

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS A complaint investigation survey was conducted from 02/12/19 through 02/15/19. Immediate Jeopardy was identified at: CFR 483.12 at tag F600 at a scope and severity (J) The tag F600 constituted Substandard Quality of Care. Immediate Jeopardy began on 11/21/18 and was removed on 02/15/19. A partial extended survey was conducted. | F 000 | | | |
| F 600 SS=J | Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record reviews, family interviews, facility staff interviews, agency staff interviews, and law enforcement interviews the facility failed to protect a resident from abuse by | F 600 | DISCLAIMER RESPONSE PREFACE: | 3/15/19 | |

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

TITLE

(X6) DATE

Electronically Signed

03/11/2019

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

| | | | | | |
|---|--|---|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 1</p> <p>photographing and distributing a picture of the resident completely disrobed via text message to another staff member for 1 of 3 residents (Resident #1).</p> <p>Immediate Jeopardy began on 11/21/18 when a photograph was taken of Resident #1 and distributed via text message by a staff member. Immediate Jeopardy was removed on 02/15/19 when the facility provided and implemented a credible allegation of compliance. The facility remains out of compliance at the lower scope and severity of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring systems are put in place are effective and the completion of employee education.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 9/21/18 with diagnoses that included Hypertension, Urinary Tract Infection, and Dementia.</p> <p>A review of the resident's most recent comprehensive MDS (Minimum Data Set) revealed it was coded as an admission assessment and dated 9/28/18. The MDS had documentation of the resident being admitted to the facility on 9/21/19. She had been assessed as being cognitively impaired and as needing extensive assistance with all activities of daily living except for eating. Her eating was assessed as only needing set up assistance with supervision.</p> <p>A review of the Initial Allegation Report had documentation of an allegation of employee to</p> | F 600 | <p>Presbyterian Home of Hawfields Acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of Residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Presbyterian Home of Hawfields Response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Presbyterian Home of Hawfields reserves the right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal, and/or other administrative or legal procedures.</p> <p>F600- Resident 1 is A/O X 1 WITH a BIMS score of 2. CNA 1 showed the DON a picture of a resident that had no clothing on while lying in bed. Look at how they left this MF was the message attached along with the picture. CNA 1 reported that the picture was sent via text message from CNA 2. Incident reported on the morning of 1/18/2019. On investigation, CNA 1 was asked to bring the phone to the facility for verification on the number which it was sent from and to verify with another female worker that the person on the picture was a resident of the facility. The phone number that the picture was sent</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 2</p> <p>resident abuse regarding Resident #1. The Allegation Report listed NA#1 (Nursing Assistant) as the accused employee. The report had documentation that the facility became aware of the incident on 1/18/19 at 9:30am. The Allegation Details Section of the Allegation Report had documentation that read: "Picture of (Resident #1's name) lying in bed with no clothes on was shown to the DON (Director of Nursing) by a CNA (Certified Nursing Assistant) [NA#2] stating that it was a text message sent to her by NA#1 (NA#1's name) and stated NA #1 had worked with her that day.</p> <p>A review of the completed Investigation Report revealed documentation of the same information as the Initial investigation with additional documentation in Section D: Additions/Changes/Updates to description of allegation details that read (Aides name) NA #2 mentioned that the picture was sent in November. Section H: Investigation Actions documented the allegation was substantiated. Also, under Investigative Actions there was a section titled Summary of Facility Investigation read: "Spoke with both (NA#1 and NA#2 names) about the allegation. The number that the picture came from was confirmed to be from NA#1's cell phone. The picture was shown to DON.</p> <p>During an interview with the DON on 2/12/19 at 11:30am, she confirmed she was the person the allegation was reported to as well as the person that completed both the Initial Allegation Report and the completed Investigation Report. The DON explained the sequence of events of how she found out a picture had been taken and sent through a text message. She stated that on 1/18/19 while she was driving to work, she</p> | F 600 | <p>from matched the phone number on file for CNA 2. The person in the photo was also identified as our resident. On assessment findings, the resident was not able to remember or engage in conversation. The agency CNA 2 failed to follow the abuse policy which states, It is the policy of the Presbyterian Home of Hawfields, Inc. to maintain zero tolerance for alleged, suspected, or validated resident neglect or abuse. Every resident at the Presbyterian Home of Hawfields, Inc. has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants, volunteers, staff of other agencies, family members or legal guardians, friends or any other individuals. The agency CNA 2 also failed to follow the abuse policy which states, All alleged violations <input type="checkbox"/> if the alleged violation involves abuse or results in serious bodily injury <input type="checkbox"/> shall be reported to state agency no later than 2 hours. All other alleged violations will be reported no later than 24 hours. All reports shall be followed with a five day investigation report. In addition, the Presbyterian Home of Hawfields, Inc. will notify the State Nurse Aide Registry or State Licensing Authority of any knowledge of any actions by a Court of Law. Both CNA <input type="checkbox"/>s were terminated from employment at the facility and reports were filed with DHSR on 1/18/2019. The resident is doing OK and continues to reside in the facility. Based on information supplied by CNA 1, the sheriff <input type="checkbox"/></p> | | |

| | | | | | |
|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | Continued From page 3 received a phone call from NA#2. During the phone call NA#2 stated she had something she needed to show the DON but would prefer to meet her somewhere other than the facility and it was decided they would meet at a gas station near the facility. The DON further explained that once she met NA#2 that she wasn't alone, and a friend was with NA#2. While at the gas station NA#2 showed the DON a picture of Resident #1. She said in the picture, Resident #1 was lying in the bed with no clothes on and had her gown in her left hand. She further stated that she looked at the phone number the text message came from and it was the cell phone number for NA#1. The DON asked NA#2 if she would bring her phone to the facility to show the administrator. She then indicated she immediately called the administrator to report the information that had been given to her. She stated the administrator was not comfortable looking at the picture if the resident was disrobed and instructed another staff member to verify the picture was of Resident#1. She stated the staff member verified that the picture shown to her was Resident #1 and that the number the text message came from was the cell phone number of NA#1. Additionally, she added she called the family and notified them of the incident, put a call in to the police, and started the 24-hour report. After completing the report on 1/18/19 she sent it via fax to HCPR (Health Care Personnel Registry). She added both nursing assistants involved were terminated on 1/18/19. She indicated that NA#1 was working for an agency until the facility hired her on 1/15/19 and that NA#2 was an agency nursing assistant. She said she called the agency NA#2 worked for to report the incident and that she could no longer work at the facility. The DON continued to say that a detective returned her call on 1/21/19, | F 600 | department was contacted by the facility and their investigation continues. Also, families and resident are educated on abuse during care plan meetings and during resident council meetings. Families and resident□s are educated on reporting these findings immediately. DON reeducated staff on abuse and types of abuse and when to report allegations of abuse immediately as well as on cell phones. All staff, including DON reeducated on abuse and cell phones which there will be updates and information sent out with employees and agency biweekly. This was completed on 1/30/2019. The Abuse and Neglect Policy and Procedure Policy and Cell Phone Policy will continue to be given to new employees, Education and training on abuse and cell phones will immediately start upon hire and orientation, reissued quarterly to all employees, and reissued at the Annual Employee inservice. Policy and procedure has been updated on privacy and confidentiality that the facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident. Policy has updates on mental abuse including that abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 4</p> <p>came to the facility and took the report of the incident. She indicated the Detective has not closed the case yet and she does not have a police report but would once the detective closed the case.</p> <p>A telephone interview with NA#1 was attempted on 2/12/19 at 1:30pm, but the number given was no longer a working number.</p> <p>An interview with NA#2 was conducted via telephone on 2/12/19 at 1:38 pm. During the interview NA#2 stated in late November of 2018, right before Thanksgiving she received a text message from NA#1. She indicated the picture was of Resident #1 lying on her bed with no clothes on. She stated she couldn't remember the exact date of the text message, she would have to review her schedule of the exact days she worked, but on the day she received the text message she remembered she had worked third shift the previous night. When asked why she didn't report the picture to her supervisor in November when she received the message, she indicated she didn't know why she didn't. She further stated, "I knew it was wrong, I just didn't think about reporting it." When asked what occurred in January of 2019 for her to initiate the call to the DON of the facility to report the incident, she stated she and a friend (name not given) were cleaning out old contacts, messages etc. from their cell phones and her friend noticed the picture of Resident #1 on the phone. NA#2 then said her friend encouraged her to tell the facility because that was wrong. NA#2 further stated she agreed with her friend and called the DON of the facility and asked her to meet her to show her the message and picture before she deleted it from her phone. She added that she</p> | F 600 | <p>electronic devices. This would include demeaning or humiliating photographs and recordings through social media or multimedia messaging. If a photograph or recording of a resident, or the manner that it used, demeans or humiliates a resident(s), regardless of whether the resident provided consent and regardless of the resident's cognition status, the surveyor must consider non-compliance related to abuse. This includes, but not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, using the bathroom, providing perineal care such as after an incontinence episode, agitating an resident to solicit a response, derogatory statements directed to the resident, showing a body part such as breasts or buttocks without the residents face, labeling resident's picture and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position. Policy on cell phones, videotaping, photographing, and other imaging of residents also has been updated stating residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recording during resident care or other facility activities. All personal cellular telephones shall remain off while employees are on duty and only utilized during breaks while in the break rooms or outside of the facility and away from residents. Employees shall not utilize personal cellular telephones while in work</p> | | |

| | | | | | |
|---|--|---|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 5</p> <p>had also been called by a detective regarding the same text message and picture. She stated she took her phone to the county sheriff department as requested by the detective, so they could hook her phone to a machine that could recover deleted information but that something was wrong with the machine and the picture and text message was unable to be recovered. NA#2 indicated she would take her phone to her phone service carrier later in the evening to see if they could retrieve the information.</p> <p>On 2/12/19 at 2:15pm a phone call was made to the Detective listed on the Investigation Report. The Detective was not available.</p> <p>An interview was conducted with Resident #1's daughter on 2/12/19 at 3:05pm. During the interview, the daughter stated she was the one contacted by the facility on 1/18/19 and was told that a picture was taken of her mother while in the bed unclothed by a nursing assistant. She was also told the nursing assistant had sent the picture to another nursing assistant via text message back in November of 2018. She further added that the nurse that called to report the incident was the DON and that the DON told her both nursing assistants had been terminated and an investigation was started. The daughter indicated that she was aware law enforcement was involved and that she hoped the case would be prosecuted. Additionally, the daughter explained that several members of the community were aware of the incident due to a conversation being over heard about pictures being taken of residents in the facility while she was at a sweepstakes parlor one evening. She said she couldn't remember what evening, but that she mentioned it to her daughter (the</p> | F 600 | <p>areas or on duty. Personal cell phones are to be left in the car, purse, desk, locker or other secure areas during working hours. Any violation of the policy will result in disciplinary action and/or termination. Immediately, spoke with all a/o residents on abuse and if they have seen any employees using cell phones while in their rooms, updated cell phone policy and reeducated staff on abuse policy. This was completed on 1/18/2019 and all a/o residents denied that they have seen staff on cell phones while in their rooms.</p> <p>Presbyterian Home of Hawfields will continue to ensure that incidents and accidents are being reported to residents nurse, nurse supervisor on duty, DON, and Social Worker. DON will report to administrator immediately.</p> <p>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 1/18/2019.</p> <p>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 1/18/2019.</p> <p>DON and or designee will interview and observe at least 5 direct care staff (C.N.A</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 6</p> <p>resident's granddaughter) and that the granddaughter had told her she had heard the same thing from her (The granddaughter's) next-door neighbor. The daughter stated that once she started putting the pieces together after talking to the DON, she realized the picture she had heard about in the community was of her mother and it upset her terribly. She further stated that taking a picture of her mother in such a vulnerable position was completely unacceptable to her and would be to her mother if her mother knew it was taken.</p> <p>During a follow-up telephone interview with NA#2 on 2/13/18 at 10:42 am, after reviewing her schedule, NA#2 confirmed she received the text message on 11/21/19.</p> <p>On 2/13/19 at 11:00am, the detective working the case came to the facility. Once in the facility an interview was conducted. During the interview the Detective stated that she picked up the case on 1/21/19 and came on-site to the facility to interview the staff involved. She further stated that she had talked to both nursing assistants. Additionally, she said that NA#2 was asked to bring her cell phone to the police station so they could put her cell phone on a Cell Bright (a piece of equipment that retrieves cell phone data). She indicated that NA#2 brought her phone to the police station but the Cell Bright could not retrieve the information. She further stated the same was asked of NA#1, but NA#1 has yet to bring in her phone. When asked about what the next step in the investigation was, the detective stated that now that a timeline had been established with a date certain of the text message being sent, she would request a warrant for each nursing assistant's phone. She further added once the warrant was obtained, and the picture and text</p> | F 600 | <p>and licensed nurses) to determine if they have cell phones in their possession while on duty and in work areas. An audit tool was created by DON on 3-7-2019 to document the interview results.</p> <p>The DON and Staff Development Coordinators will interview at least 5 staff members to determine if they have witnessed or heard of any allegations of abuse or inappropriate use of cell phones and if they reported it promptly according to facility policy. An audit tool was created by DON on 3-7-2019 to document the interview results.</p> <p>The above audits will be completed weekly for 3 weeks then every 2 weeks for 1 month.</p> <p>Results from the audits documented on the auditing tools will be reviewed and discussed quarterly Quality Assurance Performance improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p>DON and administrator will be responsible for implementing and evaluating the plan of correction.</p> <p>Completion date: March 15, 2019</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 7</p> <p>message recovered that she would be seeking the advice of the District Attorney to pursue charges against NA #1. When asked specifically what charges she thought would be pursued, she replied Elder Abuse. At the end of the interview the detective stated she would share any information obtained through her investigation with DHSR (Division of Health Service Regulation).</p> <p>An interview was conducted with the Administrator on 2/13/19 at 12:45pm. During the interview the administrator confirmed that the DON met with NA#2 on 1/18/19 and saw the text message and picture she received. He stated the DON called him from her car to inform him of what she saw. He explained that he did not want to look at the picture due it being of a female resident in a compromising position because he had no need to see it, it would make him uncomfortable. He further added so there would be an additional witness to the text message and picture, he had a staff member that knew the resident verify the picture and if the picture was of Resident #1. He then stated it was Resident #1 in the picture and the DON immediately started the investigation process.</p> <p>The Administrator and the Director of Nursing were notified of the immediate jeopardy on 2/13/19 at 4:18 PM.</p> <p>The facility provided credible allegation of compliance for immediate jeopardy as follows:</p> <p>Resident 1 is A/O X 1 WITH a BIMS score of 2. CNA 1 showed the DON a picture of a resident that had no clothing on while lying in bed. "Look at how they left this MF" was the message</p> | F 600 | | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | Continued From page 8 attached along with the picture. CNA 1 reported that the picture was sent via text message from CNA 2. Incident reported on the morning of 1/18/2019. On investigation, CNA 1 was asked to bring the phone to the facility for verification on the number which it was sent from and to verify with another female worker that the person on the picture was a resident of the facility. The phone number that the picture was sent from matched the phone number on file for CNA 2. The person in the photo was also identified as our resident. On assessment findings, the resident was not able to remember or engage in conversation. The agency CNA 2 failed to follow the abuse policy which states, "It is the policy of the Presbyterian Home of Hawfields, Inc. to maintain "zero tolerance" for alleged, suspected, or validated resident neglect or abuse. Every resident at the Presbyterian Home of Hawfields, Inc. has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants, volunteers, staff of other agencies, family members or legal guardians, friends or any other individuals. The agency CNA 2 also failed to follow the abuse policy which states, "All alleged violations - if the alleged violation involves abuse or results in serious bodily injury - shall be reported to state agency no later than 2 hours. All other alleged violations will be reported no later than 24 hours. All reports shall be followed with a five day investigation report. In addition, the Presbyterian Home of Hawfields, Inc. will notify the State Nurse Aide Registry or State Licensing Authority of any knowledge of any actions by a Court of Law. Both CNA's were terminated from employment at the facility and reports were filed with DHSR on 1/18/2019. The | F 600 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 9</p> <p>resident is doing OK and continues to reside in the facility. Based on information supplied by CNA 1, the sheriff's department was contacted by the facility and their investigation continues.</p> <p>Presbyterian Home of Hawfields will continue to ensure all staff and agency staff are educated and reeducated on abuse and cell phones. The Abuse and Neglect Policy and Procedure Policy and Cell Phone Policy will continue to be given to new employees and new agency staff, abuse policy and procedures are posted throughout the facility visual for employees, families and resident to read, issued quarterly to all employees and agency staff, and reissued at the Annual Employee In-service. For employees and agency staff that are out on leave will also be educated on abuse cell phones on return. DON and or administrator will keep a log of signatures confirmation that they received the information on abuse and the agency staff will be included in in-services training on abuse to ensure safety and evaluation will be done per DON or administrator.</p> <p>Also, families and resident are educated on abuse during care plan meetings and during resident council meetings. Families and residents are educated on reporting these findings immediately.</p> <p>DON reeducated staff on abuse and types of abuse and when to report allegations of abuse immediately as well as on cell phones. All staff, including DON reeducated on abuse and cell phones which there will be updates and information sent out with employees and agency biweekly. This was completed on 1/30/2019.</p> <p>The Abuse and Neglect Policy and Procedure Policy and Cell Phone Policy will continue to be</p> | F 600 | | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | Continued From page 10 given to new employees, Education and training on abuse and cell phones will immediately start upon hire and orientation, reissued quarterly to all employees, and reissued at the Annual Employee in-service. Policy and procedure has been updated on privacy and confidentiality that the facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident. Policy has updates on mental abuse including that abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal electronic devices. This would include demeaning or humiliating photographs and recordings through social media or multimedia messaging. If a photograph or recording of a resident, or the manner that it used, demeans or humiliates a resident(s), regardless of whether the resident provided consent and regardless of the resident's cognition status, the surveyor must consider non-compliance related to abuse. This includes, but not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, using the bathroom, providing perineal care such as after an incontinence episode, agitating an resident to solicit a response, derogatory statements directed to the resident, showing a body part such as breasts or buttocks without the residents face, labeling resident's picture and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position. Policy on cell phones, videotaping, photographing, and other imaging of | F 600 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 11</p> <p>residents also has been updated stating residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recording during resident care or other facility activities. All personal cellular telephones shall remain off while employees are on duty and only utilized during breaks while in the break rooms or outside of the facility and away from residents. Employees shall not utilize personal cellular telephones while in work areas or on duty. Personal cell phones are to be left in the car, purse, desk, locker or other secure areas during working hours. Any violation of the policy will result in disciplinary action and/or termination. Immediately, spoke with all a/o residents on abuse and if they have seen any employees using cell phones while in their rooms, updated cell phone policy and reeducated staff on abuse policy. This was completed on 1/18/2019 and all a/o residents denied that they have seen staff on cell phones while in their rooms.</p> <p>Presbyterian Home of Hawfields will continue to ensure that incidents and accidents are being reported to residents nurse, nurse supervisor on duty, DON, and Social Worker. DON will report to administrator immediately.</p> <p>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 1/18/2019.</p> <p>The nursing staff was reeducated to notify DHR 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.</p> | F 600 | | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | <p>Continued From page 12 This was completed on 1/18/2019.</p> <p>DON or designee will use a QA audit tool every week for a month and then bi monthly for the next three months for review of proper procedures on reporting. It will be reviewed weekly by the DON, Administrator and/or designee. Residents and family members will also be updated on the abuse policy as well as knowing where and who to report to in such event. Residents and families will be educated on different types of abuse and what abuse may look like. This will take place during care plan meetings and will be done by DON, Social Worker and or designee. Care plan meetings for each resident are done quarterly each year and as needed. During every resident council meeting there will also be reeducation on abuse policy. Resident council meetings are held monthly each year. DON, administrator or designee will monitor cell phone usage and abuse policy to ensure resident safety. This will be monitored for three (3) months. All residents were interviewed about cell phone use of staff and any type of potential abuse. This was completed by 1/18/2019.</p> <p>QA Committee will review the QA Action Plan once a month for three (3) months and revise the action plan to ensure continued compliance.</p> <p>DON and administrator will be responsible for implementing and evaluating the plan of correction.</p> <p>The immediate jeopardy was removed after it was verified on 2/15/19 at 12:45PM as evidenced by:</p> | F 600 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|--|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 600 | Continued From page 13 A review of updated cell phone policy dated 2/14/18 as well as interviews with the staff revealed they had received education on abuse with emphasis placed on mental abuse regarding photographs of residents and the use of cell phones in resident care areas. | F 600 | | | |
| F 865 SS=E | QAPI Prgm/Plan, Disclosure/Good Faith Attmp CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility's Quality Assurance and Assessment Committee failed to maintain implemented procedures from a complaint investigation survey conducted on 7/11/18 and was recited in February 2019 on the current complaint investigation survey. The repeat deficiency was in the area of abuse. The continued failure of the facility during 2 federal surveys of record in a | F 865 | DISCLAIMER RESPONSE PREFACE: Presbyterian Home of Hawfields Acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually | 3/15/19 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|---|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | <p>Continued From page 14</p> <p>seven-month period show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F 600: Free from abuse and neglect: Based on record reviews, family interviews, facility staff interviews, agency staff interviews, and law enforcement interviews the facility failed to protect a resident from abuse by photographing and distributing a picture of the resident completely disrobed via text message to another staff member for 1 of 3 residents (Resident #1).</p> <p>During the complaint investigation survey of 7/11/18 this regulation was cited for failing to prevent staff to resident abuse resulting in bruising, soreness and fear for one of three residents (Resident#1).</p> <p>During an interview with the DON (Director of Nursing) on 2/15/18 at 9:20am, the DON stated she was the person responsible for the facility's QAPI (Quality Assurance and Performance Improvement) program. The DON stated that the facility had monitored resident abuse and that a plan had been in place since July 2018. She further indicated no changes were made or new interventions added to the QAPI plan specifically related to the use of cell phones in resident areas or photographing residents and had thought the current plan was appropriate as it was. She stated that the new policy regarding the use of cell phones and photographs that had been revised and updated on 2/14/19 would be</p> | F 865 | <p>correct and in order to maintain compliance with applicable rules and provisions of quality of care of Residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Presbyterian Home of Hawfields Response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Presbyterian Home of Hawfields reserves the right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal, and/or other administrative or legal procedures.</p> <p>F600- Resident 1 is A/O X 1 WITH a BIMS score of 2. CNA 1 showed the DON a picture of a resident that had no clothing on while lying in bed. Look at how they left this MF was the message attached along with the picture. CNA 1 reported that the picture was sent via text message from CNA 2. Incident reported on the morning of 1/18/2019. On investigation, CNA 1 was asked to bring the phone to the facility for verification on the number which it was sent from and to verify with another female worker that the person on the picture was a resident of the facility. The phone number that the picture was sent from matched the phone number on file for CNA 2. The person in the photo was also identified as our resident. On assessment findings, the resident was not able to remember or engage in</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|--|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | Continued From page 15 included in the facility QAPI plan and monitoring would be started immediately. | F 865 | <p>conversation. The agency CNA 2 failed to follow the abuse policy which states, It is the policy of the Presbyterian Home of Hawfields, Inc. to maintain zero tolerance for alleged, suspected, or validated resident neglect or abuse. Every resident at the Presbyterian Home of Hawfields, Inc. has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants, volunteers, staff of other agencies, family members or legal guardians, friends or any other individuals. The agency CNA 2 also failed to follow the abuse policy which states, All alleged violations <input type="checkbox"/> if the alleged violation involves abuse or results in serious bodily injury <input type="checkbox"/> shall be reported to state agency no later than 2 hours. All other alleged violations will be reported no later than 24 hours. All reports shall be followed with a five day investigation report. In addition, the Presbyterian Home of Hawfields, Inc. will notify the State Nurse Aide Registry or State Licensing Authority of any knowledge of any actions by a Court of Law. Both CNA's were terminated from employment at the facility and reports were filed with DHSR on 1/18/2019. The resident is doing OK and continues to reside in the facility. Based on information supplied by CNA 1, the sheriff's department was contacted by the facility and their investigation continues.</p> <p>Also, families and resident are educated on abuse during care plan meetings and</p> | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | Continued From page 16 | F 865 | <p>during resident council meetings. Families and resident□s are educated on reporting these findings immediately.</p> <p>DON reeducated staff on abuse and types of abuse and when to report allegations of abuse immediately as well as on cell phones. All staff, including DON reeducated on abuse and cell phones which there will be updates and information sent out with employees and agency biweekly. This was completed on 1/30/2019.</p> <p>The Abuse and Neglect Policy and Procedure Policy and Cell Phone Policy will continue to be given to new employees, Education and training on abuse and cell phones will immediately start upon hire and orientation, reissued quarterly to all employees, and reissued at the Annual Employee inservice. Policy and procedure has been updated on privacy and confidentiality that the facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident. Policy has updates on mental abuse including that abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal electronic devices. This would include demeaning or humiliating photographs and recordings through social media or multimedia messaging. If a photograph or recording of a resident, or the manner that</p> | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|--|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | Continued From page 17 | F 865 | <p>it used, demeans or humiliates a resident(s), regardless of whether the resident provided consent and regardless of the resident's cognition status, the surveyor must consider non-compliance related to abuse. This includes, but not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, using the bathroom, providing perineal care such as after an incontinence episode, agitating an resident to solicit a response, derogatory statements directed to the resident, showing a body part such as breasts or buttocks without the residents face, labeling resident's picture and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position. Policy on cell phones, videotaping, photographing, and other imaging of residents also has been updated stating residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recording during resident care or other facility activities. All personal cellular telephones shall remain off while employees are on duty and only utilized during breaks while in the break rooms or outside of the facility and away from residents. Employees shall not utilize personal cellular telephones while in work areas or on duty. Personal cell phones are to be left in the car, purse, desk, locker or other secure areas during working hours. Any violation of the policy will result in disciplinary action and/or termination.</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | Continued From page 18 | F 865 | <p>Immediately, spoke with all a/o residents on abuse and if they have seen any employees using cell phones while in their rooms, updated cell phone policy and reeducated staff on abuse policy. This was completed on 1/18/2019 and all a/o residents denied that they have seen staff on cell phones while in their rooms.</p> <p>Presbyterian Home of Hawfields will continue to ensure that incidents and accidents are being reported to residents nurse, nurse supervisor on duty, DON, and Social Worker. DON will report to administrator immediately.</p> <p>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 1/18/2019.</p> <p>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 1/18/2019.</p> <p>DON and or designee will interview and observe at least 5 direct care staff (C.N.A and licensed nurses) to determine if they have cell phones in their possession while on duty and in work areas. An audit tool was created by DON on 3-7-2019 to document the interview results.</p> | | |

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

PRINTED: 03/26/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/15/2019 |
|---|--|---|---|----------------------|---|
| 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) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 865 | Continued From page 19 | F 865 | <p>The DON and Staff Development Coordinator will interview at least 5 staff members to determine if they have witnessed or heard of any allegations of abuse or inappropriate use of cell phones and if they reported it promptly according to facility policy. An audit tool was created by DON on 3-7-2019 to document the interview results.</p> <p>The above audits will be completed weekly for 3 weeks then every 2 weeks for 1 month.</p> <p>Results from the audits documented on the auditing tools will be reviewed and discussed quarterly Quality Assurance Performance improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance. DON and administrator will be responsible for implementing and evaluating the plan of correction. Completion date: March 15, 2019</p> | | |