		of property to the personnel h			
		aide #1 had come into his		registry and to the police, and			
	room while he was in	the restroom, got into his orphine and added water to		conduct a thorough investigat			
		' now it ' s no good and I		•Plan of correction and procee	lure for		
	think I ' m going to ca	Il the police. Take finger		implementing:			
	prints and send it to t	he lab. ' A family member		-The employee involved in the	e situation		
	was visiting and told	him not to call the police.		cited was replaced with a new	Director of		
	The incident was repo	orted by charge nurse #1, to		Nursing who was trained on o	ur policy		
	the Director of Nursin	g, who was out of the facility		regarding allegations of abuse	e, including		
		rge nurse #1, sent aide #1,		misappropriation of property, a	and in how		
	to get a drug screen.	The investigation included		to conduct an investigation.			
	-	d and dated account of the		-Allegations of abuse, neglect			
		. The statement indicated		and misappropriation of prope			
		used aide #1 of "drinking his		called to the DON and Admini			
	Morphine and waterir			the allegation is made and the			
		ne investigation included a		people will ensure the allegati			
		sident #4 dated 8/17/17 and		reported to state and local age	•		
	• •	r of Nursing (DON). This		the Abuse Prevention Program	n and		
		e DON arrived at the facility		federal regulations.			
		/17/17. She discussed with		-The DON or the Administrato			
		e accusation he had made		all investigations in allegations			
		ne. The resident "stated" I		-The Administrator will review			
		out anything concerning		investigations related to allega			
		was just making it up. No		abuse, including related docu			
		y Morphine and don ' t want		interviews etc, to ensure com			
	-	e about my Morphine. (The		and to ensure compliance with			
	statements made by	Resident #4 were not in		Prevention Program and fede	ral		
		n typed.) The interview did		requirements.			

Facility ID: 943494

	S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
					С
		345391	B. WING		08/31/2017
NAME OF P	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE	
				1131 NORTH CHURCH STREET	
HEARILA	IND LIVING & REHABAT	THE MOSES H CONE MEM H		GREENSBORO, NC 27401	
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETIO
F 225	Continued From page	3	F 225	5	
F 225	not indicate why Resi accusation. Interview with charge PM revealed Residen 8/17/17. When she e was in the room, and Arabic, and seemed u asked them to slow d wrong. Resident #4 t into his room, while he into his backpack type Morphine. The reside took it, her mouth was he had observed her bag. She called the D informed her of the ac send aide #1 to be dr the paper work to give the floor. Charge nurs returned, and said she and was going home. know if the accused a performed. Interview with Reside phone on 8/31/17 at explained he was in th when someone came who is it?, and it was asked what was she o to get papers from hir and again he heard s He had the door oper it was that came into #1, and she said she	dent #4 lied about the nurse #1 on 8/30/17 at 3:50 t #4 wanted to talk to her on ntered his room, his sister they were speaking in upset. The charge nurse #1 own and tell her what was old her aide #1 had come e was in the bathroom, got e bag and took his ent told her he knew she s blue like his medicine, and in his room, going into his Director of Nursing and ccusation. She was told to ug tested. She gave aide #1 e to the lab and the aide left se #1 explained the aide e had a family emergency Charge nurse #1 did not aide (#1) had the drug test nt #4 was conducted by 11:55 AM. Resident #4 he bathroom on 8/17/17 into his room. He asked, the aide (aide #1). He doing, and was told she had n for the nurse. She left, omeone come into his room. n slightly and could see who his room. Again, it was aide had to get more papers for #4 explained when he came	F 225	<ul> <li>-Nursing, dietary, therapy, activiti housekeeping staff will be inservit the existing Abuse Prevention Pre- policy which requires all allegation abuse, including misappropriation property be reported and investig thoroughly.</li> <li>-Heartland leadership staff will be inserviced on how to conduct a th investigation, and how/ when to re- allegation of abuse.</li> <li>•Monitoring</li> <li>-Ten residents per week for 4 we be interviewed to ensure that inci- abuse, including misappropriation property, were reported to staff.</li> <li>-The process used and the paper associated with all investigations allegations of abuse will be review team composed of at least the Administrator, DON, and Director Operations monthly for 4 months for opportunities to improve the pi -The resident interviews, and the of the individual investigations intra allegations of abuse, will be submit the Quality Management with QA monthly for 4 months. The Quali Management with QAPI Team wit this plan if compliance with the fa Abuse Prevention Program and tifederal regulations is not maintain •Person responsible for implement plan of correction is the Executive</li> </ul>	ced on ogram ns of n of pated enorough eport an eks will dents of n of work into wed by a r of , looking rocess. reviews o nitted to .PI Team ity II modify icility he ned.

	S FOR MEDICARE &					0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE	SURVEY
	CONNECTION	IDENTIFICATION NOMBER.	A. BUILDIN	G		
		245204				С
		345391	B. WING			31/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	DE	
	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		1131 NORTH CHURCH STREET		
				GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE	(X5) COMPLETIO DATE
				DEFICIENCY	<i>(</i> )	
F 225			F 2	25		
		e doctor had given him				
		ded when he went home. He				
		ne before coming back to the				
	facility. He had aske	d an aide to tell her to come				
		came to his room, and he				
	told her "you took my	medicine, the Morphine				
	bottle." He further ex	plained aide #1 said "no"				
		ne "Saw her, he would tell				
		" Aide #1 told Resident #4				
		He continued explaining,				
		and returned about 10				
		bottle of Morphine. The				
		top and he knew there was				
		bottle before it was removed				
		dent #4 asked aide #1 "what				
		dicine? What did you put in				
		n and he told her what				
		told the nurse and he told his				
		4 said he saw her tongue				
		nis medicine. He explained				
		e aide took his Morphine)				
		He asked her about her				
		explained it was from candy.				
		er to show what was in her				
		no candy in her pockets.				
		e in the administration had				
	talked to him about the	ne missing Morphine, he				
		alked to the nurse and the				
	"lady in therapy." Wh	nen he went out to the				
	cancer center on 8/1	7/17 he told the nurse that				
	gave him (intravenou	is) fluids and the doctor				
	about the Morphine in	ncident. He gave the bottle				
	-	octor. The doctor looked at				
	-	him another script for the				
		t #4 explained he was afraid				
		as it had something added				
		now what it might have been.				
	He needed his medic	-				
		cine because of his cancer				

Facility ID: 943494

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	S FOR MEDICARE &				OMB NO. 093	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
			A. DOILDING		с	
		345391	B. WING		08/31/20	17
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL		
		T THE MOSES H CONE MEM H		1131 NORTH CHURCH STREET		
		THE MOSES I CONE MEM I		GREENSBORO, NC 27401		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COM E APPROPRIATE	(X5) IPLETIO DATE
F 225	Continued From page	e 5	F 22	5		
		de #1) to get into trouble, he		5		
		she took it and what she did				
	•	as asked if he had lied about				
	the Morphine and he	said "No." He was asked if				
	•	er script on purpose, and he				
	said "No."					
	A mossago was loft f	or the nurse at the cancer				
		office. A return call was not				
	made by the nurse.					
	-	rector of Nursing on 8/31/17				
		d she had received a phone				
		did the drug screen on aide				
		ember who she talked to, anything written from the lab				
		est. The DON indicated she				
		meone" at the lab the test				
		drug. Aide #1 was off work				
		e phone call. She thought				
	the call came in on th	<b>u</b>				
		nducted with speech therapist				
		) PM revealed Resident #4 Morphine bottle had been				
		had come into his room.				
		he bathroom, and saw aide				
		m and went through his bag.				
		ent #4 told her to leave and				
	he checked his bag a					
	-	gone. Resident #4 was not				
		lling or screaming. He had de #1. Resident #4 told her				
		aide #1) was blue. Speech				
	therapist #1 explaine					
	interviewed by nursin	ng management. She had				
	reported the incident	-				
		with aide #2 on 8/31/17 at				
	9:30 AM revealed sh	e was working on 8/17/17				
		ent #4 his breakfast tray.				

Facility ID: 943494

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		ND HUMAN SERVICES MEDICAID SERVICES				FC	TED: 10/06/201 DRM APPROVE NO. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		NSTRUCTION		ATE SURVEY OMPLETED
		345391	B. WING				C 08/31/2017
NAME OF PF	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	•	
		THE MOSES H CONE MEM H		1131	NORTH CHURCH STREET		
				GRE	ENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
E 225	Continued From non	- 0	5.00				
F 225	Continued From page		F 22	25			
		ened on 8/17/17 with the					
	Morphine by nursing						
		with medication aide #1, on					
		evealed Resident #4 had de #1 to his room to talk with					
		led she had not been					
		g administration about what					
	•	7/17 with the Morphine.					
		with aide #3 on 8/31/17 at					
		he had not been interviewed					
	about what had happ	ened on 8/17/17 with the					
	Morphine by nursing						
	Interview with aide #	1 on 8/31/17 at 3:00 PM					
	revealed she denied	being in Resident #4 ' s					
	room on morning of 8	3/17/17. She explained she					
	-	papers the nurse wanted.					
		them to her at the door.					
	-	ok the form for the drug test					
		ital) health center. The					
		she gave the form to the					
		specimen cup was given to					
		a bathroom on a hallway,					
	-	ecimen and gave the					
		th center staff. She left the					
	•	7/17 because they "gave her					
	the day off."	vith the Nurse Manager of					
		pital) Employee Health					
		approximately 3:30 PM,					
		e process of obtaining a					
		m an active employee sent					
		stated that the employee will					
	-	uthorization to the front desk					
		ith a photo ID to verify					
		sked to wait in the lobby until					
	-	ack. If no authorization					
		hey would then call the					
		hat test needed to be done.					
		n Center would also require a					

If continuation sheet Page 7 of 18

	S FOR MEDICARE &					O. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · /	e survey IPleted
			A. DOILDING			С
		345391	B. WING		01	B/31/2017
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				1131 NORTH CHURCH STREET		
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		GREENSBORO, NC 27401		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETIO DATE
F 225	Continued From page	e 7	F 22	25		
	signed consent of au	thorization for the test. She				
	•	mployee is told not to leave				
	•	ed in for any reason. Staff				
		Ith Center wait at least 10				
		ing the person back to				
		of tampering with the				
		ne is found to be cold and uspect that the person used				
		. She stated that the chain				
	-	important in the process, so				
		s brought into the clinic the				
		oto ID again and then				
	instructs them on the	process. The employee				
		ds, the nurse opens the cup				
		hem to go into the restroom				
		without turning water on or				
	asked about results a	hen the nurse manager was				
		facility, she stated that new				
		diate results. However, if it				
		an existing employee, a more				
		to the lab. If these results				
	are positive for any re	eason an outside agency will				
	assign someone to c	-				
		ent prescription medications				
		h physician ' s offices to				
	-	and dose in the employee ' process is complete and				
	-	the results would be called				
	into the DON or Adm					
	information was pass	sed, a note will be added to				
		rt documenting the date,				
		sults were given to. The RN				
	÷	ceptionist were both asked if				
		ed this process on 8/17/17				
		ealed that the employee had				
	not been to the clinic	since 2014.				
	Inton (in the state of the stat	ministrator on 8/31/17 at				

Facility ID: 943494

If continuation sheet Page 8 of 18

TATEMENT (	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	(X3) DATE	D. 0938-039 SURVEY PLETED
		345391	B. WING			C / <b>31/2017</b>
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP C		
HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H			1131 NORTH CHURCH STREET			
				GREENSBORO, NC 27401		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 225	Continued From page	e 8	F 22	25		
F 226 SS=D	since it did not happed Administrator was as from supervisors whe misappropriation wer employee. The Adm accused staff member pending the outcomer investigation would b would be notified if th and law enforcement occurred. The facility was reviewed with th agreed the superviso 24 hour report to the enforcement. The Add had been off during t allegations and invest been "handled" wher interview with the Add had called the Emplo 8/31/17 and was info for the drug screen. Center had no record the test. 483.12(b)(1)-(3), 483 DEVELOP/IMPLMEN POLICIES 483.12 (b) The facility must of written policies and p	lied about what had cies had not been notified en. During the interview, the ked what she would expect en allegations of e made against an inistrator explained the er would be suspended of the investigation, an e conducted. Agencies he allegations were proved twould be notified if the theft y's policy and procedure e Administrator and she my staff should have sent a state agency and called law dministrator explained she he occurrence of the stigation and thought it had on she returned. Further ministrator revealed the DON byee Health Center on rmed aide #1 had not shown The Employee Health d of aide #1 coming in for .95(c)(1)-(3) IT ABUSE/NEGLECT, ETC	F 22	26		9/28/17

Facility ID: 943494

If continuation sheet Page 9 of 18

		ID HUMAN SERVICES				MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NC	<u>). 0938-0391</u>
-	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		PLETED
		345391	B. WING			C / <b>31/2017</b>
NAME OF P	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1131 NORTH CHURCH STREET		
HEARILA	ND LIVING & REHAB AI	THE MOSES H CONE MEM H		GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 226	Continued From page	9 9	F 226	5		
	(2) Establish policies investigate any such	•				
	(3) Include training as §483.95,	s required at paragraph				
	the freedom from aburequirements in § 483	nd exploitation. In addition to ise, neglect, and exploitation 3.12, facilities must also eir staff that at a minimum				
		onstitute abuse, neglect, appropriation of resident at § 483.12.				
		reporting incidents of abuse, or the misappropriation of				
	prevention. This REQUIREMENT	agement and resident abuse is not met as evidenced				
	interviews the facility and procedure for an misappropriation of a of three sampled resi report the allegation t	resident's property for one dents. The facility failed to o the Health Care Personnel 4 hours and at 5 working the allegation to law		F 226 •The process, root cause, that lead the deficient practice, was one individual failing to follow the established policy Abuse Prevention Program, which we updated on 3.27.17, regarding allegate of abuse.	l y, /as ations	
	investigation. (Resid The findings included Review of the facility'	ent #4).		requires that all allegations of abuse neglect, exploitation and misappropr of property be handled appropriately resident should be protected, the inc	, iation :: the	

Facility ID: 943494

If continuation sheet Page 10 of 18

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/06/2017 MAPPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345391	B. WING _				C 31/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HEARTLA	HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H				31 NORTH CHURCH STREET REENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	<ul> <li>exploitation, or wrong use of a resident's bet the resident's consent investigation would b include, but not limite "(a.) Any documentat the events and/or the incident. This may in (1) Completed Griev Report;</li> <li>(2) (2) Documented persons (e.g staff, oth visitors) involved or wresident, and anyone event</li> <li>(3) All allegations th do not result in seriour reported to the State hours.</li> <li>(4) Resident intervies should be conducted qualified staff persons and/or immediately for (7) The Executive Dir written report to HCP listed above, as appredays of the event. The summary of the invest corrective action takes (c) The ED (Executive designee, will compile and type a summary business days of the event all allegations (f) Ensure that all allegations (f) and type a summary business days of the event and and anyone event (f) Ensure that all allegations (f) and type a summary business days of the event and the first and anyone event (f) Ensure that all allegations (f) and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event for the event and anyone event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event and type a summary business days of the event</li></ul>	ropriation of resident leliberate misplacement, ful, temporary or permanent elongings or money without t." This policy indicated an e conducted and would d to the following: tion available that describes e events leading up to the clude but not limited to: vance or Incident/Accident witness interviews with her residents, family, vho provided care to the having knowledge of the at do not involve abuse and us bodily injury must be agency/HCPR within 24 ew if possible. Interview by at least two different s at different times for ils; of events leading up to ollowing the event rector Will submit a R and any other agencies opriate within five working his report will include a stigation, conclusion and any en. e Director) or appropriate e all completed information report of findings within 5	F2	226	should be reported to the healthcare personnel registry within 24 hours (2 hours for abuse and / or bodily injury) then again at 5 days, and to local agencies including police as indicated The physician and responsible party r be notified, the allegation should be thoroughly investigated, and intervent should be put into place as needed. I the situation cited, a staff member fail to report the allegation of misappropri of property to the personnel healthcar registry and to the police, and failed to conduct a thorough investigation. •Plan of correction and procedure for implementing: •The employee involved in the situation cited was replaced with a new Directo Nursing who was trained on our policy regarding allegations of abuse, includ misappropriation of property, and in h to conduct an investigation. •Allegations of abuse, neglect, exploit and misappropriation of property will b called to the DON and Administrator v the allegation is made and these two people will ensure the allegation is reported to state and local agencies p the Abuse Prevention Program and federal regulations. •The DON or the Administrator will dir all investigations related to allegations of abuse, including related documents / interviews etc, to ensure completeness and to ensure compliance with our Ab Prevention Program and federal	nust ions n ed ation e o n r of / ing ow ation oe /hen er ect se.	

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TATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	OMB NO. 0938- (X3) DATE SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMPLETED	
					С	
		345391	B. WING		08/31/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		1131 NORTH CHURCH STREET GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE	
F 226	Continued From page	e 11	F 22	6		
	including injuries of u			requirements.		
		esident property are reported		-Nursing, dietary, therapy, activiti	ies, and	
	immediately			housekeeping staff will be inservi		
	5. Additional agencie	esmay be notified		the existing Abuse Prevention Pr		
		Il actions had occurred"		policy which requires all allegatio		
	Resident #4 was adm			abuse, including misappropriation		
	7/21/17 with diagnose	es of cancer of the throat.		property be reported and investig		
	-	ım Data Set (MDS) an		thoroughly.		
		8/17 indicated Resident #4		-Heartland leadership staff will be	e	
	had no short or long t	erm memory problems and		inserviced on how to conduct a th	norough	
	his cognition was inta	ct. The MDS indicated he		investigation, and how/ when to r	report an	
	had no behaviors or r	moods exhibited. Resident		allegation of abuse.		
	#4 required limited as	ssistance from staff for				
	activities of daily living	g. The pain assessment		•Monitoring		
		had a pain level of 6, on a		-Ten residents per week for 4 we	eks will	
		pain interfered with activities		be interviewed to ensure that incl		
	of daily living and slee	-		abuse, including misappropriation	n of	
		nt #4 was conducted by		property, were reported to staff.		
		11:55 AM. Resident #4		-The process used and the paper		
	-	t occurred when he was in		associated with all investigations		
		/17. Resident #4 explained		allegations of abuse will be review	wed by a	
		is room. He asked, who is		team composed of at least the		
		e (aide #1). He asked what		Administrator, DON, and Director		
	•	vas told she had to get		Operations monthly for 4 months		
		he nurse. She left, and		for opportunities to improve the p		
		one come into his room. He		-The resident interviews, and the		
		ghtly and could see who it		of the individual investigations int		
		s room. Again, it was aide		allegations of abuse, will be subn		
		had to get more papers for		the Quality Management with QA		
		#4 explained when he came he checked his bag. He had		monthly for 4 months. The Qual	-	
		n a box, that was in the bag.		Management with QAPI Team wi this plan if compliance with the fa	-	
	-	ag, but the Morphine was		Abuse Prevention Program and t	-	
		xplained he had been to the		federal regulations is not maintain		
	-	e doctor had given him				
		led when he went home. He		Person responsible for implement	nting the	
		e before coming back to the		plan of correction is the Executive	-	
	facility.			Director.		
	Continuing with the ir			2.00001.		

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 10/06/2017 APPROVED ). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345391	B. WING		_		C 31/2017
NAME OF P	ROVIDER OR SUPPLIER		ę	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		131 NORTH CHURCH STE GREENSBORO, NC 274			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page	: 12 tell aide #1 to come to his	F 226				
	room. Aide #1 came	to his room, and he told her					
		e, the Morphine bottle." He #1 said "no" and he told					
		he would tell everyone you Resident #4 she would look					
		xplaining, aide #1 left his out 10 minutes later with					
	the bottle of Morphine	. The bottle was full to the					
	top and he knew there bottle before it was re	e was not that much in the					
		de #1 "what did you do to					
	my medicine? What o	did you put in it." His sister					
		er what happened. He then					
		told his therapist. Resident ngue and it was blue, like					
	his medicine. He exp	lained he was sure now,					
		phine) her tongue was blue.					
		er blue tongue and she candy. Resident #4 asked					
	-	in her pockets and she had					
	no candy in her pocke	ets.					
		Resident #4 by phone					
		een interviewed by any out the incident. When					
		administration had talked					
		ing Morphine, he stated					
	-	the nurse and the "lady in					
	on 8/17/17 he told the	ent out to the cancer center					
		nd the doctor about the					
	Morphine incident. H						
		r. The doctor looked at the					
	bottle and wrote him a	another script for the #4 explained he was afraid					
		as it had something added					
		ow what it might have been.					
	He needed his medici	ne because of his cancer.					
	Resident #4 conclude	d the interview that he did					

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F 226 Con not	RECTION WER OR SUPPLIER IVING & REHAB AT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L htinued From page want the aide (aid hted to know thy s Resident #4 wa Morphine and he s view of the facility's	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345391 THE MOSES H CONE MEM H TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did as asked if he had lied about	` <i>'</i>	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL	<b>17</b> <sub>×5)</sub>
F 226 Con not	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ntinued From page want the aide (aide nted to know why s c. Resident #4 wa Morphine and he s view of the facility's	THE MOSES H CONE MEM H TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	RECTION (X HOULD BE COMPL	X5) PLETIO
F 226 Con not	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ntinued From page want the aide (aide nted to know why s c. Resident #4 wa Morphine and he s view of the facility's	THE MOSES H CONE MEM H TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	RECTION (X HOULD BE COMPL	X5) PLETIO
F 226 Con not	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ntinued From page want the aide (aide nted to know why s c. Resident #4 wa Morphine and he s view of the facility's	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did	PREFIX TAG	1131 NORTH CHURCH STREET GREENSBORO, NC 27401 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL	PLETIO
(X4) ID PREFIX TAG F 226 Con not wan	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ntinued From page want the aide (aide nted to know why s Resident #4 wa Morphine and he s view of the facility's	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did	PREFIX TAG	GREENSBORO, NC 27401 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL	PLETIO
F 226 Con not wan	(EACH DEFICIENCY REGULATORY OR L ntinued From page want the aide (aide nted to know why s c. Resident #4 wa Morphine and he s view of the facility's	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 13 e #1) to get into trouble, he she took it and what she did	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPL	PLETIO
not wan	want the aide (aid nted to know why s Resident #4 wa Morphine and he s view of the facility's	e #1) to get into trouble, he he took it and what she did	F 22	26		
not wan	want the aide (aid nted to know why s Resident #4 wa Morphine and he s view of the facility's	e #1) to get into trouble, he he took it and what she did				
wan	nted to know why s Resident #4 wa Morphine and he s view of the facility's	he took it and what she did				
	. Resident #4 wa Morphine and he s view of the facility's					
	Morphine and he s view of the facility's					
the	view of the facility's	said "No."				
	rviews with Decide	investigation included				
		ent #4, aide #1 and charge				
		a typed, unsigned interview				
		ge nurse #1 indicated				
		to medication aide #1, that				
		liquid Morphine from his				
		m. Charge nurse #1 talked				
		his allegation. Resident #4				
		aide #1 had come into his the restroom, got into his				
		rphine and added water to				
	-	ow it's no good and I think				
		blice. Take finger prints and				
	·	sister was visiting and told				
		ce. The incident was				
repo	orted by charge nu	rse #1, to the Director of				
Nur	sing, who was out	of the facility at that time.				
The	e charge nurse #1,	sent aide #1, to get a drug				
		tion included a hand				
		ted account of the				
		The statement indicated				
		sed aide #1 of "drinking his				
		g it down, which is e investigation included a				
		sident #4 dated 8/17/17 and				
		of Nursing (DON). This				
-	-	DON arrived at the facility				
		17/17. She discussed with				
		accusation he had made				
		e. The resident "stated" I				
-		ut anything concerning				
		was just making it up. No				
		y Morphine and don't want				
		e about my Morphine.(The Resident #4 were not in				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 10/06/2017 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		345391	B. WING				C / <b>31/2017</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	•
	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		1131 NORTH CHURCH STREET			
				G	GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
	not indicate why Resi accusation. Interview with the Dir at 12:00 PM revealed call from the lab that #1. She did not reme and she did not have regarding the drug te had been told by "sor	n typed.) The interview did ident #4 lied about the ector of Nursing on 8/31/17 I she had received a phone did the drug screen on aide ember who she talked to, anything written from the lab st. The DON indicated she meone" at the lab the test drug. Aide #1 was off work		226			
	until she received the the call came in on th An interview was con #1 on 8/31/17 at 3:00 had informed her his missing after aide #1 Resident #4 was in th #1 come into his roor bag. She explained F	e phone call. She thought le following Monday. ducted with speech therapist PM revealed Resident #4 Morphine bottle had been had come into his room. he bathroom, and saw aide m and she went through his Resident #4 told her to leave					
	Morphine bottle was g speak to aide #1. Re tongue (aide #1) was explained she had no nursing management incident to her superv with aide #2 on 8/31/ was working on 8/17/	ag after she left and the gone. He had asked to esident #4 told her the aide's blue. Speech therapist #1 of been interviewed by . She had reported the <i>v</i> isor. Interview conducted 17 at 9:30 AM revealed she '17 and had taken Resident					
	not been interviewed on 8/17/17 with the M administration. Interview conducted w 8/31/17 at 9:50 AM re asked her to send aid him. Interview reveal interviewed by nursin	with medication aide #1, on evealed Resident #4 had de #1 to his room to talk with					

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INTERVENT OF DEPICENCES AND PLAN OF CORRECTION     (M) DENTIFICATION NUMBER     (M) OC MULTIPLE CONSTRUCTION A BUILING     (M) OC MULTIPLE CONSTRUCTION A BUILING     (M) OC MULTIPLE CONSTRUCTION A BUILING     (M) OC MULTIPLE CONSTRUCTION B WING     (M) OC MULT			ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 10/06/2017 MAPPROVED D. 0938-0391
345391         B. WNG         08/31/2017           NAME OF PROVIDER OR BUPFLER         STREET ADDRSS, CITY, SIME, ZIP CODE           HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H           INTEGEN CONSTREMENT OF DEFICIENCIES         INTEGEN CONSTREMENT OF DEFICIENCIES           IMAGE OF PROVIDER TO RELACE DETENDED BY PULL RECOLUTION OR LSC DENTIFYING INFORMATION         PROFILE CONCOMPTIENT OF DEFICIENCIES           IMAGE OF PROVIDER TO THE APPROPRIATE         DEFICIENCY         OPERATE         COMMENT OF DEFICIENCIES           IMAGE OF PROVIDER TO THE APPROPRIATE         DEFICIENCY         OPERATE         DEFICIENCY           TAG         PROVIDER SPLAN OF CORRECTION           CONTINUE APPROPRIATE         DEFICIENCY           TAG         PROVIDER SPLAN OF CORRECTION           TAG         PROVIDER S	STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· ,			(X3) DATE COMF	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS CITY STREET ADDRESS TO CORRECTION       HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H     STREET ADDRESS CITY STREET CODE       MULTION     SUMMARY STREET OF DEFICIENCIES     D       MULTION     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEEDIX     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEDIX     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEEDIX     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEEDIX     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEDIX     RECAN DEPICIPY WAST REPRECIPED BY FULL     D       MEEDIX     RECAN DEPICIPY     D       MEDIX     MARY TRANCE     D       MEDIX     WH and A TAPPROPRIATE     D       DOUD WH TRANCE DEBITIFY THIS INFORMATION     D     D       Interview with add # 1 on 8/31/17 at 30.0 PM     D     D       revealed she diated bing in Resident #44's room     O     S       on bin room for papers the nurse wanted. The     D     D       resident handre difter ad			345391	B. WING				-
HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H         GREENSBORO, NC 27401           PAILD TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICENC WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PREFIX (EACH OFFICENC WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PREFIX (EACH OFFICENCY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         PREFIX (EACH OFFICENCY)         OPERATION (EACH OFF	NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CMU ID PRECX TXC     SUMMARY STATURENT OF REFICIENCIES (RECAD DEFICIENCY UNST BE PRECEDED BY YULL REGULATORY OR LSC IDENTFYING INFORMATION)     D PREFX TXC     PROVIDERS FLANCE CORRECTION (RCAD DEFICIENCY UNST BE PRECEDED BY YULL REGULATORY OR LSC IDENTFYING INFORMATION)     D PREFX TXC     PROVIDERS FLANCE CORRECTION (RCAD DEFICIENCY)     OCC (RCAD DEFICIENCY)       F 228     Continued From page 15 Interview conducted with aide #3 on 8/31/17 at 10:00 AM revealed she had not been interviewed about what had happened on 8/31/17 at 300 PM revealed she chance being in Resident #4* room on morning of 8/17/17. She explained she did go to his room for papers the nurse wanted. The resident handed them to her at the door. She explained she took the form for the drug test to (name of the hospital) health center. The procedure included, she gave the form to the health center staff. She left the nursing home on 8/17/17 because they "gave her the day off."     Interview with the Nurse Manager of the (name of the hospital) predito Center on 8/31/17 at approximately 3:30 PM, revealed they had no record of aide #1 completed this process on 8/17/17 and their records revealed that the employee had not been to the clinic since 2014. Interview with the Administration on 8/31/17 at approximately 3:30 PM, revealed that the employee had not been to the clinic since 2014. Interview with the Administration on 8/31/17 at 4:00 DM revealed she was informed the aide had been drug tested, Resident #4 was "drug seeking" and said he lied about what had happered and agencies had not been notified					1131 NORTH CHURCH STREET			
PREPX TxG     (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)     PREFX TxG     (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)     COMMENT       F 226     Continued From page 15 Interview conducted with aide #3 on 8/31/17 at 10:00 AM revealed she had not been interviewed about what had happened on 8/17/17 with the Morphine by nursing administration. Interview with aide #1 on 8/31/17 at 3:00 PM revealed she took the form for the drug test to (name of the hospital) health center. The procedure included, she gave the form to the health center staff. A specimen on gave the specimen to the health center staff. She left the nursing home on 8/17/17 because they "gave her the day off."     Interview with the Nurse Manager of the (name of the hospital) Employee Health Center on 8/31/17 at approximately 3:30 PM, revealed they had no record of aide #1 completed this process on 8/17/17 at the receptionist were both asked if aide #1 had completed this process on 8/17/17/17 and their records revealed that the employee had not been to the clinic since 2014. Interview with the Administration on 8/31/17 at 4.00 PM revealed she did on the clinic since 2014. Interview with the Administration on 8/31/17 at 4.00 PM revealed she was informed the aide had been drug tested, Resident #4 was "drug seeking" and sale encode that thad happened and agencies had not been notified     Interview with the Administration on 8/31/17 at 4.00 PM revealed she was informed the aide had been drug tested, Resident #4 was "drug seeking" and sale heid beount what had happened and agencies had not been notified	HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		GF	REENSBORO, NC 27401		
Interview conducted with aide #3 on 8/31/17 at 10:00 AM revealed she had not been interviewed about what had happened on 8/17/17 with the Morphine by nursing administration. Interview with aide #1 on 8/31/17 at 3:00 PM revealed she denied being in Resident #4's room on morning of 8/17/17. She explained she did go to his room for papers the nurse wanted. The resident handed them to her at the door. She explained she took the form for the drug test to (name of the hospital) health center. The procedure included, she gave the form to the health center staff. a specimen cup was given to her and she went to a bathroom on a hallway, obtained the urine specimen and gave the specimen to the health center staff. She left the nursing home on 8/17/17 because they "gave her the day off." Interview with the Nurse Manager of the (name of the hospital) Employee Health Center on 8/31/17 at approximately 3:30 PM, revealed they had no record of aide #1 coming in for the drug screen. The RN Manager and the Receptionist were both asked if aide #1 had completed this process on 8/17/17 and their records revealed that the employee had not been to the clinic since 2014. Interview with the Administrator on 8/31/17 at 4:00 PM revealed she was informed the aide had been drug tested, Resident #4 was "drug seeking" and said he lied about what had happened and agencies had not been notified	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETION
since it did not happen. During the interview, the Administrator was asked what she would expect from supervisors when allegations of misappropriation were made against an employee. The Administrator explained the accused staff member would be suspended	F 226	Interview conducted v 10:00 AM revealed sl about what had happ Morphine by nursing Interview with aide #1 revealed she denied 1 on morning of 8/17/17 to his room for papers resident handed them explained she took the (name of the hospital procedure included, sc health center staff, a her and she went to a obtained the urine sp specimen to the health nursing home on 8/17 the day off." Interview with the Nur the hospital) Employed at approximately 3:30 record of aide #1 com The RN Manager and asked if aide #1 had of 8/17/17 and their record employee had not be Interview with the Adr 4:00 PM revealed she been drug tested, Re seeking" and said he happened and agenc since it did not happe Administrator was asl from supervisors whe misappropriation were employee. The Admi	with aide #3 on 8/31/17 at the had not been interviewed ened on 8/17/17 with the administration. I on 8/31/17 at 3:00 PM being in Resident #4's room 7. She explained she did go is the nurse wanted. The in to her at the door. She is form for the drug test to ) health center. The she gave the form to the specimen cup was given to a bathroom on a hallway, ecimen and gave the th center staff. She left the 7/17 because they "gave her rse Manager of the (name of ee Health Center on 8/31/17 0 PM, revealed they had no ning in for the drug screen. d the Receptionist were both completed this process on ords revealed that the en to the clinic since 2014. ministrator on 8/31/17 at e was informed the aide had sident #4 was "drug lied about what had ises had not been notified on. During the interview, the ked what she would expect an allegations of e made against an inistrator explained the	F	226			

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/06/201 FORM APPROVE OMB NO. 0938-039	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 08/31/2017	
		345391	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
HEARTLA	ND LIVING & REHAB AT	THE MOSES H CONE MEM H		131 NORTH CHURCH STREET REENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 226 F 282 SS=D	would be notified if th and law enforcement occurred. The facility reviewed with the Adu the supervisory staff report to the state ag enforcement. The Adu had been off during th allegations and inves been "handled" when interview with the Adu had not had the drug called the Employee the drug screen report the aide had not com 483.21(b)(3)(ii) SERV PERSONS/PER CAF	e conducted. Agencies we allegations were proved would be notified if the theft y's policy and procedure was ministrator and she agreed should have sent a 24 hour ency and called law dministrator explained she he occurrence of the tigation and thought it had a she returned. Further ministrator revealed aide #1 screen done. The DON had Health Center and requested rt. The DON was informed e in for the test. /ICES BY QUALIFIED RE PLAN	F 226		9/28/17	
	must- (ii) Be provided by qu accordance with each care. This REQUIREMENT by: Based on record rev facility failed to follow transfer which resulte residents. Resident # The findings included Resident #2 was adm	n resident's written plan of is not met as evidenced iew and staff interview the the care plan for resident ed in a fall for one of three		F 282 •The process, root cause, that lead to t deficient practice, was human error: Facility practice requires that staff follor established care plans when providing care. In the situation cited, a staff member failed to reference and follow established care plan before transferrin resident, and as a result used the wron	w an ng a	

Event ID: R5M411

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E SURVEY PLETED		. ,	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF DEFICIENCIES CORRECTION	
C / <b>31/2017</b>		B. WING	345391		
	TREET ADDRESS, CITY, STATE, ZIP CODE	S		ROVIDER OR SUPPLIER	NAME OF PF
	131 NORTH CHURCH STREET	1	THE MOSES H CONE MEM H		
	REENSBORO, NC 27401	C	THE MOSES H CONE MEM H	ND LIVING & REHAD AT	HEARILA
(X5) COMPLETIO DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ID PREFIX TAG	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(EACH DEFICIENC)	(X4) ID PREFIX TAG
		F 282	17	Continued From page	F 282
	method.	F 202	d 7/3/17 indicated she short		1 202
	method.			and long term memor	
	•Plan of correction and procedure for		of two staff for bed mobility	extensive assistance	
	implementing:			and transfers.	
	-The employee involved in the situation cited was suspended pending		/28/17 (admission care	The care plan dated A	
	investigation and then terminated.		sident had a potential for	•	
	-A training document will be developed,			falls, was non ambula	
	emphasizing the need for staff to			transferred with a lift.	
	reference and follow the established care plan, (written version and / or the Kiosk		report revealed Resident #2	Review of an incident	
	information), prior to providing care for a		n $8/17/17$ . The resident		
	resident.		The fall occured during a	sustained no injuries.	
	-Nursing staff will be inserviced on the			transfer.	
	training document.		on 8/31/17 at 3:00 PM	Interview with aide #1	
	•Monitoring		ing care of Resident #2 on		
	o Random audits of 10 nurses and CNAs		transferred Resident #2 by		
	(5 of each) will conducted weekly,		oblems. Aide #1 explained		
	reviewing how each person provides care, and comparing it to the established care		y had told her the resident d and pivot. The aide	could transfer by stan	
	plan. The care that is monitored will		provide care according to		
	include but not be limited to resident		ed by the aides. During the		
	transfers.		had problems with her		
	o The results of the audits will be		ed. She sat the resident on	her knee, and lowered	
	reviewed monthly for 3 months by the			nor knoc, and lowered	
	Quality Management Team with QAPI		urse on 8/31/17 at 3:15 PM		
	team to ensure compliance is in effect.		n was current, with the initial	•	
	The Quality Management Team with QAPI team will modify the plan of correction if		tor use of a lift for treceived any updates	problem dated 4/28/1 transfers She had no	
	compliance is not present		je how the resident was		
	<ul> <li>Person responsible for implementing the plan of correction is the Executive Director.</li> </ul>				

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