PRINTED: 08/15/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
		0.45000				С	
		345363	B. WING _		07	7/11/2018	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
THE PRES	BYTERIAN HOME OF H	AWFIFI DS		2502 S NC 119			
	DITENDANTIONE OF T	AW ILLES		MEBANE, NC 27302			
(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 CORRECTIV ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	;	FO	000			
F 600 SS=J	The survey team retu 07/09/18 to obtain ad exited on 07/11/18. To changed to 07/11/18. During the survey, imidentified at:  CFR 483.12 at to severity of "J"  CRF 483.12 at to severity of "J"  Tags F600 and F607  Quality of Care. Immediate jeopardy to removed on 07/11/18  An extended survey 07/10/18 through 07/  Free from Abuse and CFR(s): 483.12(a)(1)  §483.12 Freedom from Exploitation  The resident has the neglect, misappropriation and exploitation as definition as defined by the series of the resident's missing physical or chemical treat the resident's missing physical or chemical treat the resident's missing physical abuse, corporation of the series	at the facility on 06/20/18.  Irrned to the facility on ditional information and Therefore, the exit date was  Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate jeopardy was Irrnediate Substandard Irrnediat	Fé	500		7/11/18	
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	1	TITLE		(X6) DATE	

Electronically Signed 08/01/2018

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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345363	B. WING		C 07/11/2018	
	NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS			STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	07/11/2018	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
F 600	Continued From page by: Based on record resident, family and to prevent staff-to-resulting in bruising three residents (Resident #1 was pherovision of evening Resident #1's left are shook it repeatedly clothes. The Immediate on 07/11/18 when the implemented an according removal. The facility a lower scope and seatual harm with power harm that is not immistaff training and en put in place are effectives.  The findings include Resident #1 was add with diagnoses that	yiew and interviews with the facility staff, the facility failed esident physical abuse a soreness and fear for one of sident #1) reviewed for abuse.  If began on 06/01/18 when ysically mishandled during a care. Nurse Aide #1 held the m by the wrist, squeezed and after dressing her in bed iate Jeopardy was removed the facility provided and deptable credible allegation of the remains out of compliance at the everity of D (isolated with not tential for more than minimal mediate jeopardy) to complete sure that monitoring systems ctive to prevent resident	F 600	F-600 7/11/2018  This Plan of Correction constitutes The Presbyterian Home of Hawfields written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by stat and federal law.  Plan of correcting the specific deficient It is the policy of The Presbyterian Hor of Hawfields to assure residents have right to be free from abuse. This was achieved for Resident #1 by conductin an investigation when Resident #1 voiced allegation, completing an initial allegat report and reporting the allegation to Division of Health Service Regulation (DHSR) on 6/2/2018 by the Licensed Nurse #2. The Nurse Aide in which th allegation was made was instructed to	e  cy  me the  g  the ion	
	04/06/18 indicated to impairment and had for Mental Status (B #1 who needed externativities of daily livit of independent eating frequently incontine	um Data Set (MDS) dated he resident had no cognitive a recorded a Brief Interview IMS) score of 14 for Resident ensive assistance for all ng (ADLs) with the exception ng. Resident #1 was nt of urine. The resident had a as a result of a CVA. She		leave the facility and was not schedule work in the facility thereafter. Residen was assessed by licensed Nurse #2 of 6/2/2018, by the Director of Nursing or 6/4/2018 and the Nurse Practitioner or 6/4/2018. X-Rays were ordered 6/4/20 to evaluate the scapula area and finding were negative for fracture or dislocation of the left extremity. The care plan for Resident #1 was updated on 6/4/2018	t #1 n n n 018 ngs n	

Facility ID: 923499

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345363 B. WING			С			
NAME OF B	20,4252.02.0422.452	349363	D. WING _			07/	11/2018
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
THE PRES	THE PRESBYTERIAN HOME OF HAWFIELDS			2	502 S NC 119		
	, D. 1. E. 1			N	MEBANE, NC 27302		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 600	600 Continued From page 2		F6	300			
	received anti-coagula	int therapy.			MDS Coordinator to include a two pers assist at all times.	on	
	The June 2018 Medic	cation Administration Record					
		t #1 was receiving Plavix, a			The Director of Nursing also interviewe	ed	
		eurontin, a pain medication.			nurses and nurse aides familiar with		
	,	, <b>,</b>			Nurse Aide #1 on 6/4/2018 to determin	e	
	Resident #1's nursing	g care plan updated 06/14/18			if other concerns had been voiced		
	and signed by the inte	erdisciplinary team indicated			about the care she provided. The Dire	ctor	
		self-care performance			of Nursing reported the allegation to the		
	deficit. The resident required one-person assistance for bed mobility, bathing, dressing, eating, toileting, and personal hygiene as well as				Alamance County Sheriff ☐s Departme	nt	
					On 6/11/2018.		
	one-person assistanc	e with the sit-to-stand lift.			Skin inspections were started immedia	tely	
	In an interview on OC	/20/40 at 44:00 a m			and completed on 7/11/2018 on all	Nia	
	In an interview on 06/	at she was alone in her			residents by the licensed staff nurses. issues were identified. All	INO	
		on the evening of Friday			alert and oriented residents were		
		the incident. Nurse Aide #1			interviewed by the licensed staff nurse	, C	
	· ·	ing her into a patient gown.			on 6/4/2018 asking if they has been	3	
		ing her hand "so hard I			rough handled by any staff.		
	· ·	resident told her to stop but					
		ything. Then Nurse Aide #1					
	pulled on her arm so	hard she "was afraid my			Procedures for implementing the plan		
	arm would pop loose.	" Resident #1 stated that the			Of Correction		
	aide continued to ma	nipulate her arm despite her					
	protests to stop. Nurs	se Aide #1 had checked her			The Administrator, Director of Nursing,		
	_	ction but she did not need			Social Worker and MDS nurse conduct		
	changing. When aske				an in-depth analysis of the mechanism		
	characterized the acti				policies, training of staff relative to Abu	se	
	intentional mishandlir	ng.			prevention implemented the following		
	D:	A:da #4 bad assad£as			plan:		
		urse Aide #1 had cared for			Ensure all stall is educated on abt	ise.	
		al previous occasions but concerns about the care			Education and training on Abuse will continue to be provided to all staff upor	n	
		1 mentioned the demeanor			hire in the facility orientation. The Abu		
	l ·	en she entered the room on			and Neglect Policy and Procedure will	30	
		e didn't even greet me or talk			continue to be given to new employees	÷	
	to me."	sacre over greet me or tank			posting of abuse policy and procedures		
	13 1110.				throughout the facility visible to	-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
			P. WING			С	
	345363 B. WING			07	/11/2018		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE DDEC	THE PRESBYTERIAN HOME OF HAWFIELDS			2	502 S NC 119		
THE PRESENTERIAN HOME OF HAWFIELDS			N	MEBANE, NC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	e 3	F	600			
	On 06/11/18 the DON	N typed a summary of			employees, families and residents, issu	ue	
		ad with Resident #1 and a			these policies and procedures to		
		dent #1 told the DON that			employees on a quarterly basis and at		
	•	started squeezing her arm			their Annual Employee in-service.		
		, took both her hands to grab			Information on abuse will be e-mailed t	to	
		ueezed it with force, pulled			any Contract Agency the facility may u		
		ins as hard as she could and			for contract staff and confirmation of		
		was trying to break it." There			receipt of the information by each ager	ıcv	
	were no witnesses to the incident.				staff member will be obtained. The	,	
					Director of Nursing and/or Administrate	or	
	During the interview	on 06/20/18 at 11:00 a.m.,			will keep a log of signatures verifying the	nat	
	Resident #1 stated h	er left shoulder and arm			confirmation. Agency staff will be		
	were still sore. She a	dmitted that she cried the			included in the Abuse in-service training	ıgs	
	night of the incident b	out didn't see the night nurse		provided by the facility.			
	to tell her. When she	woke the next morning on			" The Director of Nursing began		
	Saturday 06/02/18, s	he described being			re-educating all staff (including agency	,	
	ambivalent about ded	ciding to report what had			staff) on abuse and types of abuse and	t	
	happened. She did n	ot report it to a nurse aide			how to report allegations of abuse on		
		want to hear any excuses or			6/29/2018. The Social Worker also		
		e decided to report it to the			re-educated staff starting 7/11/2018. T	îhe î	
		se "it could get worse or it			re-education sessions were completed	on	
	might happen to som	eone who can't talk."			7/11/2018.		
					" Starting 6/29/2018, the facility will		
		nat she left her room the			begin issuing written updates/reminder		
	•	ident in her wheelchair to go			regarding Abuse Prevention to facility		
		s office and encountered			and Agency staff bi-weekly for at least	2	
	Nurse #1 along the w				months.		
		rse Aide #1 to her. Nurse #2			" Resident Rights will continue to be	<del>}</del>	
	•	ersation and she shared the			reviewed at Monthly Resident Council		
		. Resident #1 stated that the			Meetings by the Social Worker. Repor	ung	
		or letting them know and			of abuse and neglect has also been	ont	
		se Aide #1 would not work			added as a topic of discussion in reside	ะกเ	
	•	lent #1 verified that she has			care plan meetings.		
	not seen the aide sin	CC.			Monitoring		
	In the intention, Desi	dent #1 confirmed that she			Monitoring		
		ry about eight years. She			The Director of Nursing and/or designe	20	
		rightened me so much it will			will observe delivery of care to residen		
	be awhile till [until] I f	•			during facility rounds daily x 5 days, the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345363	B. WING _			1	C //11/2018
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 07	711/2010
THE PRESBYTERIAN HOME OF HAWFIELDS					2 S NC 119 BANE, NC 27302		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	Plavix for many year tendency to bruise extendency to bruise extendency to bruise extendency for any damilater." She stated she officer from the Sheri shown photographs of that at first she did not pictures. She describ and bigger than a fin pain after the incident had Tylenol available basis but she did not following the incident. In a phone interview Nurse Aide #1 confine evening of 06/01/18 Resident #1. She starounds and had stop dress for bed. She to touching her arm wheher. She stated she wand thought the resident #1 in any wrough. Resident #1 in any wrough. Resident #1 in any wrough. Resident #1 in the same interview she worked for a state nurse aide for eight yanyone had accused.	de that she had been on so so she denied noticing any asily. She stated that when the incident), she started age [bruising] a few days are was interviewed by an aff 's Office. Later she was of her left arm. She stated but recognize her arm in the emember the officer taking and the bruising as darker gerprint. When asked about a to take on an as-needed request any in the days in the days in the days in the days assigned to the days assigned to the public her resident she was not the resident she was not the resident confronted was pulling on the draw sheet dent's arm may have been believe that she was being too did not seem unduly irritable and she stated that she was	F6	600	weekly x 3 weeks, then monthly x 1 mestarted on 8/3/2018. The Director of Nursing will share the results of the observations with the Quality Assurance Committee during the monthly Quality Assurance Meetings for 3 months. The Quality Assurance Committee will determine continued monitoring needs and/or make recommendations.  Person Responsible for Implementing The Plan  Administrator and Director of Nursing	ce e	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345363	B. WING _			C 07/11/2018
NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS				STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302		07/11/2018
(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 CORE ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	Nurse Aide #1 stated Resident #1 on sever was no indication of  A written statement to 06/02/18 Nurse Aide she was providing calevening of 06/01/18. bed covers, "[Reside arm'The resident as I was cleaning he changed. I continued not touching her arm In an interview on 06 #1 confirmed that Reallegation of abuse to 06/02/18. Nurse #1 and was walking to gresident approached conversation, Nurse	rushed to complete care. If she had worked with It all other occasions and there It a strained relationship. It was obtained by the facility on It #1. In it the aide wrote that It are to Resident #1 on the It when she pulled back the It went #1] stated 'Let go of my It went stating the same quote It up and getting her brief It to inform the resident I was In." It was It	F 6	500		
	#1 stated that Resident weak left side and her weak left side and her knew that. Nurse worked at the facility the resident for about Resident #1 reliable incident took place, it described the resident had never seen her line an interview on 06 #2 confirmed that she her weak left in the resident had never seen her line an interview on 06 #2 confirmed that she her weak left in the resident had never seen her line an interview on 06 #2 confirmed that she her weak left in the resident had she her weak left in the resident had she her weak left in the resident had she her weak left side and her worked at the facility that her weak left side and her worked at the facility the resident had she her worked at the facility the resident had she her worked at the facility the resident had she her worked at the facility the resident had she her worked at the facility the resident had never seen her worked at the facility the resident had never seen her worked at the facility the resident had never seen her worked at the facility the resident had never seen her worked at the facility the resident had never seen her worked at the facility that the facility the resident had never seen her worked had never seen	7/09/18 at 12:00 p.m., Nurse ent #1 was sensitive about and most aides that work with e #1 stated that she had for 16 years and has known at 10 years. She found and, if the resident said an it should be checked out. She int as alert and oriented and confused.  6/20/18 at 1:30 p.m., Nurse it joined the conversation and Resident #1. The resident				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345363	B. WING		C 07/44/2049		
	NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS			ESTREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	07/11/2018		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
F 600	with her the evenin resident was "still a she gave details of Resident #1 could name but was able discovered that the facility that day. Sh provide a written st leave the facility.  In an interview on 0 #2 stated that she a room on 06/02/18. the time but stated Nurse #2 noted that the resident 's inneinches above her with aide 's care as should be. "She reagrabbed my arm." I	t Nurse Aide #1 was rough g before (06/01/18). The little upset and worried" as	F 600				
	be a reliable histori has been employed As MDS Coordinate contact with Reside alert and oriented. periods of confusio An Initial Allegation was completed on submitted the same report indicated that on 06/01/18 and was following day. The	arse #2 judged Resident #1 to an. Nurse #2 stated that she d at the facility for eight years. For, she did not have daily ent #1 but assessed her as She had not noticed any in during interactions with her.  Report of "Resident Abuse" 106/02/18 by Nurse #2 and a day to the state agency. The at the alleged abuse occurred as reported by Resident #1 the Allegation Details section Nurse Aide #1] was being					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	LE CONSTRUCTION	COMPLETED		
		345363	B. WING		C 07/44/2048	
NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS				STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	07/11/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 600	bed." The reporting in that on physical example that appeared to be any new injuries seen. She [Resident that someone would that someone would the Investigation Resubmitted on 06/06/1 assessment in which 4 out of 10, 10 being interview on 07/09/18 stated that she conduction 06/04/18.  In an interview on 06 #1's family member sincident from a phone 06/02/18 who said through" with the residestated that when she Resident #1 on 06/10 that her arm was "still Resident #1 was "strifeel safe. She indicated been on Plavix since never known her to be Resident #1 was see on Monday 06/04/18 documented that the and back hurtPain Upon examination, "Femotion] elicits no incriber medial upper bace ecchymosis noted lef X-rays were ordered	then getting her ready for fourse (Nurse #2) indicated in she saw "a small dark area very dry. It does not appear is to her arm. No swelling #1] stated that she is upset be that rough."  port completed and 8 referred to an undated the "resident stated pain of the worst." In a later 3 at 4:30 p.m., the DON uncted this pain assessment  20/18 at 9:25 a.m., Resident stated that she learned of the exall by Nurse #1 on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to visit on at "an aide had gotten ent. The family member had the opportunity to	F 600			

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
	345363	B. WING			C <b>07/11/2018</b>	
NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS			2502 S NC 119			
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETION DATE	
fracture and dislocated in an interview on 06 Practitioner (NP) #1 notified of the incide DON. Resident #1 with that a nurse aide "pubed." She stated that physical exam reveating fresh." She explaine purple or red of an argreen of a healing be conclusion that the "the color was consisted the bruisir "at least" two bruises three centimeters (colleft wrist and one obtwo cm near the anteforearm. She stated monthly for a compraware of any tenden easily based on Play noting bruising on he described an "excell witnessed any perior in an interview on 06 stated that she first habuse on the morning it was reported to Na DON spoke with the assessment which s	sion of the left shoulder.  6/20/18 at 12:40 p.m., Nurse stated that she was first nt on Monday 06/04/18 by the was "upset" as she told her ulled on me really hard in the at the ecchymosis noted on aled that the bruising was "not d that it was not the bright bruise. NP #1 stated her bruising was suspicious" and stent with them being was prior to her exam.  6/09/18 at 8:05 a.m., NP #1 ng. She indicated there were so one round bruise about m) in diameter on the inner long bruise about five cm by ecubital area of the left that she saw Resident #1 ehensive exam. She was not acy for Resident #1 to bruise wix use and did not remember the monthly exams. She ent memory" and had not do of confusion.  6/20/18 at 1:45 p.m., the DON heard of the allegation of ag of 06/04/18, two days after urse #1 and Nurse #2. The resident and did a pain he recorded on the	F 600				
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER)  Continued From page fracture and dislocated in an interview on 06 Practitioner (NP) #1 notified of the incide DON. Resident #1 we that a nurse aide "pubed." She stated that physical exam reveating fresh." She explaine purple or red of an argreen of a healing be conclusion that the "the color was consisting generated a few day.  In an interview on 07 described the bruisir "at least" two bruises three centimeters (coleft wrist and one obtwo cm near the antiforearm. She stated monthly for a comparaware of any tender easily based on Play noting bruising on he described an "excell witnessed any period in an interview on 06 stated that she first in abuse on the morning it was reported to No DON spoke with the assessment which is Investigation Report	CORRECTION IDENTIFICATION NUMBER:  345363  ROVIDER OR SUPPLIER	A BUILDING  345363  B. WING  SOVIDER OR SUPPLIER  BYTERIAN HOME OF HAWFIELDS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8  fracture and dislocation of the left shoulder.  In an interview on 06/20/18 at 12:40 p.m., Nurse Practitioner (NP) #1 stated that she was first notified of the incident on Monday 06/04/18 by the DON. Resident #1 was "upset" as she told her that a nurse aide "pulled on me really hard in the bed." She stated that the ecchymosis noted on physical exam revealed that the bruising was "not fresh." She explained that it was not the bright purple or red of an acute bruise nor was it the green of a healing bruise. NP #1 stated her conclusion that the "bruising was suspicious" and the color was consistent with them being generated a few days prior to her exam.  In an interview on 07/09/18 at 8:05 a.m., NP #1 described the bruising. She indicated there were "at least" two bruises: one round bruise about three centimeters (cm) in diameter on the inner left wrist and one oblong bruise about give cm by two cm near the antecubital area of the left forearm. She stated that she saw Resident #1 monthly for a comprehensive exam. She was not aware of any tendency for Resident #1 to bruise easily based on Plavix use and did not remember noting bruising on her monthly exams. She described an "excellent memory" and had not witnessed any periods of confusion.  In an interview on 06/20/18 at 1:45 p.m., the DON stated that she first heard of the allegation of abuse on the morning of 06/04/18, two days after it was reported to Nurse #1 and Nurse #2. The DON spoke with the resident and did a pain assessment which she recorded on the Investigation Report dated 06/06/18. The resident	DENTIFICATION NUMBER:  345363  B. WING  STREET ADDRESS, CITY, STATE, ZIP COD 2502 S NO 419  WEBANE, NC 27302  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8  fracture and dislocation of the left shoulder.  In an interview on 06/20/18 at 12:40 p.m., Nurse Practitioner (NP) #1 stated that the was first notified of the incident on Monday 06/04/18 by the DON. Resident #1 was "upset" as she told her that a nurse aide "pulled on me really hard in the bed." She stated that the ecchymosis noted on physical exam revealed that it was not the bright purple or red of an acute bruise nor was it the green of a healing bruise. NP #1 stated her conclusion that the "bruising was suspicious" and the color was consistent with them being generated a few days prior to her exam.  In an interview on 07/09/18 at 8:05 a.m., NP #1 described the bruising. 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The resident	DOUDER OR SUPPLIER  345363  345363  SITREET ADDRESS, CITY, STATE, 2IP CODE  2502 S NC 119  MEBANE, NC 27302  SUMMARY STATEMENT OF DEFICIENCIES  GRAND FEDERION OF MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 8 fracture and dislocation of the left shoulder.  In an interview on 06/20/18 at 12:40 p.m., Nurse Practitioner (NP) #1 stated that she was first notified of the incident on Monday 06/04/18 by the DON. Resident #1 was "upset" as she told her that a nurse aide "pulled on me really hard in the bed." She stated that the eccytmosis noted on physical exam revealed that it was not the bright purple or red of an acute bruise nor was it the green of a healing bruise. NP #1 stated her conclusion that the "bruising was suspicious" and the color was consistent with them being generated a few days prior to her exam.  In an interview on 07/09/18 at 8:05 a.m., NP #1 described the bruising. 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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345363	B. WING		C 07/44/2048	
	NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS			STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	07/11/2018	
(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 CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
he dr st ai he wi In de m co do Hi fa st th th er In de ph tw Ei th th or "s be Ri hu In Ri	ressing her for becope pulling and yar ide commented the lep." Resident #1 of hat I said."  If the interview, the emeanor of Reside atter-of-fact. Only conversation did the lep was the left own and state "I dier later conversation milly member were attement on 06/11, at the aide "was the DON to report the left of the bruise hysical assessment on 06/11, and interview on 0 lescribed the bruise hysical assessment on bruises on her I leach were about or lean her skin color, and prints." She she alleged perpetrate aide "stuck by her 06/02/18. She in shocked" by the allelieve Nurse Aide esident #1 with the letting her.  If the interview, the esident #1 was a letting her.	alling on her arm when d. When she directed her to hking, she reported that the at "you must not want my corrected her with "that's not a DON described the ent #1 on 06/04/18 as at the end of their eresident hang her head on't want to be here anymore." ons with the resident and a esummarized in a typed 1/18. Resident #1's assertion rying to break" her left arm led the incident to local law	F 600			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345363	B. WING _			1	C 11/2018
	NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS			STREET ADDRESS, CITY, 2502 S NC 119 MEBANE, NC 27302	STATE, ZIP CODE	, <u> </u>	20.10
(X4) ID PREFIX TAG			EFICIENCY MUST BE PRECEDED BY FULL PREFIX		R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	agency on 06/21/18.  In the interview on 07 expectation that staff the physical limitation provided care and that carefully. She expected facility policy in report or the social worker in the 07/09/18 interview the investigation of the delayed until two days a staff member. As passed that she shall be shown as the stated that she shall be shown as the shall be shown as the shall be shown as the shall be s	was faxed to the state  //09/18, she shared her members were sensitive to s of residents for whom they at they handle residents ed that staff members follow ting abuse allegations to her mmediately.  iew, the DON admitted that e abuse allegation was s after it was first reported to art of the delayed follow-up, boke with other residents o Nurse Aide #1 but no one handled during care. The also interviewed nurses and with Nurse Aide #1 but none bout the care she had  20/18 at 3:30 p.m., the hat he first learned of the ut noon on 06/02/18 when about another matter. He time that the DON had not incident. He knew the	F	500	DEFICIENCY)		
	residents were free fr during care. He exper whom abuse is report social worker immedia investigation should be is received.	red his expectation that om unnecessary roughness cted that the staff member to ted should notify the DON or ately and that an begin as soon as the report as informed of the Immediate					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245262	P WING			С	
		345363	B. WING _			07/11/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE		
THE DDE	RYTERIAN HOME OF H	AWEIEL DS		2502 S NC 119			
THE PRESBYTERIAN HOME OF HAWFIELDS			MEBANE, NC 27302				
(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 CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 600	at 3:45 p.m., the facili	at 10:46 a.m. On 07/11/18 ty provided the following	F 6	500			
	person, place, time an score of 15. The reside abused by an agency one day earlier. Incide of 06/02/2018. Reside being rough with her abed. On investigation took her arm and sque could, pulled her arm stated it felt like she wit and then the CNA to placed them on reside her hand as hard as a findings it appeared to forearm. The agency care plan for this reside people should be wort times. The agency CI employment at the failled with DHSR [Dep Regulation] on 06/02/06kay and continues to on information supplied aughter a week after sheriff's department winvestigation continue." "Presbyterian Home of ensure all staff are edabuse. The Abuse an Procedure Policy will employees, abuse poposted throughout the	and oriented x 4 [oriented to and situation] with a BIMS dent reported that she was CNA [certified nurse aide] ent reported on the morning ent stated that the CNA was arm when getting ready for a resident stated that CNA eezed it as hard as she as hard as she could, was purposely trying to break took both her hands and ent's hand and squeezed she could. On assessment to be bruising on the left CNA failed to follow the dent which states that 2 king with this resident at all NA was terminated from cility on and reports were artment of Health Service 2018. The resident is doing to reside in the facility. Based ed by the resident and her arthe initial report, the was contacted and their est."  of Hawfields will continue to lucated and reeducated on d Neglect Policy and continue to be given to new licy and procedures are					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345363	B. WING		C 07/11/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	07/11/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 600	Annual Employee Inagency staff that are educated on abuse of information on abuse agency with confirmation to their agency staff thome of Hawfields. It keep a log of signatureceived the information agency staff will be in on abuse to ensure staff on abuse to ensure staff thome of Hawfields. It keep a log of signatureceived the information agency staff will be in on abuse to ensure staff on abuse during care playersident council meetare educated on repoint abuse and when to reimmediately. The abuse and there with information sent out well as agency staff. O6/29/18 and was in the Abuse and Neg Policy will continue to Education and training start upon hire and of to all employees and Employee in-service, been updated on abusinjury within 2 hours involving abuse or harmonic agency in the staff on abuse of harmonic involving abuse or harmonic involving abuse or harmonic involving abuse or information and training start upon hire and of the infor	eyees, and reissued at the eservice. For employees and out on leave will also be on return as well as will be mailed out biweekly. We will be emailed to the ation that it has been sent out that staff at Presbyterian DON and or administrator will are confirmation that they ation on abuse and the included in in-service training safety and evaluation will be mainistrator."  The esident are educated on an meetings and during tings. Families and residents orting these findings  The port allegations of abuse of the eport allegations of abuse of the encluding DON reeducated will be updates and with employees biweekly as This was started on	F 60		

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED
	345363	B. WING _			C 07/11/2018
	AWFIELDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302		0771172010
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI) TAG	(EACH CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETION DATE
not involve abuse and bodily injury. Also, invite immediately. Policy at to contact in such ever the role of the administration investigator, and report checks were done or abuse, spoke with all residents on abuse a handled by any staff given time, and updat abuse as well. This wand nothing was four "Presbyterian Home ensure that incidents reported to resident's duty, DON, and Societo administrator immediately. The nursing staff as reeducated on the profollow when incidents Education completed "The nursing staff was within 2 hours of any abuse or has resulted 24 hours if the allege abuse and has not reinjury. Also, investigating This was completed of "DON or designee with assurance] audit tool then bith monthly for the of proper procedures	d has not resulted in serious vestigation will start also includes updates on who cent. Policy has updates on strator, role of the orting. Immediately, skin all residents for signs of a/o [alert and oriented] and if they have been rough including agency at any ted physicians and NPs on vas completed on 07/11/2018 and on assessments."  of Hawfields will continue to and accidents are being a nurse, nurse supervisor on all Worker. DON will report ediately."  well as DON has been oper chain of command to and accidents occur. on 06/04/2018."  s reeducated to notify DHSR alleged violation involving d in serious bodily injury and d violation does not involve esulted in serious bodily intion will start immediately. On 07/10/2018."  Il use a QA [quality every week for a month and e next five months for review on reporting. It will be	F			
	CORRECTION  OVIDER OR SUPPLIER  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Continued From page not involve abuse and bodily injury. Also, inv immediately. Policy a to contact in such eve the role of the admini investigator, and repo checks were done or abuse, spoke with all residents on abuse a handled by any staff given time, and upda abuse as well. This w and nothing was four  "Presbyterian Home ensure that incidents reported to resident's duty, DON, and Socia to administrator imme "The nursing staff as reeducated on the pr follow when incidents Education completed  "The nursing staff wa within 2 hours of any abuse or has resulted 24 hours if the allege abuse and has not re injury. Also, investiga This was completed of "DON or designee wi assurance] audit tool then bi monthly for th of proper procedures reviewed weekly by t	CORRECTION IDENTIFICATION NUMBER:	OVIDER OR SUPPLIER  SYTERIAN HOME OF HAWFIELDS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13 not involve abuse and has not resulted in serious bodily injury. Also, investigation will start immediately. Policy also includes updates on who to contact in such event. Policy has updates on the role of the administrator, role of the investigator, and reporting. Immediately, skin checks were done on all residents for signs of abuse, spoke with all a/o [alert and oriented] residents on abuse and if they have been rough handled by any staff including agency at any given time, and updated physicians and NPs on abuse as well. This was completed on 07/11/2018 and nothing was found on assessments."  "Presbyterian Home of Hawfields will continue to ensure that incidents and accidents are being reported to resident's nurse, nurse supervisor on duty, DON, and Social Worker. DON will report to administrator immediately."  "The nursing staff as well as DON has been reeducated on the proper chain of command to follow when incidents and accidents occur. Education completed on 06/04/2018."  "The nursing staff was reeducated to notify DHSR within 2 hours of any alleged violation involving abuse or has resulted in serious bodily injury and 24 hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury. Also, investigation will start immediately. This was completed on 07/10/2018."  "DON or designee will use a QA [quality assurance] audit tool every week for a month and then bi monthly for the next five months for review of proper procedures on reporting. It will be reviewed weekly by the DON, Administrator	DOUBTER OR SUPPLIER  345363  DIVIDER OR SUPPLIER  37TERIAN HOME OF HAWFIELDS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY TURN REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  not involve abuse and has not resulted in serious bodily injury. Also, investigation will start immediately. Policy also includes updates on who to contact in such event. Policy has updates on the role of the administrator, role of the investigator, and reporting. Immediately, skin checks were done on all residents for signs of abuse, spoke with all a/o [alert and oriented] residents on abuse and if they have been rough handled by any staff including agency at any given time, and updated physicians and NPs on abuse as well. This was completed on 07/11/2018 and nothing was found on assessments."  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WINNO  STREET ADDRESS, CITY, STATE, ZIP CODE  2802 S NC 119  MEBANE, NC 27302  SUMMARY STATEMENT OF DEPOSENCIES  (ACH DEFICIENCY WIST SEE PERCEDED SPEPLL (REQULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  Continued From page 13  To involve abuse and has not resulted in serious bodily injury. Also, investigation will start immediately. Policy also includes updates on who to contact in such event. Policy has updates on the role of the administrator, role of the investigator, and reporting. Immediately, skin checks were done on all residents for signs of abuse, spoke with all alo [alert and oriented] residents on abuse and if they have been rough handled by any staff including agency at any given time, and updated physicians and NPs on abuse as well. This was completed on 07/11/2018 and nothing was found on assessments."  "Presbyterian Home of Hawfields will continue to ensure that incidents and accidents are being reported to resident's no accidents occur. 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	OF DEFICIENCIES  CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345363	B. WING		C 07/11/2018
	ROVIDER OR SUPPLIER		25	TREET ADDRESS, CITY, STATE, ZIP CODE 502 S NC 119 EBANE, NC 27302	1 07/11/2016
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
F 600	as knowing where a event. Residents an different types of at like. This will take p meetings and will b Worker and or desi each resident are of as needed. During there will also be re Resident council m year. DON, administ incident reports, sk policy to ensure resmonitor quarterly fowere given skin che any type of potentia by 07/11/2018."  "QA Committee will once a month for si action plan to ensure to action plan to ensure the correction."  The credible allegaremoval was validated to include abuse and serious to the N.C. Departer Services. Updates Administrator and the suspected abuse of Agency and permanal was permanal to the suspected abuse of Agency and permanal was permanal to the suspected abuse of Agency and permanal was permanal to the suspected abuse of Agency and permanal was permanal to the suspected abuse of Agency and permanal was permanal to the suspected abuse of Agency and permanal to the suspected abuse of Agency and permanal to the suspected abuse of the s	d on the abuse policy as well and who to report to in such and families will be educated on buse and what abuse may look place during care plan are done by DON, Social gnee. Care plan meetings for lone quarterly each year and every resident council meeting reducation on abuse policy. The education on abuse policy are held monthly each strator or designee will monitor in assessments, and abuse risk (6) months. All residents recks and interviewed about all abuse. This was completed are continued compliance."  The review the QA Action Plan (a) (6) months and revise the recontinued compliance."  The review the plan of the plan of the plan of all gations of bodily harm within two hours ment of Health and Human	F 600		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345363	B. WING		C 07/11/2018
	ROVIDER OR SUPPLIER	AWFIELDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	1 0771172010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 600	The training record woffered on 07/11/18 in of abuse and the immosuspected or witness neglect. Using the propertion of review with Re-education was in nursing and dietary sometimes. Written reminders ab reporting and proper were posted at nurse facility.  A copy of the new end was reviewed for inclustration and reportion and reportion and reportion and reportion and how to report it assessments had be progress on some undifference on aides, nurses, a nurse supervisor to confirm policy on abuse and immediate reporting to the registration and reportion and r	ting of abuse and neglect. ras reviewed. The in-service included information on types inediate reporting of ed resident abuse or oper chain of command was staff members. progress for second-shift taff.  out Incident and Accident inotification of management is stations throughout the inployee orientation packet usion of abuse and neglect ting.  provided of random is and family members for identify abuse or neglect Documentation that skin en completed or were in	F 600		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '				SURVEY
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		345363	B. WING_			07/	11/2018
	ROVIDER OR SUPPLIER	AWFIELDS		2	TREET ADDRESS, CITY, STATE, ZIP CODE 502 S NC 119 IEBANE, NC 27302		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	The tool included a set Quality Assurance Ac and what revisions we Develop/Implement A	or staff knowledge of ing abuse was reviewed. ection to indicate if the tion Plan needed revision ere needed. buse/Neglect Policies		600 607			7/11/18
SS=J	CFR(s): 483.12(b)(1)- §483.12(b) The facilit implement written pol §483.12(b)(1) Prohibi neglect, and exploitat misappropriation of re §483.12(b)(2) Establisto investigate any suc §483.12(b)(3) Include paragraph §483.95, This REQUIREMENT by:  Based on record revistaff members, the farevised reporting conthat reflected allegation reported immediately after the allegation wainvolved abuse and foinvestigating abuse for reviewed (Resident # abuse.  Immediate Jeopardy Resident #1 was physprovision of evening of Resident #1's left arm	y must develop and icies and procedures that:  t and prevent abuse, ion of residents and esident property,  sh policies and procedures that allegations, and training as required at  is not met as evidenced  ew and interviews with the cility failed to develop a apponent of the abuse policy			F-607 7/11/2018  This Plan of Correction constitutes The Presbyterian Home of Hawfields written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.  Plan of correcting the specific deficience		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		345363	B. WING			C <b>7/11/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	0.0000		STREET ADDRESS, CITY, STATE, ZIP CODE	•	//11/2016	
TVAIVIL OF T	TOVIDER OR OUT FEILIN			2502 S NC 119			
THE PRES	BYTERIAN HOME OF H	AWFIELDS		MEBANE, NC 27302			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 607	Continued From page 17 F 607						
	on 07/11/18 when the implemented an acce immediate jeopardy rout of compliance at of D (isolated with no for more than minimal jeopardy) to complete that monitoring syste to prevent abuse of rouse The findings included Resident #1 was admitted and with diagnoses that in accident (CVA), hem diabetes mellitus.  The quarterly Minimum 04/06/18 recorded a Status (BIMS) score needed extensive as daily living (ADLs) will independent eating. In incontinent of urine.	hitted to the facility in 2010 included cerebrovascular iplegia/hemiparesis, and im Data Set (MDS) dated Brief Interview for Mental of 14 for Resident #1 who sistance for all activities of the exception of Resident #1 was frequently The resident had left-sided It of a CVA. She received		It is the policy of The Presbyter of Hawfields to have developed and implemented policies and that a) Prohibit and prevent absestablish procedures for invest such allegations, and c) start in documentation.  After further review of the facilititles Abuse Neglect Policy by Administrator, Director of Nursi Social Worker, we determined for revisions to the policy and pfor investigating allegations of reporting those allegations con The Centers of Medicare Servi requirements, specifically to increporting of abuse to the State immediately, but no later than after the allegation was made allegation involved abuse and guidelines for conducting the into include  Director of Nursing or designat charge of completing the investigation involves.	d, written procedures use, b) igating mmediate  ty policy the ing and the need procedures abuse and sistent with ces (CMS) clude: a) Agency two hours when the b) nvestigation		
	and signed by the int that she had an ADL deficit. The resident r assistance for bed m	g care plan updated 06/14/18 erdisciplinary team indicated self-care performance required one-person obility, bathing, dressing, personal hygiene as well as		Procedure  The facility policy Abuse Negle updated to include reporting all abuse or abuse resulting in ser injury immediately but no later	legations of rious bodily than two		
	The facility's Abuse N	Reglect Policy and Procedure ne Administrator and former DON) was reviewed.		hours to the State Agency, and hours if the alleged violation in abuse does not involve abuse resulted in serious bodily injury policy also includes what staff	volving and has not ⁄. The		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBED:		MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		345363	B. WING _			1	C 11/2018
NAME OF P	ROVIDER OR SUPPLIER	•	<u> </u>	STREET ADDRESS, CI	TY, STATE, ZIP CODE		
				2502 S NC 119			
THE PRES	SBYTERIAN HOME OF I	HAWFIELDS		MEBANE, NC 2730	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	component to report immediately to the state who hours after the and Resident #1 reported Nurse #1 and Nurse identified the alleged #1. Nurse #2 entered Initial Allegation Rep Facility Became Awas the report as "06/02/faxed to the state ag p.m.  In an interview on 07 #2 indicated that her the required timefrang gathering identifying perpetrator from the #2 stated that the for and Social Security in the delay in the staffifact that it was a week.  b. The facility's Abus "An immediate invess."	a policy did not include a allegations of abuse ate agency, but not later than llegation was made.  If an allegation of abuse to #2 on 06/02/18. She perpetrator as Nurse Aide d details of the incident on an ort. The Date and Time are of Incident was listed on 18 1:30 p.m." The report was ency on 06/02/18 at 4:37  If (09/18 at 1:30 p.m., Nurse submission was not within the due to a delay in information about the alleged aide's staffing agency. Nurse are required a Date of Birth number. Nurse #2 attributed and agency's response to the elekend.  If (20/18 at 1:30 p.m., Nurse was not within the due to a delay in information about the alleged aide's staffing agency. Nurse are required a Date of Birth number. Nurse #2 attributed and agency's response to the elekend.	F 6	contact when a made, who is it and submitting Agency. The I Worker and Accontacted immare made.  The Director of the policy revision reporting abusinjury immediate hours to the standard for the allinvolve abuses serious bodily documentation. This education 7/11/2018.  Monitoring  The Director of Assurance (Quallegation of all compliance with reporting requision conducted ever bi-monthly for Director of Nui	allegations of abuse are responsible for completing the report to the State Director of Nursing, Social distribution of Nursing educated staff sions when emphasis on the resulting in serious botately, but no later than 2 tate agency and within 2 tate agency and within 2 tate agency and within 2 tate agency and the resulted in injury. Investigation and in will start immediately. In was completed on the following will use a Qual A) audit tool to review all buse to determine the the investigation and irements. Audits will be the next five months. The ring will report results in	al on the dily  ity	
	from Nurse Aide #1, report of alleged abu to leave the facility. S assessed the resider understanding that m	nt for injuries. It was her nanagement would take the estigation of the abuse		(monthly for 3 Assurance Co continued mor recommendati	ality Assurance Committed months). The Quality immittee will determine nitoring needs and/or mations.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	COM		DATE SURVEY COMPLETED
		345363	B. WING			C 07/11/2018
	ROVIDER OR SUPPLIER	AWFIELDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	<b>'</b>	0771112010
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 607	given by Resident #1 details of the incident were present in the m of 06/02/18 or 06/03/ assessment was don was notified.  In an interview on 06/ confirmed that she word was after it was first #2. She admitted that abuse allegation was of other residents for their care was not do allegation was reported.  C. The facility's Abus investigation must incompact to the investigation must incompact to the investigation was in the investigation of the investigation.  In an interview on 06/07/16/16/16/16/16/16/16/16/16/16/16/16/16/	entation of a statement on 06/02/18 providing any in No nursing progress notes nedical record for the dates 18 that documented if a pain e or if the medical provider (20/18 at 1:45 p.m., the DON as notified on 06/04/18, two reported to Nurses #1 and the investigation of the delayed and that interviews potential mishandling during ne immediately after the ed.  e Neglect Policy stated "The clude an outline of the steps tionInvestigation files spected or confirmed cases ect will be maintained in the "The policy did not specify conducting the (20/18 at 1:45 p.m., the DON)	F 6		Nursing	
	the investigation but to outline or a file of pap facility investigation. It the information she gallegation Report and provided by the state spoke with other residuals.	esponsible for conducting that she did not keep an perwork documenting her. She stated that she entered athered directly on the Initial d Investigation Report forms. The DON stated that she dents about the care Nurse I any possible roughness but a documentation of who she in.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		STRUCTION	(X3) DATE COMP	SURVEY LETED
		345363	B. WING _				C 11/2018
	ROVIDER OR SUPPLIER	AWFIELDS		2502 S	FADDRESS, CITY, STATE, ZIP CODE NC 119 NE, NC 27302	<u>,                                    </u>	11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page		F6	607			
	included the statement workers (CNAs [certification nurses) that worked to may know." There was	port submitted 06/06/18  Int, "Also spoke with other  Tied nurse aides] and  That day about details they  as no documentation or  That interviewed or the results					
	any nurse accepting	•					
	Administrator stated to abuse allegation on Common was reported by Resistante office about anoth the DON and assume contacted her or wou unaware of the requirement allegations of a was his expectation to	Id contact her. He was red two-hour timeframe to abuse to the state agency. It hat staff members meet this the guidance provided by					
	Jeopardy on 07/10/18	s informed of the Immediate 3 at 10:46 a.m. On 07/11/18 ity provided the following immediate jeopardy					
	person, place, time a score of 15. Resident abused by an agency one day earlier. Incide	and oriented x 4 [oriented to nd situation] with a BIMS reported that she was CNA [certified nurse aide] lent reported on the morning ent stated that the CNA was					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	· /	ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER	HAWFIELDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	<b>.</b>	077172010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	bed. On investigatio took her arm and sq could, pulled her arm stated it felt like she it and then the CNA placed them on resinher hand as hard as findings it appeared forearm. The agency plan for this resident should be working with the agency CNA was employment at the filled with DHSR [De Regulation] on 06/00 okay and continues on information suppidaughter a week aftisheriff's department investigation continues." Presbyterian Home ensure all staff inclusionand reeducated on a Neglect Policy and for be given to new estaining on abuse with and orientation, abut posted throughout the employees, families reissued quarterly to at the Annual Employeed within 2 hours of any abuse or has resulted.	r arm when getting ready for n, resident stated that CNA ueezed it as hard as she n as hard as she could, was purposely trying to break took both her hands and dent's hand and squeezed she could. On assessment to be bruising on the left y CNA failed to follow the care twhich states that 2 people with this resident at all times. As terminated from acility on and reports were partment of Health Service 2/2018. The resident is doing to reside in the facility. Based lied by the resident and her er the initial report, the was contacted and their ues."  The Abuse and Procedure Policy will continue to ding DON are being educated abuse. The Abuse and Procedure Policy will continue employees, Education and all immediately start upon hire se policy and procedures are ne facility visual for and resident to read, of all employees, and reissued by ee in-service. Policy and a updated on abuse to report y alleged violation involving end in serious bodily injury and	F	507		
	within 2 hours of any abuse or has resulte 24 hours if the alleg- abuse and has not r	y alleged violation involving				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION  IG		ATE SURVEY DMPLETED
		345363	B. WING _			C 07/11/2018
	ROVIDER OR SUPPLIER	HAWFIELDS		STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302		077172010
(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 CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 607	Continued From page Policy also includes	ge 22 updates on who to contact in	F 6	507		
	such event. Policy h	as updates on the role of the f the investigator, and				
	Assurance] audit too	ee will use QA [Quality of to monitor and evaluate the use policy quarterly and make v."				
	abuse and when to immediately. DON I abuse and reporting	aff on abuse and types of report allegations of abuse has also been educated on . All staff members are				
	in event of incidents heads will notify DH Service Regulation] violation involving al	epartment heads immediately and accidents. Department SR [Department of Health within 2 hours of any alleged ouse or has resulted in				
	violation does not in resulted in serious b	rt immediately and will be				
	ensure that incidents reported to residents duty, DON, and Soc to administrator imm will be reeducated o command to follow to	of Hawfields will continue to s and accidents are being s nurse, nurse supervisor on ial Worker. DON will report lediately. All staff members in the proper chain of when incidents and accidents appleted by 07/11/18."				
	abuse allegations ar accidents or inciden and Human Service	vill be educated on reporting and serious bodily injury ts to Department of Health s within 2 hours of bloyees and agency staff that				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345363	B. WING			·	C 44/2040
NAME OF P	ROVIDER OR SUPPLIER	343303	I B. Wiite		STREET ADDRESS, CITY, STATE, ZIP CODE	071	11/2018
	BBYTERIAN HOME OF H	AWFIELDS		2	## 1502 S NC 119 #EBANE, NC 27302		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	on return as well as it mailed out biweekly. emailed to the agench has been sent out to at Presbyterian Home administrator will kee confirmation that they abuse and the agencin-services training or evaluation will be don This was completed to "DON or designee wi assurance] audit tool then bi monthly for the of proper procedures reviewed weekly by the and/or designee for some a month for six action plan to ensure "DON and administrating and evicorrection."  The credible allegation removal was validate. The Abuse/Neglect Pupdated to include reabuse and serious both to the N.C. Departments Services. The policy start of an immediate timeline for its complete the services and serious both the services. The policy start of an immediate timeline for its complete the services and serious both the services and serious both the services and serious both the services. The policy start of an immediate timeline for its complete the services and serious both the services are serious both the services and serious both the services and serious both the services are serious both the services and serious both the serious both the serious between	also be educated on abuse information on abuse will be lanformation that it their agency staff that staff er of Hawfields. DON and or property and on a language of signatures or received the information on a language of signatures or received the information on a language of signatures or received the information on a language of staff will be included in an abuse to ensure safety and the per DON or administrator. But it is a language of language	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345363	B. WING _			C 07/11/2018
NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS				STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302		07/11/2010
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		RRECTION I SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
F 607	Agency and perman were re-educated by and neglect prevent training record was included information immediate reporting resident abuse or not command was a members. Re-educated second-shift nursing. Written reminders or reporting and proper nurses' stations through the company of the new expression and reporting and proper nurses of resider knowledge of how to and how to report it.  Interviews were connurses, a nursing suspervisor to confirm policy on abuse and immediate reporting command.	or neglect were added.  ent staff in all departments of the Social Worker on abuse ion and reporting. The reviewed. The in-service on types of abuse and the of suspected or witnessed eglect. Using the proper chain copic of review with staff attion was in progress for and dietary staff.  Incident and Accident of notifications were posted at oughout the facility.  In provided of random of abuse and neglect ring.  In provided of random of a the sand family members for of identify abuse or neglect of the facility of the faci	F	GO7		
	monthly Resident Co Worker stated she re identification and re	council meetings. The Social ecently started to include porting of abuse and neglect sion during resident care plan				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345363	B. WING			07/	11/2018
	ROVIDER OR SUPPLIER	AWFIELDS		25	TREET ADDRESS, CITY, STATE, ZIP CODE 502 S NC 119 IEBANE, NC 27302		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	The tool included a se	or staff knowledge of ing abuse was reviewed. ection to indicate if the	F	607			
F 610 SS=D	and what revisions we	Correct Alleged Violation	F	610			7/11/18
	neglect, exploitation, must:	se to allegations of abuse, or mistreatment, the facility					
	violations are thoroug §483.12(c)(3) Preven	t further potential abuse, or mistreatment while the					
	§483.12(c)(4) Report investigations to the a designated represent accordance with State Survey Agency, within incident, and if the all appropriate corrective This REQUIREMENT by:				F-610 7/11/2018		
	hours and to conduct an allegation of staff- resulting in bruising to	the state agency within two a thorough investigation of to-resident physical abuse o a resident's arm for one of wed for abuse (Resident #1).			This Plan of Correction constitutes The Presbyterian Home of Hawfields written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
		345363	B. WING		0.5	C 7/11/2018	
NAME OF PE	ROVIDER OR SUPPLIER		<del></del>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0/	711/2016	
TVAINE OF T	TO VIDER OR OUT FIER			, , ,			
THE PRES	BYTERIAN HOME OF H	AWFIELDS		2502 S NC 119 MEBANE, NC 27302			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 610	Continued From page	÷ 26	F 61	10			
	with diagnoses that in	uitted to the facility in 2010 icluded cerebrovascular plegia/hemiparesis, and		exists or that one was cited con This Plan of Correction is subm meet requirements established and federal law.	itted to		
	04/06/18 indicated the impairment and had a Status (BIMS) score of that Resident #1 need all activities of daily livexception of being incereitly resident #1 was frequenced that the resident had left-of a CVA. She received Resident #1's nursing 06/14/18 and signed indicated that she had performance deficit. To one-person assistant dressing, eating, toile as well as one-person sit-to-stand lift.  a. The facility failed to staff-to-resident abus two hours of the resident #1 reported Nurse #1 and Nurse #1 and Nurse #1 identified the alleged #1. Nurse #2 entered Initial Allegation Report as "06/02/11"	dependent with eating. uently incontinent of urine. sided hemiplegia as a result ed anti-coagulant therapy.  I care plan updated on by the interdisciplinary team d an ADL self-care The resident required e for bed mobility, bathing, ting, and personal hygiene n assistance with the  I report an allegation of e to the state agency within tent's report.  an allegation of abuse to #2 on 06/02/18. She perpetrator as Nurse Aide details of the incident on an ort. The Date and Time the of Incident was listed on 8 1:30 p.m." The report was		Plan of correcting the specific do It is the policy of The Presbyteriof Hawfields to have Investigate/Prevent/Correct Alle Violation in response to allegaticabuse, have evidence that all a violations are thoroughly investigations are thoroughly investigation in process and represults of all investigations to the Administrator or his or her designeresentative and to other officiaccordance to State law, included State Agency a) within five (5) with days of the incident and b) immobut not later than two (2) hours allegation is made if the events the allegation involve abuse or seriously bodily injury, or not lat twenty four (24) hours if the allewing violation does not involve abuse not result in seriously bodily injurthe alleged violation is verified a action taken.  After further review of the facility titled Abuse Neglect Policy by the Administrator, Director of Nursing Social Worker, we determined the for revisions to the policy and policy an	an Home  eged ons of elleged gated, while the cort the e gnated cials in ing the vorking ediately after the that cause result in er than c) eged e and do ary and if appropriate  y policy he ng and he need		
	faxed to the state age p.m.	ency on 06/02/18 at 4:37		for revisions to the policy and properties for investigating allegations of a reporting those allegations constitutions.	buse and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345363		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  . BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING		0.7	C 07/11/2018		
NAME OF D	ROVIDER OR SUPPLIER	0.0000	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO		711/2016	
NAME OF T	TOVIDER OR SOLT LIER				DL		
THE PRES	BYTERIAN HOME OF	HAWFIELDS		2502 S NC 119			
				MEBANE, NC 27302			
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F 610	Continued From pa	age 27	F 6	10			
F 610	In an interview on the required time from the required time from the required that he from the required that the from the required that it was a with the delay in the staffact that it was a with the delay in the staffact that it was a with the delay in the staffact that it was a with the responsible of the responsible for contract that interview, the responsible for contract that the requirement of the responsible for contract that the responsible for contract that the requirement of the responsible for contract that the responsible for contract that the responsible for contract the responsible for contract that the responsible for contract the respons	207/09/18 at 1:30 p.m., Nurse er submission was not within ame due to a delay in a ginformation about the alleged e aide's staffing agency. Nurse form required a Date of Birth y number. Nurse #2 attributed affing agency's response to the eekend.  2 d to conduct a thorough alleged incident.  206/20/18 at 1:45 p.m., the (DON) confirmed that she allegation on 06/04/18, two at #1 first reported the abuse to	F	The Centers of Medicare Se requirements, specifically to reporting allegations of abus Agency immediately, but no hours after the allegation wa the allegation involved abuse guidelines for conducting the to include who was in charge completing the investigation.  Procedures  The facility policy titled Abus updated to include guidelines investigating and reporting a abuse or abuse resulting in sinjury immediately but no late hours to the State Agency, a hours if the alleged violation abuse does not involve abus resulted in seriously bodily in policy includes specific inform guidelines on what staff perswhen allegations of abuse an is responsible for completing submitting the report to the States.	e to the State later than two s made when e b) and e investigation e of  e Neglect was son llegations of serious bodily er than two and within 24 involved se and has not hjury. The mation and son to contact re made, who and		
	She stated that she gathered directly o	e entered the information she n the Initial Allegation Report		details on gathering information, action	to take to		
	state. The DON state residents about the and any possible re	Report forms provided by the ated that she spoke with other care Nurse Aide #1 provided oughness but she could not ation of who she interviewed release.		protect the resident during the investigation, documentation requirements of the investigation and where the documentation maintained.	ation findings n is		
	included the staten	Report submitted 06/06/18 nent, "Also spoke with other ortified nurse aides) and		The Director of Nursing, Soc and MDS Coordinator educa the policy revision with emph reporting mechanism and tin	ited staff on nasis on the		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345363	B. WING		_	C 07/11/2018
	ROVIDER OR SUPPLIER	HAWFIELDS		STREET ADDRESS, CITY, STA 2502 S NC 119 MEBANE, NC 27302	ATE, ZIP CODE	07/11/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
F 610	may know." There we elaboration on who wo of those interviews.  An updated Investigatate agency on 06/2 Date was listed as "s days after the allegated Resident #1.  The Corrective Action Report submitted to following details: "Up to be a two-person at Corrective Action se submitted 06/21/18 plan was stating two with resident."  An inspection of the the unit 07/09/18 revnursing care plan sprequired "1-person at In an interview on 06 shared her expectation are port of alleged at 15 days and 15 days are with the second property of alleged at 15 days and 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of alleged at 15 days are with the second property of	that day about details they has no documentation or was interviewed or the results ation Report was faxed to the 21/18. The Investigation End still under investigation" 19 tion of abuse was reported by an section on the Investigation 06/06/18 included the dated care plan for resident has is at all times." The ction on the revised report was similar: "Made sure care reperson assist at all times  nursing care plan book on realed that the current ecified that Resident #1 has issistance" for ADLs.  6/20/18 at 1:45 p.m., the DON ion that any nurse accepting buse or neglect would notify hin the required timeframes, ement and begin an	F 6	that education was 7/11/2018.  Monitoring  The Director of Nur. Assurance (QA) au allegations of abuse compliance with the reporting requireme conducted every we bi-monthly for the n Director of Nursing the facility Quality A (monthly for 3 mont Assurance Committed)	rsing will us a Quality adit tool to review all to determine to determine to investigation and tents. Audits will be eek for a month there will report results in Assurance Committee ths). The Quality the will determine the needs and/or make	n ee
	In an interview on 07 acknowledged that t Resident #1 present not been updated to members to provide was an important str	7/09/18 at 4:30 p.m., the DON he nursing care plan for on the unit on 07/09/18 had reflect the need for two staff care. She stated that this rategy for making Resident #1 ting further incidents. She				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	COMI	(X3) DATE SURVEY COMPLETED	
		345363	B. WING		ı	C / <b>11/2018</b>
NAME OF PROVIDER OR SUPPLIER  THE PRESBYTERIAN HOME OF HAWFIELDS				STREET ADDRESS, CITY, STATE, ZIP CODE  2502 S NC 119  MEBANE, NC 27302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		ON D BE PRIATE	(X5) COMPLETION DATE
F 610	shared her expectation updated all copies of on her attendance at plan meetings.  In an interview on 06. Administrator stated the abuse allegation on 06. Was reported by Resithe office about anoth the DON and assume contacted her or wou aware of the required report allegations of a He shared his expect meet the required timallegations of abuse a investigation. He was investigation had bee ongoing. He stated the waiting for the Sheriff investigation so the ir incorporated into the assist them with a de substantiation.  Facility Assessment CFR(s): 483.70(e) Facility as The facility must conditions.	on that the MDS Coordinator the nursing care plan based the interdisciplinary care  /20/18 at 3:30 p.m., the chat he was informed of the 16/02/18, the same day it dent #1, when he phoned her matter. He did not notify ed that Nurse #2 had ld contact her. He was not abuse to the state agency. The action that staff members reframes for reporting and for completing the sunsure if the facility en completed or was still that he and the DON were so office to finish their information could be facility's investigation to termination of  -(3)  seessment.	F 6			8/11/18
	resources are necess competently during be and emergencies. Th update that assessme least annually. The fa update this assessme	ent to determine what sary to care for its residents oth day-to-day operations e facility must review and ent, as necessary, and at acility must also review and ent whenever there is, or the change that would require a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345363	B. WING		C 07/11/2018		
	ROVIDER OR SUPPLIER	AWFIELDS	<u> </u>	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302	<u> </u>	11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 838	including, but not limit (i) Both the number or resident capacity; (ii) The care required considering the types physical and cognitive and other pertinent fathat population; (iii) The staff competer provide the level and resident population; (iv) The physical enviservices, and other pertinent fathat are necessary to (v) Any ethnic, cultural may potentially affect facility, including, but food and nutrition ser §483.70(e)(2) The facility, including, but food and nutrition ser (ii) All buildings and/or and vehicles; (ii) Equipment (medicili) Services provided pharmacy, and specific (iv) All personnel, including and volunte education and/or trair related to resident ca (v) Contracts, memoritimes.	con to any part of this lity assessment must cility's resident population, ted to, f residents and the facility's by the resident population of diseases, conditions, edisabilities, overall acuity, test that are present within encies that are necessary to types of care needed for the ronment, equipment, hysical plant considerations care for this population; and al, or religious factors that the care provided by the not limited to, activities and vices.  Cility's resources, including rother physical structures al and non-medical); I, such as physical therapy, fic rehabilitation therapies; luding managers, staff (both who provide services under ters, as well as their ning and any competencies	F	838			

PRINTED: 08/15/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	(X2) MULTIPLE CONSTRUCTION A. BUILDING	
<b>345363</b> B. WING		C <b>07/11/2018</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY	Y, STATE, ZIP CODE	01/11/2010
2502 S NC 119		
THE PRESBYTERIAN HOME OF HAWFIELDS  MEBANE, NC 27302	2	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIA DEFICIENCY)	
population competently during day-to-day operations or in an emergency situation.  Findings included:  The facility could not provide documents to demonstrate it had conducted an evaluation of the facility's resident population, including the number and type of residents accepted and care required by the resident population, staff competencies, physical environment, and cultural, ethnic, and religious factors that may affect residents' care. Facility resources such as services provided, personnel, contracts with third parties, and resident records management were also not documented.  An All-Hazards Planning and Resource Manual and a notebook of Appendices were reviewed; however, most of the worksheets were blank. The Manual's All Hazards Emergency Plan was  The Presbyteria written allegation the deficiencies submission of the s	ng the specific deficience of The Presbyterian Home have a completed and cility-wide assessment ode of Federal Regulatio	y le ns o ely

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345363				С
NAME OF D	ROVIDER OR SUPPLIER	345363	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE		07/11/2018
	BBYTERIAN HOME OF H	AWFIELDS		2502 S NC 119 MEBANE, NC 27302		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BI	
F 838	Nursing. The Plan wa Administrator on 04/2 contacts was last updinclude a recent chan In an interview on 07/Administrator stated to Maintenance departmelements of the needed in the nee	is signed as reviewed by the 7/17. The list of staff lated 03/28/17 and failed to ge in nursing management.  In 1/18 at 1:45 p.m., the hat the Dietary and nents may have some ed facility assessment. He mation from other ministrator could not provide ents to demonstrate that ident population, staff cility resources had been nistrator pointed out the in a local medical center's see conducted on 09/14/18 essment was not part of this is awareness of the ete a comprehensive facility ot offer an explanation of thad not been done or who	F8	Administrator it was determine were necessary to include add components as outlined in (CR Procedure  Administrator and Staff Develor Coordinator compiled a team of Director of Nursing, Social Work Activities Director, Dietary Mar Maintenance Supervisor, Office and Housekeeping and Laundresources needed to provide the necessary person centered can services the residents require. The Centers Medicare Services (August, 20 assessment tool template was guide this evaluation and record of the assessment. The Facility Assessment will be completed 8/11/2018.  Monitoring  The Facility Wide Assessment to the facility Quality Assurance Committee to ensure it is revieupdated at least annually or withere is facility plans for any chewould require a modification to the assessment.	opment consisting rker, nager, e Managery evaluate identify ne re and used to rd finding ty Wide by	g of ger the the ded d at

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345363	B. WING		C 07/11/2018
NAME OF P	ROVIDER OR SUPPLIER	2.0000		STREET ADDRESS, CITY, STATE, ZIP CODE	07/11/2010
THE PRESBYTERIAN HOME OF HAWFIELDS				2502 S NC 119 MEBANE, NC 27302	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 838	Continued From page	e 33	F 8:		ent