

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

PRINTED: 10/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/07/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER STREET MARSHVILLE, NC 28103		
(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 onsite on 09/01/21. Additional information was obtained offsite on 09/07/21. Therefore the exit date was changed to 09/07/21. Event ID# 6GM911. 6 of the 6 complaint allegations 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 incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 609		9/20/21	

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

TITLE

(X6) DATE

Electronically Signed

09/21/2021

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>This REQUIREMENT is not met as evidenced by: Based on record review, resident, and staff interviews, the facility failed to report allegations of abuse to the state agency for 1 of 2 residents reviewed for abuse (Resident #5).</p> <p>Findings included:</p> <p>Resident #5 was admitted to the facility on 7/1/21 with diagnoses that included traumatic brain injury.</p> <p>The Admission Minimum Data Set dated 7/8/21 indicated that Resident #5 was cognitively impaired and required extensive staff assistance with mobility and most activities of daily living.</p> <p>Review of the Administrator's investigative notes dated 8/30/21 revealed Nurse #4 informed the Administrator that on 8/29/21 she overheard Nurse Aide #1 (NA) tell Patient Care Assistant #1 (PCA) he had to hit Resident #1 in the head to get him back into the building on 8/19/21 when he was found outside.</p> <p>Review of the Administrator's undated Investigation Report note revealed that Resident #5 "pulled the fire alarm at the 800 Hall door on 8/19/21. He then walked outside where he was quickly found by staff. Staff returned him to his wheelchair that he had parked inside the door. He had a period of being combative and was eventually able to be returned to his room."</p> <p>An interview with Resident #5 on 9/1/21 at 10:26 am revealed he was confused, difficult to understand and could not recall with clarity the night he got out of the building.</p>	F 609	<p>The statement Nurse #4 states she heard related to Nursing Assistant #5 hitting Resident #5 was reported to the State Survey Agency via the 24 hour reporting process on September 1, 2021 by the Administrator. The 5 day follow up investigation was submitted to the State Survey Agency on September 3, 2021 by the Administrator. The allegation was unsubstantiated for abuse.</p> <p>Residents who were able to be interviewed were asked on September 2 and 3, 2021 if they were aware of any allegation of abuse or neglect that have not been reported. They were also asked if they felt they filed an abuse allegation and action was not taken. No reports of abuse or neglect were made through this interview process. The interviews were conducted by the Assistant Director of Nursing and the evening Nurse Supervisor. Residents who were not able to be interviewed received head to toe skin assessments and no signs of abuse or neglect were noted. These assessments were done by the Assistant Director of Nursing on September 3, 2021. All staff members were asked by the Director of Nursing or Evening Nurse Supervisor if they were aware of any allegations of abuse or neglect that have not been reported or if they felt they filed an abuse allegation and action was not taken. No reports of abuse or neglect were made.</p>		

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F 609	Continued From page 2 In an interview on 9/1/21 at 4:45 pm with Nurse #1, she stated on 8/19/21 as they were taking Resident #5 back into the building, he heard sirens and became terrified. Resident #5 pushed his feet down to stop the wheelchair. Nurse #3 was pushing the wheelchair and NA #1 tried to pick up Resident #5's feet so they could keep moving. Resident #5 stood up from his wheelchair and tried to fight everyone around him. NA #1 tried to calm Resident #5 and stated she never saw NA #1 or anyone else hit or abuse Resident #1 in any way. Nurse 1 stated Resident #5 sustained no injuries from the incident. In interviews conducted on 9/2/21 at 11:26 am with Nurse # 2 and Nurse #3, they stated Resident #5 became very aggressive and combative while they were escorting him in his wheelchair back into the building. Resident # 5 was trying to hit and kick staff as they were assisted him. They stated they never saw NA #1 hit Resident #5 or anyone else harm the resident. Nurse #2 and Nurse #3 stated if they had seen any kind of abuse, they would have reported it to their supervisor immediately. In an interview with PCA #1 on 9/7/21 at 10:02 am she stated she never had any discussion with NA #1 where he had stated he hit Resident #5. She stated if she had seen anyone abuse Resident #5, or any other resident, she would have reported it to her supervisor. In an interview with Nurse #4 on 9/7/21 at 2:24 pm she confirmed that she informed her administrator on 8/30/21 that on 8/29/21 she overheard NA #1 tell PCA #1 he had to hit Resident #5 in the head to get him back into the	F 609	The Administrator was reeducated by the Saber Regional Vice President of Operations on the North Carolina abuse policy to include reporting all allegations of abuse or neglect within two hours or 24 hours as deemed by the policy and allegation type. This education was done on September 3, 2021. All staff were reeducated by the Director of Nursing on reporting abuse immediately to the facility abuse coordinator which is the Administrator or to the Director of Nursing. All staff were reeducated by the Director of Nursing on the North Carolina abuse policy. The reeducation of staff was completed on September 3, 2021. The 24 hour and five day reporting of abuse allegations will be submitted and completed by the Administrator or Director of Nursing. The Administrator or designee will conduct audits of the staff and residents to ensure any and all allegations of abuse have been reported timely and according to the North Carolina abuse policy. Five staff members and five residents or their responsible parties will be interviewed per week. Auditing began the week of September 13-17, 2021 and will continue weekly for twelve weeks. The first week of auditing did not reveal any unreported allegations of abuse or neglect. The results of these audits will be taken to the Quality Improvement Committee for review. At the conclusion of the twelve weeks the Quality Improvement Committee will decide if further audits are necessary. If an allegation of abuse is		

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F 609	Continued From page 3 building. In an interview with the Administrator on 9/1/21 at 3:48 pm she stated she did not complete the 24-hour and 5-day report because based on her investigation she concluded Resident #1 was not hit by any staff member. She stated even though Nurse# 1 stated she heard the NA #1 say he hit Resident #5 there was no collaboration with any other staff members.	F 609	made, the Administrator will review the allegation, reportable process and completed 24 hour and five day investigations with either the Regional Vice President of Operations or the Saber Regional Nurse Consultant to audit to ensure the allegation was reported and investigated timely and in accordance with the abuse policy.		