PRINTED: 04/03/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING _			C 02/08/2019
	NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE			STREET ADDRESS, O 1303 HEALTH DRIV NEW BERN, NC		1 02/00/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 600 SS=D	S483.12 Freedom from Exploitation The resident has the neglect, misappropria and exploitation as dincludes but is not lin corporal punishment any physical or chemitreat the resident's misspecial systems of the system	om Abuse, Neglect, and right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and nical restraint not required to nedical symptoms. Ity must- The verbal, mental, sexual, or oral punishment,	F6	This plan of written Allegatederal and separation of constitute and the provider of the correction forth on the separation of constitute and the correction forth on the separation of correct submitted so under state at the correction forth on the separation of correct submitted so under state at the correction of the correction forth on the separation of correction of the correction for the correction of	correction constitutes a ation of Compliance with state requirements. and submission of this Compliance does not admission or agreement of truth of the facts alleged in soft he conclusions set statement of deficiencies. It compliance does not in admission or agreement of truth of the facts alleged in soft he conclusions set statement of deficiencies. It compliance does not be and federal law. If corrective action will be donor those residents found feeted by the ctice;	d or The ents
10001700		CLIDDLIED DEDDESENTATIVE'S SIGNATUR			TITLE	(V6) DATE

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

(X6) DATE

Electronically Signed 03/03/2019

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:				(X3) DATE SURVEY COMPLETED	
			The Bolletino		С		
		345357	B. WING _			02/	/08/2019
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DDUITTUE	TALTU NEUCE			13	303 HEALTH DRIVE		
PRUITTHEALTH-NEUSE			N	EW BERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	more for bed mobility coded total depender personal hygiene and eating with set up onl Resident #1 care plar part "the resident has He has also been obsattempting to scoot his the floor. Goal: Resident will have de out by next review. Affor changes. Approaunhurried manner. Generally much as possible. As may foster behaviors participate in care as to discover reason for consult as needed. Medication as one each time when appreficion beside bed." Review of the Investiguation of t	esident was coded as sistance of two people or and transfer. He was at for dressing, toilet use, if bathing and supervision for y. In dated on 01/24/19 read in a had episodes of yelling out. Served by staff intentionally simself out of bed and onto dent will have no injury due if through next review. Increased episodes of yelling approaches: Monitor mood och resident in calm, sive resident choices. In daily care providers as assess physical factors that a call and a she is able to. Try or change in behavior. Psych Monitor mood/behaviors. In daily care providers as a she is able to. Try or change in behavior. Psych Monitor mood/behaviors. In daily care provides a she is able to. Try or change in behavior. Psych Monitor mood/behaviors. In daily care provides a she is able to. Try or change in behavior. Psych Monitor mood/behaviors. In dated for Nursing Assistant and the allegation of resident atted for Nursing Assistant and the wenforcement was not suspended on 01/26/19 igation and NA#2 quit on	F	600	involved in the alleged deficient practic regarding the care of the affected resid (Resident #1) are no longer employed the facility. ¿ Address how the facility will identify other residents having the potential to affected by the same deficient practice; - The facility has interviewed all alert are oriented residents in the facility that has the potential to be affected by the same alleged deficient practice and found the none identified have experienced any abuse. ¿ Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur; -The facility has implemented weekly interviews with all alert and oriented residents that ask a series of questions regarding abuse and neglect. The facility has also in-serviced all partners on abubeginning on the day of the alleged deficient practice. All partners will be in-serviced on abuse prevention, identification and reporting by March 86 2019. ¿ Indicate how the facility plans to monits performance to make sure that solutions are sustained; and - The Administrator is responsible for ensuring compliance is achieved and	lent by be nd ve e at nto	
	O1/26/19 and failed to During an interview o NA #1, stated he was the receptionist on Ja	o give a statement. n 02/07/19 at 1:30 PM with working the front desk as			its performance to make sure that solutions are sustained; and - The Administrator is responsible for		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 600	Continued From pag	e 2	F 60	0			
	Resident #1. NA #1 to Resident #1 "do no job today." NA #1 sa putting her finger in t further stated that Nu because the Resider During an interview of Nurse #1, she stated page code green (which headed down the hall and NA #3 speaking #1. Nurse #1 stated and the resident was was reaching for son there and then he resident #1's in the Resident #1's in the Resident #1's in the Resident #1's further stated that show to move the resident Nurse #1 said she levital sign machine ar and #3 were lifting the a lift.	further stated that NA#3 said of touch me or I will lose my hid he did not see NA #2 he resident's face. NA #1 urse #1 came into the room of the that there was an overhead nich means a fall) and she list to assist and heard NA #2 in a foul manner to Resident when she entered the room on the floor and Resident #1 nething in the air that was not ached in the direction of NA stated that NA #3 bent over face and pointed her finger in do not touch me or I will lose not the day." Nurse #1 e told NA #2 and NA #3 not until she assessed him. ft Resident #1's room go get and when she got back NA #2 e resident to the bed without		compiled and reviewed by the Administrator on a weekly be months. All results from the idea shared with the QAPI conduring monthly meetings for until compliance is achieved sustained, and quarterly their Completion Date will be: 3/8,	asis for 3 interviews will mmittee 3 months and reafter.		
	no longer works at the PM, she stated that so NA #3 with getting Rother resident kept trying stated that she did not she said to the resident Resident #1 "could you this is not the day." were short staffed the in sight and the Nurse.	nterview with the NA #2 (who be facility) on 02/07/19 at 5:07 whe was attempting to assist esident #1 off the floor and high to hit her. NA #2 further but talk to the resident rudely ent in normal tone of voice to ou please stop and be nice, The NA #2 said that they at day and there were no lifts ee #1 said he has to be gotten said that NA #3 helped her					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345357	B. WING		02/08/2019	
	NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE NEW BERN, NC 28560		
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F 600	back on the bed. During an telephone longer works at the PM, she stated a fa Resident #1 was or to Resident #1's roc assistance. NA #3 #2 with getting Resistated that the Resishe almost fell. NA he should not do the hand to redirect him the resident was cu During an interview 1:20 PM revealed the changes in the Resistance. O1/26/19. NA #4 stabusive at times an chair. During an interview 1:25 PM revealed the changes in the Resistance of 1/26/19. Nurse #1 verbal abusive at times to get up. During an interview on 02/08/19 at 1:53 expectation that resistance of During an interview on O2/08/19 at 1:53 expect and free of During an interview on O2/08/19 at 1:53 expect and free of During an interview on O2/08/19 at 1:53 expect and free of During an interview	a lift pad to get Resident #1 e interview with NA #3 (who no facility) on 02/07/19 at 5:26 mily member told her the floor and she proceeded om and called Nurse #1 for further stated she assisted NA dent #1 off the floor. NA #3 dent grabbed at her ankle and #3 said she told Resident #1 at and she grabbed his right in NA #3 further stated that rising. with NA #4 on 02/08/19 at the nat there has not been any ident #1's behavior since atted that the resident is verball did will try to get out of bed or with Nurse #1 on 02/08/19 at the nat there has not been any ident #1's behavior since atted that the resident is verball did will try to get out of bed or with Nurse #1 on 02/08/19 at the nat there has not been any ident #1's behavior since stated that the resident is mes, combative and constantly with the Director of Nursing PM, she stated that it was her idents are treated with	F 600			
	expectation that sta	ff follow code of conduct and were trained in relation to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE				S 1	STREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE NEW BERN, NC 28560	<u> 02/</u>	00/2019
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F 600	residents in the facility and neglect.	rator further stated that y should be free from abuse		600			2/9/40
F 656 SS=D	CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The fact implement a comprehe care plan for each res- resident rights set for §483.10(c)(3), that incobjectives and timefra- medical, nursing, and needs that are identifiassessment. The con- describe the following (i) The services that a or maintain the reside physical, mental, and required under §483.2 (ii) Any services that a under §483.24, §483.2 provided due to the re- under §483.10, include treatment under §483 (iii) Any specialized serenabilitative services provide as a result of recommendations. If a findings of the PASAF rationale in the reside (iv)In consultation with resident's representati (A) The resident's good desired outcomes.	cility must develop and bensive person-centered sident, consistent with the that §483.10(c)(2) and cludes measurable ames to meet a resident's mental and psychosocial fied in the comprehensive aprehensive care plan must great to be furnished to attain ent's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ling the right to refuse \$1.10(c)(6). Betwices or specialized the nursing facility will PASARR a facility disagrees with the RR, it must indicate its ent's medical record. In the resident and the tive(s)-als for admission and	F	656			3/8/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 656	Continued From pag	ge 5	F	656			
	whether the residen	t's desire to return to the					
	community was asse	essed and any referrals to					
	local contact agenci	es and/or other appropriate					
	entities, for this purp						
		in the comprehensive care					
		, in accordance with the					
	· ·	th in paragraph (c) of this					
	section.						
	· ·	T is not met as evidenced					
	by:	view and staff intensions the			Address beautes ative action will be		
		view and staff interviews, the ement the care plan by not			Address how corrective action will be	4 40	
		er 1 of 3 sampled residents			accomplished for those residents found have been affected by the	1 10	
	(Resident #1) review				deficient practice;		
	(I Coldelle # 1) Teviev	ved for decidents.			denoient practice,		
	The findings include	d:			-The resident that was found to be		
	J				affected by the alleged deficient practic	e,	
	Resident #1 was ad	mitted to the facility on			Resident #1, was immediately assesse		
	09/21/18 with diagno	osis including Dementia,			for injury and found to be without injury		
	Bipolar, Depression,	, Hypertension, Major			and at his clinical baseline.		
		r, Chronic Pain, Osteoarthritis					
	and Anxiety Disorde	r.			¿ Address how the facility will identify		
					other residents having the potential to l	эе	
		ecent of the Quarterly			affected by the same deficient		
		MDS) dated on 01/24/19			practice;		
		sident cognitive status was			All Care Diago for residents in the facili	4	
		pairment. The resident was extensive assistance of two			All Care Plans for residents in the facili will be reviewed for resident transfer	ty	
		ped mobility and transfer. He			status accuracy by March 8th, 2019.		
		endent for dressing, toilet			Activities of Daily Living Care Guides w	/ill	
	use, personal hygier				also be reviewed for accuracy to ensur		
	====, p================================				that all residents are being cared for	-	
	Resident #1 care pla	an dated on 01/24/19 read in			according to what is indicated on their		
		ident is at risk for falls due to			care plan by March 8th, 2019.		
	-	ired cognition, impaired					
		shortness of breath on			¿ Address what measures will be put ir	ıto	
		d psychotropic medication			place or systemic changes made to		
	use. He has been o	bserved attempting to			ensure that the deficient practice		
	intentionally scoot h	imself onto the floor. Goal:			will not recur;		1

NAME OF PROVIDER OR SUPPLIER DATE STREET ADDRESS, CITY, STATE, ZIP CODE 1303 MEALTH DRIVE NEW BERN, NC 2856	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 190 HEALTH DRIVE REFULT THEALTH-NEUSE 190 HEALTH DRIVE REFULL OFFICIENCY DRIST BY PROPRIATE 190 HEALTH DRIVE REFULL OFFICIENCY DRIST BY PROPRIATE 190 HEALTH DRIVE REFULL OFFICIENCY STATE, ZIP CODE 190 HEALTH DRIVE REFULL OFFICIENCY SHOULD BE PRECEDED BY PLUL PREFIX TAG PROPRIATE ACTIONS SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CREDICIONY OR LSC IDENTIFYING INFORMATION! F 656 Resident will have no fall related injuries through next review. Approaches: Complete fall risk assessment per policy and as needed. Place a call bell within reach. Keep bed in the lowest position. Keep port on meat and free from clutter. All transfers to be made via lift with two staff members. Mat to floor beside bed." During an interview on 02/07/19 at 1:40 PM with Nurse #1, she stated that on 01/26/19 there was an overhead page code green (which means a fall) and she headed down the hall to assist. Nurse #1 further stated that fall be tool Nursing Assistant (NA) W2 and NA #3 not to move the resident until she assessed him. Nurse #1 said she elf Resident #1 soom go get vital sign machine and when she got back NA #2 and #3 were lifting the resident to the bed without a lift. Nurse #1 further stated that Resident #1 was unsafely transferred by NA #2 and NA #3 were very pettle. During a telephone interview with hank A #2 (who no longer works at the facility) on 02/07/19 at 5:07 PM, stated that they were short staffed that day and there were no lifts in sight and the Nurse #1 said he has to be gotten up off the floor. She said that NA #3 helped her lift the Resident #1 with a lift pad to get him back on the bed. During a telephone interview with NA #3 (who no longer works at the facility) on 02/07/19 at 5:07 PM, stated that they were short staffed that day and there were no lifts in sight and the Nurse #1 branch that the				A. BUILDIN				
PRUITHEALTH-NEUSE STRIEET ADDRESS, CITY, STATE, ZIP CODE 139 HEALTH DRIVE NEW BERN, N. C 28560			345357	B. WING			_	
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PRUITHEATH-NEUSE NEW BERN, NC 28560 PRODUCES SUMMAY STATEMENT OF DEPICIENCIES PROVIDER'S PLAN OF CORRECTION CAMPATROPHY OR ISC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION CAMPATROPHY OR ISC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION CAMPATROPHY OR ISC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION CAMPATROPHY OR ISC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION CAMPATROPHY OR ISC IDENTIFYING INFORMATION PREFIX PROVIDER'S PLAN OF CORRECTION CAMPATROPHY CAMPATROPHY PREFIX PREFIX	NAME OF T	NOVIDEN ON 3011 EIEN			, , ,	ODL		
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FREFIX TAG FOR Continued From page 6 Resident will have no fall related injuries through next review. Approaches: Complete fall risk assessment per policy and as needed. Place a call bell within reach and answer promptly. Keep personal items within reach and answer promptly. Keep personal items within reach. Keep bed in the lowest position. Keep room neat and free from clutter. All transfers to be made via lift with two staff members. Mat to floor beside bed." During an interview on 02/07/19 at 1:40 PM with Nurse #1, she stated that no 107/26/19 there was an overhead page code green (which means a fall) and she headed down the hall to assist. Nurse #1 further stated that she lold Nursing Assistant (NA) #2 and NA #3 not to move the resident until she assessed him. Nurse #1 said she left Resident #1 soom go get vital sign machine and when she got back NA #2 and #3 were lifting the resident to the bed without a lift. Nurse #1 further stated that Resident #1 was unsafely transferred by NA #2 and NA #3 without proper equipment and tossed Resident #1 was unsafely transferred by NA #2 and NA #3 without proper equipment and tossed Resident #1 was unsafely transferred by NA #2 and NA #3 without proper equipment and tossed Resident #1 up like a rag doil. Nurse #1 said she did not see how they could left Resident #1 be were short staffed that day and there were no lifts in sight and the Nurse #1 said he has to be gotten up off the floor. She said that NA #3 helped her lift the Resident #1 with a lift pad to get him back on the bed. During an telephone interview with NA #3 (who no longer works at the facility) on 02/07/19 at 5:07 PM, stated a family member told her Resident #1 to longer works at the facility on 02/07/19 at 5:07 PM, stated a family member told her Resident #1 to longer works at the facility on 02/07/19 at 5:26 PM, stated a family member told her Resident #1 to longer works at the facility on 02/07/19 at 5:26 PM, stated a family member told her Resident #1 to longer works at the facility on 02/07/19 at 5:					NEW BERN, NC 28560			
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345357	B. WING			C	
	ROVIDER OR SUPPLIER	1 040001		STREET ADDRESS, CITY, STATE, 1303 HEALTH DRIVE NEW BERN, NC 28560	ZIP CODE	02/08/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 656	#1's room and called NA #3 further stated: getting Resident #1 owas no lift available. During an interview on NA #1, stated he was the receptionist on Jacoverhead page code so he when down to further stated that NA room and Resident # went to look for a lift in NA#2 and NA#3 were pad. During an interview with 1:20 PM, stated that it transferred from the betwo people. During an interview with 1:25 PM, stated that it transferred from the betwo people. During an interview with 1:53 PM, stated that it transferred from the betwo people. During an interview with 1:53 PM, stated that it transferred from the betwo people. During an interview with 1:53 PM, stated that it transferred from that staff resident. During an interview with 1:53 PM, expectation that staff resident.	Nurse #1 for assistance. She assisted NA #2 with off the floor because there on 02/07/19 at 5:30 PM with a working the front desk as anuary 26, 2019 and heard green (which means a fall) Resident #1's room. He a #2 and NA #3 was in the 1 was on the floor. NA #1 and by the time he got back a lifting Resident #1 with a with NA #4 on 02/08/19 at the Resident #1 has to be bed with a lift and at least with Nurse #1 on 02/08/19 at the Resident #1 has to be bed with a lift and at least with the Director of Nursing PM, she stated that it was her follow the care plan for the with the Administrator on she stated that it was her use the transfer method plan for the resident to	F 6	Date of Compliance: M	farch 8, 2019		
	indicated on the care						