

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

PRINTED: 03/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2020
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 The CI was conducted on 2/3/20 - 2/12/20. Event ID P2M111 _1_ of the _4_ complaint allegation(s) was substantiated resulting in deficiencies (F626). _3_ of the _4_ complaint allegation(s) was/were not substantiated.	F 000			
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, 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	F 609		3/11/20	

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

TITLE

(X6) DATE

Electronically Signed

02/28/2020

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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F 609	<p>Continued From page 1</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews the facility failed to immediately report to law enforcement an allegation of staff to resident sexual abuse when staff becoming aware of the allegation for 1 of 3 residents reviewed for abuse (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on 8/7/19 with diagnoses which included schizoaffective disorder and type 2 diabetes mellitus.</p> <p>A quarterly Minimum Data Set (MDS) dated 1/4/20, indicated Resident #2 was moderately cognitively impaired for daily decision making.</p> <p>A document titled " Initial Allegation Report" dated 1/28/20 at 1:00 PM revealed Resident #2 reported an allegation of sexual abuse that she said occurred on 01/2720 when "the accused rubbed on her body." The report specified a staff member as the accused individual. The report had a facsimile confirmation date of 1/28/20 at 3:30 PM. The facility was aware of the incident on 1/28/20 at 1:00PM. The allegation report specified the incident was not reported to the law enforcement</p> <p>On 2/3/20 at 4:20 PM, the social worker (SW) stated she assisted the administrator with abuse allegations as needed. The social worker further stated the Administrator instructed her to notify the resident legal representatives and physician</p>	F 609	<p>PruittHealth Carolina Point acknowledges receipt of the statement of Deficiencies and proposes this plan of correction to the extent that this summary of finding is factually correct and in order to maintain compliance with applicable rules and provision of quality of care for the resident. The plan of correction is submitted as written allegation of compliance.</p> <p>PruittHealth Carolina Point's response to the statement of Deficiencies and the plan of correction does not denoted agreement with the statement of deficiencies nor does it constitute and admission that any deficiency is accurate. Further, Pruitt Health Carolina Point reserves the right to submit documentation to refuse any of the stated deficiencies on the statement of deficiencies through informal dispute resolution, formal appeal procedure, and/or other administrative of legal proceedings.</p> <p>F609 Resident #2 was immediately assessed by the hall nurse and Physician Assistant, resident sent to Duke Hospital on 1-28-2020; Administrator sent in Initial Allegation Report and accused was suspended pending the investigation. The Durham Police Department was notified on 2/4/2020.</p>		

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F 609	Continued From page 2 for Resident #2's allegation of sexual abuse. SW stated, she was not instructed to call the law enforcement, So, she did not notify the law enforcement of Resident #2's abuse allegation. On 2/4/20 at 10:40 AM, during an interview the Administrator stated, on 1/28/20 Resident #2 was in the process of going to the Emergency Department and left the facility after she informed staff of her allegation of sexual abuse. The Administrator explained the 2 hours reportable was completed and sent to State agency. Administrator indicated the law enforcement was not notified of Resident #2's sexual abuse allegation because the resident was not in the facility. He further stated that 5-day investigation was still in process and added he was expecting the resident to be discharged from hospital in a day a two. The Administrator stated he was going to call the law enforcement when the resident returned to the facility or within the 5-day investigation period whichever time frame was earlier. He indicated the law enforcement would need the resident's interview and the resident was not in the facility. On 2/4/20 at 11:40 AM, law enforcement was observed to enter the facility. The Administrator indicated a detail report was given to the law enforcement about Resident #2's allegation of sexual abuse because the resident was not discharged from the hospital yet.	F 609	The Social Worker interviewed alert and oriented residents to see if anyone has ever been abused or witnessed abuse with no negative outcomes on 1-28-2020. PruittHealth Senior Nurse Consultant will in-service Administrator, Social Worker, and Director of Healthcare Services on 3/11/2020 ensuring law enforcement is notified timely when a resident allegation/reportable is made; to include notifying Adult Protective Services. Facility Administrator will audit resident reportables weekly for twelve weeks to ensure law enforcement and Adult Protective Services were notified timely when necessary. The Administrator will report the results of the audits to the Quality Assurance and Performance Improvement Committee for further review and recommendations monthly for three months, and as needed thereafter. The Administrator will be responsible for the implementation of this plan of correction. 3/11/2020		
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy	F 626		3/11/20	

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F 626	<p>Continued From page 3</p> <p>on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on records reviews, staff and administrator interviews, the facility failed to permit a resident to return to the facility from the hospital for 1 of 3 residents reviewed for discharge (Resident #1).</p>	F 626	<p>Resident #1 was assessed by the hall nurse and physician assistant immediately; resident sent to hospital on 1-21-2020 due to decline in condition. Resident is currently not a resident in the</p>		

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F 626	<p>Continued From page 4</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 1/20/20 with diagnoses included multiple sclerosis, cerebral infarction (stroke), diabetes mellitus and heart condition. Review of discharge Minimum Data Set assessment, dated 1/21/20, revealed her severely impaired cognition. The discharge assessment coded as discharged to acute hospital with return anticipated.</p> <p>Record review of the nurses ' notes, dated 01/21/2020, revealed that Resident #1 showed changes in her condition, including episode of low blood pressure and altered mental status. The Physician Assistant assed the resident and sent her to the hospital for evaluation via Emergency Medical Service. The resident was admitted to the hospital.</p> <p>Record review of the hospital social worker safety notes, dated 11/22/20, revealed that on 11/21/20, in the Emergency Room (ER), Resident 1 ' s family member attempted to remove patient from ER to bring her home, which was "not a safe disposition". Patient ' s family member became verbally and physically aggressive, made threatening statements toward ER staff, which required law enforcement to take him to jail. Per patient ' s chart, the same family member had a history of medical neglect and physical abuse toward patient. Patient ' s family member was released from jail and restricted from visits in ER. For safety, patient was placed under the alias protocol. Adult Protective Service (APS) was notified about the situation and a new APS case for the patient ' s family member was opened. The APS confirmed the history of closed cases</p>	F 626	<p>facility.</p> <p>Social Worker completed an audit of all discharges/transfers to hospitals for the last 30 days, no other residents were denied readmission to the facility. The audit was completed by 3/11/2020.</p> <p>PruittHealth Senior Nurse Consultant will in-service Administrator, Director of Health Services, Social Worker, and Admissions Team on Regulation of Permitting residents to return to facility and bed hold policy on 3/11/2020.</p> <p>Social Worker and/or designee will audit discharges/transfers to the hospital to ensure return to facility when medically cleared weekly for twelve weeks.</p> <p>The Administrator will report the results of the audits to the Quality Assurance and Performance Improvement Committee for further review and recommendations monthly for three months, and as needed thereafter.</p> <p>The Administrator will be responsible for the implementation of this plan of correction.</p> <p>3/11/2020</p>		

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F 626	<p>Continued From page 5 for the same family member in the past.</p> <p>Record review revealed the facility ' s bed hold policy, dated 9/9/19, which allowed residents to be readmitted in accordance to applicable regulations, including determining that "there are no medical care issues that the medical staff believes the healthcare center will be unable to treat." This policy was included in the admission packet.</p> <p>Review of Resident 1 ' s hospital records revealed that on 2/5/20, the patient was discharged to different Skilled Nursing Facility .</p> <p>On 2/3/20 at 2:35 PM, during an interview, Administrator indicated that on 1/23/20 he was informed by Nurse-Liaison (hospital) that Resident #1 remained in the hospital and was not ready for discharge based on her medical condition. Nurse-Liaison explained that resident ' s family member visited the hospital, showed inappropriate behavior, was arrested by the police and received trespassing order. Administrator explained to the Corporate Office his concern about residents and staff safety, related to behavior issues of Resident 1 ' s family member. The final decision in regards to Resident 1 ' s readmission was pending. On 1/24/20, the same family member of Resident #1 came to Administrator with the question: why the resident cannot be readmitted? Administrator explained that the final decision about Resident 1 ' s readmission was not made yet. During the conversation, resident ' s family member showed his attitude, aggressive mood, became agitated, but was not violent.</p> <p>On 2/4/20 at 12:50 PM, during a phone interview,</p>	F 626			

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F 626	<p>Continued From page 6</p> <p>the Regional Admission Director for the facility indicated that she supported the decision of nursing home administrator not to take Resident #1 back to facility, based on safety issue.</p> <p>On 2/4/20 at 2:35 PM, during an interview, Administrator indicated that for the reason of residents/staff safety, facility would not accept Resident 1 ' s readmission.</p> <p>On 2/5/20 at 2:40 PM, during an interview, Administrator was aware that Resident #1 was not ready to discharge from the hospital. He confirmed that when the resident will become medically stable, the facility would not accept Resident 1 ' s readmission, due to safety concern.</p>	F 626			