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

PRINTED: 04/01/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345380	B. WING			C 02/28/2019	
NAME OF PROVIDER OR SUPPLIER			1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	02/	20/2013
				10	601 PURDUE DRIVE		
VILLAGE	GREEN HEALTH AND R	EHABILITATION			AYETTEVILLE, NC 28304		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI) TAG	EIX (EACH CORRECTIVE ACTION SHOULD			COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
		ted as a result of the on. Event ID 6YVM11					
F 607		Abuse/Neglect Policies	F	307			3/12/19
SS=D	CFR(s): 483.12(b)(1)	•		501			0/12/10
	§483.12(b) The facili implement written po	ty must develop and licies and procedures that:					
	8483 12(h)(1) Prohih	nit and prevent abuse					
	§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and						
	nisappropriation of resident property,						
		esident property,					
	§483.12(b)(2) Establ to investigate any su	ish policies and procedures ch allegations, and					
	paragraph §483.95,	e training as required at					
	This REQUIREMEN by:	T is not met as evidenced					
		the facility 's abuse policy,			Preparation and/or execution of this pl	an	
		files and staff interviews the			does not constitute admission or		
		olete a criminal background			agreement by the Provider of the truth		
		y hired employees prior to			facts alleged or conclusion set forth on	the	
	, , ,	allowed to work alone with			statement of deficiencies. The plan is		
		ty (Employee #2). The			prepared and executed because it is		
	findings included:				required by the provisions of State and Federal Law.		
		policy on Page 2, Abuse				ĺ	
	_	under Policy Interpretation			F 607	ĺ	
		revised on November 2010					
		nducts employee background			On 2/27/19, background check on	ĺ	
		nowingly employ any			employee #2 was re entered into Vanta	-	
		een convicted of abusing,			Point by the AP/Payroll employee. On		
	neglecting or mistrea	ating individuals."			2/28/19 the results for employee #2 wa	S	
					returned, completed and no negative	ĺ	
		yee file for Employee #2			findings.	ĺ	
	revealed the nurse w	as hired by the facility on			On 2/28/19, the AP/Payroll employee	ĺ	
ABORATORY	 DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUR	 PE		 TITLE		(X6) DATE

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

03/12/2019

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.

Electronically Signed

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		P) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
				_			
		345380	B. WING			02/28/2019	
NAME OF PROVIDER OR SUPPLIER			•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
\// ACE	ODEEN HEALTH AND D	FUARU ITATION		16	601 PURDUE DRIVE		
VILLAGE	GREEN HEALTH AND R	EHABILITATION		F	AYETTEVILLE, NC 28304		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	REFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 607	Continued From page 1		F 60				
	1/2/19. A document t	hat revealed the results of a			conducted a 100% audit on all active		
	criminal background	packground check showed the			employees personnel files to ensure all		
	_	as requested on 2/27/19.			backgrounds were completed and copies		
		·			placed readily available of personnel file		
	On 2/28/19 at 11:00 AM the Administrator stated				Any file found to have an incomplete		
	in an interview when	she started as the interim			background, a new background was		
	administrator, the sta	aff scheduler was doing the			conducted and reviewed by the		
		checks and she felt the			Administrator. This was completed on		
	payroll department should be doing the				3/1/19.		
	background checks so she transferred the task to				On 2/28/19, the Regional Clinical		
	the payroll department.				Manager conducted an in service with		
	0.0/00/40 1.44.40 AM				AP/Payroll, and Assistant Director of		
	On 2/28/19 at 11:16 AM an interview was				Nursing/Staff Development Coordinator	Ĩ	
	conducted with the Staff Scheduler who stated it was her practice to request the criminal background check on the day before the employee 's hire date. The Staff Scheduler				on ensuring background checks have been completed and reviewed by the		
					Administrator prior to bringing a new		
					employee in for orientation.		
					The AP/Payroll employee will bring all r	ıew	
	stated she had a problem with the system saying the results were pending and she would have to go in and request the background check again.				hire background checks to the	1011	
					Administrator as results are returned fo	r	
		further stated she was			review and initials of completion. The		
	behind and had quite a few on her desk to do				Assistant Director of Nursing/ Staff		
	when she was told by the administrator to not do				Development Coordinator will review th	e	
	them anymore that payroll would be doing the				completion of the background check ar	id	
	criminal background checks. The Staff Scheduler				initial the new hire check off list prior to		
		employee was in class			bringing the new employee to orientation		
		ay (the hire date) and then			The AP/Payroll employee will audit wee	•	
	worked on the floor with another employee for 3				x 8 weeks then monthly x 1 that all newly		
	days prior to working	alone with the residents.			hired employees have the background		
	O= 0/00/40 =t 44:00	ANA an internieurusa			readily available, the Administrator sign	ea	
	On 2/28/19 at 11:28 AM an interview was				for review and completeness, and the Assistant Director of Nursing/ Staff		
	conducted with the employee in payroll assigned				Development Coordinator have initialed	,	
	to request the criminal background checks for				on the new hire check off list prior to sta		
	new employees. The Payroll Employee stated she was assigned to request the criminal				date. The AP/Payroll employee will brit		
	_				the results of the Background Audit to t	•	
	background checks in February 2019 and last night she was requested to do an audit of the new				Quality Assurance Committee monthly		
	employees hired to ensure the employee files				months.		
	were complete. The Payroll Employee further						

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		345380	B. WING				
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP C 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304		212012013	
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F 607	system for Employee she put in another red background check an morning with no cond On 2/28/19 at 11:35 A stated in an interview full-time employee. On 2/28/19 at 11:50 A in an interview that E	ackground check in the #2 said it was pending and quest for the criminal ad the results came back this berns for criminal activity. AM the Director of Nursing that Employee #2 was a AM the Administrator stated mployee #2 had worked in hire date and the criminal as missed and	F	607			