PRINTED: 03/29/2012 FORM APPROVED OMB NO. 0938-0391

| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | n | | OMB NO | <u>), 0938-0391</u> |
|--------------------------|--|---|-------------------|-------|---|---|----------------------------|
| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | APRIX2) M | ULTIF | PLE CONSTRUCTION | (X3) DATE SUF | |
| AND PLAN OF | CORRECTION | IDENTIFICATION NUMBER: | A. BUI | | | COMPLET | ED |
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| | | 345105 | B. WIN | G | | 03/2 | 3/2012 |
| NAME OF PR | OVIDER OR SUPPLIER | | | STF | REET ADDRESS, CITY, STATE, ZIP CODE | Assa . | |
| | | | | 3 | 830 N MAIN STREET | | |
| HERITAGE | E HEALTHCARE OF HIG | H POINT | | н | IIGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS The Division of Healt (DHSR), Nursing Hon Certification Section of investigation survey of determined the facility quality of care at the inpartial extended survey 3/22/12 and an exit confacility on 3/23/12. The began on 1/6/12 and 483.10(b)(11) NOTIF (INJURY/DECLINE/R) A facility must immed consult with the resident known, notify the resident involving the | h Service Regulation ne Licensure and conducted a complaint in 3/21/12-3/23/12. It was if had provided substandard immediate jeopardy level. A rey was conducted on conference was held with the re Immediate Jeopardy was present and on-going. Y OF CHANGES COOM, ETC) itately inform the resident; | F | 157 | For the Besident found to be offer | 1:1 m when he after supervisor 200 hall ansferred | 3/30/12 |
| LABORATØÑY | physical, mental, or p deterioration in health status in either life thr clinical complications; significantly (i.e., a ne existing form of treatm consequences, or to a treatment); or a decise the resident from the §483.12(a). The facility must also and, if known, the resort interested family manage in room or roos specified in §483.15(resident rights under the status in the s | et to alter treatment ed to discontinue an ent due to adverse commence a new form of ion to transfer or discharge facility as specified in promptly notify the resident ident's legal representative ember when there is a commate assignment as | | | Resident #1 was transferred Carolina Rehab Center on 1, 11:45 pm by the facility transide in the facility Van, and returned to the facility. Resident was then transferred by the transportation aide to Carol Medical Center Emergency Physician was notified of residischarge on 1/7/2012, by the supervisor around 12am, af was sent to Carolina Medical Caroli | I to /6/2012, at resportation has not ident # 1 refacility lina Room. sidents he house ter resident | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined

4-11-12

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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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | PLE CONSTRUCTION | (X3) DATE SUR COMPLETE | ΞĐ |
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| HERITAGE (X4) ID PREFIX | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL | ID PREFI | 31 H | PROVIDER'S PLAN OF CORRECTION CORRECTION SHOULD BE C | I (EACH ROSS- | (X5) |
| | Continued From page regulations as specific this section. The facility must record the address and phonologal representative of the address and th | MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 1 ed in paragraph (b)(1) of ed and periodically update enumber of the resident's rinterested family member. is not met as evidenced view, staff interview and e facility failed to notify family facility failed on 1/6/12 from facility was acceptable crediable ce and considered on-going fitted on 1/6/12 from a with multiple diagnoses fain injury, diabetes, ercholestrolema. Resident facility was facility facility, diabetes, ercholestrolema. Resident facility | PREFI TAG | ıx | PROVIDER'S PLAN OF CORRECTION | rial to be ent condition g affected. sible for all tivity rector has phone ers are ordinator on urse will ty number . This will e number s will be le party ted. In an abers are tify the | (X5) COMPLETION DATE |
| | interviews from family | rsing nome iluation assessments and and staff at rehabilitation nter revealed that Resident | | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDI | | CONSTRUCTION | (X3) DATE SUF COMPLETI | ED |
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| | | 345105 | B. WING _ | | · | | 3/2012 |
| HERITAGI | 1 | ATEMENT OF DEFICIENCIES | ID | 3830 | ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265 PROVIDER'S PLAN OF CORRECTION | (EACH | (X5) COMPLETION |
| PREFIX TAG | , | 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | | CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIA DEFICIENCY) | ATE | DATE |
| F 157 | #1 had intermittent coloss, flat affect, forget thought process and decisions. The admission that the parents were admitted Resident #1 Review of Nurse #1 n 3:00PM, revealed that for rehabilitation serving return home with familial altert/verbal with flat a questions and confus and other aspects of lor documented behaveshift. Review of the nursing 1/6/12, revealed that assistance/encourage dressing/grooming and other activities of daily of the elopement risk completed by the nurse Resident #1 had poor risk for elopement diraumatic brain injury, forgetfulness noted. " Review of the admiss 1/6/12, identified a bewandering. The goal in not harm themselves behaviors through neinterventions included protect the rights and in calm manner, diver | Infusion, short term memory fulness and repetitive unable to make informed sion paperwork revealed the responsible parties who urse 's note dated 1/6/12 at the Resident #1 was admitted ces with discharge plans to ly. Resident #1 was ffect, slow response to ion as to present location his life. There were no noted riors on 1/6/12 during 7-3PM Thome assessment dated Resident #1 needed ement with down with all y living. Additionally, review and fall form dated 1/6/12, sing home revealed that vision without glasses and use to ambulatory with intermittent confusion and ion interim care plan dated havior problem of included the resident would or others secondary to their | F 15 | | Upon admission/readmission ar Admission behavior log is initiat includes a hour on the hour documentation of any behavior occurred including begging to go transferring unsafely, Wandering get out the door, agitated or cofalls without/with injury, Altercaidentified behavior, agitation, coand/or wandering/trying to goth has the potential to escalate will immediate interventions put in maintain safety and the well be residents, social worker will conbehavior screen 72 hours after a for further action, referral to ps services, adding to the behavior management program, and refet the physician for evaluation. Evention of Reoccurrence: 24 hour reports will be monitore the DHS (Director of Health Services/UM(Unit Manager)/Wemanager to review for any change condition including signs/symptobehavior related to risk of eloper notification for families and physical related to change in conditions. | that has o home, og/ trying to mbative, ation. Any ombative nome, that il have place to ing of all nplete the admission ychiatric erring to d daily by ce)/ ADHS ek end ge in oms of ment, and | |

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| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIGH | | <u> </u> | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IGH POINT, NC 27265 | 00/20 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CI REFERENCED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) GOMPLETION DATE |
| F 157 | and administer and m side effects of medica physician orders/MAF record). Review of the nursing dated 1/6/12, revealed documented behavior before 8:00PM. Review administration record) 1/6/12 at 8:00PM, revealed the 2mg of avitan due scheduled medication. Review of Nurse #2 mat 8:00PM, revealed the of shift in bed and was known. Additionally, review of dated 1/6/12 at 10:00 nurse #2 went to reside give PPD (purified pronoted that resident was The first step PPD was been given Ativan 2mout of room asking hold His room window was air was gushing into the notified immediately as The nurse supervisor window and up to from supervisor delegated down Main Street. Restreet heading toward was stopped and (he car and coming back) | onitor the effectiveness and ations as ordered-see a (medication administration) home behavior log form of there were no as of agitation or wandering ew of the MAR (medication and nurse 's notes dated ealed Resident #1 received at the wandering at his atime at 8:00PM. hourse 's note dated 1/16/12 that the resident spent most is able to make his needs f Nurse #2 nurse 's note PM, revealed " (charge) dent room around 8:45PM to obtain derivative) test and as no where to be found. "It is given, Resident #1 had g at 8:00PM, when he came we he could get out of here. "It is noted wide open and cold the room. Nurse #3 was and a search was initiated, searched outside the open | F | 157 | Any identified issues will be reviewed ensure follow —up was conducted. Description of Health Services) will findings and trends to the month Performance Improvement meet. • 27 of 27 Licensed nurses have be serviced beginning on March and completed on March 30, 20 conducted by the DHS (Director Services) and ADHS/Nurse Man Elopement Policy • Notification of Family • Notification of Physician • Safe Discharge • Escalating Behaviors • Documentation ** Licensed Staff, who are PRN, end only, out on sick or personal not be permitted to work until are complete • Social Services / Activity Director Admission Director reviewed all numbers 3/22/12 to ensure accordant information • Upon admission the admissions ovalidate contact information with Responsible party and/or the reservant in the servant information with the servant information with Responsible party and/or the reservant in the servant information with the servant inf | bring hly ting heen in- 22, 2012 hly oeen in- 22, 2012 heath agers on: or week- al leave, will in-services or and/or I contact curacy of | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) Mi A. BUII | | PLE CONSTRUCTION | COMPLETE | |
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| | | 345105 | B. WIN | G | | 03/23 | į |
| NAME OF PE | SOVIDER OR SUPPLIER E HEALTHCARE OF HIGH SUMMARY STI (EACH DEFICIENCY REGULATORY OR I Continued From page get parents on the ph Message saying you has been disconnecte Resident was taken b member was assigne no documented time | ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 4 One was unsuccessful. have reached a number that ed or out of service. ack to his room and a staff d to him 1:1. " There was of when the search was amily, administration or | B. WIN | G STF 3 H | PREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET RIGH POINT, NC 27265 PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CI REFERENCED TO THE APPROPRIA DEFICIENCY) • The Unit manager/week-end ma | (EACH ROSS-ATE nager will n the face ed daily by ice)/ ADHS | |
| | revealed that Resider transported with staff where the resident wadocumented, nor was when contact was madenter. The time of the facility was not documented for the documentation behavior, mental or president when the resident when the resident when the resident when the facility. In addition, the whether the facility according to the physician or the facility notification elopement. During an interview or rehabilitation center is the notes of the treation of the medical center revealed that Reside rehabilitation center of the nursing home for dated 1/7/12-2/7/12, i returned from the nursing the resident elopement facility. Notes also income facility. Notes also income in the resident elopement facility. | hysical condition of the ident was returned to the ere was no information of Iministration was contacted, e family in accordance with | | | condition including signs/symptobehavior related to risk of eloper notification for families related to conditions. Any identified issues reviewed to ensure follow—up word conducted. DHS (Director of Heaservices) will bring findings and the monthly Performance Impromeeting. After admission there will be a secheck of phone numbers by Sociato ensure numbers are accurate, be completed as part of the new check completed within 24 hours identified issues will be reviewed follow—up was conducted. Sociawill bring findings and trends to monthly Performance Improvem meeting. | oms of ment, and o change in swill be vas lith trends to vement econd al Services . This will admission s. Any dito ensure il Worker the | |

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| F 157 | SW that they did not for the responsible pure the resident wanted therefore the resident medical social worken numbers for the responsible persons the nursing home did staff or the medical return of the resident readmission. The reladded that the resident readmission. The reladded that the resident center prior to hospidischarge to the san however the rehability accept any resident admission would have the medical emerger. During an interview responsible personsible persons had an elopment his been investigated prhome. The responsi admission to the nur required forms and sinformation. Resident to the designated rosettled down. Resident to the designated rosettled down. Resident to the designated rosettled to get set resident. Around 3:0 family received a call that the resident was care from the nursing the resident was care | chave current phone numbers early of the resident and that to return to the facility, at was return in a cab. The er provided two contact consible party, that were social worker indicated that d not notify the rehabilitation center in advance of the t or arrangements for habilitation social worker ent was in the rehabilitation talization and subsequent to be rehabilitation center, tation center would not after hours and any we to been arranged through ancy room services. On 3/21/12 at 11:27AM, the stated Resident #1 had not do not admission to nursing ble person assisted with the submitting contact at #1 and family was assisted our and got the resident ent was upset and tearful as at Resident #1 settled down. | F | 157 | | | |

| 1 | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | CONSTRUCTION | (X3) DATE SU | | |
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| | ROVIDER OR SUPPLIER | H POINT | | 3830 | T ADDRESS, CITY, STATE, ZIP CODE ON MAIN STREET H POINT, NC 27265 | | | |
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| F 157 | away from the facility, police report or any president got out of the party stated that he had the nursing home and called either of the nuthey did the initial paresident was unable than and was confused duresponsible party stated and annoyed at the fact and letting them know that their son had been the added that he left numbers (home), any been called and they addition, "It was sad handle, we didnt ever hurt or how long he had told us anything. We hospital in the middle up to the hospital immore to get further details. During an interview of medical center SW contacted about the electron of the family was contacted about the electron of the party indicated the transferred was due to the party indicated the party ind | ne through a bedroom found the resident 1.5 miles . He was not aware of any aper work filed when the a facility. The responsible ad no further contact with I no-one from the facility mbers that was left when perwork. He added that the to make informed decision the to the brain injury. The sted that he was very upset acility for not calling them to what was happening and the taken somewhere else. Tother family one of them could have would have called them. In the way the situation was to know if our son had been and been outside. No-one that oget that call from the of the morning. So we went the diately in [name of town] and 3/21/12 at 9:32PM, the contacted the family at the to on record to inform them to their facility. Due to the contacted the family came in the because they were not lopement or discharge. | F | 157 | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | CONSTRUCTION | (X3) DATE SU COMPLE | TED |
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| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIG | SH POINT | | 3830 | TADDRESS, CITY, STATE, ZIP CODE N MAIN STREET H POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPI DEFICIENCY) | CROSS- | (X5) COMPLETION DATE |
| | unaware of the reside as the resident was very just paced the floor at Nurse #2 stated that the IM (intramuscular because the resident called the doctor for the resident was pace medications were gived id not have any trought with the reopris because the would handle all the pwith transfers. Nurse talk with doctor or artical all the contacting his medication pass. uncertain how long the what time he brought what time he brought. During an interview of admission director incresponsible party to readmission packet and contact information. Sinformation provided collection sheet and the with the responsible printerview. She added provided two addition could be used as contact that the social discharge plans and the rof when discharge she found out about F | so indicated that he was ent's potential for elopment, very calm, non-threatening, and wanted to go home. The did not give the resident of medication (Ativan) was gone. Nurse #3 had the IM medication because ing the floor after the per oral ten. Nurse #2 added that he ble with resident after the nd that he did not do any of the Nurse #3 stated he paperwork and discussion #2 indicated that he did not ayone else and that Nurse #3 of people and he returned to Nurse #2 added that he was the resident had been gone or | F | 157 | | | |

| | CORRECTION | IDENTIFICATION NUMBER: | ` ' | LDING | ECONSTRUCTION | COMPL | |
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| | | 345105 | | | | 0.0 | C |
| | OVIDER OR SUPPLIER | | | 383 | ET ADDRESS, CITY, STATE, ZIP CO 30 N MAIN STREET 3H POINT, NC 27265 | | 1/23/2012 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORRECTIVE ACTION SH REFERENCED TO THE DEFICIEN | HOULD BE CROSS- E APPROPRIATE | (X5) COMPLETION DATE |
| F 157 | During an interview financial officer reviand contact informatool, which identifies contact number on resident admission number and the corhad a different telep officer reviewed the sheets and verfied to financial manager in person was responsible phone numbers well the system correctly the information, how this resident. Reviewed of the factor reviewed that the renumbers were incorpollection form, resist sheet had different administrator review administrator review administrator review acknowledged that evidence that support taken regarding the to facility policy/exponotification of family appropriateness of the was unaware that the family was inactors. | on 3/21/12 at 3:49PM, the ewed the admission packet tion: Level of care screening is contact information. The extreme the financial profile sheet and data collection had one extract sheet used by nursing whone number. The financial face sheet and other contact the inaccurate numbers. The extreme that the admission sible for ensuring that the reaccurate and entered into at the sheet and not check on extreme the dicated that the admission sible for ensuring that the reaccurate and entered into at the sheet and the second that the record and the rect. The admission data dent financial profile and face numbers for the responsible on 3/21/12 at 5:50PM, the red the record and he there were no documents or orted or warrant the action elopement process according ectation for elopement, //physician or the the discharge. He added that at the contact information for | F | 157 | | | |
| ORM CMS-2567 | (02-99) Previous Versions Ob | solete Event ID: Z8PC | 11 | Facility | / ID: 923250 | If continuation she | et Page 9 of 48 |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI | | E CONSTRUCTION | (X3) DATE SUF COMPLET | |
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| NAME OF PE | OVIDER OR SUPPLIER | 345105 | | STRE | EET ADDRESS, CITY, STATE, ZIP CODE | 03/23 | 3/2012 |
| | E HEALTHCARE OF HIG | Н РОІЙТ | | 38 | 30 N MAIN STREET GH POINT, NC 27265 | | |
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| F 157 | physician indicated the hours, could not recall phone. The physician had eloped at the time for the IM medication. Resident #1 had been 8:00PM, by Nurse #2 request an order for 2 Ativan, because Resident was not aware of any to get out building primedication. It wasn't medication that she whad eloped from the food administer the IM mindicated there was not discharge. Resident was unable to safely continued elopement. Stated that she was a prior to the discharge of the administrative of the situation and no resident upon return for the situation and no resident upon return for the contact the treating further stated that a p | at she was contacted after all the exact time via cell and not know the resident of the call for the request. She was informed that an given oral Ativan around. Nurse #3 had called to the tempt of IM (intramuscular) dent #1 was agitated and the go home with family. She are noted behaviors of attempts or to the call for the IM the tempt of th | F | 157 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | STRUCTION | (X3) DATE SUI COMPLET | |
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| | | 345105 | B. WIN | 3 | | 03/2 | 3/2012 |
| | ROVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | • | 3830 N M | DRESS, CITY, STATE, ZIP CODE IAIN STREET DINT, NC 27265 | | |
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| F 204 SS=J | #3 indicated that durinteraction/observation the shift the resident of any behaviors issues by Nurse #2. It was not him that the resident of break/shake down that to get out. Nurse #2 him the newly ordered IM in the room and the worder of the resident began made to family unsuch Nurse #3 ackowledge the time frame of the when the resident was facility. Nurse #3 furth document the events physician for discharge was be director of nursing. During same interview indicated that the expansional supervisor follow and policy/procedures for notification of all requassessment/condition documentation of the the event in the residues designated facilty for 483.12(a)(7) PREPAR SAFE/ORDERLY TR. | d DON, revealed that Nurse ing his on with Resident #1 during was calm. He did not note with resident prior to report of until Nurse #2 reported to was violently trying to e door because he wanted had reported to him that resident room to give him ativan the resident was not rindow was open. A search in and phone calls were cessful and administration. In additionally returned to the her stated that he did not in nor did he contact the ge orders. He acknowledged ased on the discussion with the director of nursing ectation was the nursing implement the elopement, proper ired person, in of the resident and date, time and location of the record and on the ms/reports. RATION FOR ANSFER/DISCHRG | | allege • | te Resident found to be affected deficient practice: Resident #1 was placed on 1:1 supervision, around 9:15 pm was returned to the facility aft the facility, the shift superviso Resident #1 in the 200 hall din until he was transferred to Car Rehab center at 11:45pm. | when he ter exiting r sat with ing room, | 3/30/12 |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILD | LTIPLE CONSTRUCTION DING | COMPLETI | ED |
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| | | 345105 | B. WING | | 1 | 3/2012 |
| | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL | ID PREFIX | | RECTION (EACH ILD BE CROSS- | (X6) COMPLETION DATE |
| F 204 | Continued From page This REQUIREMENT by: Based on record revi interview, the facility forganized transfer of a from the nursing home located he was taken where he had been a driven to the medical rehabilitation center refacility failed to impler policy/procedures for discharge plans (Resi Jeopardy began on 1/eloped from facility an adminstrator was noti Jeopardy on 3/22/12 anot able to provide an allegation of complian at 483.12 (F204). Review of the facility pelanning dated 2/11 The discharge plannin resident upon admiss resident, authorized in party, interdisciplinary coordinated by social senior care partner. When working with reindividuals in preparachealthcare center anti- | ew, staff and family ailed to provide an a resident that had eloped e. When the resident was to the rehabilitation center former resident and then center when the efused to take him. The ment the discharge planning 1 of 2 residents with dent #1). The Immediate (6/12 when Resident #1 ad is ongoing. The fied of the Immediate at 2:56PM and facility was acceptable credible acceptable credible are and considered on-going coolicy titled "Discharge I, read in part: and would begin with each individuals or responsible restaff and other resources service director and/or sidents and authorized tion for discharge and the cipates discharge, a post e would be developed. The all provide resident | F 2 | Resident #1 was transfer Rehab Center on 1/6/202 the facility transportation facility. Resident #1 was by the facility transporta Carolina Medical Center Physician was notified of discharge on 1/7/2012, be supervisor around 12am, was sent to Carolina Med For the Residents having th affected by the same allege practice: Resident that are dischafacility are at risk of pot affected. Licensed Nurses (27 of 22 educated regarding phy responsible party notific in condition and requiri orders for discharging a ensuring appropriate tra another setting. The Licensed nurse is re notify and obtain appro orders to transport a re setting. 27 of 27 licenses been educated. | red to Carolina 12, at 11:45 pm by a lide in the returned to the then transferred tion aide to Emergency Room. residents by the house after resident dical Center e potential to be d deficient arged from the entially being 27) have been esician and cation of change ang a physician resident and ansport to esponsible to priate physician sident to another | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BUII | LUING | , | | 5 | |
| | | 345105 | B. WIN | G | | | 3/2012 | |
| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIG | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265 | | , | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPR DEFICIENCY) | CROSS- | (X5) COMPLETION DATE | |
| F 204 | state or social service physician 's order m medical record and the should be documented. Resident #1 was admirehabilitation center, including traumatic behypertension and hypertension and hypertension and hypertension records, madmission/nursing evinterviews from familicenter and medical center and center an | esources and appropriate es organization. The ust be placed on resident 's ne discharge procedures ed. nitted on 1/6/12 from a with multiple diagnoses rain injury, diabetes, percholesterolemia. Resident ission therefore a Minimum impleted. Review of hospital ursing home raluation assessments and y and staff at rehabilitation enter revealed that Resident onfusion, short term memory tfulness and repetitive unable to make informed esion paperwork revealed the responsible parties who interest is note dated 1/6/12 at at Resident #1 was admitted inces with discharge plans to hilly. Resident #1 was affect, slow response to sion as to present location his life. There were no noted viors on 1/6/12 during 7-3PM ity contact verification forms | F | 204 | 24 hour reports will be monited by the Director of Health Services)s/Unit Managers/West manager to review for dischart facility. Any identified issues reviewed to ensure follow—ust conducted. DHS(Director of Health Services) will bring findings at the monthly Performance Improved in the monthly Performance Improved includes a hour on the hort documentation of any behavior occurred including begging to transferring unsafely, Wander to get out the door, agitated combative, falls without/with Altercation. Any identified be agitation, combative and/or wandering/trying to go home the potential to escalate will immediate interventions put maintain safety and the well interventions considered in the potential to services, adding to the behavior screen 72 hours after for further action, referral to services, adding to the behavior management program, and rethe physician for evaluation. | eek end rge from the will be p was lealth nd trends to provement an liated, the ur or that has lea home, ring/ trying or linjury, ehavior, that has have lin place to being of all omplete the er admission psychiatric ior | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | B. WING _ | | | | 3/2012 |
| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIG | н роінт | ; | 3830 | TADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 204 | person. Review of the nursing medication order date for 2mg of Ativan (and oral intake at bedtime every 4 hours as necessing orders for recare/treatments and redischarge orders. Review of the nursing 1/6/12, revealed that assistance/encourage dressing/grooming and other activities of daily of the elopement risk completed by the nursing of the elopement of traumatic brain injury, forgetfulness noted. " Review of the admiss 1/6/12, identified a bewandering. The goal in not harm themselves behaviors through neinterventions included protect the rights and in calm manner, diversituation and take to a and administer and mide effects of medical | home nurse practitioner ad 1/6/12, revealed an order i-anxiety medication) per and 2mg/ml of Ativan, essary for agitation in medications. Additionally, ordered dated 1/7/12, utine standard of medications. There were no home assessment dated Resident #1 needed ement with all y living. Additionally, review and fall form dated 1/6/12, sing home revealed that vision without glasses and ue to ambulatory with intermittent confusion and ion interim care plan dated havior problem of included the resident would or others secondary to their at 30 days. The lintervene as needed to safety of others, approach that attention, remove from unother location as needed onitor the effectiveness and | F 204 | | Any discharge to the hospital watransferred by EMS(Emergency Services). Discharge d residents charts will reviewed by the Director of Heat Services/ADHS(Assistant Director Services)s/Unit Managers/Weel manager to ensure all compone ensure safe discharge was cond (Discharge order, MD notification notification, and proper docum Any identified issues will be reviensure follow—up was conducted DHS(Director of Health Services findings and trends to the montoper Performance Improvement meet three months In-services were begun immediatelicensed staff on March 22, 200 completed on March 30, 2012, Licensed nurses completed) contopers the DHS (Director of Health Services ADHS/Nurse Managers on: Elopement Policy Notification of Family Safe Discharge Documentation ** Licensed Staff, who are PRN, end only, out on sick or personation to be permitted to work until it are complete | Medical I be Ith or of Health or of Health on, RP entation.) lewed to ed.) will bring hly eting for ately by 12 and (27 of 27 ducted by ices) and or week- I leave, will | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. B | | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | B. WING | | | C 3/2012 | |
| | (EACH DEFICIENC) | H POINT ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PREET ADDRESS, CITY, STATE, ZIP CODE 1830 N MAIN STREET HIGH POINT, NC 27265 PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOULD REFERENCED TO THE APPL DEFICIENCY) | DBE CROSS- | (X5) COMPLETION DATE | |
| F 204 | dated 1/6/12 at 10:00 nurse #2 went to resigive PPD (purified pronoted that resident with The first step PPD was been given Ativan 2mout of room asking her His room window was air was gushing into twas notified immedia initiated. The nurse a outside the open wind building. The supervisures to go down Ma on main street heading Resident was stoppe getting in the car and "He was asking to ta attempts to get paren unsuccessful. Messala number that has be service. Resident was a staff member was a was no documented initiated or when the physician was notified Nurse #2 final note derevealed that Resident was documented, nor was when contact was machine the resident was machine the resident was when contact was machine the resident was machine the resident was when contact was machine the resident was machine the resident was machine the resident was when contact was machine the resident was was machine the resident was machine the resid | of Nurse #2 nurse 's note OPM, revealed " (charge) dent room around 8:45PM to otein derivative) test and as no where to be found. " as given, Resident #1 had ag at 8:00PM, when he came ow he could get out of here. " is noted wide open and cold the room. The supervisor stely and a search was and supervisor search dow and up to front of the sor delegated the (charge) in Street. Resident was seen ag toward [name of town]' do and (he cooperated in a coming back to the facility). The saying you have reached been disconnected or out of sea taken back to his room and assigned to him 1:1. " There time of when the search was family, administration or do of the elopement. The sated 1/6/12 at 11:50PM, and #1 was packed up and if at 11:45PM. The location of as discharged to was not sethere any information of add with the Rehabilitation the resident 's return to the mented and there was no | F 204 | • 24 hour reports will be mode the Director of Health Services/ADHS(Assistant Discretes)s/Unit Managers/manager to review for discretiewed to ensure follow conducted. DHS (Director of Services) will bring finding the monthly Performance meeting for three months, thereafter a. Discharged residents chart reviewed by the Director of Services/ADHS (Assistant Diedle Health Services)s/Unit Malend manager to ensure all ensure safe discharge was (Discharge order, MD notification, and proper diensure follow—up was conducted. DHS(Director of Health Serfindings and trend s to the Performance Improvement three months then quarter. | irector of Health Week end charge from the les will be —up was of Health is and trends to Improvement then quarterly is will be of Health Director of magers/Week components to conducted. fication, RP ocumentation.) e reviewed to iducted. evices) will bring monthly t meeting for | | |

| NAME OF PROMOTER OR SUPPLIER HERITAGE HEALTHCARE OF HIGH POINT SUMMANY STATEMENT OF DEPOSITIONS PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE DEPOSITION OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX F 204 CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE DEPOSITION OF THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE DEPOSITION OF THE APPROPRIATE PRIX F 204 F 204 F 204 CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND STATEMENT OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED APPROVED THE HIGH PRIX REFERENCED TO THE APPROPRIATE PRIX PRIX CONTINUED AND OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX CONTINUED AND OF COMPRESSIONS REFERENCED TO THE APPROPRIATE PRIX P | | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1, , | TIPLE CONSTRUCTION | | (X3) DATE SUF | |
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| NAME OF PROVIDENON SUPPLIER RESTAGE HEALTHCARE OF HIGH POINT RESTAGE HEALTHCARE OF HIGH POINT RESTAGE HEALTHCARE OF HIGH POINT RESIDENT RESIDENT RESTAGE HEALTHCARE OF HIGH POINT RESIDENT RESIDENT RESTAGE HEALTHCARE OF HIGH POINT RESTAGE HANDS CORRECTIVE ACTION SHOULD BE CHOSE. THAT TAGE THE PROVIDENCE TO THE APPROPRIATE OWNER OF THE PROVIDENCE TO THE APPROPRIATE OWNER OF THE PROVIDENCE TO THE APPROPRIATE OWNER OWNER OWNER OF THE PROVIDENCE TO THE APPROPRIATE OWNER OWN | | | | A. BUILD | ING | | (| c |
| HERITAGE HEALTHCARE OF HIGH POINT DAY D | | | 345105 | B. WING | | | | |
| FREENT TAG TAG CONTINUED RECORDS THE REGULATORY OR ISC IDENTIFYING INFORMATION) F 204 Continued From page 15 behavior, mental or physical condition of the resident when the resident was returned to the facility, in addition, there was no information of whether the facility administration was contacted, or the physician or the family in accordance with the facility notification policy/procedure for eloperment. During an interview on 3/2/1/2 at 11:19AM, the rehabilitation center SW (social worker) reviewed the notes of the treating social worker and notes of the treating social worker and notes of the medical center social worker. The notes dated 1/7/12-2/17/2, indicated Resident #if was returned from the nursing home in a cab following the resident eloperment from a window in the facility. The medical social worker indicated that the nursing home did not notify the rehabilitation staff or the medical center in advance of the return of the resident center in advance of the return of the resident was in the rehabilitation center, however the rehabilitation conter would not accept any resident after hours and any admission would have to been arranged through the medical center social vorkers. During an interview on 3/21/12 at 11:27AM, the responsible perstated stated that around 3:00AM in the morning the family received at call from the medical center SW that the resident was readmitted back into their care from the nursing home through a bedroom window and that staff found the resident 1.5 miles away from the facility. He was not aware of any police report or | | | H POINT | | 3830 N MAIN STREET | • | | |
| behavior, mental or physical condition of the resident when the resident was returned to the facility. In addition, there was no information of whether the facility administration was contacted, or the physician or the family in accordance with the facility notification policy/procedure for elopement. During an interview on 3/21/12 at 11:19AM, the rehabilitation center SW(social worker) reviewed the notes of the treating social worker and notes of the medical center social worker and notes of the medical center social worker. The notes dated 1/7/12-2/7/12, indicated Resident # it was returned from the nursing home in a cab following the resident elopement from a window in the facility. The medical social worker indicated that the nursing home did not notify the rehabilitation staff or the medical center in advance of the roturn of the resident or arrangements for readmission. The rehabilitation social worker added that the resident was in the rehabilitation center prior to hospitalization and subsequent to discharge to the same rehabilitation center, however the rehabilitation center would not accept any resident after hours and any admission would have to been arranged through the medical emergency room services. During an interview on 3/21/12 at 11:27AM, the responsible perstated stated that around 3:00AM in the morning the family received a call from the medical center SW that the resident was readmitted back that the from the nursing home. The medical center SW informed them that the resident 1.5 miles away from the facility. He was not awaro of any police report or | PREFIX | (EACH DEFICIENCY | Y MUST BE PRECEDED BY FULL | PREFIX | CORRECTIVE | EACTION SHOULD BE CF CED TO THE APPROPRIA | ROSS- | COMPLETION |
| facility. He was not aware of any police report or | F 204 | behavior, mental or president when the restacility. In addition, the whether the facility acor the physician or the facility notification elopement. During an interview or rehabilitation center Sthe notes of the treation of the medical center dated 1/7/12-2/7/12, i returned from the nursthe resident elopement facility. The medical sthe nursing home did staff or the medical creturn of the resident readmission. The rehadded that the resident center prior to hospital discharge to the same however the rehability accept any resident a admission would have the medical emergence. During an interview or responsible perstated in the morning the farm medical center SW threadmitted back into thome. The medical center that the resident had shome through a bedre | hysical condition of the sident was returned to the ere was no information of dministration was contacted, e family in accordance with a policy/procedure for n 3/21/12 at 11:19AM, the SW (social worker) reviewed ng social worker and notes social worker. The notes indicated Resident #1 was sing home in a cab following nt from a window in the social worker indicated that not notify the rehabilitation enter in advance of the or arrangements for abilitation social worker nt was in the rehabilitation elization and subsequent to be rehabilitation center, action center would not after hours and any e to been arranged through cy room services. n 3/21/12 at 11:27AM, the is stated that around 3:00AM mily received a call from the nat the resident was their care from the nursing enter SW informed them eloped from the nursing soom window and that staff | F 26 | 04 | DEFICIENCY) | | |
| | | facility. He was not av | ware of any police report or | | Tarifful ID. 000000 | 15 | investion shock | Page 16 of 49 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ULTIPL LDING | E CONSTRUCTION | COMPLETED | | |
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| | | 345105 | B. WIN | IG | | ı | C 3/2012 | |
| | ROVIDER OR SUPPLIER | H POINT | | 383 | EET ADDRESS, CITY, STATE, ZIP CODE 30 N MAIN STREET GH POINT, NC 27265 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPE DEFICIENCY) | CROSS- | (X5) COMPLETION DATE | |
| F 204 | any paper work filed the facility. The response was told by the monursing home staff stream of the resident in to cry and wanted to so the nursing home arrangements and se responsible party staff contact with discharg no-one from the facili numbers that was left paperwork. During an interview on Nurse #2 indicated the transferred was due to provide for his safety window. When the resident was crying a parents. Nurse #3 that he need that he could not wath and that staff needed resident was crying a parents. Nurse #3 in parents and the only number. There was no since the family was adminsitrator and DO Nurse #3 to make arrowing in the family was administrator and the inadministrator/DON. Now as unaware of the relopment, as the resinon-threatening, just to go home. Nurse # | when the resident got out of pusible person indicated that bedical center SW that the ated that they could not take eeds and that he continued return to the previous facility, staff made transportation and him back. The ted that he had no further ging [name] facility and ty called either of the twhen they did the initial on 3/21/12 at 2:552PM, we reason Resident #1 was to the facility could not since he exited out of the sident returned he told ded to be watched 1:1 and control on the sident independently to sit with resident. The lot and sobbing for his the mean time was calling number listed was the home to cell number available staying in the hotel. The lot instructed Nurse #2 and langments to send the us environment. The facility book the resident back to struction of lurse #2 also stated that he esident potential for | F | 204 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | 345105 | B. WING | | 03 | C /23/2012 | | |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | 3830 | ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIES DEFICIENCY) | BE CROSS- | (X5) COMPLETION DATE | | |
| F 204 | had called the doctor because the resident the PO medications with the R:00PM medicated that he did not because Nurse #3 stapperwork and discussitated that he did not else and Nurse #3 did he returned to his methat he was uncertain been gone or what timback. There was no the times when the adphysician were contain assessments doct condition of the reside physical condition in a policy/procedure for else and the physical condition in a policy/procedure for else and the physical condition in a policy/procedure for else and the physical condition in a policy/procedure for estart took or exact the search took or exact the s | for the IM medication was pacing the floor after were given. Nurse #2 added any trouble with resident lication. Nurse #3 further do any of the reoprts ated he would handle all the esion with transfers. He talk with doctor or anyone d all the contacting of people dication pass. He added how long the resident had ne he brought the resident documentation available of diministration, family or cted. In addition, there were mented regarding the ent's mental, behaviors or accordance with the facility elopement or discharge. In 3/21/12 at 4:04PM, Nurse id not know how long the sime when resident was Nurse #3 stated that he ested of family and did not get tere not right. Nurse #3 also ministrator and director of a about resident leaving in said to transfer resident Nurse #3 stated that he he numbers and address of ake arrangments to send he resident said he wanted rise #3 added that the | F 204 | | | | | |

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| | CORRECTION | IDENTIFICATION NUMBER: | A. BUI | | CONSTRUCTION | COMPLE | |
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| | | 345105 | B. WIN | IG | | | C 23/2012 |
| | ROVIDER OR SUPPLIER | H POINT | • | 3830 | T ADDRESS, CITY, STATE, ZIP CODE ON MAIN STREET H POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY) | CROSS- | (X5) COMPLETION DATE |
| F 204 | and nursing home wa #1 elopement history Nurse #3 stated that got back and vital sig made arrangements. did a report of what h director of nursing. N he did not document whom he spoke with happened so fast. No contact the doctor for about the IM medical was gone to another to send resident back NA(nursing assistan about 11:30PM, until arranged. Nurse #3 s someone at medical resident was returnin the staff person was, transportation staff per to the rehabilitation of that they goggled on Nurse #3 indicated th the address of the pr provided paperwork. During an interview of DON indicated that s Nurse #3, could not r Resident #1 had elop the bedroom window instructed Nurse #3 t surrounding areas. S administrator who als consultant. The admit the nursing staff to di | as not informed of Resident it was ok to send him back. resident was calm when he ins was taken, while he. He stated that the Nurse #2 tappen and it was given to urse #3 further stated that the events of what he did or because everything urse #3 added that he did not it discharge or call back the because the resident facility and he was instructed it. The arrangements for a to sit with the resident was transportation could be stated that he spoke with center to let them know g, but could not recall who he stated that the erson returned the resident enter based on the address the internet for the facility. The he had received a call from the he had received a call from the building through and bear of the building and | F | 204 | | | |

Event ID: Z8PC11

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | LE CONSTRUCTION | (X3) DATE SUF COMPLET | ED |
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| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 1 | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 204 | informed of the reside history/exiting seeking administrator further is that since Resident # admission it was ok to facility. DON added the been contacted follow resident or consulted. The director of nursin record and document have any documental action took place and reflect the condition of mental or physical we the shift or return from expectation would have assessment had been resident was identified whether high or low, to protocol, monitoring, a should have been don have documented all completed an incident family, physician and regarding Resident # available. "Additional included, a wander guipdating of elopement care plan. Further review of the evidence of an incide elopement and dischalinglemented. The addition provide any documented and to provide any documented. | e could not safely sident and they were not ent's elopement g behavior. The informed and instructed her in had not been a 30 day to return resident to previous that the physician had not ring the return of the regarding the discharge. In greviewed the facility ation and stated "I do not ion, incident reports of what the nursing notes do not if Resident #1 behaviors, ill being during the course of in the elopement. The elopement is assessment and follow-up incompleted and the character and the current elopement assessment and follow-up incompleted information in needs were accurate and it, interventions would have lard, 15 minute checks, it risk book and revisions to record revealed that was no interport or the protocol for arge was reviewed or ministrative staff was unable | F | 204 | | | |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUIL | ILTIPLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | OOVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | | STREET ADDRESS, CITY, STATE, ZI 3830 N MAIN STREET HIGH POINT, NC 27265 | IP CODE | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | CORRECTIVE ACTIO | OF CORRECTION (EACH IN SHOULD BE CROSS- IN THE APPROPRIATE CIENCY) | (X5) COMPLETION DATE |
| F 204 | conducted regarding no documentation of behaviors, mental or 's note or other facilit was no consultation/orders for discharge in Reviewed social work there was no indication resident or family dur. During an interview of SW indicated that she #1 and family while the settled. The resident agitated, but the faming resident to give the facts in the settled in the arrang process. She was informed and director of nursing provious facility due to provide a safe environ was unaware of any president could not be was admitted for short settled. The resident could not be was admitted for short settled in the administrator indicated contacted him and into set openment from the administrator added to conversation held with information that was center indicating Reset elopement/exit seeking made by management. | the elopement. There was any changes of the resident health status noted in nurse by forms within facility. There discussion or physician moted in the facility records. Her section of record and for of contact made with the ing admission. In 3/21/12 at 5:20PM, the enhalt briefly met Resident her resident was getting was lying in bed and was not ly was encouraging the acility a chance and to stay. He was made aware of the family she would be gements for the discharge formed by the administrator gother resident was return to the inability to protect and family in the treated at facility, since he are term rehab services. In 3/21/12 at 5:50PM, the did that the director of nursing formed him of Resident #1 bedroom window. The hat based on the | F2 | 204 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | | | | 03/23 | 3/2012 |
| NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE OF HIGH POINT | | | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X6) COMPLETION DATE |
| F 204 | In addition, since the facility more than 30 c information from the management felt that resident because his maintained at the facility more an interview ophysician indicated the medical reason for the was discharged base handle the resident and information that it Resident #1 had elop behaviors. The facility protect the resident for The physician further contacted or consulte that she was informed decision to return to the Monday. She added family had not been addischarge. The physician form the elopement and concall physician. She physician order and a protocol for discharge. During an interview of medical center SW in call from the rehability nursing home staff has for re-admission. The | resident had not been in the days and lack of additional ehabilitation center, it was best to return the needs could not be lity. In 3/21/12 at 5:58PM, the needs could not be lity. In 3/21/12 at 5:58PM, the needs could not be lity. In 3/21/12 at 5:58PM, the needs could not be lity. In 3/21/12 at 5:58PM, the needs could not be discharge. Resident #1 don the facility inability to so the result of the elopement where #3 had received that ement/exit seeking your continued elopement. Stated that she was not add of the administration he previous facility on that she was unaware the contacted or informed of the contacted or the situation and the resident upon return and re-contact the treating or the further stated that a liscussion was part of | F | 204 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | PLE CONSTRUCTION | (X3) DATE SUF COMPLET | |
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| | | | A. BUII | -DIM. | | , | С |
| | | 345105 | B. WIN | G | | ł | 3/2012 |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIGH | H POINT | • | 3 | EET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 204 | would be returned. The that Resident #1 arrive Resident #1 arrive Resident #1 arrive Resident #1 was very surrounding, unable to discuss the events of transporting staff the and was told that Reseroom window and the resident exit seeking the immediately contaspoke with Nurse #2 as ent back to the rehald told by Nurse #2 their crying to be return how instructed by Nurse #2 their crying to be return how instructed by Nurse #1 the facility because Reprotected or properly found wandering outs were not a locked downformed him the numbers was not working. SW room physician evaluation of placement. In addit have an elopement is remained very calm a SW contacted the fan available on record to return to their facility, was contacted the far day upset because the the elopement or discontinuation. | were unaware the resident he medical center SW stated ed with a female staff and confused and disoriented to make decisions or able to the day. The SW asked the reason for the admission sident #1 eloped from a bed facility was not aware of the behaviors. SW added that cted the nursing home and about why the resident was bilitation center. SW was resident eloped and he was me. Nurse #2 stated he was 3 to return the resident to resident #1 could not be monitored. Resident was side of the facility and they we facility. Nurse #2 also abers for the family on file added that the emergency ated the resident and could problems and decided to further observation and lack tion, Resident #1 did not sue that he was aware and and cooperative upon return. In the family at the two numbers of inform them of Resident #1. Due to the hour the family mily came in later the next rey were not contacted about the stage. In 3/22/12 at 10:42AM, the did van driver stated that she isoPM or 11:00PM, by | Ľ. | 204 | | | |
| DRM CMS-2567 | (02-99) Previous Versions Obso | lete Event ID: Z8PC11 | | rad | lity ID: 923250 If cor | ntinuation sheet | : ayo 230140 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | ONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | B. WIN | G | | 1 | C 3/2012 |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIGH | H POINT | | 3830 N | ADDRESS, CITY, STATE, ZIP CODE I MAIN STREET POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 252 SS=E | Nurse #3 and DON at come in and take a re. The van driver stated resident was lying in a packed on the floor. Sif she wanted another she replied no since to Resident #1 continue home to [name] town #1 was not crying or of the resident was load the address provided uncertain where she when she got to the arehabilitation center. It were not aware the readmission and that the after hours and she not the emergency roomet the emergency room nursing stated that she emergency room nursing stated that she told en facility could not provide the resident due to the behavior that occurred 483.15(h)(1) | and told that she needed to be sident home [name] town. Ithat when she arrived the bed fully dressed with bags she was asked by Nurse #3 person to ride with her and he resident was calm. It is to state he wanted to go to see his family. Resident doing any unusal behaviors. It is ded in the van and taken to by Nurse #3. She was was taking the resident, but address it was the When she spoke with the estaff informed her they esident was coming for ey did not accept residents m. Van driver added that she form nurse supervisor who and the was being admitted. She was unable to poke with. The director of the dent was sent back. She mergency room nurse that ide a safe environment for the elopement/exit seeking d at the facility. ORTABLE/HOMELIKE | | 252 | | | |

| | CIES AND PLAN | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE SUR COMPLETE | |
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| OF CORRE | CHON | 045405 | B. WIN | | | | 0 |
| | | 345105 | i | | | 03/23 | 3/2012 |
| | PROVIDER OR SUPPLIER GE HEALTHCARE OF H | IGH POINT | | 3 | REET ADDRESS, CITY, STATE, ZIP CODE 1830 N MAIN STREET HIGH POINT, NC 27265 | | |
| (X4) ID PRE FIX | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTED TO THE APPROPRIATE DEFICIENCY) | ROSS- | (X6) COMPLETION DATE |
| F 252 | the resident to use his to the extent possible This REQUIREMENT by: Based on observation facility failed to mainta for four of four halls. The findings included Upon entry in to the fact a strong odor of stale noted. Strong odors noted and were prevailly as in the back entry. There was housekee During observations or reentry into the building 200 hall had a strong stale musty body odo have a less odor, goi was stronger lingering. Upon entry into the factor was noted from continued throughout was less noticeable of During an interview was 3/22/12 at 10:00am, whelp how bad it smell. | elike environment, allowing sor her personal belongings. I is not met as evidenced and and staff interviews, the ain an odor free environment. Eacility on 3/21/12 at 9:00am, urine and musty air was of urine and feces were alent throughout the all of the est prevalence of the odors area and on 300 halls. ping staff on all of the halls. on 3/21/12 at 1:39pm, uponing from the lobby area, the godor of feces, urine and r. Hall 100 was noted to angup to hall 300 the smell gothroughout the hall. I cility 3/22/12 at 8:00am, and the rear entrance. The odor the 300 hall, 200 hall and in the 100 hall. I ith a family member on evealed the facility couldn't ed. | L. | 252 | F 252 For the Resident found to be affected deep cleaning Residents Potentially Affected All residents have the potential affected Re-education with housekeeper regards to the deep cleaning Education was conducted by the Housekeeping supervisor. The carpets are being cleaned very carpet extractor twice a day. Prevention of Reoccurrence: The housekeeping supervisor we the deep cleaning schedule dail check rooms that were deep cleaning they are odor free. The housekeeping supervisor we that the carpets are being clean day with approved solutions. | to be rs in hedule and ng. e with a will review ly and will eaned to | 4/4/12 |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | | PLE CONSTRUCTION | (X3) DATE SUP COMPLETI | |
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| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | | 3 | REET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET HIGH POINT, NC 27265 | | |
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| F 252 | During an interview of the ingering odor on the hall all the time. She it as well. The staff well as w | n all hallways throughout the of 3/23/12 at 10:00am, nurse office a strong unpleasant hall way especially the 300 indicated visitors had noticed was used to the smell. In 3/23/12 at 2:05pm, try Supervisor indicated that or in the facility. He indicated to kill the odors. The house is of cleaners to disinfect the wided by the company. A leaner was used on the acid free disinfectant was a try to cleaner every night and the carpet was cleaned stor cleaner every night and the cated there was a bad odor as carpet. The carpet was ad night, by the floor cated resident rooms were signated disinfectant to bathrooms. In 3/23/12 at 2:45pm, aide #5 an odor in the building when sty soil smell. In 3/23/12 at 2:50pm, cated there was a bad smell and not know what the ne indicated when she | | 252 | the deep cleaning schedule daicheck rooms that were deep cleaning the ensure they are odor free. Find brought the monthly Performa Improvement meeting times 3 then quarterly after. The housekeeping supervisor with the carpets are being cleaday with approved solutions. Find brought the monthly Performa Improvement meeting times 3 then quarterly after. | ly and will eaned to ls will be nce monthly vill monitor ned twice a inds will be nce monthly | Page 26 of 48 |
| 10M CM9.0567 | (02-99) Previous Versions Obse | plete Event ID: Z8PC11 | | Fac | Ality ID: 923250 If co | ntinuation sheet | Page 26 of 48 |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUII | | PLE CONSTRUCTION | (X3) DATE SUF COMPLETI | ED |
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| | OVIDER OR SUPPLIER | H POINT | 1 | 30 | BEET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CI REFERENCED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 252 | cleaned the residents disinfected designate. During an interview w 3/23/12 at 3:09pm, incomplaint regarding udirector of nursing individing was to be odincident. If there was determined where the correct it. 483.25(h) FREE OF A HAZARDS/SUPERVI The facility must ensuenvironment remains as is possible; and earlier adequate supervision prevent accidents. This REQUIREMENT by: Based on family interphysician interview ar failed to safely provides ampled residents at #1). Immediate Jeopa on going. The adminstrator was Jeopardy on 3/22/12 and able to provide and signature in the same second and signature in the same secon | rooms she used the d for the surface. ith the administrator on dicated there had been a impleasant odors, the licated expectation was the or free or an isolated an odor it should be odor was coming from and ACCIDENT SION/DEVICES are that the resident as free of accident hazards and assistance devices to and assistance devices to is not met as evidenced experies the facility expervision for 1 of 3 risk for elopement (Resident and began on 1/6/12 and is a notified of the Immediate at 2:56PM and facility was | | 323 | For the Resident affected by the alledeficient practice: Resident #1 was placed on 1:1 supervision, around 9:15 pm was returned to the facility aft the facility, the shift supervision Resident #1 in the 200 hall diniuntil he was transferred to Car Rehab center at 11:45pm. Resident #1 was transferred to Rehab Center on 1/6/2012, at by the facility transportation a facility Van, and has not return facility. Resident #1 was then by the facility transportation a Carolina Medical Center Emerg Room. Physician was notified of resid discharge on 1/7/2012, by the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was sent to Carolina Medical Center Emergence of the supervisor around 12am, after was the | when he er exiting r sat with ing room, colina Carolina 11:45 pm ide in the hed to the transferred ide to gency ents house resident | 3/30/12 |
| DRM CMS-2567 | (02-99) Previous Versions Obso | lete Event ID: Z8PC11 | 1 | Faci | lity ID: 923250 If cont | linuation sheet | Page 27 of 48 |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| AND LANC | COMMECTION | DENTI TOATION NOMBER. | A. BUILDING | G | |
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| TAG | HEGOLATORY OR E | SC IDENTIFYING INFORMATION) | TAG | REFERENCED TO THE APPROPRIA DEFICIENCY) | VIE |
| F 323 | Prevention Program residents would be as utilizing the elopement Any resident with a so be considered high risplace. Any resident the desire to go home, had elopement, or history needed supervision of placed on Behavior M. If elopement occurs the would be followed and the resident was discondify administrator or supervisor on duty an alerted. The highest redocumentation of all eleupdated at least every last time the resident organizing healthcare and grounds, note the who participated in the was search, notify the and name of the polic information offered to time the administrator notified and their responding and documented, vita and every 4 hours for checks and any nursicindicated. The care plice indicated. The care plice in the content of the care plice indicated. The care plice indicated. | policy titled " Elopement dated 2/11, read in part; " sessed on admission trisk assessment risk for. Fore of 18 or higher would sk and interventions put in at verbally express the sa prior history of of leaving the center without r informing staff, will be anagement Program. The following interventions of documented; note the time elovered missing by whom, the highest ranking donote the time they were earnking supervisor will begin events. The record would be to 15 minutes, determine the eloves seen, begin search by staff to search the building time it was begun, note ele search and which area police and note the time the elofficer involved and police, notify and note the | F 323 | Residents Potentially Affected Elopement risk assessments we completed, utilizing the original Elopement Risk Assessment, by DHS(Director of Health Services Managers on 3/22/12 for all reshouse. Elopement risk assessment hen be conducted quarterly an significant changes to assess ris Residents identified as high risk upon completion of assessment A picture and description pwander book that will be kneeption desk and at each station. Interventions will be noted in preventing elopements Upon admission/readmission and Admission behavior log is initial includes a hour on the hour documentation of any behavior occurred including begging to get ansferring unsafely, Wandering get out the door, agitated or confalls without/with injury, Alteroidentified behavior, agitation, cond/or wandering/trying to go has the potential to escalate with immediate interventions put in | / ///Nurse sidents in hents will id with k status. will have t: laced in a lept at the nurse's I to assist the ted, the log that has o home, hg/ trying to mbative, lation. Any ombative thome, that ll have |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | | PLE CONSTRUCTION | (X3) DATE SUR COMPLETE | |
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| HERITAGE | E HEALTHCARE OF HIGH | H POINT | 1D | 3 | REET ADDRESS, CITY, STATE, ZIP CODE 1830 N MAIN STREET HIGH POINT, NC 27265 PROVIDER'S PLAN OF CORRECTION | (FACH | (X5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREF TAG | i | CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) maintain safety and the well be | ROSS- ATE sing of all | COMPLÉTION DATE |
| F 323 | Resident #1 was adm rehabilitation center, vincluding traumatic br hypertension and hyp #1 was a recent admit Data Set was not con admission records, not admission/nursing evinterviews from family center and medical co #1 had intermittent co loss, flat affect, forget thought process and decisions. The admist that the parents were admitted Resident #1 Review of Nurse #1 in 3:00PM, revealed that for rehabilitation serving return home with fam alert/verbal with flat a questions and confus and other aspects of or documented behavioral intake at bedtime every 4 hours as necessions revealed orders for revealed orders for revealed orders for revealed orders for residual process. | racelet would be instituted. litted on 1/6/12 from a with multiple diagnoses ain injury, diabetes, ercholesterolemia. Resident ssion therefore a Minimum inpleted. Review of hospital ursing home aluation assessments and and staff at rehabilitation enter revealed that Resident infusion, short term memory fulness and repetitive unable to make informed sion paperwork revealed the responsible parties who how the responsible parties who have a side of the response to have a side of the response of | F | 323 | | mplete the admission sychiatric referring to on windows en a dealth cility or security ty system security ted on sidirector on with the esident, anager will on the face of ces / charge accurate. Example will validate the saddent of the securate of the se | |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | | LE CONSTRUCTION | (X3) DATE SUR COMPLETE | |
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| | OVIDER OR SUPPLIER HEALTHCARE OF HIGH | H POINT | | 31 | EET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CH REFERENCED TO THE APPROPRIA DEFICIENCY) | ROSS- | (XS) COMPLETION DATE |
| F 323 | 1/6/12, revealed that assistance/encourage dressing/grooming are other activities of dails of the elopement risk completed by the nurresident #1 had pool "risk for elopement of traumatic brain injury forgetfulness noted." Review of the admiss 1/6/12, identified a bewandering. The goal not harm themselves behaviors through neinterventions included protect the rights and in calm manner, diversituation and take to and administer and miside effects of medical physician orders/MAF record). Review of the nursing dated 1/6/12, revealed documented behavious before 8:00PM. Reviadministration record 1/6/12 at 8:00PM, reviate 2mg of Ativan dues scheduled medication. | home assessment dated Resident #1 needed ement with ad was independent with all y living. Additionally, review and fall form dated 1/6/12, sing home revealed that r vision without glasses and ue to ambulatory with intermittent confusion and ion interim care plan dated thavior problem of included the resident would or others secondary to their ext 30 days. The d intervene as needed to safety of others, approach at attention, remove from another location as needed inclined as ordered-see a (medication administration g home behavior log form d there were no rs of agitation or wandering ew of the MAR (medication) and nurse 's notes dated realed Resident #1 received to to the wandering at his | F. | 323 | In-services were begun immed Licensed staff on March 22, 26 completed on March 30, 2012 completed) conducted by the (Director of Heath Services) and ADHS/Nurse Managers on: Elopement Police Notification of Safe Discharge Documentation Escalating Beh ** Licensed Staff, who are PRN, on only, out on sick or personal leaved be permitted to work until in-service complete As a facility practice and as a sy approach to ensure the staff at has knowledge of and understation of elopement, and the use of the admission behavior log to aide identification of escalating behavior log to aide identification of escalating behavior log to aide include but not limited to self in injury, threaten elopement, attelope, hitting at self or other, with the behavior to the charge nurse charge nurse will assess | one of the control of | |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | | X3) DATE SURVEY COMPLETED | |
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| F 323 | of shift in bed and wa known. Additionally, review or dated 1/6/12 at 10:00 nurse #2 went to resigne PPD (purified pronoted that resident was the first step PPD was been given Ativan 2mout of room asking her his room window was air was gushing into to notified immediately at the nurse supervisor window and up to from supervisor delegated down Main Street. Restreet heading toward was stopped and (he car and coming back asking to talk to his paget parents on the ph Message saying you has been disconnected Resident was taken be member was assignen on documented time initiated or when the finitiated or when the fini | f Nurse #2 nurse 's note PM, revealed " (charge) dent room around 8:45PM to otein derivative) test and as no where to be found. " as given, Resident #1 had ag at 8:00PM, when he came aw he could get out of here. " as noted wide open and cold the room. Nurse #3 was and a search was initiated. asearched outside the open ant of the building. The the (charge) nurse to go asident was seen on main I [name of town]' Resident cooperated in getting in the to the facility). " He was arents, giving all attempts to one was unsuccessful. thave reached a number that ad or out of service. ack to his room and a staff d to him 1:1. " There was of when the search was amily, administration or | F | 323 | resident and notify the physician, fainterventions will be put in place. It of the 24 hour report, the healthcar will have mandatory training of all numbers during orientation and at annually with all staff Licensed and licensed staff. In-servicing will also be completed when needs are identified facility management. • 24 hour reports will be monitor the DHS/CCC/UM/Week end more review for discharge from the faidentification of escalating behaved and the change of condition of the residuentified issues will be reviewed ensure follow—up was conducted bring findings and trends to the Performance Improvement meets on 3/22/12 a piece of blue tape placed on the outside window swhere the screen meets the window swhere the screen meets the window swhere the window screens for tapering through 3/26/12. The was concluded when the securi (alarm system) was placed on ein the facility. This will allow the know when a screen has been to the security of the screen has been to the security. | he Inclusion he center hew staff least hon he ed by hed daily by heanager to heacility, haviors, and heant. Any head to heant of the monthly heart of the mo | | |

Facility ID: 923250

FORM CMS-2567(02-99) Previous Versions Obsolete

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | LE CONSTRUCTION | (X3) DATE SUR COMPLETE | |
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| | OVIDER OR SUPPLIER | | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265 | N. (EACH) | 0/0 |
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| F 323 | facility was not docu further documentation behavior, mental or resident when the re facility. In addition, it whether the facility a or the physician or the the facility notification elopement. Further review of the evidence of an incid protocol for elopeme implemented. The act to provide any documentation to indicat conducted regarding no documentation or behaviors, mental or note or other forms of There was no consu- physician orders for records. Reviewed as record and there was made with the reside admission. During a facility tour location where Resi- conducted. Residen residing in the room The window did hav window position was in the back of the bu- condition unit at the bags at base of built overseen by the ma- | the resident 's return to the mented and there was no on/assessment of the ohysical condition of the sident was returned to the nere was no information of administration was contacted, ne family in accordance with an policy/procedure for a record revealed that was no ent report or the facility policy ent was reviewed or dministrative staff was unable ments or supporting the that an investigation was a the elopement. There was a fany changes in resident or health noted in nurse 's of documents within facility. Intation/discussion or discharge noted in the facility elocial worker section of son indication of contact ent or family during on 3/21/12 at 9:30AM, the dent #1 resided was the time of elopement. The situated in an alcove section wilding. There was a small air base of the window with sand ding. The window could be intenance building, | | | Security surveillance of Facility be in effect twenty four hours monitor that window screens at The surveillance is conducted thousekeeping/Maintenance st be in effect until the window susystem is installed. Completion 3/26/12. Binders for at-risk residents are the reception desk and at each station. At-risk status for residetermined by clinical evaluati resident-specific behaviors. Nin have been identified. Prevention of Reoccurrence: 24 hour reports will be monit by the Director of Health Ser (Assistant Director of Health Services)s/Unit Managers/Wananager to review for dischfacility. Any identified issues reviewed to ensure follow—conducted. DHS will bring first trends to the monthly Performance in the mont | a day to are intact. by aff and will ecurity in date was e placed at inurses dents is on and ine residents ditored daily rvices/ADHS leek end arge from the swill be up was indings and rmance in aree months. | |
| DRM CMS-2561 | (62-99) Previous Versions Ob | solete Event ID: Z8PC1 | ŀ | Fac | Hity ID: 923250 If C | ontinuation sheet | Page 32 of 48 |

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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUII | | LE CONSTRUCTION | (X3) DATE SUR\ COMPLETE | |
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| | | 345105 | | | | 03/23 | /EU12 |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | ìΧ | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) Upon admission/readmission an | ROSS- ATE | (X5) COMPLETION DATE |
| F 323 | resident rooms and a surrounding location and heavily wooded Additional, observati front area lobby and that had key pad ent During an interview or rehabilitation center treating social worker sent to the facility (Femedical records etc) unable to make decibrain injury) the respect the discarge process resident did not have did have periods of a due to TBI. The note was discharged from 1/6/12, and admitted rehabilitation services. During an interview responsible person admission to rehabilitation to TBI. While the resident to TBI. While the resident #1 history. Alternate plainvestigated prior to home. The responsible number admission to the number of the required forms and the resident was a surrounded. | department, several other side staff parking lock. The of the facility was fenced in with bamboo trees. ons included checking the other exits within the facility rance/exit codes. on 3/21/12 at 11:19AM, the SW reviewed the notes of the or and notes from the medical. The routine paperwork was L2, discharge summary and. Since Resident #1 was sions due to TBI (traumatic consible party was involved in and confirmed that the ean elopement history, but agitation, mental confusions as revealed that Resident #1 in rehabilitation center on to nursing home for es. on 3/21/12 at 11:27AM, the stated that prior to resident itiation center resident had 9/13/11 and was sent to ontil 10/13/11. Medical Center D rehabilitation center due to ent was at rehabilitation had not had an elopment admission to the nursing lible person assisted with the resing home by completing the | F | 323 | · · | includes a n of any ding g unsafely, e door, tout/with ed behavior, tout hat has the mmediate intain residents. behavior of for further rvices, ment obysician for eviewed or of Health ctor of ers/ Weekement inventions in will be o was ings and nance | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | | |
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| | CORRECTION | IDENTIFICATION NUMBER: | A. BUILL | DING | | C | ; |
| | | 345105 | B. WING | i | | 03/23 | /2012 |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | | ID. | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 930 N MAIN STREET IGH POINT, NC 27265 PROVIDER'S PLAN OF CORRECTION | ON (EACH | (X6) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | | CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY) | CROSS- | COMPLETION DATE |
| F 323 | to the designated roosettled down. Reside they attempted to gethe responsible personable | om and got the resident ent was upset and tearful as it Resident #1 settled down, on left between 4:30-5:00PM. son did not get a call about son until 3:00AM. on 3/21/12 at 2:42PM, Nurse ne admitting nurse for #1 indicated that Resident | F | 323 | • 24 hour reports will be monit the Director of Health Services/ADHS(Assistant Dire Services)s/Unit Managers/W manager to review for dischafacility. Any identified issues reviewed to ensure follow—conducted. DHS will bring finterends to the monthly Perfort Improvement meeting for the then quarterly thereafter. • New admission charts will be with in 24 hours by the Direct Services/ADHS (Assistant Direct Health Services)s /Unit managers to ensure elocassessment completed and place. Any identified issued reviewed to ensure follow—conducted. DHS will bring finterends to the monthly Perfort Improvement meeting for the quarterly thereafter. | ector of Health eek end arge from the will be up was dings and mance ree months, e reviewed ctor of Health rector of agers/ Week- pement inventions in s will be up was andings and rmance | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE (| CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN OF | CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING | | С | |
| | | 345105 | B, WING | | 03/23/2012 | |
| | OVIDER OR SUPPLIER | H POINT | 3830 | ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET POINT, NC 27265 | | |
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| F 323 | remained in his room meals. Staff would of was still calm. She in the resident any med documentation presidencks that were do During an interview #2 stated that he wanoticed Resident #1 down the hall calmiy upset other than wahave periods of cryistated that he asked how he could help highly wanted to go how documentation of in agitation was first noresident in hall at 8: the door handle and wanted to go home his 8:00PM, ativant other medications of and down hall. The or excessively agita #2 stated that he con hall and when he go hall he went back to 8:45PM to give him the door was close and he went into the in the room and the entered the room to room search he saw the window | n most of shift unless for do periodic checks and he indicate that she did not give dications. There was no ented or available of the ne during the 7-3PM shift. on 3/21/12 at 2:52PM, Nurse is doing med pass when he continued pacing up and if. He was not agitated or inting to go home. He would ng out for his parents. He if the resident several times shim get adjusted and resident | F 323 | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN OF | CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING | | С | |
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| | ROVIDER OR SUPPLIER | | 363 | ET ADDRESS, CITY, STATE, ZIP CODE SO N MAIN STREET GH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPE DEFICIENCY) | CROSS- | (X5) COMPLETION DATE |
| F 323 | instructed him to beg contacted the DON/h his car after searchin out of the drive way station. The resident of highway. Nurse # them know he would opposite direction. Hother direction and so mile on the grassy the high beam of call walking toward resident, the resident his surroundings and wanted to go home home was. So he exinto the car and he facility. Nurse #3 we events during the some the resident returns he needed to be worn to watch resident needed to sit with and sobbing for his mean time was call number averaging in the hotel instructed him and arrangments to see envrionment. The fadministrator/Definition of the car and he facility. The fadministrator/Definition of the car and he facility has been to be worn to watch resident and sobbing for his mean time was call number averaging in the hotel instructed him and arrangments to see envrionment. The fadministrator/Definition of the car after the resident back to fadministrator/Definition. | gin a search outside while he Administrator. Nurse #2 got in an around facility and went toward the left first to the gas it was not seen along the side it cantinued search in the turned around and went in saw resident walking about 1. If part of the road. He put on rights, parked car and began dent. He let the resident know e resident had recognized him | F 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | ONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 345105 | B. WING | | 03, | C /23/2012 | | |
| | OVIDER OR SUPPLIER | | 3830 1 | ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET POINT, NC 27265 | | | | |
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| TAG | nedo a variation | | | BEHOLINOT | | | | |
| F 323 | exited out of the wind was unaware of the elopment, as the resthreatening, just pachome. Nurse #2 stated that the IM medication (a was gone. Nurse #3 IM medication becaute floor after the PC Nurse #2 added that with resident after the #2 also indicated the reoprts because the handle all the paper transfers. Nurse #2 doctor or anyone elsthe contacting of pemedication pass. He how long the reside time he brought the During an interview #3 stated that he will duty. He stated that Nurse #2 informed not in the room whe his IM medication. In not recall what time physician to get the stated that the he is Resident #1 was as | ride for his safety since he dow. Nurse #2 added that he resident potential for ident was very calm, non ed the floor and wanted to go the did not give the resident tivan) because the resident had called the doctor for the use the resident was pacing of medications were given. It he did not have any trouble the 8:00PM medication. Nurse at he did not do any of the Nurse#e stated he would work and discussion with stated that he did not talk with se and that Nurse #3 did all ople and he returned to his e added that he was uncertain the did not or the control of the control | F 323 | | | | | |
| | document when he | made the call or why he ication, since Resident #1 had | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUII | .DING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | 345105 | B. WIN | G | | 03/2 | 3/2012 |
| | OVIDER OR SUPPLIER HEALTHCARE OF HIG | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 130 N MAIN STREET IGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE (REFERENCED TO THE APPROPR DEFICIENCY) | CROSS- | (X5) COMPLETION DATE |
| F 323 | Continued From pag | e 37 | F | 323 | | | |
| | him that the resident the front lobby door a banging and shaking of the facility. Nurse another hall and that assistants) was in rewhen the behaviors #2, roughly around that when he came station, Nurse #2 ha 8:00PM medication room calmly. Later whetween 8:45PM to resident was gone, so Nurse #3 and Nurse and Nurse #2 got in to search. He did not ook or exact time whether the called the resident was rurnot want to get in the about 1.5 miles down crying and wanted to that he called the nunot get answer or not want to get in the about resident was rurnot want to get in the about 1.5 miles down crying and wanted to that he called the nunot get answer or not want to get answer or not get answe | sident rooms providing care were occurring with Nurse 3:00PM/8:15PM. He stated from the other hall to nurse d given the resident the and resident went back to when Nurse #2 called him 9:00PM, to let him know staff started building search, a #2 went ouside to search car and went down the road at know how long the search when resident was returned to that Nurse #2 reported that aning down the street and did he car and the resident was on the road. The resident was o go home. Nurse #3 stated umbers listed of family and did umbers were not right. | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | CONSTRUCTION | | DATE SURVEY COMPLETED C | |
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| | | 345105 | B. WIN | G | | | 3/23/2012 | |
| | OVIDER OR SUPPLIER | GH POINT | | 383 | ET ADDRESS, CITY, STATE, ZIP CODE O N MAIN STREET SH POINT, NC 27265 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRI DEFICIENCY) | BE CROSS- | (X5) COMPLETION DATE | |
| F 323 | elopement history it Nurse #3 stated that got back and vital si while he made arrar Nurse #2 did a repo given to Director of stated that he did no what he did or whore everything happened did not contact the oback about the IM m resident was gone to instructed to send re arrangements with the about 11:30PM until arranged. He stated at medical center to returning, but could person was. He state staff person returner rehabilitation center they searched onling interview on 3/21/12 indicated that she he #3, could not recall had eloped from the bedroom window. In Nurse #3 to search areas. She contacted contacted the corporate administrator gave to discharge the resident and they we resident and they we | e not informed of his was ok to send him back. It resident was calm when he gns was taken of resident, agements. He stated that the rt of what happen and it was Nursing. Nurse #3 further of document the events of an he spoke with because d so fast. He added that he doctor for discharge or call anedication because the of another facility. And he was resident back. So he made for NA to sit with resident I transportation could be I that he spoke with someone let them know resident was not recall who the staff attention to the | F | 323 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUIL | | ECONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE OF HIGH POINT | | | | 383 | ET ADDRESS, CITY, STATE, ZIP CODE 0 N MAIN STREET BH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 323 | DON that since Resided ay admission it was previous facility. DON had not been contact resident or consulted The director of nursing and documentation a any documentation, it took place and the nucondition of Resident physical well being door return from the elowould have been one had been completed resident was identified whether high or low, protocol, monitoring, should have been do have documented all completed an incider family, physician and regarding Resident # available. "Additional included, a wander gupdating of elopementare plan. During an interview of (nursing assistant) # Resident #1 primary indicated during the or resident was in a good performed vital signs family was present. For communicate much, | ther informed and instructed dent #1 had not been a 30 ok to return resident to a added that the physician led following the return of the regarding the discharge. In a reviewed the facility record and stated I do not have incident reports of what action lursing notes do not reflect the a #1 behaviors, mental or luring the course of the shift pement. The expectation see the nursing assessment | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l` ' | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | A. BUI B. WIN | | | | C 3/2012 |
| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIG | H POINT | <u> </u> | 3830 | T ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET H POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTED TO THE APPROPRIATE OF THE APPRO | ROSS- | (X5) COMPLETION DATE |
| F 323 | wanted to go home w NA#1 added that Rescrying or being agitate resident in the hall be She further stated that from dinner break are informed by other NA resident had gotten of the search of resident rest of the staff. She as Nurse #2 give Resident 7:45PM, to 8:00PM in could not recall how be found or what nurse return. She added that document anything of once the resident retuended her shift at 11: aware of was that the another facility. During an interview of indicated that she had family earlier during the was calm and getting indicated that she was of Resident #1 attemponly knew that the reshome with family. NA informed after 9:00 Phad gotten out of the that all staff had to as resident. During an interview of indicated that she had resident. | inued to repeat that he ith family after they left. Ident #1 was not observed ed when she last past tween 7:30PM to 8:00PM. It it wasn't till she returned and 9:00PM, when she was and Nurse #3 that the ut of the building. She began the rooms and building with the edded that she had seen ent #1 medication around in the hall. In addition, she long it took for the resident to sing did after the resident at no-one asked her to rewas asked any questions arrived to the building. She condition to the building. She long and that all she was resident was being sent to the shift and Resident #1 settled with family. NA#2 is unaware of any behaviors building to exit the building and sident wanted to return #2 stated that she was later M or later that the resident building by Nurse #3 and sist with the search of the esident was getting settled. | · | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | iulti Ldin | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIGI | H POINT | | ; | REET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | ΊX | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPR DEFICIENCY) | CROSS- | (X5) COMPLETION DATE |
| F 323 | resident to give the fa She further stated that admission process and coordinator handled at contact information. It of Resident #1 behaving not reviewed any of he During an interview of administrator indicate contacted him and information that was contacted him and information that was conter indicating Resident previous facility due and provide a safe en In addition, since the information from the resident because his immanagement felt that resident because his immanagement at the facility more sail the information, mental and discharge summary we by director of nursing the resident was acces addition, if the sending | g in bed and was not y was encouraging the cility a chance and to stay. It she did not do any of the d that the admission Ill the paperwork and addition, she was unaware for history due to she had is paperwork. 13/21/12 at 5:50PM, the d that the director of nursing formed him of Resident #1 ' bedroom window. The nat based on the n Nurse #3 and the gathered from the medical dent #1 had an incident of g behaviors decision was at to return the resident back to to the inability to protect vironment for Resident #1. resident had not been in the lays and lack of additional ehabilitation center, it was best to return the needs could not be lity. cated the expectation ng the pre-screening ation regarding the resident health status, FL2 and ould have been reviewed and/or admitting nurse once | F | 323 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | LTIPLE CONSTRUCTION | | TE SURVEY MPLETED |
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| | | 345105 | | | | 03/23/2012 |
| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIGI | H POINT | | STREET ADDRESS, CITY, STATE, ZIP C 3830 N MAIN STREET HIGH POINT, NC 27265 | ODE | |
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| F 323 | behavior, the resident accepted to the facility reviewed the record at there was no docume supported or warrant the elopement process policy/expectation for family/physician or the discharge. He added the contact information inaccurate. During an interview of physician indicated the hours, could not recall the physician indicated the hours, could not recall the IM medication. Since IM medication. Since IM medication in the IM medication. Since IM medication in the IM medication in the IM medication in the IM medication. Since IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication in the IM medication. The physical in the IM medication i | twould not have been y. The administrator and he acknowledge that the action taken regarding is according to facility elopement, notification of e appropriateness of the that he was unaware that in for the family was 1 3/21/12 at 5:58PM, the at she was contacted after I exact time via cell phone. know the resident had the call for the request for he was informed that in given oral Ativan around in Nurse #3 had called to imag of IM Ativan, because ated and upset and wanted y. She was not aware of any tempts to get out building in IM medication. It wasn 't the IM medication that she in #1 had eloped from the went to administer the IM ician indicated the there in for the discharge. harged based on the facility resident as the result of the facility was unable to dent from continued cian further stated that she | F3 | 923 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ULTIPLE CO LDING | DNSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER E HEALTHCARE OF HIG | GH POINT | ' | 3830 N | DDRESS, CITY, STATE, ZIP CODE MAIN STREET POINT, NC 27265 | | |
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| F 323 | discharge and that is administrative decisifacility on Monday. Sunaware the family informed of the dischafter review of the rethat nursing staff wo the situation and not resident upon return re-contact the treatir further stated that a discussion was part. During an interview medical center indicated they were after hours and they would be returned. The emergency room phoresident and could in and decided to admin observation and lack Resident #1 did not the was aware and recooperative upon rethe medical center from the medical | the was informed of the ion to return to the previous on added that she was nad not been contacted or harge. The physician added ecord, the expectation was uld document the events of the the condition of the from the elopement and ng or on-call physician. She physician order and of protocol for discharges. On 3/21/12 at 9:32PM, the lated that he received a call on that staff from the nursing desident #1 back for ehabilitation center staff unable to accept admission were unaware the resident the SW reported that the lated any medical problems to the Resident for further to of placement. In addition, have an elopement issue that the mained very calm and turn. Resident #1 remained in 1/7/12-2/7/12, before | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 345105 | B. WIN | G | | 03/ | C 23/2012 |
| | NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE OF HIGH POINT | | | 3830 | ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265 | | |
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| F 323 | form that Resident # Even though during I the resident did not in leave or exit building person that had exit is was calm when his fa further stated that sh regarding Resident # agitation per review of that Nurse #3 should and that the resident elopement risk based for agitation based of demeanor. She inform potential changes. SI not add the resident if resident that have eld did not show actual is within 48 to 72 hours change that was why information to 2nd sh acknowledge that she concerns just gave ver During an interview of Director of nursing act documentation did no receipt of the addition indicated that she did FL2 and resident med was reviewed he was The resident was ser charlotte based on th administration and th unable to safely provi further stated that she | decumented on the elopement was at risk for elopement. The reposervation/interaction andicate that he wanted to was at risk for elopement. The reposervation/interaction andicate that he wanted to was a seeking behaviors, as he amily were present. She are gave report to Nurse #3 if medication, issues with the present of the present was and was a possible of the present was and med not be a possible of the typical monitoring of the present history because he wigns. She added that usally resident behaviors do where profession was a proposed that the present was and medication. She added that the present was a proposed to the presen | F | 323 | | | |

| | ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ID PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | | |
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| | ROVIDER OR SUPPLIER | GH POINT | | 3830 | FADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265 | 1 00,2 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 323 | met at the facility. S the lack of documer happened and who behaviors the facility not implemented or process for monitori minute checks, wan plan if needed. She was sent back to th said he wanted to re noted as to why the by facility when it was s behaviors had ince that the resident was she felt ok to send th facility with only one family and physiciar notified. Follow up interview administrator indicat that staff document using the facility pro and follow protocol of elopement. He adde of what did happen a if it was not docume added that the send his facility with appro concerning the resid would not have been the exit seeking or e addition, the facility of that each shift receiv the resident. During a telephone in | the further stated that due to station of the events of what did what part, or noted or process/procedures were followed. She added that the ng a resident would include 15 der guard, revision of care indicated that the resident e previous facility, because he eturn. There was no response resident was not sent to near as reported that the resident 'reased. She was informed as calm prior to discharge, so the resident back to other staff. She added that the exhauld have been properly on 3/22/12 at 9:00AM, the red that the expectation was all the events of the situation wided forms/assessments or residents at risk for d without the documentation and the action that was taken, inted it was not done. He ing facility had not provided | F | 323 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | ULTIPI LDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|--|-------------------|-----------------|---|-------------------------------|----------------------------|
| | | 345105 | B. WIN | | | | C 23/2012 |
| NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE OF HIGH POINT | | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265 | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 323 | not assigned to her, be resident confused and hall. The resident was if he wanted to go out He was standing and to go out when others just grab door but it we indicated that she last to 6PM. She revealed the time when staff standard that she was nafter the resident had. During an interview or indicated that she was had been missing and search. She was unat asked to take part in the she was asked by Nuring the 1:1 observation bed repeating that in the room until discheduring the 1:1 observation bed repeating that in the search. She relieved by another Nurse was unaware of any beart in the search. She relieved by another Nurse was provided 1:1 for Resident of the resident in the search. She added any of the resident in search. Resident #1 we search. | ut she observed the discolor walking up and down the sholding on door handle as around 5:00 and 6:00PM. Idooking out door, he wanted was entering/exit door. He as not viloent nature. NA#3 saw resident around 5:30 dithat she was uncertain of arted for the resident. She of asked to do anything been found. In 3/23/12 at 8:50AM, NA #5 is informed that the resident was part of the building be to recall when she was he search or time frame rese #3 to sit with the resident arge. She added that ation resident was calm lying he wanted to go home. Noted behaviors and she ehaviors before she took enadded that she was A to watch resident when In 3/23/12 at 9:20AM, NA #6 is asked to stay over and tent #1 around 11:30PM by that she was unaware of behaviors prior to the taff had to search for the for recall the time of the reas quiet and she was was in the building because | F | 323 | | | |

| STATEMENT AND PLAN O | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|--------------------|-----|---|----------------------------|----------------------------|
| | | 345105 | B. WIN | | | 00/ | C |
| | ROVIDER OR SUPPLIER | H POINT | | 38 | EET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265 | 03/ | 23/2012 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIA DEFICIENCY) | ROSS- | (X5) COMPLETION DATE |
| F 323 | During a follow-up into 1:42PM, Nurse #2 adwork at three o 'clock on the new admission medication pass. He at see the resident after in and out of resident until he got to the end resident resided. He add not document all the since Nurse #3 was he and phone calls. | erview on 3/23/12 at ded that when he arrived to a Nurse #3 was still working a so he went onto do his acknowledged that he didn ' ar 8:00PM, because he was rooms giving medications | F | 323 | | | |