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

PRINTED: 05/14/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245202	B WING				С
		345383	B. WING			04/	11/2018
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
SCOTTISH PINES REHABILITATION AND NURSING CENTER				62	20 JOHNS ROAD		
00011101		N, MD NOROMO CENTER		L	AURINBURG, NC 28352		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	AIE.	DATE
					,,		
F 000	INITIAL COMMENTS		F	000			
	No deficiencies were	cited as a result of the					
	complaint investigation	on. Event ID DDIT11.					
F 607		buse/Neglect Policies	F (607			4/22/18
SS=D		<u> </u>					
00 B	(-)	(-)					
	§483.12(b) The facilit	y must develop and					
	implement written pol	icies and procedures that:					
	§483.12(b)(1) Prohibi	t and prevent abuse,					
	neglect, and exploitat	ion of residents and					
	misappropriation of re	esident property,					
		sh policies and procedures					
	to investigate any suc	ch allegations, and					
	0.400.40(1.)(0).1.1.1						
		training as required at					
	paragraph §483.95,						
		is not met as evidenced					
	by:	iews and review of the			F607		
		ies and procedures the			F607		
		e procedures in the abuse			Scottish Pines Rehabilitation and Nursi	ina	
	-	providing personal care to			acknowledges receipt of the Statement	•	
	an alleged sexual abo				Deficiency and proposes the plan of	. 01	
	_	r alleged sexual assault			correction to the extent that the summa	ırı/	
	(Resident #2).	alleged sexual assault			of findings is factually correct and in ord	-	
	(I tosident #2).				to maintain compliance with applicable		
	The findings included				rules and the provision of quality care t		
	The initiality included	•			residents.		
	The facility 's Abuse	Policy titled Abuse					
		dated December 2006 did			1) On 4/13/2018, facility's abuse police	cy	
		ns for staff related to not			titled "Abuse Prevention Program" was		
	providing personal ca	re to an alleged sexual			updated to include instructions for staff		
	abuse victim.	-			related to not providing personal care to		
					any alleged sexual abuse victim. Polic		
	Resident #2 was adm	nitted to the facility on			now reads the following: "should a	-	
		agnosis of cerebral palsy,			suspicion of sexual assault be present,		
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATU	RE		TITLE		(X6) DATE

Electronically Signed

04/22/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345383	B. WING			C	
NAME OF B	DOLUBER OF OURDINES	349303	D. WING _	OTDEET ADDRESS OUT / OTATE	710.0005	04/11/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE		
SCOTTISI	H PINES REHABILITAT	ION AND NURSING CENTER		620 JOHNS ROAD			
				LAURINBURG, NC 28352			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 607	Continued From pa	ge 1	F 6	607			
1 007	severe intellectual of multiple contracture. The Annual Minimu Assessment dated was rarely/never ur cognitive impairment resident required exwith all activities of non-ambulatory and bladder. A nursing progress revealed the following reported a male resistanding over her. If from the room and	Continued From page 1 severe intellectual disabilities, aphasia and multiple contractures. The Annual Minimum Data Set (MDS) Assessment dated 2/9/18 revealed the resident was rarely/never understood and had severe cognitive impairment. The MDS noted the resident required extensive to total assistance with all activities of daily living, was non-ambulatory and incontinent of bowel and bladder. A nursing progress note dated 3/28/18 at 9:46 PM revealed the following: NA (Nursing Assistant) reported a male resident was in resident 's room standing over her. He was immediately removed from the room and taken back to his room. Resident had no marks and brief was still intact.		the alleged victim should receiv peri-care, or brief change follow development of the suspicion a directed by the contacted law a 2) On 4/16/2018, facility assis director of nursing services provemployee in-service training on abuse policy titled "Abuse Prevention Program" to all staff. 3) Facility will add updated abuitled "Abuse Prevention Program annual skills fair which will take or around February 2019 and a thereafter. Facility social worked designee will review with all stafacility annual skills fair relevant and how to care of alleged sexuant.		ns	
	measures in place. Nursing) notified. An interview was comment was a surfaced she was consulted she was consulted in the doorw. The NA stated whe observed a male releaning over Resident has been was pulled resident in sincontinual male resident in sheat was notice anything ununot notice if his particular stated she ran to the nurse and they botted.	Family and DON (Director of conducted on 4/4/16 at 5:28 PM is assigned to Resident #2 on shift on 3/28/18. The NA in the ning down the hall and saw a ray of Resident #2 's room. In she got to the room she sident standing at the bedside ent #2. The NA further stated in the down and she could see the ent brief but could not see the ent brief but could not see the fully clothed and she did not issual about his clothes but did its were unzipped. The NA enurse 's station and got the nine went back to the room where resident standing by the bed		victim. 4) Facility will add up to new hire orientation director of nursing ser will review with all new orientation relevant decare of alleged sexual 5) Should revisions appropriate staff will b Administrator, Director Services or appropriate	pdated abuse police. Facility assistant vices or designee whires during facilite finitions and how to assault victim. be necessary, ere-in-serviced by rof Nursing	ty to	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345383	B. WING			C	
NAME OF PI	ROVIDER OR SUPPLIER	0.40000		STREET ADDRESS, CITY, STATE, ZIP COD		04/11/2018	
				620 JOHNS ROAD			
SCOTTISH	H PINES REHABILITATI	ON AND NURSING CENTER		LAURINBURG, NC 28352			
(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)	SHOULD BE	(X5) COMPLETION DATE	
F 607	Continued From page	ge 2 the nurse told him to get out	F 6	07			
	stated she escorted asked him what he was room and he stated stated she returned and she checked the resident had done a stated the resident had some light pink had been incontiner her up and disposed NA stated a family not check the resident removed there were the brief and when to with pre-moistened blood on the wipes. The family member was the hospital to be checked stated as the stated a	er and left the room. The NA him back to his room and was doing in Resident #2 's he needed sex. The NA to the room of Resident #2 er resident to see if the male nything to her. The NA further had a brownish discharge that material in it and the resident of urine and she cleaned of the brief in the trash. The hember came in and wanted of and when the brief was 2 spots of bright red blood in he family member wiped her wipes there were streaks of The NA stated at that point vanted Resident #2 to go to hecked and EMS and the hent (ED).					
	on the night of the ir call from the facility caught with Resider her in the morning. she went to the facil (Nursing Assistant) (Resident #2's room the male resident st. NA made him leave Member further statt the resident's brief and when she puller small amount of block the staff if the resident.	PM a Family Member stated acident the family received a that a male resident had been at #2 and someone would call. The Family Member stated ity and she was told the NA caught a male resident in a with her gown pulled up and ated he needed sex and the the room. The Family ed the staff had not checked and she checked the resident d back her brief there was a bod on the brief and she asked ent was on her cycle and was it no bleeding up to this point.					

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	IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	345383	B. WING			l	C 11/2018
ROVIDER OR SUPPLIER	0.0000		STREE	TADDRESS CITY STATE ZIP CODE	04/	11/2016
NOVIDER OR SOLT EIER						
SCOTTISH PINES REHABILITATION AND NURSING CENTER						
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Continued From page	e 3	F	607			
The Family Member's resident be sent to the (Emergency Medical they came and transposite with the sheets on the with her to the hospita further stated the policasked for the sheets. An interview was conwith Nurse #1 who won the 3 PM to 11 PM interview revealed the her that a male resider room and they both wobserved the male reresident #2. The malback to his room by this room. The gown of and her incontinent both The Nurse stated the incontinent and the Nurse stated the incontinent and the Nurse fumember came in about was removed there were dolood in the brief. The notified. The Nurse fumember came in about the dolood in the brief. The pre-moistened wipes noted streaks of blood and EMS (Emergency Department family member took to the Alfolds at 4:50 PM with the Administrator.	stated she requested the e hospital and EMS Services) was called and ported the resident along to bed and she took the brief al. The Family Member ce came to the hospital and and the brief for evidence. ducted on 4/4/16 at 4:40 PM as assigned to Resident #2 I shift on 3/28/18. The effollowing: The NA notified ent was in Resident #2 's went to the room and sident standing over the resident was escorted the NA and told him to stay in of resident #2 was pulled up rief exposed but was intact. I resident had been A changed the resident and the family and the DON were entered a family the told minutes later and resident and when the brief there 2 small spots of bright. The family member used to wipe the resident and do not the wipe. The police by Medical Services) were not was transported to the ent (ED) for evaluation. The the brief with her to the ED.					
The Consultant state	d their abuse policies and					
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page The Family Member's resident be sent to the (Emergency Medical they came and transposite with the sheets on the with her to the hospital further stated the polical asked for the sheets. An interview was considered with Nurse #1 who was on the 3 PM to 11 PM interview revealed the her that a male resider room and they both wobserved the male re Resident #2. The male back to his room by the his room. The gown cand her incontinent but The Nurse stated the incontinent and the N provided peri-care. The notified. The Nurse for member came in about wanted to check their was removed there were blood in the brief. pre-moistened wipes noted streaks of blood and EMS (Emergency Department family member took to the Consultant states.) On 4/5/18 at 4:50 PM with the Administrator The Consultant states.	ROVIDER OR SUPPLIER # PINES REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 The Family Member stated she requested the resident be sent to the hospital and EMS (Emergency Medical Services) was called and they came and transported the resident along with the sheets on the bed and she took the brief with her to the hospital. The Family Member further stated the police came to the hospital and asked for the sheets and the brief for evidence. An interview was conducted on 4/4/16 at 4:40 PM with Nurse #1 who was assigned to Resident #2 on the 3 PM to 11 PM shift on 3/28/18. The interview revealed the following: The NA notified her that a male resident was in Resident #2 's room and they both went to the room and observed the male resident was escorted back to his room by the NA and told him to stay in his room. The gown of resident #2 was pulled up and her incontinent brief exposed but was intact. The Nurse stated the resident had been incontinent and the NA changed the resident and provided peri-care. The family and the DON were notified. The Nurse further stated a family member came in about 20 minutes later and wanted to check the resident and when the brief was removed there were 2 small spots of bright red blood in the brief. The family member used pre-moistened wipes to wipe the resident and noted streaks of blood on the wipe. The police and EMS (Emergency Medical Services) were called and the resident was transported to the Emergency Department (ED) for evaluation. The family member took the brief with her to the ED. On 4/5/18 at 4:50 PM an interview was conducted with the Administrator and the Facility Consultant. The Consultant stated their abuse policies and	ROVIDER OR SUPPLIER I PINES REHABILITATION AND NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 The Family Member stated she requested the resident be sent to the hospital and EMS (Emergency Medical Services) was called and they came and transported the resident along with the sheets on the bed and she took the brief with her to the hospital. The Family Member further stated the police came to the hospital and asked for the sheets and the brief for evidence. An interview was conducted on 4/4/16 at 4:40 PM with Nurse #1 who was assigned to Resident #2 on the 3 PM to 11 PM shift on 3/28/18. 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		345383	B. WING _			C	
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CC 620 JOHNS ROAD LAURINBURG, NC 28352	DDE	04/11/2018	
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F 607		age 4 care to an alleged sexual	F6	07			