PRINTED: 12/07/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345267	B. WING		C 10/28/2017
	ROVIDER OR SUPPLIER	1 0.020		STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	10/26/2017
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 000	INITIAL COMMENTS	3	F 00	00	
	through 10/28/17. In identified at: CFR 483.13 at tag F (J) CFR 483.15 at tag F (J)	was conducted from 10/26/17 nmediate Jeopardy was 223 at a scope and severity 242 at a scope and severity			
	(J)	226 at a scope and severity 2 and F226 constituted of Care.			
F 223 SS=J	removed on 10/28/17 conducted. FREE FROM ABUSE		F 2:	23	11/17/17
	neglect, misappropris and exploitation as d includes but is not lin corporal punishment	right to be free from abuse, ation of resident property, lefined in this subpart. This mited to freedom from involuntary seclusion and nical restraint not required to ymptoms.			
	abuse, corporal puni seclusion; This REQUIREMEN' by:	l, mental, sexual, or physical shment, or involuntary T is not met as evidenced			
ADOD:====		on, physician interview,		This plan of correction represents Blad	
_ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	=	TITLE	(X6) DATE

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

Electronically Signed 11/17/2017

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345267	B. WING		4	C
NAME OF DE	ROVIDER OR SUPPLIER	343207		STREET ADDRESS, CITY, STATE, ZIP COD		0/28/2017
NAME OF PR	ROVIDER OR SUPPLIER				'E	
POPLAR H	HEIGHTS CENTER			804 SOUTH POPLAR STREET		
				ELIZABETHTOWN, NC 28337		
(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)	N SHOULD BE	(X5) COMPLETION DATE
F 223	Continued From page	e 1	F 2:	23		
F 223	resident interview, stareview the facility fails staff to resident physibruises on the left wrileft hip for 1 of 1 sam #1). The immediate jeopa when Nurse Aide #1 wrists causing her to bruising to her left wr removed on 10/28/17 facility's acceptable overified. The facility at a scope and sever the potential for more not IJ) to all the facilitits plan of correction Findings included: Resident #1 was adm with diagnoses that in behavioral disturbance Chronic Pain, Anxiety Malignant Melanoma Review of a Quarterly Resident #1 dated 08 had intact cognition. bed mobility, transfer unit, dressing, eating	aff interview and record ed to protect residents from ical abuse resulting in two ist and two bruises on the pled residents (Resident rdy (IJ) began on 10/25/17 grabbed Resident #1 by both fall to the floor resulting in ist and left hip. The IJ was rat 11:00 AM when the redible allegation was remained out of compliance ity of D (no actual harm with than minimal harm that is by to monitor and implement for abuse.	F 23	East Health and Rehab's alle compliance. The submission following plan of correction do constitute an admission or ag the provider as to the truths of alleged or conclusions preser survey consultants from NCD to alleged deficient practice. accept this corrective action a correction for F223. 1. As stated in the CMS 256' 10/25/17 at approximately 6:' transport aide arrived at the fidentified resident to a schedi appointment. On 10/25/17 at approximately 7:00am, an alleabuse was made by a staff malleging that the transport aide grabbed the resident by the wher up off the bed and shook resident refused to go to the as She also stated that the reside pushed the transport aide and transport aide then pushed the causing her to fall to the floor transport aide was suspended our investigation. The 24-hou submitted for identified reside 10/25/17 and 5 day report was on 10/30/17. The resident was by the doctor on 10/25/17 at approximately 10:00am with the contraction of the submitted for identified reside 10/25/17 and 5 day report was on 10/30/17. The resident was by the doctor on 10/25/17 at approximately 10:00am with the contraction of the submitted for identified reside 10/25/17 and 5 day report was on 10/30/17. The resident was by the doctor on 10/25/17 at approximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for identified resident was proximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for identified resident was proximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for identified resident was supproximately 10:00am with the contraction of the submitted for iden	of the pes not preement by of the facts as noted by of the facts as noted by of the facts as noted by of the facts as our plan of the facility to take alled the period of the period of the factor of	
	corridor and toilet use walking in room. Ball and she used a walke was receiving Physic	e and limited assistance for ance was steady at all times er while ambulating. She al Therapy and Occupational pated in the assessment.		identified. Resident's guardia notified of abuse allegation at report on 10/25/17 as well. The resident did report pain to he right inner calf on 10/26/17 winterviewed by the state surve	n was nd 24-hour ne identified left hip and hen	

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		345267	B. WING		1	C 0/28/2017
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE		0/20/2017
				804 SOUTH POPLAR STREET		
POPLAR I	HEIGHTS CENTER			ELIZABETHTOWN, NC 28337		
0(0)15	CHMMADV C	TATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF COR	DECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
F 223	Continued From pag	e 2	F 2			
	D	- d 45 - 4 D : d 4 44 5 d -		was reported to the doctor and	-	
		ed that Resident #1 had a		were ordered and obtained on		
	guardian which was i	the State of North Carolina.		All results were negative for in Department was called on 10/3		
	Record review of the	facility Transportation Log		3:10pm and an officer was ser		
		dents were transported on		facility to receive report of incidence		
	10/25/17.	denie were transported on		investigation was completed o		
				with no charges filed. Facility		
	Review of the General	al Nurse's Note of 10/25/17		policy was reviewed and upda		
	at 8:48 AM documen	ted: "Resident alert verbal		10/27/17 to reflect the need fo	r staff to	
oriented. Resident refused several times to go to the appointment several times. Transportation			remove themselves from the e	nvironment		
			if resident behavior is escalating	ng. Abuse		
	person was in to transport. Resident continuously			policy was also revised to inclu	•	
	_	port was trying to get her out		notification when physical con		
		sing, slipped to floor by bed.		Facility administrator and/o		
	Resident denied hitti			Nursing will complete 24 hour		
		at present time. Denied		allegations of abuse as reported		
	pain at present. Will	continue to monitor.		notify police when physical colinvolved. Abuse training was		
	Record review revea	led that the facility filed a		for all active staff on 10/26/17		
		t to the Department of Health		10/27/17 by the Staff Develop		
		on 10/25/17 for resident		Coordinator and Director of Nu		
	abuse. The allegation			training on Management of Re		
	"Allegation of abuse			Behaviors and Management o		
	transport nursing ass	sistant trying to force resident		who Refuse Care was also pro	ovided by	
	to go to a doctor's ap	pointment. Report stated		the Staff Development Coording	nator and	
		assistant grabbed the		Director of Nursing on 10/26/1	7 and	
		shook her, then pushed her		10/27/17. Both of these training	•	
	causing her to fall.			provided upon hire for new em		
		al injury identified and		and annually for all active emp	-	
		llection of the incident when		Alert and oriented residents we		
	interviewed. Law El	nforcement was not notified.		interviewed by the Social Worl		
	Review of Y-rave tak	en on 10/26/17 of Resident		of abuse were identified. The	aneganons	
		bilateral hips, and pelvis		administrator will be notified of	f all abuse	
	showed all structures			allegations and will ensure pol		
		ucted with Resident #1 on		notified for allegations where p		
		she stated that she had		contact has occurred. The adm	•	
		for two months. She said		and/or the Director of Nursing		

NAME OF PROVIDER OR SUPPLIER		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET			345267	B. WING		_	
CA4 ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CONSECTIVE ACTION SHOULD BE CROSS-REFERNCED TO THE APPROPRIATE DEFICIENCY) DATE F 223 Continued From page 3					804 SOUTH POPLAR STREET	10/20/2017	
F 223 Continued From page 3 that she had told the transporter (Nurse Aide #1) that she didn't feel good and was not going to the medical appointment that morning. She reported that Nurse Aide #1 then grabbed her by the left arm and right foot and twisted her off the bed causing her to fall to the floor hitting her left hip on the side of the bed as she fell. She said that her left hip and right foot were still hurting. She revealed that several staff members had seen the incident and had tried to convince Nursing Aide #1 that she did not have to go to the appointment. She stated she was hurting where she wasn't hurting before: shooting pain down her right leg, lower back pain, right calf pain, left arm above her elbow and left hip pain. She pointed to the bruises on her left wrist and said that was where Nurse Aide #1 had grabbed her. An observation of the left wrist and left hip of Resident #1 on 10/26/17 at 7:45 AM revealed two circular bruises on her left wrist and two bruises on her left hip. In an interview with Nurse #3 on 10/26/17 at 8:43	_				ELIZABETHTOWN, NC 28337		
that she had told the transporter (Nurse Aide #1) that she didn't feel good and was not going to the medical appointment that morning. She reported that Nurse Aide #1 then grabbed her by the left arm and right foot and twisted her off the bed causing her to fall to the floor hitting her left hip on the side of the bed as she fell. She said that her left hip and right foot were still hurting. She revealed that several staff members had seen the incident and had tried to convince Nursing Aide #1 that she did not have to go to the appointment. She stated she was hurting where she wasn't hurting before: shooting pain down her right leg, lower back pain, right calf pain, left arm above her elbow and left hip pain. She pointed to the bruises on her left wrist and said that was where Nurse Aide #1 had grabbed her. An observation of the left wrist and left hip of Resident #1 on 10/26/17 at 7:45 AM revealed two circular bruises on her left wrist and two bruises on her left hip. In an interview with Nurse #3 on 10/26/17 at 8:43	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION	
the morning of 10/25/17 she heard screaming and followed it to Resident #1's room. She said the resident was on the floor screaming. She said Nurse Aide #1 and Nurse Aide #2 were yelling at each other. She said the resident told her she had been abused. She revealed she told staff to leave the room and move away from the doorway. She said she and Nurse #1 put the resident back into bed. She stated she tried to de-escalate the situation and had told everyone present to write a statement of the incident before they left the shift. In an interview with the Administrator on 10/26/17	F 223	that she had told the that she didn't feel go medical appointment that Nurse Aide #1 tharm and right foot and causing her to fall to to on the side of the bedher left hip and right frevealed that several incident and had tried #1 that she did not had She stated she was hurting before: shoot lower back pain, right elbow and left hip pai bruises on her left with Nurse Aide #1 had gr. An observation of the Resident #1 on 10/26 circular bruises on her left hip. In an interview with NAM she stated that with the morning of 10/25/ and followed it to Resident was on the said Nurse Aide #1 aryelling at each other. her she had been abustaff to leave the room doorway. She said si resident back into be de-escalate the situat present to write a staff they left the shift.	transporter (Nurse Aide #1) od and was not going to the that morning. She reported en grabbed her by the left di twisted her off the bed the floor hitting her left hip I as she fell. She said that oot were still hurting. She staff members had seen the I to convince Nursing Aide to the to go to the appointment. The pain down her right leg, calf pain, left arm above her in. She pointed to the st and said that was where abbed her. Left wrist and left hip of 1/17 at 7:45 AM revealed two in left wrist and two bruises Left wrist and two bruises	F 22	notified of any resident refusing to a scheduled appointment and valid resident's family member, POA, or guardian is notified of the refusal. 3. The administrator and/or design observe delivery of care to resider during facility rounds daily x 5 day weekly x 3 weeks, then weekly x 1 then monthly x 1 month to ensure residents choices are being honor care is provided in a dignified, respand appropriate manner. The administrator and/or Director of Nowill report any allegations of abuse results of rounds observations to the facility's Performance Improvemer Committee monthly x 3 months for and to ensure continued complian 4. The Administrator and Director Nursing are responsible for impler	date the nee will nts s, then month, ed and pectful ursing e and he nt r review ce. of	

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		345267	B. WING _			C 10/28/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 283		10/20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)	DATE
F 223	had a guardian at the Services (DSS) that not refuse to go to at DSS. In an interview condimith Housekeeper # heard a lot of commonshe reported to work She said she went to saw the resident swith Nurse Aide #1 in the Nurse Aide #1 grab I She stated she saw loose and when she the bed and hit the fl was standing with he Nurse Aide #1, "you abuse. I ought to call In an interview conditional 10/26/17 at 10:30 All arrived to work at 6: transport Resident # revealed that she as was ready to go to the said She was not go. She revealed that she convince the resider because it was imposited.	It that because Resident #1 Department of Social She had no rights and could In appointment scheduled by Lucted on 10/26/17 at 9:31 AM If she revealed that she had Dotion on the hallway when If at 6:56 AM on 10/25/17. Do Resident #1's doorway and Inging her arms trying to hit If face. She said she saw Doth the resident's arms. If the resident trying to get Jerked away she fell against Door. She said Nurse Aide #2 Der at the doorway and said to Dushed her down and that's If the police on you myself." Lucted with Nurse Aide #1 on If she stated that she had If O AM on 10/25/17 to If to an appointment. She If the appointment and was told If the that the resident If the appointment and was told I	F 2	223	CIENCY)	
	aide (Nurse Aide #2) down an opposite ha Nurse Aide #1 stated Director of Nursing (#1 and Nurse Aide #	to help her but that she went all and did not help her. If that she then called the DON) to ask her to tell Nurse to help her convince the appointment. She said				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		2.45067					С
		345267	B. WING _			10/	28/2017
NAME OF PE	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
DODLAD I	IEICUTE CENTED			804	SOUTH POPLAR STREET		
POPLAR	HEIGHTS CENTER			EL	ZABETHTOWN, NC 28337		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			COMPLETION DATE
F 223	Continued From page	÷ 5	F 2	223			
	them on the bed. She jumped out of the bed that she was going to word)." She said the socks. She said she situation and went ou	e resident's closet and laid e reported that Resident #1 d and ran toward her saying "whoop her (curse resident had on slippery removed herself from the tside to move the van. She					
	reported that when she returned to the room the resident rose up off the bed kicking, swinging and screaming. She said that she grabbed both of the resident's arms and when she let go the resident fell back on the bed and slid onto the floor. She said Nurse Aide #2 and Housekeeper #1 were standing in the doorway. She said that Nurse #3 told her to leave the room and that she						
		led the DON, and wrote a					
	10/26/17 at 11:26 AM reported to work on 1 coming from Residen Resident #1 was on t not going to the appotold the resident that appointment. She state asked her to help get	cted with Nurse Aide #3 ON she revealed that when she 0/25/17 she heard yelling t #1'S room. She said he bed saying that she was intment. She said that she she needed to go to the ated that Nurse Aide #1 the resident ready for the she left the room to go and					
	get gloves. She said Nurse Aide #1 and Re and Nurse Aide #1 we both arms. She state rear back and fall to t did not see the reside #1 as she had left the	that when she returned esident #1 were standing up as holding the resident by d that she saw the resident he floor. She said that she ent trying to strike Nurse Aide					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		345267	B. WING			C 0/28/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337		0/20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 223	the aide caring for the the morning of 10/25 resident twice during appointment and the going. She said she to get ready to go be She said she was at heard the resident yet the room. She said the room. She said the room. She said she was at heard the resident yet the room. She said she was at heard the resident yet the room. She said she was the wrists. The resident she saw Reside and then Nurse Aide floor. She said she to should call the police that Nurse Aide #1 remind her own busine #3 came to the room. She said that when to that she should have the appointment using because she was "Do DoN that she saw N resident to the floor. Her if she had called that she was not allow. In an interview with NPM she stated she we Resident #1 on the mosaid the resident was She said when she hearlier in the shift the was not going to the morning. She said s	ephone she revealed she was a Resident #1 on third shift /17. Said she asked the the shift to get ready for the resident said she wasn't refused to force the resident cause she didn't want to go. the nurse's station when she elling for help and she ran to when she got to the doorway olding the resident by both ent was sitting on the side of the heard Nurse Aide #1 say, the (curse word) up." She and #1 push the resident to the old Nurse Aide #1 that she because it was abuse and esponded by telling her to ss. She reported that Nurse and told everyone to leave. The DON arrived she told her gotten the resident up for g any means necessary SS". She said she told the urse Aide #1 push the She said the DON asked the state and informed her	F 23	23		

OLIVILIV	OT OIL WEDIONILE G	MEDIO/ (ID CEITVICE)				CIVID ITC	7. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		345267	B. WING			l	28/2017
NAME OF P	ROVIDER OR SUPPLIER	•	<u> </u>	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				8	04 SOUTH POPLAR STREET		
POPLAR I	HEIGHTS CENTER			E	ELIZABETHTOWN, NC 28337		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORT OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	11 □	
F 223	Continued From page	e 7	F	223			
		id she wasn't going. She					
		e #1 asked her why the					
		to go she said she told her					
		sing to go. She said Nurse					
		esident could not refuse					
	because she was DS	SS. Nurse #1 said she told					
	Nurse Aide #1 that sh	ne was not going to force					
	anyone to go to an ap	ppointment. She said the					
	DON called the facilit	y and asked her to talk to					
	the resident which sh						
	resident refused to go						
	said she left the room						
		ed that all the sudden she					
	_	l yelling. She said she and					
		ift nurse (Nurse #3) went to She said Nurse Aide #1 and					
		yelling at each other. She					
		reryone to leave the room					
		ne resident. She reported					
		her that Nurse Aide #1					
		d pulled her out of bed. She					
		her that her left leg was					
	weak and that she sli	pped to the floor. She said					
	the resident told her t	that her wrists had been					
	twisted. Nurse #1 rep	ported that she did not see					
		me. She revealed when she					
		n the resident the resident					
		was hurting. She stated					
		dent that the day shift nurse					
	_	medication for pain. She					
		urse Practitioner (NP) on					
		ident. She reported that the					
		nad given the resident the 0 AM and told her that she					
	should have called p						
	onodia nave canca pa	oyonatrio soi vioca.					
	In an interview condu	icted with the DSS					
		17 at 4:30 PM she stated					
		ardian for Resident #1. She					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTF AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			, ,	(X3) DATE SURVEY COMPLETED		
		345267	B. WING _			C 10/28/2017
	ROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337		10/20/2017	
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F 223	for Resident #1. Sh contacted DSS on 1 that the resident did appointment schedul that they requested the resident to go to did not appear neglethe right to refuse the lower appointment that her room to talk to her appointment that her room to talk to her appointment that her room to talk to her also stated that the resident at that time aware of an altercat a member of the stall he said that he had for pain medication changes because she medication that was On 10/27/17 at 2:45 JJ. The facility proviallegation of compliant to On 10/25/17 at approximate the resident to On 10/25/17 at approximate arriver identified resident t	makes the medical decisions e said that the facility had 0/24/17 and informed them not want to go to the alled for 10/25/17. She said that the facility try to convince the appointment so that DSS extful but that the resident had eatment. The Medical Director on M he stated that he had #1 on 10/25/17. He said he sident had refused to go to to to morning and he had gone to the about the appointment. It was not an	F 2	23		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD			,	c
		345267	B. WING				28/2017
	ROVIDER OR SUPPLIER HEIGHTS CENTER			80	REET ADDRESS, CITY, STATE, ZIP CODE 4 SOUTH POPLAR STREET LIZABETHTOWN, NC 28337		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 223	alleging that the transresident by the wrist and shook her after the appointment. Shoresident had pushed transport aide then pher to fall to the floor suspended pending 24-hour report was seresident on 10/25/17 working on investigation was assessed by the approximately 10:00 Resident's guardian allegation and 24-hour The identified reside hip and right inner cainterviewed by the streported to the doctor and obtained on 10/27/17 at 3:10 pthe facility to receive facility did recognized did not notify the pol between the resident Procedure for impler of correction for the 1. Facility will compallegations of abuse when physical contated by the Social Worke allegations of abuse 3. Police Department	asport aide had grabbed the s, pulled her up off the bed the resident refused to go to be also stated that the also the transport aide and the bushed the resident, causing r. The transport aide was our investigation. The submitted for identified r. Facility is still currently untion of incident. The resident edoctor on 10/25/17 at am with no injury identified. was notified of abuse our report on 10/25/17 as well. In the did report pain to her left alf on 10/26/17 when tate surveyor. This was for and x-rays were ordered 26/17. All results were report of incident. The sthe incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member. The the incident as abuse, but ice after the physical contact than the staff member.	F	223			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345267	B. WING			C 10/28/2017
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337		•	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 223	employees by the S 10/26/17 and 10/27/5. Staff training will Development Nurse Residents with Beha Residents Who Refuinclude staff allowing allow residents to caresidents to have chemologically correction is effective remains corrected a regulatory requirement. The administrato abuse and ensure pallegations where placed and ensure pallegations where placed and ensure pallegations where placed and/or designee will member, POA, or guarefused appointment. The validation of the completed on 10/28 following: 1. Nine employees regarding identification abuse and how to reach the complete on 10/28/17 at 10:15 Allinterviewed alert and further allegations of 3. A list of all alert and further allegations of 3. A list of all alert and further allegations of 3. A list of all alert and further allegations of 3. A list of all alert and further allegations of 3.	as completed for all active taff Development Nurse on 17. be provided by the Staff on Management of aviors and Management of use Care. This training will gresidents to refuse care, alm if agitated, and allowing oices honored. e to ensure the plan of the and specific deficiency cited and/or in compliance with the ents: r will review all allegations of colice are notified for anysical contact has occurred. r and/or designee will be ent refusing to attend a tent. The administrator ensure resident's family uardian is notified of the	F 23	23		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345267	B. WING _			10/28/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
POPI AR I	HEIGHTS CENTER			804 SOUTH POPLAR STREET		
I OI LAIN	ILIOITIO OLITER			ELIZABETHTOWN, NC 28337		
(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 CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 223 F 226 SS=J	interviewed regarding other allegations were 4. The 24 hour report Police were at the fact 10/27/17. The police ongoing investigation 5. The abuse training for in-services held or Some education was employees not on site 6. The honoring of reappointments in-servisheets dated 10/27/1 DEVELOP/IMPLMEN POLICIES	allegations of abuse. No e identified. t of abuse was reviewed. ility to investigate on report number of the is 2017E-1061. I sign sheets were reviewed in 10/25 and 10/27/17. provided by phone for e. sident rights to refuse ce was reviewed for sign in 7. T ABUSE/NEGLECT, ETC	F 2			11/17/17
	written policies and proved exploitation of resider resident property, (2) Establish policies investigate any such as §483.95, 483.95 (c) Abuse, neglect, are the freedom from aburequirements in § 483.95	evelop and implement rocedures that: ent abuse, neglect, and ents and misappropriation of and procedures to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		COMPLETED	
		345267	B. WING _			C 0/28/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	· · · · · ·	0/20/2017
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F 226	Continued From particle (c)(1) Activities that exploitation, and more property as set forto (c)(2) Procedures for neglect, exploitation resident property (c)(3) Dementia management prevention. This REQUIREMENT by: Based on observation interview and record notify law enforcement resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrist and 1 of 1 sampled resident physical all on the left wrists causing her the bruising to her left wenforcement was not removed on 10/28/	ge 12 constitute abuse, neglect, isappropriation of resident	F 2		on of he not ment by e facts as by R relating ase ur plan of	
	verified. The facilit at a scope and seventhe potential for monot IJ) to all the facilits plan of correction Findings included: Resident #1 was accompleted without behavioral expressions.	ty remained out of compliance erity of D (no actual harm with one than minimal harm that is ility to monitor and implement in for abuse. Idmitted to the facility on one one one of the complex of the c		concerning staff to resident physi abuse resulting in two bruises on wrist and two bruises on the left has Resident #1. On 10/25/17 at approximately 6:15am, the transparrived at the facility to take ident resident to a scheduled appointm 10/25/17 at approximately 7:00ar allegation of abuse was made by member alleging that the transpo had grabbed the resident by the pulled her up off the bed and sho after the resident refused to go to	the left hip for port aide ified hent. On h, an a staff rt aide wrists, ok her	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345267	B. WING		I -	C 10/28/2017	
NAME OF DE	ROVIDER OR SUPPLIER	040207	1	STREET ADDRESS, CITY, STATE, ZIP CODE	10/2	8/2017	
NAME OF PR	ROVIDER OR SUPPLIER			, , ,			
POPLAR H	HEIGHTS CENTER			804 SOUTH POPLAR STREET			
				ELIZABETHTOWN, NC 28337			
(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	(X5) COMPLETION DATE	
F 226	Continued From page	: 13	F 22	26			
F 226	Review of a Quarterly Resident #1 dated 08 had intact cognition. bed mobility, transfers unit, dressing, eating, bathing. She required corridor and toilet use walking in room. Bala and she used a walked was receiving Physical Therapy. She particip She weighed 108 pour Record review showed guardian which was the Review of the General at 8:48 AM document oriented. Resident rethe appointment sever person was in to transfer fused to go. Transport bed, resident refused to go. Transport bed, resident refused to go. Transport bed, resident denied hitting apparent injury noted pain at present. Will of Record review reveals 24-Hour Initial Report and Human Services abuse. The allegation "Allegation of abuse retransport nursing assi	Minimum Data Set for /03/17 revealed the resident She was independent for: s, locomotion on and off the personal hygiene and d supervision for walking in e and limited assistance for ance was steady at all times er while ambulating. She all Therapy and Occupational pated in the assessment. Inds. If the Was Note of 10/25/17 ed: "Resident alert verbal fused several times to go to real times. Transportation sport. Resident continuously bort was trying to get her out ing, slipped to floor by bed. In the Bepartment of Health on 10/25/17 for resident in description was:	F 22	appointment. She also stated that resident had pushed the transport and the transport aide then pusher resident, causing her to fall to the The transport aide was suspended pending our investigation. The 24 report was submitted for identifier resident on 10/25/17 and 5 day resubmitted on 10/30/17. The resident assessed by the doctor on 10/25/ approximately 10:00am with no in identified. Resident's guardian was notified of abuse allegation and 2 report on 10/25/17 as well. The idensident did report pain to her left right inner calf on 10/26/17 when interviewed by the state surveyor was reported to the doctor and xwere ordered and obtained on 10/41 results were negative for injury facility did recognize the incident abuse, but did not recognize the notify the police after the physical between the resident and the star member. However, the police de was called on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility. Poinvestigation was completed on 10/27/17 at 3:10pn officer was sent to the facility pointed to the facility pointed to the facility pointed to the facility pointed to the fa	t aide ed the ed the ef floor. ed el-hour d eport was ent was '17 at njury as '4-hour dentified hip and This rays '26/17. y. The as need to I contact ff partment n and an olice 1/3/17 cy was on when irector of ports for and		
	the transport nursing	assistant grabbed the shook her, then pushed her esident is alert, but		involved. Abuse training was corfor all active staff on 10/26/17 and 10/27/17 by the Staff Developme Coordinator and Director of Nursi	mpleted d nt		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		345267	B. WING_		1,	C 0/28/2017
NAME OF PR	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP		1/20/2017
				804 SOUTH POPLAR STREET		
POPLAR I	HEIGHTS CENTER			ELIZABETHTOWN, NC 28337		
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F 226	Continued From page	e 14 lection of the incident when	F 2	26 training included identifica	tion of types of	
	Review of the facility stated: "Any outcome substantiation of abus appropriate agencies professional ethical sudded the following a Prohibition Policy on allegations with reportinvolved will be reported epartment immediated. In an interview conductory 10/26/17 at 7:45 AM resided at the facility that she had told the that she didn't feel go medical appointment that Nurse Aide #1 tharm and right foot and causing her to fall to the on the side of the bed her left hip and right frevealed that several incident and had tried that she did not have	Abuse Prohibition Policy es resulting in the se will be reported to the as required by the law and tandards." The facility ddendum to the Abuse 10/27/17: "For all abuse ted physical contact ted to the local police		training included identifica abuse and reporting of alle potential abuse. This train provided upon hire for new and annually for all active administrator will be notifice allegations and will ensure notified for allegations who contact has occurred. 3. The Administrator will a incidents of physical abuse to ensure law enforcemen These results will be report facility's Performance Important to ensure continued of the Administrator and Nursing are responsible for this plan of correction.	egations of ing will be vemployees employees. The ed of all abuse expolice are ere physical audit all er for 6 months thas occurred. In the content on the for review compliance. Director of	
	lower back pain, right elbow and left hip pai bruises on her left wr Nurse Aide #1 had gr An observation of the Resident #1 on 10/26	cing pain down her right leg, calf pain, left arm above her n. She pointed to the ist and said that was where sabbed her. Left wrist and left hip of 6/17 at 7:45 AM revealed two er left wrist and two bruises				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345267	B. WING _			C 10/28/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	•	10/25/2017	
(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)	I SHOULD BE	(X5) COMPLETION DATE	
F 226	Continued From pag	ge 15	F 2	226			
	#1's right tibia/fibula showed all structure In an interview with	Nurse #3 on 10/26/17 at 8:43					
	the morning of 10/28 and followed it to Re the resident was on said Nurse Aide #1	when she reported for work 5/17 she heard screaming esident #1's room. She said the floor screaming. She and Nurse Aide #2 were She said the resident told					
	yelling at each other. She said the resident told her she had been abused. She revealed she told staff to leave the room and move away from the doorway. She said she and Nurse #1 put the resident back into bed. She stated she tried to						
		ation and had told everyone atement of the incident before					
	with Housekeeper # heard a lot of comm she reported to worl She said she went to saw the resident sw	ucted on 10/26/17 at 9:31 AM 1 she revealed that she had otion on the hallway when at at 6:56 AM on 10/25/17. Do Resident #1's doorway and inging her arms trying to hit et face. She said she saw					
	Nurse Aide #1 grab She stated she saw loose and when she the bed and hit the f was standing with he Nurse Aide #1, "you	both the resident's arms. the resident trying to get jerked away she fell against loor. She said Nurse Aide #2 er at the doorway and said to pushed her down and that's all the police on you myself."					
	In an interview cond 10/26/17 at 10:30 A arrived to work at 6:	ucted with Nurse Aide #1 on M she stated that she had 10 AM on 10/25/17 to 11 to an appointment. She					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	040207		STRI	EET ADDRESS, CITY, STATE, ZIP CODE	1 10/	28/2017	
				804	SOUTH POPLAR STREET			
POPLAR	HEIGHTS CENTER			ELIZ	ZABETHTOWN, NC 28337			
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F 226	was ready to go to to no. She said Nurse said she was not go She revealed that she convince the resider because it was imposhe said she also as aide (Nurse Aide #2 down an opposite has Nurse Aide #1 state Director of Nursing (#1 and Nurse Aide #Resident #1 to go to that Nurse #1 came resident refused to go took clothes out of the mon the bed. Si jumped out of the best that she was going the word)." She said the socks. She said she situation and went or reported that when sore ident rose up off screaming. She said the resident fell back on floor. She said Nurse #3 told her to went to her office, constatement concerning. In an interview condition 10/26/17 at 11:26 Al reported to work on coming from Resident for the said to work on coming from Resident for the said to work on coming from Resident for the said Nurse #3 told her to went to her office, constatement concerning from Resident from Resident for the said Nurse #3 told her to went to her office, constatement concerning from Resident	kked Nurse #1 if Resident #1 he appointment and was told #1 told her that the resident ing to go to the appointment. he asked Nurse #1 to help her nt to go to the appointment ortant but that she did not. sked the resident's third shift) to help her but that she went all and did not help her. d that she then called the (DON) to ask her to tell Nurse #2 to help her convince the appointment. She said to the room but that the go. She reported that she he resident's closet and laid the reported that Resident #1 ed and ran toward her saying to "whoop her (curse the resident had on slippery the removed herself from the tutside to move the van. She she returned to the room the the bed kicking, swinging and d that she grabbed both of fand when she let go the the bed and slid onto the the Aide #2 and Housekeeper the doorway. She said that leave the room and that she alled the DON, and wrote a	F	226				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345267	B. WING		C 10/28/2017
NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	1 10/20/2011	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
F 226	told the resident that appointment. She sta asked her to help get appointment and that get gloves. She said Nurse Aide #1 and Roand Nurse Aide #1 and Roand Nurse Aide #1 whoth arms. She state rear back and fall to the did not see the reside #1 as she had left the In an interview with Note: 12:41 PM via the tele the aide caring for the the morning of 10/25/2 resident twice during appointment and the going. She said she to get ready to go bet She said she was at the heard the resident yet the room. She said where wrists. The resident her wrists and then hurse Aide floor. She said she to should call the police that Nurse Aide #1 remind her own busines #3 came to the room She said that when the appointment using the said she was the should have the appointment using the said she was the appointment using the said she was the should have the appointment using the said she was the appointment using the said she was the should have the appointment using the said she was the said s	intment. She said that she she needed to go to the ated that Nurse Aide #1 the resident ready for the she left the room to go and that when she returned esident #1 were standing up as holding the resident by ad that she saw the resident he floor. She said that she ent trying to strike Nurse Aide	F 23	26	

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, i i			(X3) DATE SURVEY COMPLETED	
		345267	B. WING		C 10/28/2017		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	•	0/20/2017	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 226	resident to the floor. her if she had called that she was not allow Resident #1 on the resident was She said when she hearlier in the shift the was not going to the morning. She said said she said when Nurse Aid resident wasn't ready the resident which she resident refused to graid she left the roor resident. She report heard screaming and the oncoming day she resident's room. Nurse Aide #2 where said Nurse #3 told evand they assessed that the resident told grabbed her arms ar	urse Aide #1 push the She said the DON asked the state and informed her	F 22	26			
	the resident told her	ipped to the floor. She said that her wrists had been ported that she did not see					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345267	B. WING			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	I	10/28/2017	
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F 226	went back to check told her that her bat that she told the reswould give her som said she called the duty to report the in NP asked her if she ordered Ativan at 5 should have called In an interview cond Supervisor on 10/2 that DSS was the grevealed that DSS for the resident. She contacted DSS on that the resident did appointment sched that they requested the right to refuse to the right to refuse to In an interview with 10/27/17 at 12:47 Fassessed Resident had been told the respondent to the resident to go to the right to refuse to the resident to go to the right to refuse to the right to refuse to the right to refuse to the said that the resident at the resident at the resident at the time aware of an alterca a member of the states and that he had the said that he said that he had the said that he said that he had the said that he said tha	time. She revealed when she on the resident the resident ck was hurting. She stated sident that the day shift nurse be medication for pain. She Nurse Practitioner (NP) on acident. She reported that the shad given the resident the 100 AM and told her that she psychiatric services. Iducted with the DSS 6/17 at 4:30 PM she stated userdian for Resident #1. She makes the medical decisions he said that the facility had 10/24/17 and informed them do not want to go to the uled for 10/25/17. She said that the facility try to convince to the appointment so that DSS lectful but that the resident had	F 2.	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345267	B. WING		10	C 0/28/2017	
	NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	, ,	10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 226	On 10/27/17 at 2:45 IJ. The facility provallegation of compliant of correcting to the facility provallegation of compliant of abuse alleging that the trainersident by the wrist and shook her after the appointment. So resident had pushed transport aide then her to fall to the floor suspended pending 24-hour report was resident on 10/25/1 working on investigation was assessed by D approximately 10:00 Resident's guardiant allegation and 24-hour reported to the doct and obtained on 10 negative for injury. On 10/27/17 at 3:10 the facility to receive	he had not been taking all the available to her. 5 PM the facility was notified of ided the following credible ance on 10/27/17: his deficiency: roximately 7:00am, an was made by a staff member asport aide had grabbed the ts, pulled her up off the bed the resident refused to go to he also stated that the did the transport aide and the pushed the resident, causing or. The transport aide was our investigation. The submitted for identified 7. Facility is still currently ation of incident. The resident	F 22	,			
	between the resider	lice after the physical contact nt and the staff member. pleted with facility staff /17 which included					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	PLE CONSTRUCTION G	· /	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	10/20/2017	
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 226	identification of type incidents with physic Abuse policy was rethe need for staff to environment if resid. Abuse policy was all notification when physication when physication when physication for the staff allowing allegations of abuse 2. Alert and oriente by the Social Worke allegations of abuse 3. Police Departme 3:10pm and an offic receive report of inc 4. Abuse training wemployees by the Social Worke allegations of abuse 3:10pm and an offic receive report of inc 4. Abuse training wemployees by the Social Worke allegations of type incidents with physic 5. Staff training will Development Nurse Residents with Behare Residents Who Refuncted staff allowing allow residents to caresidents to have chemployees are gulatory requirements.	s of abuse and reporting cal contact to the police. viewed and updated to reflect remove themselves from the ent behavior is escalating. So revised to include police ysical contact occurs. Interest a comparison of the ent behavior is escalating. So revised to include police ysical contact occurs. Interest a comparison of the ent of the police of the police. The police of the	F 23	26		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	345267	B. WING		C 10/28/2017	
			10/20/2011		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
allegations where ph 2. The administrato notified of any reside scheduled appointment and/or designee will member, POA, or gurefused appointment. The validation of the completed on 10/28/following: 1. Nine employees regarding identification abuse and how to receive a lert and further allegations of 3. A list of all alert a facility was obtained interviewed regarding other allegations we 4. The 24 hour report Police were at the fact 10/27/17. The police ongoing investigation 5. The abuse training for in-services held of Some education was	rysical contact has occurred. If and/or designee will be ent refusing to attend a ent. The administrator ensure resident's family lardian is notified of the t. It credible allegation was 117 at 11:00 AM by doing the enterport abuse if identified. If was interviewed on end and she confirmed that she doriented residents and no fabuse were identified. Indicate of a large transfer of the in is 2017E-1061. In gig sign sheets were reviewed on 10/25 and 10/27/17. In growided by phone for	F 22	26		
SELF-DETERMINA CHOICES CFR(s): 483.10(f)(1) (f)(1) The resident has chedules (including	rion - Right to MAKE -(3) as a right to choose activities, sleeping and waking times),	F 24	32	11/17/17	
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIENT REGULATORY OR REGULATORY OR ALL ATORY OR ALL ATOR	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 allegations where physical contact has occurred. 2. The administrator and/or designee will be notified of any resident refusing to attend a scheduled appointment. The administrator and/or designee will ensure resident's family member, POA, or guardian is notified of the refused appointment. The validation of the credible allegation was completed on 10/28/17 at 11:00 AM by doing the following: 1. Nine employees on duty were interviewed regarding identification of the different types of abuse and how to report abuse if identified. 2. The Social Worker was interviewed on 10/28/17 at 10:15 AM and she confirmed that she interviewed alert and oriented residents and no further allegations of abuse were identified. 3. A list of all alert and oriented residents in the facility was obtained and the residents were interviewed regarding allegations of abuse. No other allegations were identified. 4. The 24 hour report of abuse was reviewed. Police were at the facility to investigate on 10/27/17. The police report number of the ongoing investigation is 2017E-1061. 5. The abuse training sign sheets were reviewed for in-services held on 10/25 and 10/27/17. Some education was provided by phone for employees not on site. SELF-DETERMINATION - RIGHT TO MAKE	ROVIDER OR SUPPLIER **BEIGHTS CENTER** **SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **COntinued From page 22** **allegations where physical contact has occurred.** 2. The administrator and/or designee will be notified of any resident refusing to attend a scheduled appointment. The administrator and/or designee will ensure resident's family member, POA, or guardian is notified of the refused appointment. The validation of the credible allegation was completed on 10/28/17 at 11:00 AM by doing the following: 1. Nine employees on duty were interviewed regarding identification of the different types of abuse and how to report abuse if identified. 2. The Social Worker was interviewed on 10/28/17 at 10:15 AM and she confirmed that she interviewed alert and oriented residents and no further allegations of abuse were identified. 3. A list of all alert and oriented residents in the facility was obtained and the residents were interviewed regarding allegations of abuse. No other allegations were identified. 4. The 24 hour report of abuse was reviewed. Police were at the facility to investigate on 10/27/17. The police report number of the ongoing investigation is 2017E-1061. 5. The abuse training sign sheets were reviewed for in-services held on 10/25 and 10/27/17. Some education was provided by phone for employees not on site. \$ELF-DETERMINATION - RIGHT TO MAKE CHOICES CFR(s): 483.10(f)(1)-(3) (f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times),	ROVIDER OR SUPPLIER #EIGHTS CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIJST BE PRECEDED BY FULL REQUIATORY OR LISC IDENTIFYING INFORMATION) COntinued From page 22 allegations where physical contact has occurred. 2. The administrator and/or designee will be notified of any resident refusing to attend a scheduled appointment. The administrator and/or designee will be notified of any resident refusing to attend a scheduled appointment. The administrator and/or designee will ensure resident's family member, POA, or guardian is notified of the refused appointment. The validation of the credible allegation was completed on 10/28/17 at 11:00 AM by doing the following: 1. Nine employees on duty were interviewed regarding identification of the different types of abuse and how to report abuse if identified. 2. The Social Worker was interviewed on 10/28/17 at 10:15 AM and she confirmed that she interviewed alert and oriented residents and no further allegations of abuse were identified. 3. A list of all alert and oriented residents in the facility was obtained and the residents were interviewed regarding allegations of abuse. No other allegations were identified. 4. The 24 hour report of abuse was reviewed. Police were at the facility to investigate on 10/27/17. The police report number of the ongoing investigation is 2017E-1061. 5. The abuse training sign sheets were reviewed for in-services held on 10/25 and 10/27/17. Some education was provided by phone for employees not on site. SELF-DETERMINATION - RIGHT TO MAKE CFR(s): 483.10(f)(1)-(3) (f)(1) The resident has a right to choose activities, schedules (including sileeping and waking times).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED			
		345267	B. WING _			C 10/28/2017		
	NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337				
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F 242	and plan of care and of this part. (f)(2) The resident had about aspects of his are significant to the (f)(3) The resident had members of the composition community activities facility. This REQUIREMEN by: Based on observation interview and record allow a resident the medical appointmen resident physical about the left wrist and 1 of 1 sampled resident the medical appointment and standard the immediate jeopa when Resident #1 reappointment immediate jeopa when Resident #1 reappointment immediate jeopa whe	r her interests, assessments, as a right to make choices or her life in the facility that resident. as a right to interact with amunity and participate in both inside and outside the and ou	F2	This plan of correction repre East Health and Rehab's alle compliance. The submission following plan of correction of constitute an admission or at the provider as to the truths alleged or conclusions prese survey consultants from NCI to alleged deficient practice. accept this corrective action correction for F242. 1. Per the CMS 2567, the fa allow a resident the choice to attend a medical appointmer a staff to resident physical all in two bruises on the left wris bruises on the left hip for Re 10/25/17 at approximately 6:	esents Bladen egation of n of the loes not greement by of the facts as ented by DHSR relating Please as our plan of acility failed to orefuse to nt resulting in buse resulting st and two sident #1. On 15am, the			
	its plan of correction Findings included:	ity to monitor and implement for abuse. mitted to the facility on		transport aide arrived at the identified resident to a sched appointment. On 10/25/17 at approximately 7:00am, an all abuse was made by a staff nalleging that the transport aid	duled t legation of nember			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDII	NG			_	
		345267	B. WING				C	
NAME OF D	ROVIDER OR SUPPLIER	343207	1 2:	67		10	/28/2017	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
POPLAR I	HEIGHTS CENTER				04 SOUTH POPLAR STREET			
				E	LIZABETHTOWN, NC 28337			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 242	Continued From pag	ue 24	F 2	242				
		ses that included Dementia			grabbed the resident by the wrists, pu			
	without behavioral di				her up off the bed and shook her after			
		ic Pain, Anxiety, Major			resident refused to go to the appointm	ent.		
	Depression and Mali	ignant Melanoma.			She also stated that the resident had			
	D : (0 . ()	L M: :			pushed the transport aide and the			
		ly Minimum Data Set for			transport aide then pushed the resider	nt,		
		8/03/17 revealed the resident She was independent for:			causing her to fall to the floor. The transport aide was suspended pending	~		
		rs, locomotion on and off the			our investigation. The 24-hour report w	-		
		g, personal hygiene and			submitted for identified resident on	vas		
	bathing. She require			10/25/17 and 5 day report was submit	ted			
		e and limited assistance for			on 10/30/17. The resident was assess			
		lance was steady at all times			by the doctor on 10/25/17 at			
	_	er while ambulating. She			approximately 10:00am with no injury			
		cal Therapy and Occupational			identified. Resident's guardian was			
	Therapy. She partic	ipated in the assessment.			notified of abuse allegation and 24-ho	ur		
	She weighed 108 po	ounds.			report on 10/25/17 as well. The identif	ied		
					resident did report pain to her left hip a	and		
		ed that Resident #1 had a			right inner calf on 10/26/17 when			
	guardian which was	the State of North Carolina.			interviewed by the state surveyor. This	3		
		1.1. 1.1.1. 6.40/05/45			was reported to the doctor and x-rays	_		
		ral Nurse's Note of 10/25/17			were ordered and obtained on 10/26/1			
		nted: "Resident alert verbal			All results were negative for injury. Po			
		efused several times to go to			Department was called on 10/27/17 at			
		eral times. Transportation nsport. Resident continuously			3:10pm and an officer was sent to the facility to receive report of incident. Po			
	=	sport was trying to get her out			investigation was completed on 11/3/1			
	_	sing, slipped to floor by bed.			with no charges filed. Facility abuse	1		
		ing head or back. No			policy was reviewed and updated on			
		d at present time. Denied			10/27/17 to reflect the need for staff to)		
		continue to monitor."			remove themselves from the environm			
					if resident behavior is escalating.			
	Record review revea	aled that the facility filed a			Resident did not attend the appointme	ent		
		rt to the Department of Health			at Duke Cancer Center scheduled for			
		s on 10/25/17 for resident			10/25/17. The appointment was		 	
	abuse. The allegation				rescheduled for 11/1/17 at 2:00pm wit			
	_	reported concerning			Duke Cancer Center to honor resident	t's		
		sistant trying to force resident			choice for an afternoon appointment.		 	
	to go to a doctor's ar	ppointment. Report stated			Resident was informed of upcoming			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
		345267	B. WING _				C 28/2017
NAME OF PE	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	20/2017
	10 115211 011 001 1 21211				04 SOUTH POPLAR STREET		
POPLAR H	IEIGHTS CENTER						
					ELIZABETHTOWN, NC 28337		
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F 242	Continued From page	e 25	F 2	242			
	the transport nursing	assistant grabbed the			11/1/17 appointment on 10/31/17 and		
		shook her, then pushed her			again refused to attend. Resident's		
	causing her to fall. R				guardian, Bladen County Department	of	
		al injury identified and			Social Services and physician, Dr. Jos		
	• •	lection of the incident when			Gonzalez were notified of resident's		
		nforcement was not notified.			refusal on 10/31/17. A meeting with		
					physician, facility social worker, and		
	In an interview condu	ıcted with Resident #1 on			resident's guardian was held on 11/1/1	7 to	
	10/26/17 at 7:45 AM	she stated that she had			discuss the resident's needs and future	9	
	resided at the facility for two months. She said				goals concerning the treatment of her		
	that she had told the transporter (Nurse Aide #1)				cancer.		
	that she didn't feel good and was not going to the				Training for all staff on honoring		
	medical appointment that morning. She reported				resident choices was completed by the)	
		en grabbed her by the left			Staff Development Coordinator on		
	-	d twisted her off the bed			10/27/17. Staff training on Managemer	nt of	
	_	the floor hitting her left hip			Residents with Behaviors and		
		d as she fell. She said that			Management of Residents who Refuse	÷	
		foot were still hurting. She			Care was also provided by the Staff	_	
		staff members had seen the			Development Coordinator and Director	· of	
		d to convince Nurse Aide #1			Nursing on 10/27/17. Both of these		
		to go to the appointment.			trainings will be provided upon hire for		
		nurting where she wasn't			new employees and annually for all ac	live	
	•	ting pain down her right leg,			employees.	200	
		t calf pain, left arm above her in. She pointed to the			The Social Worker or his/her design will interview at least 5 alert and orient	_	
		ist and said that was where			residents to determine if their choices		
	Nurse Aide #1 had gr				being honored weekly x 3 weeks, then		
	Traise / lide #1 flad gi	abbea ner.			monthly x 3 months. The administrato		
	An observation of the	e left wrist and left hip of			and/or designee will observe delivery of		
		6/17 at 7:45 AM revealed two			care to residents during facility rounds		
		er left wrist and two bruises			daily x 5 days, then weekly x 3 weeks,		
	on her left hip.				then weekly x 1 month, and monthly x		
	r				month to ensure residents choices are		
	Review of X-rays take	en on 10/26/17 of Resident			being honored. The administrator and		
		bilateral hips, and pelvis			Director of Nursing will report results o		
	showed all structures				rounds observations to the facility's		
		Jurse #3 on 10/26/17 at 8:43			Performance Improvement Committee		
	AM she stated that w	hen she reported for work			monthly x 3 months for review and to		
	the morning of 10/25	/17 she heard screaming			ensure continued compliance.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		TE SURVEY MPLETED
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F 242	the resident was on the said Nurse Aide #1 and yelling at each other. Her she had been about staff to leave the room doorway. She said is resident back into be de-escalate the situal present to write a state they left the shift. In an interview with that 9:15 AM he stated had a guardian at the Services (DSS) that not refuse to go to an DSS. In an interview conduction with Housekeeper #1 heard a lot of common she reported to work She said she went to saw the resident swiin Nurse Aide #1 in the Nurse Aide #1 grab to She stated she saw to loose and when she the bed and hit the flowas standing with he Nurse Aide #1, "you abuse. I ought to call in an interview conduction of the said to work at 6:1 transport Resident #	sident #1's room. She said the floor screaming. She and Nurse Aide #2 were She said the resident told used. She revealed she told m and move away from the she and Nurse #1 put the d. She stated she tried to tion and had told everyone attement of the incident before the Administrator on 10/26/17 that because Resident #1 to Department of Social she had no rights and could appointment scheduled by acted on 10/26/17 at 9:31 AM I she revealed that she had obtion on the hallway when at 6:56 AM on 10/25/17. To Resident #1's doorway and anging her arms trying to hit face. She said she saw both the resident's arms. The resident trying to get jerked away she fell against foor. She said Nurse Aide #2 for at the doorway and said to pushed her down and that's lift the police on you myself."	F 24	4. The Administrator and D Nursing are responsible for this plan of correction.		

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OIVID IN	J. 0930 - 0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		NSTRUCTION		SURVEY PLETED
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		345267	B. WING _			10	/28/2017
	ROVIDER OR SUPPLIER HEIGHTS CENTER			804 S	ET ADDRESS, CITY, STATE, ZIP CODE OUTH POPLAR STREET ABETHTOWN, NC 28337		
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F 242	was ready to go to the no. She said Nurse is said she was not going She revealed that she convince the resident because it was impossible said she also as aide (Nurse Aide #2) down an opposite had Nurse Aide #1 stated Director of Nursing (If #1 and Nurse Aide ##. Resident #1 to go to that Nurse #1 came to resident refused to go took clothes out of the them on the bed. She jumped out of the best that she was going to word)." She said the socks. She said she situation and went our reported that when situation and went our reported that when situation and went our resident rose up off the screaming. She said the resident fell back on floor. She said Nurse #1 were standing in the Nurse #3 told her to leave to her office, castatement concerning. In an interview condutional form Resider Resident #1 was on the control of the said that the resident from Resider Resident #1 was on the said Nurse #3 told her to leave to her office, castatement concerning.	e appointment and was told #1 told her that the resident ng to go to the appointment. e asked Nurse #1 to help her to go to the appointment tant but that she did not. ked the resident's third shift to help her but that she went ll and did not help her. that she then called the DON) to ask her to tell Nurse 2 to help her convince the appointment. She said to the room but that the co. She reported that she e resident's closet and laid to the room but that Resident #1 d and ran toward her saying to "whoop her (curse resident had on slippery removed herself from the utside to move the van. She he returned to the room the he bed kicking, swinging and a that she grabbed both of and when she let go the the bed and slid onto the e Aide #2 and Housekeeper he doorway. She said that eave the room and that she lled the DON, and wrote a	F 2	242			

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F 242	appointment. She si asked her to help ge appointment and that get gloves. She said Nurse Aide #1 and F and Nurse Aide #1 whoth arms. She state rear back and fall to did not see the resid #1 as she had left the In an interview with In 2:41 PM via the telet the aide caring for the the morning of 10/25 resident twice during appointment and the going. She said she was at heard the resident yet the room. She said Nurse Aide #1 was her wrists. The resident she said she said she said she said she said she was at heard the She said she said she was at heard the She said she said she was at heard the She said she said she was at heard the She said she said she was at heard the She said she said she said she was at heard the She said she sai	she needed to go to the tated that Nurse Aide #1 to the resident ready for the to the left the room to go and do that when she returned the tesident #1 were standing up was holding the resident by ed that she saw the resident the floor. She said that she ent trying to strike Nurse Aide erroom to get gloves. Nurse Aide #2 on 10/26/17 ephone she revealed she was the Resident #1 on third shift for the shift to get ready for the treated to force the resident erause she didn't want to go, the nurse's station when she telling for help and she ran to when she got to the doorway tolding the resident by both dent was sitting on the side of the heard Nurse Aide #1 say, the (curse word) up." She	F:	242	ENCY)	
	and then Nurse Aide floor. She said she to should call the police that Nurse Aide #1 remind her own busine #3 came to the room She said that when to that she should have the appointment usin because she was "D	#1 push Nurse Aide #1 #1 push the resident to the fold Nurse Aide #1 that she be because it was abuse and responded by telling her to ress. She reported that Nurse and told everyone to leave. The DON arrived she told her regotten the resident up for ring any means necessary SS". She said she told the rurse Aide #1 push the				

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F 242	In an interview with It PM she stated she was not allow Resident #1 on the resident was She said when she hearlier in the shift the was not going to the morning. She said sat 5:00 AM (because again the resident was refunded at 5:00 AM (because again the resident was refunded at 1 told her the because she was DS Nurse Aide #1 told her the because she was DS Nurse Aide #1 that sanyone to go to an an DON called the facilitate resident which shall resident refused to go said she left the roor resident. She report heard screaming and the oncoming day shall the resident shall be and they assessed that the resident told grabbed her arms ar said the resident told weak and that she shall be resident told her resident told weak and that she shall be resident told her	She said the DON asked the state and informed her wed to call. Nurse #1 on 10/26/17 at 2:43 was the nurse caring for norning of 10/25/17. She is alert, oriented and reliable. In ad passed medications are resident had told her she appointment the following the gave the resident Ativan and the appointment and the appointment and the appointment and the wasn't going. She is all asked her why the sy to go she said she told her using to go. She said Nurse resident could not refuse ass. Nurse #1 said she told he was not going to force appointment. She said the tot the appointment. She said the tot the appointment. She	F 24	42		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			8	TREET ADDRESS, CITY, STATE, ZIP CODE 04 SOUTH POPLAR STREET :LIZABETHTOWN, NC 28337	100	20/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 242	told her that her back that she told the reside would give her some said she called the Nordered Ativan at 5:00 should have called psomble in an interview conduction of that DSS was the guarevealed that DSS may for Resident #1. She contacted DSS on 10 that the resident did rappointment schedule that they requested the right to refuse treat the right to refuse treat in an interview with the resident to go to the right to refuse treat in an interview with the resident to go to the right to refuse treat in an interview with the 10/27/17 at 12:47 PM assessed Resident #1 had been told the resident that the resident at the resident at the resident at that the resident at that time, aware of an altercation a member of the staff He said that he had refor pain medication and	the resident the resident was hurting. She stated lent that the day shift nurse medication for pain. She urse Practitioner (NP) on dent. She reported that the lad given the resident the DAM and told her that she sychiatric services. It at 4:30 PM she stated ardian for Resident #1. She akes the medical decisions said that the facility had /24/17 and informed them not want to go to the led for 10/25/17. She said that the facility try to convince the appointment so that DSS offul but that the resident had atment. In e Medical Director on the latestated that he had the stated that he had the ident had refused to go to morning and he had gone to rabout the appointment. Lent told him someone had that it hurt. He reported that lend found nothing abnormal. Le saw no bruising on the He stated that he was not an between the resident and funtil the resident told him. Leviewed her current orders	F	242			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X	3) DATE SURVEY COMPLETED
		345267	B. WING			C
	ROVIDER OR SUPPLIER	340201		STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	I	10/28/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 242	IJ. The facility provious allegation of compliants allegation of compliants allegation of compliants allegation of compliants and shook her after the appointment. Stresident had pushed transport aide then pher to fall to the floor suspended pending 24-hour report was seresident on 10/25/17 working on investigation was assessed by the approximately 10:00 Resident's guardiants allegation and 24-hour the identified resident interviewed by the streported and x-rays on 10/26/17. All residentiants allegation of complete the streported and x-rays on 10/26/17. All residentiants allegation and x-rays on 10/26/17. All residential x-rays on 10/26/17. All residential x-rays on 10/26/17. All residential x-rays on 10/26/17.	PM the facility was notified of ded the following credible ince on 10/27/17: his deficiency: Distinct of at the facility to take a scheduled appointment. Distinct of a staff member sport aide had grabbed the spouled her up off the bed the resident refused to go to be also stated that the the transport aide and the sushed the resident, causing the transport aide was our investigation. The submitted for identified to fincident. The resident am with no injury identified. Was notified of abuse ur report on 10/25/17 as well. Int did report pain to her left	F2	·		
	3:10pm and an office receive report of inci recognize the incide	er was sent to the facility to dent. The facility did nt as abuse, but did not notify hysical contact between the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345267	B. WING		C 10/28/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	10/20/2011	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLET	
F 242	Continued From pa	ge 32	F 24	2		
	Procedure for imple of correction for the	menting the acceptable plan deficiency cited:				
	attend appointment employees by the S 10/27/17. 2. Staff training will Development Nurse Residents with Beh Residents Who Refinclude staff allowin allow residents to have cl. Monitoring procedu correction is effective remains corrected a regulatory requirem. 1. The administrate notified of any residented appointment and/or designee will	re to ensure the plan of re and specific deficiency cited and/or in compliance with the ents: or and/or designee will be ent refusing to attend a nent. The administrator I ensure resident's family uardian is notified of the				
		e credible allegation was 3/17 at 11:00 AM by doing the				
	regarding identifical abuse and how to r 2. The Social Work 10/28/17 at 10:15 A interviewed alert an	on duty were interviewed tion of the different types of eport abuse if identified. Her was interviewed on all M and she confirmed that she d oriented residents and no of abuse were identified.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345267	B. WING _		1	C 0/28/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337		0/20/2011
(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 ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 242	3. A list of all alert an facility was obtained a interviewed regarding other allegations were 4. The 24 hour repor Police were at the fact 10/27/17. The police ongoing investigation 5. The abuse training for in-services held or Some education was employees not on site 6. The honoring of residuals and the services held or some education was employees not on site 6.	and oriented residents in the and the residents were allegations of abuse. No elidentified. It of abuse was reviewed. Sility to investigate on report number of the is 2017E-1061. It is sign sheets were reviewed in 10/25 and 10/27/17. It is provided by phone for elements.	F 2	242		