STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345569	A. BUILDING ______ B. WING ______	C 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGBROOK NURSING & REHABILITATION CENTER	195 SPRINGBROOK AVENUE CLAYTON, NC 27520

(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 SS=D	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 resident, resident's family member, facility staff interviews and record review the facility failed to protect a resident's right to be free from mistreatment for 1 of 1 residents reviewed for abuse (Resident #1). The findings included: Resident #1 was admitted to the facility on 12/16/19. Her diagnoses included displaced spiral fracture of the shaft of the left tibia, anxiety disorder, major depressive disorder and Parkinson's disease. A review of the admission Minimum Data Set dated 12/22/19 revealed Resident #1 had unclear speech, was moderately cognitively impaired, had no behaviors or rejection of care and required extensive assistance with activities of daily living.	F 600	F 600 Springbrook Nursing and Rehabilitation 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. Springbrook Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Springbrook Nursing and Rehabilitation reserves the right to refute any of the	2/4/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 01/31/2020

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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Continued From page 1

A review of the care plan for Resident #1 dated 12/27/19 revealed she had chronic/progressive decline in intellectual functioning related to Parkinson's disease.

An additional review of the care plan revealed on 1/14/20 the care plan was updated to add "Problematic manner in which resident acts characterized by inappropriate behavior, resistive to treatment/care aggressive towards staff."

A review of the progress notes revealed a note written by the nurse practitioner on 1/7/20 at 11:13 AM which stated Resident #1 was seen due to increased confusion. Resident #1 was impulsive, trying to get out of bed without assistance. She was speaking to people who were not in the room, required more redirection and was able to be somewhat consoled with her husband present.

A review of the progress notes revealed a note written on 1/7/20 at 5:40 PM by Nurse #3 which read Resident #1 was speaking to people who were not in the room and attempting to get out of bed without help. The note stated the nurse practitioner was aware. The note also stated the resident was calmer when her family member was in the room.

During an interview with Resident #1 ' s family member on 1/13/20 at 4:00 PM he stated one day last week Resident #1 was hallucinating and the facility called him to come back to the facility. The family member stated he returned to the facility and he held Resident #1 by her wrists down on the bed and he yelled at her. He stated he did not realize what he did was considered abuse until someone from the facility told him a nursing assistant had accused him of abuse.

F 600 (Plan of Correction)

deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.

On 1/14/20, a head to toe assessment was completed by the Treatment nurse on resident # 1 related to allegation of abuse with no identified concerns. On 1/15/20, the Administrator met resident representative (RR) and requested RR only visit resident #1 in public areas avoid entering room without staff present.

On 1/14/2020, 100% skin checks were initiated on all residents unable to report for signs/symptoms of abuse utilizing a Skin Assessment Tool by the Treatment Nurse. No identified concerns noted. The skin checks were completed on 1/15/20.

On 1/14/20, a 100 % Resident Questionnaires was completed by the Registered Dietician with all alert and oriented residents in regards to: Do you know what it means to be abused or neglected? Are there any instances that you felt you were abused/neglected in any way? There were no additional concerns identified during the audit.

On 1/28/20, the resident questionnaire was amended to include (1) are there any instances that you felt you were verbally or physically abused from another resident, staff, family member and/or visitor that has not been reported and/or addressed? The questionnaire was

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On 1/13/20 at 11:35 AM Nursing Assistant (NA) #1 stated she had heard Resident #1's family member tell the resident to stop making noise when she was breathing loudly. She stated it concerned her that he talked to Resident #1 so rudely.

On 1/14/20 at 2:30 PM Nurse #3 stated she worked on 1/7/20 and was told in shift report that on 1/6/20 Resident #1's family member spoke roughly to Resident #1. She added one of the nursing assistants told her about the family member speaking roughly. Nurse #3 said Resident #1's family member speaks in a loud voice to her and he sounds mean when he talks to her. She stated he frequently used a loud voice to try to get Resident #1's attention. Nurse #3 stated she told the social worker so they could monitor him. She said she told the SW Resident #1's family member was just overwhelmed.

On 1/13/20 at 7:15 PM NA #2 stated she was working on 1/6/20. She stated the next day when she came to work she informed Nurse #1 that she did not agree with the way Resident #1's family member held Resident #1 by the wrist and was yelling at her. She stated Nurse #1 said Resident #1's family member was going through a lot due to her disease process and he was upset.

On 1/14/20 at 9:25 AM Nurse #1 stated on 1/7/20 the nursing assistant told her she thought Resident #1's family member had been abusive to Resident #1 on the previous day. Nurse #1 stated she told the Director of Nursing (DON).

On 1/14/20 at 4:37 PM Nurse #2, during a

F 600

completed by the Social Workers with all alert and oriented residents. There were no additional identified concerns during the audit.

On 1/16/2020, the Facility Nurse Consultant completed a review of progress notes from the last 14 days to ensure that any allegation of abuse or suspected abuse were reported and investigated. No additional concerns will found during the audit.

On 1/29/20, the Registered Dietician initiated education with all alert and oriented residents in regards to abuse to include family to resident abuse. Education to be completed 1/31/2020.

On 1/17/2020, the unit managers initiated 100% questionnaires on abuse with all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist utilizing the Abuse/Neglect/Misappropriation Questionnaire. This questionnaire was to ensure that staff have reported all instances of abuse and/or suspected abuse and that staff is aware of how to report abuse.

The Director of Nursing (DON) and/or Administrator will address any concerns

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F 600

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telephone interview, stated she was working on 1/6/20, the night Resident #1's family member came back to the facility. She stated she observed Resident #1's family member talking loudly to the resident and she observed he was holding her hand and wrist and was holding her down on the bed. Nurse #2 stated she did not feel Resident #1's family member was restraining Resident #1. Nurse #2 stated she talked to the family member afterwards and he "broke down" and talked about how frustrated and overwhelmed he was. She stated she reported this to the Director of Nursing (DON) as soon as she finished talking to Resident #1's family member.

A progress note written on 1/8/20 at 5:30 PM by Social Worker (SW) #1 read in part "This writer spoke with family member about the allegations that were presented to this writer. Family member demonstrated on this writer how he held resident ' s arms down to get resident to calm down. This writer informed resident ' s family member of the inappropriateness of his actions."

On 1/13/20 from 2:30 - 2:45 PM an observation and interview were conducted with Resident #1 and her family member. Resident #1 was seated in her wheelchair and her family member was to her left seated in a recliner approximately 2 feet behind Resident #1. Resident #1 stated she was drinking soda and her family member stated it was fruit punch. The family member stated he left the facility earlier to go pay bills. The resident stated she wished he did not have to leave to go pay bills.

On 1/13/20 at 3:00 PM the Director of Nursing (DON) reported on 1/7/20 Nurse #1 told her one

F 600

identified during the audit to include assessment of the resident, notification of the physician/ resident representative, completing 24 hour report to Division Health Service Regulation (DHSR) and education of staff if indicated. The questionnaires will be completed by 2/4/20. After 2/4/20, any staff who has not completed the questionnaire will complete the questionnaire on the next schedule work shift.

On 1/29/20, the Receptionist mailed all resident representatives information in regards to Caregiver Burnout and Definition of Abuse.

On 1/14/20, the Facility Consultant initiated an 100% in-service with all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist in regards to the Abuse Policy. This in-service included (1) resident abuse/neglect policy (2) resident to resident abuse, (3) definitions and examples of abuse including family to resident abuse and (4) reporting abuse. In-service will completed by 2/4/20.

After 2/4/20, any staff who has not completed the in-service will complete the in-service on the next schedule work shift. All newly hired nurses, nursing assistants,

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Continued From page 4

of the nursing assistants was upset about Resident #1's family member. The DON said she was in the Administrator ' s office when this was reported so the Administrator told her to have the SW to see what occurred. The DON said she thought Resident #1's family member stopped the resident from hitting others but did not hold Resident #1 against her will. She said the family member was trying to control Resident #1 ' s behaviors because the staff could not get control of her. The DON stated the staff were afraid to intervene and the family member was doing it for her safety. The DON said Resident #1 was not to the point she needed a shot (to calm her down) but she wanted to get out of bed.

During an interview with the SW on 1/14/20 at 4:20 PM she stated during the morning IDT(interdisciplinary care team)/ Cardinal meeting with all the department managers including the Administrator, unit managers, DON and other department managers, she described to the way Resident #1 ' s family member was holding Resident #1 by her arms. SW said she informed the group that the staff should only call Resident #1's family member and let him talk to her on the telephone instead of having him return to the building whenever Resident #1 could not be redirected.

On 1/14/20 at 3:30 PM Resident #1 was observed in the nursing station with Nurse #3. Resident #1 was crying stating her husband left her here and he was not coming back. Nurse #3 attempted to redirect res by offering her a beverage or snack. Resident #1 was informed the nurses and nursing assistants were qualified to take care of her. Resident #1 then stated "But they don't" and she wanted her husband to come

F 600

dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist will be in-serviced by the Human Resource Specialist (HRS) during orientation in regards to the Abuse Policy.

10% of all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist will be the Abuse/Neglect/Misappropriation Questionnaire weekly x 8 weeks , monthly x 1 month to ensure staff are knowledgeable on abuse and when/ how to report abuse to include family to resident abuse.

The Director of Nursing (DON) and/or Administrator will address any concerns identified during the audit to include assessment of the resident, notification of the physician/ resident representative, completing 24 hour report to Division Health Service Regulation (DHSR) and education of staff if indicated. The Administrator will review and initial all questionnaires to ensure completion and all areas of concern have been addressed appropriately weekly x 8 weeks, monthly x

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F 600	Continued From page 5 back. Nurse #3 asked Resident #1 to be patient and told Resident #1 her husband was coming back. Resident #1 then stated she was crying so hard she could not see. When Nurse #3 offered her a tissue Resident #1 said no she did not want one because her husband keeps up with how many she uses so she did not want to use any tissues. On 1/14/19 at 4:00 PM the Administrator stated on 1/7/20 Nurse #1 and the DON told him about an incident involving Resident #1's family member. The Administrator stated he did not remember the details but he referred them to the SW to find out more about the situation. He stated he did remember it was discussed in the morning clinical meeting and Resident #1's family member was receptive to attending a support group. The Administrator stated the IDT thought it was caregiver burnout. The Administrator stated he was not aware of the possible abuse but thought it was caregiver burnout and the SW had addressed this with Resident #1's family member.	F 600	1 month. 10% of all alert and oriented residents will be interviewed by the Social Worker(s) utilizing the Resident Abuse Questionnaire weekly x 8 weeks, then monthly x 1 month to ensure residents understanding of abuse and to ensure no abuse has occurred to the resident. The Administrator will review and initial all questionnaires to ensure completion and all areas of concern have been addressed appropriately weekly x 8 weeks, monthly x 1 month. The Administrator will forward the results of the Resident Abuse Questionnaires and the Staff Abuse Questionnaires to the Executive Quality Assurance Committee (QA) monthly x 3 months. The Executive QA Committee will review the Resident Abuse Questionnaires and the Staff Abuse Questionnaires monthly x 3 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,	F 609		2/4/20

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F 609	Continued From page 6 are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on family and facility staff interviews and record review the facility failed to identify abuse, failed to immediately notify the administrator and complete a 24 hour and 5 day report for 1 of 1 residents reviewed for abuse (Resident #1). The findings included: Resident #1 was admitted to the facility on 12/16/19. Her diagnoses included displaced spiral fracture of the shaft of the left tibia, anxiety disorder, major depressive disorder and Parkinson ' s disease. A review of the admission Minimum Data Set dated 12/22/19 revealed Resident #1 had unclear speech, was moderately cognitively impaired, had	F 609	F609 On 1/14/20, the Administrator completed the Initial Allegation Report for the allegation of abuse of resident # 1 and faxed to the Health Care Personnel Registry. On 1/20/20, The Administrator completed the Investigational Report for the allegation of abuse of resident # 1 and faxed to the Health Care Personnel Registry. On 1/14/2020, 100% skin checks were initiated on all residents unable to report for signs/symptoms of abuse utilizing a Skin Assessment Tool by the Treatment	

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no behaviors or rejection of care and required extensive assistance with activities of daily living.

During an interview with Resident #1 ' s family member on 1/13/20 at 4:00 PM he stated one day last week Resident #1 was hallucinating and the facility called him to come back to the facility. The family member stated he returned to the facility and he held Resident #1 by her wrists down on the bed and he yelled at her. He stated he did not realize what he did was considered abuse until someone from the facility told him a nursing assistant had accused him of abuse.

On 1/13/20 at 7:15 PM NA #2 stated she was working on 1/6/20. She stated the next day when she came to work she informed Nurse #1 that she did not agree with the way Resident #1 ' s family member held Resident #1 by the wrist and was yelling at her. She stated Nurse #1 said Resident #1 ' s family member was going through a lot due to her disease process and he was upset.

On 1/14/20 at 2:30 PM Nurse #3 stated she worked on 1/7/20 and was told in shift report that on 1/6/20 Resident #1 ' s family member spoke roughly to Resident #1. She added one of the nursing assistants told her about the family member speaking roughly. Nurse #3 said Resident #1 ' s family member speaks in a loud voice to her and he sounds mean when he talks to her. She stated he frequently used a loud voice to try to get Resident #1 ' s attention. Nurse #3 stated she told the social worker so they could monitor him. She said she told the SW Resident #1 ' s family member was just overwhelmed.

On 1/14/20 at 8:45 AM the Director of Nursing

F 609

Nurse. No identified concerns noted. The skin checks were completed on 1/15/20.

On 1/14/20, a 100 % Resident Questionnaires was completed by the Registered Dietician with all alert and oriented residents in regards to: Do you know what it means to be abused or neglected? Are there any instances that you felt you were abused/neglected in any way? There were no additional concerns identified during the audit.

On 1/28/20, the resident questionnaire was amended to include (1) are there any instances that you felt you were verbally or physically abused from another resident, staff, family member and/or visitor that has not been reported and/or addressed? The questionnaire was completed by the Social Worker (s) with all alert and oriented residents. There were no additional identified concerns during the audit.

On 1/16/2020, the Facility Nurse Consultant completed a review of progress notes from the last 14 days to ensure that any allegation of abuse or suspected abuse was reported and investigated. No additional concerns will found during the audit.

On 1/17/2020, the unit managers initiated 100% questionnaires on abuse with all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff,

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(DON) stated a staff member reported to Nurse #1 and the DON that on 1/6/20 the staff had to call in a family member to assist with Resident #1becasue she was having behaviors and being combative. The DON stated the family member came into Resident #1 ' s room and grabbed her arm. The DON reported she talked to the Administrator and told him she did not think it was abuse and that it was just the family member ' s way. The DON said the family member had been dealing with Resident #1 and her behaviors for years.

During an interview with the Social Worker (SW) on 1/14/20 at 4:20 PM she stated during the morning IDT(interdisciplinary care team)/ Cardinal meeting with all the department managers including the Administrator, unit managers, DON and other department managers, she described to the way Resident #1 ' s family member held Resident #1 by her arms. SW said she informed the group that the staff should only call Resident #1 ' s family member and let him talk to her on the telephone instead of having him return to the building whenever Resident #1 could not be redirected.

During an interview with the Administrator r on 1/14/20 at 11:05 AM he stated an abuse investigation for Resident #1 was not completed because they saw caregiver burn out and only understood it to be aggression towards the facility ' s care giver not aggression towards Resident #1.

F 609

Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist utilizing the Abuse/Neglect/Misappropriation Questionnaire. This questionnaire was to ensure that staff have reported all instances of abuse and/or suspected abuse and that staff is aware of how to report abuse.

The Director of Nursing (DON) and/or Administrator will address any concerns identified during the audit to include assessment of the resident, notification of the physician/ resident representative, completing 24 hour report to Division Health Service Regulation (DHSR) and education of staff if indicated. The questionnaires will be completed by 2/4/20. After 2/5/20, any staff who has not completed the questionnaire will complete the questionnaire on the next schedule work shift.

On 1/14/20, the Facility Consultant initiated an 100% in-service with all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist in regards to the Abuse Policy. This in-service included (1) resident abuse/neglect policy (2) resident

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SPRINGBROOK NURSING & REHABILITATION CENTER	**195 SPRINGBROOK AVENUE CLAYTON, NC 27520**

(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 609	Continued From page 9	F 609	to resident abuse, (3) definitions and examples of abuse including family to resident abuse and (4) reporting abuse. In-service will completed by 2/4/20. After 2/4/20, any staff who has not completed the in-service will complete the in-service on the next schedule work shift. All newly hired nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant, Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist will be in-serviced by the Human Resource Specialist (HRS) during orientation in regards to the Abuse Policy. An in-service was completed by the Facility Nurse Consultant with the Administrator and DON on 1/28/20 in regards to Health Care Personnel Registry Reportable Events with emphasis on allegations of abuse to include potential family to resident abuse. All newly hired Administrators and DON will be in-serviced by the Human Resource Specialist during orientation in regards to Health Care Personnel Registry Reportable Events. 10% of all staff to include nurses, nursing assistants, dietary staff, housekeeping staff, therapy staff, Administrator, Admissions Coordinator, Accounts Receivable staff, Account Payable, Activities Director, Activities Assistant,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345569	A. BUILDING ______ B. WING ______	C 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 609	Continued From page 10	F 609	Medical Records, Central Supply Clerk, Maintenance Director, Social Workers (SW), and receptionist will be the Abuse/Neglect/Misappropriation Questionnaire weekly x 8 weeks , monthly x 1 month to ensure staff are knowledgeable on abuse and when/ how to report abuse. The Director of Nursing (DON) and/or Administrator will address any concerns identified during the audit to include assessment of the resident, notification of the physician/ resident representative, completing 24 hour report to Division Health Service Regulation (DHSR) and education of staff if indicated. The Administrator will review and initial all questionnaires to ensure completion and all areas of concern have been addressed appropriately weekly x 8 weeks, monthly x 1 month. 10% of all alert and oriented residents will be interviewed by the Social Worker utilizing the Resident Abuse Questionnaire weekly x 8 weeks, then monthly x 1 month to ensure residents understanding of abuse and to ensure no abuse has occurred to the resident. The Administrator will review and initial all questionnaires to ensure completion and all areas of concern have been addressed appropriately weekly x 8 weeks, monthly x 1 month. The Facility Consultant will review the Resident Abuse Questionnaires and the Staff Abuse Questionnaires monthly x 3	

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F 609	Continued From page 11	F 609	months to ensure all concerns were addressed to include reporting abuse. The Administrator will forward the results of the Resident Abuse Questionnaires and the Staff Abuse Questionnaires to the Executive Quality Assurance Committee (QA) monthly x 3 months. The Executive QA Committee will review the Resident Abuse Questionnaires and the Staff Abuse Questionnaires monthly x 3 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	