

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/12/2011
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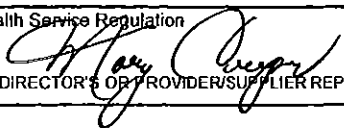
NAME OF PROVIDER OR SUPPLIER SOUTHMINSTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8919 PARK ROAD CHARLOTTE, NC 28210
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 050	<p>.2210(B) REPORTING, INVESTIGATING ABUSE, NEGLECT</p> <p>10A-13D.2210 (b) The administrator shall ensure that the Health Care Personnel Registry Section of the Division of Health Service Regulation is notified within 24 hours of the health care facility becoming aware of all allegations against health care personnel as defined in G.S. 131E-256(a) (1), which includes abuse, neglect, misappropriation of resident property, misappropriation of the property of the facility, diversion of drugs belonging to a health care facility or a resident, fraud against a health care facility or a resident, and injuries of unknown source in accordance with 42 CFR subsection 483.13 which is incorporated by reference</p> <p>This Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to report an alleged violation of abuse to the Health Care Personnel Registry (HCPR) within twenty-four (24) hours and failed to report the findings of the alleged violation of abuse to the HCPR within five (5) working days for for one (1) of one (1) abuse investigations reviewed.</p> <p>The findings are:</p> <p>Review of facility policy entitled Resident Abuse, revised 6/23/10 read in part:</p> <p>"Any incident/accident which appears to be related to resident abuse or neglect shall be reported to the Division of Facility Services within 24 hours of occurrence. The Resident & Family Life Manager (Social Work) will submit a 24 Hour Initial Report and the Five Working Day Report as</p>	L 050		
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Division of Health Service Regulation

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



TITLE Administrator (X6) DATE 11/8/11

STATE FORM

6399

FSWY11

If continuation sheet 1 of 2

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BY:

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L 050	Continued From page 1 required by the Division of Facility Services." Review of facility documentation revealed an anonymous allegation of inappropriate staff conduct was reported to the facility on 9/30/11. Two named employees were identified but no named residents were identified. Documentation of the caller's allegations included the following: a cell phone picture of unidentified resident's private parts was sent to the caller; named employees reported to work hung over; the caller was aware of thefts in the facility. Review of facility investigation revealed no evidence that 24hr/5day reports were filed. Interview on 10/12/11 at 11:00 AM with Director of Nursing (DON) and Social Worker (SW) confirmed that 24hr/5day reports were not completed as outlined in the facility policy. Interview with DON and SW stated the allegations were investigated timely and found to be unsubstantiated. DON and SW stated they had not considered the anonymous call with no named residents to be a resident abuse issue and failed to notify the designated state agency within the specified timeframe.	L 050 <i>22106</i>	Reporting, Investigating Abuse Neglect L- 050 Action already taken: - Complete and submit 24 hr. Initial Healthcare Personal Registry Report & 5 Working Day Report for 2 named CNA's - DON & Social Worker counseled and reviewed current Resident Abuse Police & Procedure - Completed revision of the Resident Abuse policy by attaching 24 hr. and 5 working day reports to the Policy & Procedure folder. This will ensure Completion of the necessary state Required paperwork. <u>Monitoring & (ongoing)</u> - Review Resident Policy & Procedure weekly in Healthcare manager's meeting. (occurs every Wednesday) reviewing reported concerns & formal grievancies. To ensure Abuse Policy Compliance - Will audit any reports from the Weekly meetings on a monthly basis and report at Quarterly Q/A meetings for compliance. - Inservices to all Nursing (all shifts) staff re: review & revision to Resident Abuse Policy & Procedure	10/13/11 10/13/11 10/13/11 10/19/11 ongoing 10/19/11 ongoing 10./24/11 thru 10/29/11