STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345446	A. BUILDING _____ B. WING _____	C 05/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE PINES HEALTH AND REHAB CENTER	95 LOCUST STREET CONNELLYS SPRINGS, NC 28612

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation event ID #YNVL11. 483.13 (F226) at J Immediate jeopardy began on 01/07/13 when staff became aware Resident #126 acted sexually inappropriately toward Resident #108. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. Immediate jeopardy was removed on 05/10/13 at 4:37 PM when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective. 483.25 (F323) at J Immediate jeopardy began on 01/07/13 when staff became aware Resident #126 acted sexually inappropriately toward Resident #108. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. Immediate jeopardy was removed on 05/10/13 at 4:37 PM when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective.	F 000	"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts set forth in the statement of deficiencies. The Plan of Correction is prepared in/or executed solely because the provisions of the Federal and State Law require it." F226 • Corrective action was accomplished for Resident #108 and Resident #126 in the following manner: 1. Resident #126 was placed on 1:1 (one licensed nurse or nursing assistant assigned to observe and monitor Resident #126 at all times. Resident #108 was protected from inappropriate sexual behaviors based on the assigned 1:1 observation and monitoring of Resident #126. • Corrective action was accomplished for all those resident having the potential to be affected by the alleged deficient practice in the following manner: 1. All interviewable residents in the facility were questioned on 5-9-13 by the social worker and the nurse managers. The following scripted questions were asked: A) Has any resident touched you inappropriately? B) Have you observed inappropriate behaviors from any other residents or between any resident?, C) Has any other resident made you feel uncomfortable?. All reported they felt comfortable and no one had been inappropriately touched. No concerns were reported from the interview. Interview of alert and oriented residents are scheduled weekly times three weeks, and then every two weeks for one month, at which the need for these interviews to be continued will be evaluated	6-10-2013
F 226 SS=J	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Beverly Hollifield | Administrator | 6-15-2013

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.

original signature 5-31-13 mh

DHSR NAME Black Mountain WRO Received JUN 17 2013 by: MMH

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F 226	Continued From page 1 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to develop policies and procedures for reporting abuse allegations to the administrator and/or Director of Nursing and failed to implement protective measures to protect 1 of 1 resident (#108) from 1 of 1 resident (#126) from sexually inappropriate behavior. Immediate jeopardy began on 01/07/13 when staff became aware Resident #126 acted sexually inappropriately toward Resident #108. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. Immediate jeopardy was removed on 05/10/13 at 4:37 PM when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective. The findings included: A document titled "Abuse Prohibition" updated on 11/21/11 read in part: "The facility shall develop and operationalize procedures that prohibit abuse for all residents. The facility shall simultaneously	F 226	The Social Worker or designee is assigned to conduct these interviews of interviewable residents. If a resident answers one of the scripted questions affirmatively then the facility will begin abuse investigation protocol, perform 24 hour reporting and follow up 5 day reporting to the NC Health Care Personnel Registry. 2. Non inter-viewable residents were observed for any nonverbal signs of abuse, and there were no indication or outwards signs of abuse. 3. Staff is asked to identify if they were aware of any other residents with sexually inappropriate behavior and they reported that there were none. 4. Resident #126 was placed on 1:1 (one licensed nurse or nursing assistant assigned to observe and monitor Resident #126 at all times. 5. One to one observation and monitoring is documented on a tracking sign in form. To ensure Resident #126 is supervised as planned the assigned Nurse Manager shall monitor the one to one tracking sign in form on a daily basis. The assigned Nurse Manager shall review the weekend sheets on Monday, and the weekend supervisor will ensure that the documentation on the sign-in forms is accomplished on the weekends.	6-10-2013

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F 226	Continued From page 2 develop and operationalize a policy of reporting abuse." The document also read in part the processes in which the facility would implement their abuse prohibition included: - The facility shall train employees through orientation and on-going session about how staff should report their knowledge related to allegations of abuse. - The facility shall assure residents are protected from harm during the investigation. Further review of the document revealed that there was no policy related to reporting abuse allegations to the Administrator and/or Director of Nursing. Resident #126 was admitted to the facility on 03/22/12 with diagnoses that included dementia and depressive disorder. The Minimum Data Set (MDS) dated 12/09/12 specified the resident had moderately impaired cognitive skills but no documented behaviors. The MDS also specified the resident required limited assistance with activities of daily living (ADL) and used a walker or wheelchair for mobility. Resident #108 was admitted to the facility 11/16/11 with diagnoses that included Alzheimer's disease, debility, paralysis and others. The Minimum Data Set (MDS) dated 11/11/12 specified the resident had severely impaired cognitive skills and required extensive assistance with activities of daily living (ADL). a. On 05/09/13 at 11:10 AM Nurse Aide (NA) #3 was interviewed and reported that she was trained to report any concerns with resident to	F 226	6. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include immediate separation of the residents' involved in the inappropriate sexual behavior, including 1:1 staffing (one licensed nurse or nursing assistant assigned to observe and monitor at all times), and immediate reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 7. In addition to the above action Resident #126 was examined by the Medical Director on 5/10/13, and Resident #126 was placed on anti-anxiety medication. Resident #126 was also placed on a testosterone inhibiting medication. It should also be noted that Resident #126 remains on 1:1 observation and monitoring for 21 days beginning effective 5/9/13. If there are no further incidents of sexual acting out during the 21 day period; observation will be changed to frequent monitoring. Frequent monitoring shall be defined as an observation made every 30 minutes times three days and then hour for seven days and then observation every two hours upon routine care rounds. If Resident #126 shows any signs of inappropriate sexual behavior after being removed from the 1:1 staffing, the 1:1 observation and monitoring will be resumed immediately and the physician will be notified for medication adjustment.	6-10-2013

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F 226	Continued From page 3 resident behavior to the nurse. She stated that on a Saturday or Sunday "several months ago, right after Christmas" she observed Resident #126 sitting in the hallway fondling Resident #108's breasts. She called NA #1 for assistance and together the aides approached Resident #126 and separated the residents. She added that she reported the incident to Nurse #3. NA #3 stated that following the incident she monitored Resident #126's location for the remainder of her shift. She stated that following the incident she was not made aware of changes in the level of supervision for Resident #126 and added that he was mobile throughout the facility. The NA explained that Resident #126's room remained near Resident #108 and commented that Resident #126 had a fondness for Resident #108 because she reminded him of his wife. On 05/10/13 at 2:55 PM NA #1 was interviewed and reported that she had observed Resident #126 fondling Resident #108's breasts. She stated the incident happened on a weekend when she worked with NA #3, Nurse #3 and the Weekend Supervisor. She added that the incident was reported to Nurse #3. On 05/10/13 at 8:05 AM Nurse #3 was interviewed and reported that she was trained to report all allegations or suspicion of abuse to her immediate supervisor. She stated she recalled being notified by NA #3 that Resident #126 had fondled Resident #108. Nurse #3 explained that she could not recall the date of the incident but confirmed it was a weekend in January. She added that the incident occurred in the early part of January because after the incident she was made aware of 2 additional incidents of Resident	F 226	• The following systemic changes have been made to ensure the deficient practice does not re-occur: 1. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include immediate separation of the residents' involved in the inappropriate sexual behavior, including 1:1 staffing (one licensed nurse or nursing assistant assigned to observe and monitor at all times), and immediate reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 2. An in-service was conducted for all staff concerning resident protection and reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to the DON and/or Administrator 24 hours a day, 7 days a week., C) Staff response to include ensuring resident protection with immediate separation of resident and initiating 1:1 staffing until further notice, D) It is the staff responsibility to ensure that the resident is monitored 1:1 until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents, E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors, F) Admission process shall review for potential sexual behaviors and	6-10-2013

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F 226	Continued From page 4 #126 being sexually inappropriate with Resident #108. Nurse #3 reported that she asked Resident #108 if she had been touched inappropriately by Resident #126 because she felt the resident was alert and oriented. She added that Resident #108 denied the incident had occurred. She stated she told the nurse aides to monitor Resident #126. Nurse #3 stated that she reported the incident to the Weekend Supervisor. On 05/09/13 at 11:40 AM the Weekend Supervisor was interviewed and reported that she recalled an incident (date unknown) where NA #3 reported she had observed Resident #126 fondling Resident #108's breasts. She stated that she was trained to separate residents and then report the incident to the Director of Nursing (DON). She added that she would have documented the incident in the medical record. She was unable to recall if she had notified the DON of the incident and was unable to provide documentation of the incident. The Weekend Supervisor explained that she asked staff on the hall to monitor Resident #126 more frequently for the remainder of the shift. She stated that following the incident she was unaware of changes made to Resident #126's accessibility to Resident #108. On 05/09/13 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. The DON and ADON stated they were unaware of the incident. The DON stated she would expect the Weekend Supervisor to have notified her immediately of the incident. The DON reported that no additional interventions were implemented to prevent Resident #126 from continuing to act sexually inappropriately toward	F 226	determining if the facility can meet those needs of any potential candidates for admission, G) Licensed nursing staff are responsible for recording sexually inappropriate behavior in the facility computer software incident reporting system. 3. Incident reports shall be reviewed daily in the Incident Reporting Software Program by the ADON (or designee, the Nurse in Charge). A review of these incidents reports will note any incidents reported involving inappropriate sexual behavior. Following this daily audit of incidents the ADON and /or the nurse in charge will verbally question staff of any other concerns related to sexual behaviors. Daily audits and any other staff concerns related to sexual behavior will be reported to the DON immediately. Any weekend audits or other staff concerns related to sexual behaviors will be called directly to the DON by the Nurse in Charge for further review. These audits will be done on a continual permanent basis. The review of the incident report will follow with any further needed corrective action.	6-10-2013

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F 226	Continued From page 5 Resident #108. The DON reported that following the incident no changes had been made to prevent reoccurrences because staff failed to report the incident to the Director of Nursing or Administrator. The DON stated that she would have immediately implemented measures to prevent the behavior from reoccurring such as notifying the physician and monitoring the resident with one to one supervision. b. Review of Resident #126's medical record revealed a nurses' entry made by Nurse #1 dated 01/07/13 at 9:23 PM that specified Resident #126 was observed inappropriately touching Resident #108. The nurse's entry documented that Resident #126 was redirected and monitored. On 05/09/13 at 10:57 AM Nurse Aide (NA) #2 was interviewed and reported that on 01/07/13 she had observed Resident #126 with his hand up Resident #108's shirt. She explained that when she approached the residents, Resident #126 removed his hand from Resident #108's breasts. She added that she reported the incident to Nurse #1 who instructed the NA to watch Resident #126 more frequently for the remained of her shift. NA #2 stated that the residents were allowed to remain on the same hall in close proximity to each other. She added that Resident #108 was dependant on staff to care for her needs and would spend time in the hallway. She stated she was not made aware of changes to level of supervision Resident #126 required. On 05/09/13 at 5:20 PM Nurse #1 was interviewed and reported that she was trained to report "anything out of the ordinary" to the	F 226	The facility will ensure the corrective solution is sustained through implementation of the addendum to the Abuse Policy, In-service education and new employee orientation to include in-service of resident protection and reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to the DON and/or Administrator 24 hours a day, 7 days a week., C) Staff response to include ensuring resident protection with immediate separation of resident and initiating 1:1 staffing until further notice, D) It is the staff responsibility to ensure that the resident is monitored 1:1 until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents, E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors. The Social Worker shall report to the Quality Assurance Performance Improvement (QAPI) Team each month on a continual and permanent basis the number of incidents involving inappropriate sexual behaviors, any further recommendations for interventions from the Quality Assurance Performance Improvement Team to be implemented. Outcomes will be tracked by the QAPI Team to ensure compliance.	

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F 226	Continued From page 6 Director of Nursing. Nurse #1 stated that on 01/07/13 NA #2 notified her that resident #126 was touching Resident #108's breasts. Nurse #1 explained that the residents were separated and she instructed NA #2 to monitor Resident #126 more frequently for the remainder of the shift. She added that she considered the behavior to be abusive and inappropriate but did not report the incident to the Director of Nursing or other Administrative staff because she felt she had handled the situation. On 05/09/13 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. They stated they were unaware of the incident. The DON stated she would expect Nurse #1 to have notified her immediately of the incident. The DON reported that no additional interventions were implemented to prevent Resident #126 from continuing to act sexually inappropriately toward Resident #108 as result of the incident on 01/07/13 because staff failed to report the incident to the DON and/or Administrator. The DON stated that she would have immediately implemented measures to prevent the behavior from reoccurring such as notifying the physician and monitoring the resident with one to one supervision. On 05/09/13 at 3:30 PM the Administrator was interviewed and reported that she was unaware of Resident #126 being sexually inappropriate with Resident #108 prior to 01/11/13. She added that no interventions were developed or implemented to prevent reoccurrences or to protect Resident #108 prior to 01/11/13 because staff failed to report the incidents to the DON and/or Administrator. She added that after the 01/11/13	F 226		

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F 226	Continued From page 7	F 226		

incident the facility offered a room change to Resident #108 but her family declined so the staff continued to monitor Resident #126 more frequently.

c. Review of Resident #126's medical record revealed a nurses' entry made by Nurse #2 dated 01/11/13 at 12:00 PM that specified Resident #126 touched Resident #108 inappropriately. The entry also specified Resident #126 was redirected and monitored.

Further review of the medical record for Resident #126 revealed a care plan dated 01/14/13 that specified Resident #126 had sexually inappropriate behaviors towards a female resident. Interventions identified on the care plan included:

- redirect when adverse behaviors occur
- report adverse behaviors immediately
- monitor resident's interaction with Resident #108

On 05/09/13 at 11:22 AM the Social Worker (SW) was interviewed and reported that Nurse #2 had notified her that Resident #126 touched Resident #108 inappropriately. The SW explained that Resident #126 was told the behavior was not tolerated by the facility and asked the resident to keep his distance from Resident #108. The SW added that Resident #108 had severely impaired cognition and was unable to give consent to being touched.

On 05/09/10 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. The DON stated that during

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F 226	Continued From page 8 this time she was on leave and the ADON had assumed the DON role. The ADON stated she was notified by the SW of the incident on 01/11/13. The ADON was unaware Resident #126 had touched Resident #108's breasts and added that she did not interview Nurse #2 who witnessed the incident. The ADON explained that she was only aware that Resident #126 had been observed with his hand on Resident #108's leg and did not consider the behavior to be sexually inappropriate. The ADON stated that had she known Resident #126 touched Resident #108's breasts she would have made additional interventions to prevent any reoccurrence such as notifying the physician and ordering Resident #126 to be on one to one monitoring. She added that Resident #108 was offered a room change but the family declined. On 05/09/13 at 2:50 PM Nurse #2 was interviewed and reported that she had observed Resident #126 rubbing Resident #108's leg and touching her breasts. She stated that she separated the residents and notified the Social Worker of the incident. She stated that following the incident she would monitor Resident #126 during her shifts to keep him from accessing Resident #108. d. Resident #126's medical record was reviewed and revealed an entry made by the Social Worker dated 04/30/13 that specified Resident #126 was sexually inappropriate with Resident #108. The entry also specified Resident #108 was moved to another hall to reduce Resident #126's access to her and Resident #126 was referred for psychiatric services.	F 226		

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F 226	Continued From page 9 Further review of Resident #126's medical record revealed a care plan updated on 04/30/13 for sexually inappropriate behaviors towards a female resident. Interventions in the care plan included: - separate resident from Resident #108 - monitor resident's behavior and report any adverse behaviors immediately - refer to psychiatric services On 05/08/13 at 12:40 PM Nurse Aide (NA) #4 was interviewed and reported that on 04/29/13 she observed Resident #126 fondling Resident #108's breasts. She stated that she and another NA separated the residents and notified the nurse and Director of Nursing (DON). On 05/09/13 at 9:20 AM the DON was interviewed and reported that all staff received yearly training on abuse policy and procedure for identifying and reporting abuse. The DON stated that staff were trained to immediately report any possible suspicion of abuse to their supervisor and the supervisor was responsible for notifying the DON to initiate an investigation. The DON stated that she was in the building when the incident on 04/29/13 occurred and instructed staff to put Resident #108 to bed and to do hourly checks on Resident #126 until he went to bed the night of 04/29/13. The DON added that on 04/30/13 Resident #126 was evaluated by psychiatric services and received an order to start a testosterone reducing medication which could take up to a month for the medication to take effect. She stated that staff were continuing to monitor the resident every 2 hours. She added that Resident #126 was very social and propelled	F 226		

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F 226	Continued From page 10 himself throughout the facility and that he was a "touchy-feely" person and friendly to everyone. On 05/09/13 at 3:30 PM the Administrator was interviewed and reported that she was aware of Resident #126 being sexually inappropriate with Resident #108 on 04/29/13. She stated that she had also been notified of a similar incident involving Resident #126 and Resident #108 on 01/11/13. She stated that the facility addressed the incidents and felt they implemented measures to prevent any reoccurrence. The Administrator stated she was not aware of the 2 incidents that occurred on a weekend in January 2013 and on 01/07/13 where Resident #126 was observed by staff to have fondled Resident #108. She stated that had she been notified after the first incident of sexually inappropriate behaviors then the facility would have immediately implemented interventions to prevent the behavior from reoccurring 3 more times. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. The facility provided a credible allegation of compliance on 05/10/13 at 4:37 PM. The following interventions were put into place by the facility to remove the Immediate Jeopardy: Corrective action was accomplished by placing Resident #126 on 1:1 (one licensed nurse or nursing assistant assigned to the resident at all times) monitoring at 4:50 PM on 05/09/13. Staff were instructed by the ADON on 05/09/13 at 4:45 PM that without exception, the resident had to be in visual sight at all times. A 1:1 tracking sign-in form was implemented to provide documentation of who was assigned and who provided relief and	F 226		

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the times of the observation. Resident #126 started a testosterone inhibiting medication on 04/30/13 which he will remain on. He will also remain on 1:1 observation for a period of 21 days in order to allow the testosterone inhibiting medication to become effective. If there are no further incidents of sexual acting out during that 21 day period, the 1:1 observation will be changed to frequent monitoring. If the resident shows any signs of sexually acting out during the 21 day period, the physician will be notified for medication adjustment. If the resident shows any signs of sexually acting out after being removed from 1:1 observation, 1:1 observation will be resumed immediately and the physician will be notified for medication adjustment. The Medical Director was notified on 05/10/13 of the need to evaluate Resident #126. A physician order for an anti-anxiety medication was obtained 05/10/13 for menacing behavior toward staff. Resident # 108 was assessed by the Director of Nursing on 05/10/13 and no outward signs of anxiety or emotional distress were evident. Resident #108 was assessed on 05/10/13 by the social worker for any residual effects from the sexual behavior of Resident #126. No concerns were noted.
All residents had the potential to be affected by the alleged deficient practice. Corrective action was accomplished for those residents by placing Resident #126 on 1:1 nurse aide observation on 05/09/13. All interviewable residents in the facility were questioned on 05/09/13 by the social worker and the nurse managers and asked the following questions and all reported they felt comfortable and no one had been inappropriately touched:
Has any resident touched you inappropriately?
Have you observed inappropriate behaviors from any other residents or between any residents?

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F 226	Continued From page 12 Has any other resident made you feel uncomfortable? These questions will also be asked of the interviewable residents weekly for three more weeks, every two weeks for one month, then evaluate the need to continue. Residents who were non-interviewable were observed for any nonverbal signs of abuse on 05/09/13. There were no indications or outward signs of abuse. Staff were asked to identify if they were aware of any other residents with sexually inappropriate behavior and they reported there were none. An addendum to the abuse/neglect policy was developed by the facility administrator on 05/09/13 to include immediate separation of the residents involved in inappropriate sexual behaviors, including initiation of 1:1 staffing and immediate reporting of sexual behaviors to the DON and/or Administrator 24/7 by the nurse on duty. Additionally, the following systemic changes have been put into place: An in-service about resident protection and reporting of sexually inappropriate behaviors to the DON or Administrator was immediately developed and conducted on 05/09/13 by the ADON and SW. In-service to all staff began on 05/09/13 at 5:05 pm. Any full-time, part-time or PRN staff that were unavailable will not be allowed to work in the facility until they have completed the in-service. This in-service for all staff included: A) Recognizing sexual behaviors. B) Identifying and reporting of sexual behaviors immediately by phone to the DON or Administrator 24 hours a day, 7 days a week. The telephone numbers are posted at each nursing station. C) Staff response to include ensuring resident	F 226		

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F 226	Continued From page 13 protection with immediate separation of residents and initiating 1:1 staffing 24/7 until further notice. D) It is staff responsibility to ensure that resident is monitored 1:1 until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents. E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors. F) Admission process for reviewing behaviors and determining if facility can meet the needs of potential admission candidates. Additional in-service specific to licensed staff included: G) Licensed nursing staff are responsible for documenting any sexually inappropriate behavior in the facility ' s computer incident reporting program. This documentation must be completed by the end of shift of the day of the incident occurrence. A daily audit will be conducted by the ADON (back-up will be Nurse in Charge) Monday through Friday and the Nurse in Charge (back-up is Manager on Duty) on the weekend to review incident reports of inappropriate sexual behaviors. During these audits, the ADON and/or the Nurse in Charge (weekends) will also verbally question staff of any other concerns related to sexual behaviors. These daily audits and any other staff concerns related to sexual behaviors will be reported to the DON immediately. Any weekend audits or other staff concerns related to sexual behaviors will be called directly to the DON by the Nurse in Charge for further review. These audits will be done on a continual basis. Reporting of the sexual behavior incident reports, audit findings, and any investigative interventions implemented will be reported by the Social	F 226		

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F 226	Continued From page 14 Worker to the Quality Assurance Performance Improvement Team each month on a continual basis, with any further recommendations for interventions from the Quality Assurance Performance Improvement Team to be implemented by the Team at that time to ensure compliance. Immediate Jeopardy was lifted on 05/10/13 at 4:37 PM. The facility provided evidence of in-service training for all staff related to reporting allegations of abuse to the Director of Nursing and/or Administrator and protecting residents from abuse by providing supervision to residents who were observed with abusive behaviors. Interviews with staff revealed they were aware of the new policy for reporting and protecting residents.	F 226		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident interviews and staff interviews, the facility failed to transcribe a telephone order given by a physician and clarify physician orders before changing medication dosages for 1 of 10 sampled residents. Resident #117. The findings include: Resident #117's initial Minimum Data Set dated 04/04/13 coded her as having no cognition deficits.	F 281	• Corrective action was accomplished for resident #117, by the nurse clarifying and correctly transcribing the order for Prilosec. Resident #117 has since been discharged from the facility. • Corrective action for all residents who have the potential for deficient practice is for the nurses to clarify with the attending physician any order that is not specifically clear. All residents have the potential to be affected by failure to clarify and transcribe physician orders correctly. • All resident's Medication Administration Records (MARS) will be reviewed by Unit Managers to ensure accuracy. The current system of comparing the MARS with the physician renewal order set for errors at the end of each month shall be updated requiring two checks. Physician renewal order sets will reflect the nurse signature of the first check and then a signature and date of the nurse performing the final	6-10-2013

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F 281	Continued From page 15 Review of Resident #117's physician orders revealed the physician ordered Prilosec (for symptoms of gastroesophageal reflux disease) 20 milligrams (mg) once a day on 04/09/13. The April 2013 Medication Administration Record (MAR) was changed to reflect this new order for Prilosec 20 mg once a day. According to the April 2013 MAR, Prilosec was administered 20 mg once a day from 04/10/13 through 04/16/13. The MAR noted Prilosec once a day was stopped on 04/16/13 and a written notation on the MAR that the "frequency (symbol for changed) 4/16/13." The physician's telephone orders, written by Nurse #5, for 04/16/13 included an order to change to weekly weights, decrease Resident #117's diuretic and to discontinue her vitamins. A nursing note, written by Nurse #5, dated 04/16/13 at 2:15 PM stated "Spoke with Dr. (name) regarding gastric pain and nausea. New orders noted to DC (discontinue) Vitamins and change Prilosec to bid (twice a day)." The increase in Prilosec 20 mg from once a day to twice a day was not reflected in the telephone orders dated 04/16/13. The April 2013 MAR reflected Prilosec was administered at 20 mg twice a day from 04/16/13 through 04/30/13. The May 2013 MAR reflected that Prilosec 20 mg once a day was printed per the pharmacy and rewritten by hand by Nurse #5 to reflect twice a day. According to the MAR, Prilosec 20 mg was administered twice a day from 05/01/13 through 05/02/13. On 05/03/13 the morning dose was administered and the MAR had a hand written	F 281	check. This signature will be placed at the bottom of the physician order sheet in the block "Complete Orders Checked". All Nurses will be in-serviced in steps of complete medication orders, order transcription and order clarification. To ensure compliance, the Unit Manager or his/her designee will conduct random audits comparing nursing documentation to the MARS. Audits will be conducted three times per week for two weeks, and then two times per week for two weeks, and then monthly for two months. • To ensure sustained results each audit results will be reported to the Director of Nursing (DON)for review and the DON will report the results to the Quality Assurance Performance Improvement (QAPI) committee with the need for further monitoring to be determined by the QAPI committee,	6-10-2013

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note written by Nurse #5 to "see original order." The Prilosec was rewritten by hand on the May 2013 MAR to reflect 20 mg once a day. According to the May 2013 MAR, Prilosec was administered at 20 mg once a day from 05/03/13 through 05/09/13.

Review of the medical record revealed no physician orders and no nursing notes to reflect the change in the Prilosec dosage of 05/03/13.

A telephone interview with Nurse #5, was conducted on 05/09/13 at 11:33 AM. She stated she could not recall the specifics of the Prilosec changes. She recalled that Resident #117 had stomach pains due to gastric problems. Nurse #5 stated she may have forgotten to write the order reflected in the 04/16/13 nursing note. She stated without the written order, the pharmacy would not have changed the MAR to reflect the dosage increase. She further stated that she probably compared the orders to the MAR, saw no physician order for the increase in Prilosec from once a day to twice a day and changed it back on the MAR to the only order she found in the medical record. She again stated she did not recall the specifics.

Interview on 05/09/13 at 12:04 PM with Resident #117 revealed she had no stomach problems since her vitamins were discontinued.

On 05/09/13 at 12:39 PM interview with the Assistant Director of Nursing (ADON) revealed it was her expectation that when a nurse received a telephone order, the nurse was to write the order, transcribe it to the MAR and then write the nursing note. She further stated on 05/09/13 at

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F 281	Continued From page 17 12:57 PM management nursing staff were responsible for checking the MARs and physician orders at the end of the month. The ADON stated Nurse #5 should have clarified the change with the physician and filled out a medication error report before changing the MAR. On 05/09/13 at 1:04 PM, the Administrator stated Nurse #5 should have clarified the order with the physician when she questioned the order and not just changed the MAR.	F 281		
F 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to implement effective interventions to prevent reoccurrence of sexually inappropriate behavior for 1 of 1 resident with sexually inappropriate behaviors (Resident # 126) toward 1 of 1 residents (Resident #108). Immediate jeopardy began on 01/07/13 when staff became aware Resident #126 acted sexually inappropriate toward Resident #108. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. Immediate jeopardy was removed on 05/10/13 at 4:37 PM	F 323	• Corrective action was accomplished for Resident #108 and Resident #126 in the following manner: 1. Resident #108 was protected from inappropriate sexual behaviors based on the assigned 1:1 observation and monitoring of Resident #126. Resident #126 was placed on 1:1 (one licensed nurse or nursing assistant assigned to observe and monitor at all times.) • Corrective action was accomplished for all those residents having the potential to be affected by the alleged deficient practice in the following manner: 1. All interviewable residents in the facility were questioned on 5-9-13 by the social worker and the nurse managers. The following scripted questions were asked: A) Has any resident touched you inappropriately?, B) Have you observed inappropriate behaviors from any other residents or between any resident?, C) Has any other resident made you feel uncomfortable?. All reported they felt comfortable and no one had been inappropriately touched. No concerns were reported from the interview. Interviews of alert and oriented residents are scheduled weekly times three weeks, and then every two weeks for one month, at which the need for these interviews to be continue will be evaluated.	6-10-2013

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F 323	Continued From page 18 when the facility provided and implemented an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems put in place are effective. The findings included: 1. Resident #126 was admitted to the facility on 03/22/12 with diagnoses that included dementia and depressive disorder. The Minimum Data Set (MDS) dated 12/09/12 specified the resident had moderately impaired cognitive skills but no documented behaviors. The MDS also specified the resident required limited assistance with activities of daily living (ADL) and used a walker or wheelchair for mobility. Resident #108 was admitted to the facility 11/16/11 with diagnoses that included Alzheimer's disease, debility, paralysis and others. The Minimum Data Set (MDS) dated 11/11/12 specified the resident had severely impaired cognitive skills and required extensive assistance with activities of daily living (ADL). a. On 05/09/13 at 11:10 AM Nurse Aide (NA) #3 was interviewed and reported that she was trained to report any concerns with resident to resident behavior to the nurse. She stated that on a Saturday or Sunday "several months ago, right after Christmas" she observed Resident #126 sitting in the hallway fondling Resident #108's breasts. She called NA #1 for assistance and together the aides approached Resident	F 323	The Social Worker or designee is assigned to conduct these interviews of interviewable residents. If a resident answers one of the scripted questions affirmatively then the facility will begin abuse investigation protocol, perform 24 hour reporting and follow up 5 day reporting to the NC Health Care Personnel Registry. 2. Non inter-viewable residents were observed for any nonverbal signs of abuse, and there were no indication or outwards signs of abuse. 3. Staff is asked to identify if they were aware of any other residents with sexually inappropriate behavior and they reported that there were none. 4. Resident #126 was placed on 1:1 (one licensed nurse or nursing assistant assigned to observe and monitor Resident #126 at all times. 5. One to one observation and monitoring is documented on a tracking sign in form. To ensure Resident #126 is supervised as planned the assigned Nurse Manager shall monitor the one to one tracking sign in form on a daily basis. The assigned Nurse Manager shall review the weekend sheets on Monday, and the weekend supervisor will ensure that the documentation on the sign-in forms is accomplished on the weekends.	6-10-2013

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F 323	Continued From page 19 #126 and separated the residents. She stated she reported the incident to Nurse #3. She added that she also reported the incident to the Weekend Supervisor. On 05/10/13 at 2:55 PM NA #1 was interviewed and reported that she had observed Resident #126 fondling Resident #108's breasts. She stated the incident happened on a weekend when she worked with NA #3, Nurse #3 and the Weekend Supervisor. She added that the incident was reported to Nurse #3. On 05/10/13 at 8:05 AM Nurse #3 was interviewed and reported that she was trained to report all allegations or suspicion of abuse to her immediate supervisor. She stated she recalled being notified by NA #3 that Resident #126 had fondled Resident #108. Nurse #3 explained that she could not recall the date of the incident but confirmed it was a weekend in January. She added that the incident occurred in the early part of January because after the incident she was made aware of 2 additional incidents of Resident #126 being sexually inappropriate with Resident #108. Nurse #3 reported that she asked Resident #108 if she had been touched inappropriately by Resident #126 because she felt the resident was alert and oriented. She added that Resident #108 denied the incident had occurred. She stated she told the nurse aides to monitor Resident #126. Nurse #3 stated that she reported the incident to the Weekend Supervisor. On 05/09/13 at 11:40 AM the Weekend Supervisor was interviewed and reported that she recalled an incident (date unknown) where NA #3 reported she had observed Resident #126	F 323	6. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include immediate separation of the residents' involved in the inappropriate sexual behavior, including 1:1 staffing (one licensed nurse or nursing assistant assigned to observe and monitor at all times), and immediate reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 7. In addition to the above action Resident #126 was examined by the Medical Director on 5/10/13, and Resident #126 was placed on anti-anxiety medication. Resident #126 was also placed on a testosterone inhibiting medication. It should also be noted that Resident #126 remains on 1:1 observation and monitoring for 21 days beginning effective 5/9/13. If there are no further incidents of sexual acting out during the 21 day period; observation will be changed to frequent monitoring. Frequent monitoring shall be defined as an observation made every 30 minutes times three days and then hour for seven days and then observation every two hours upon routine care rounds. If Resident #126 shows any signs of inappropriate sexual behavior after being removed from the 1:1 staffing, the 1:1 observation and monitoring will be resumed immediately and the physician will be notified for medication adjustment.	6-10-2013

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F 323	Continued From page 20 fondling Resident #108's breasts. She stated that she was trained to separate residents and then report the incident to the Director of Nursing (DON). She added that she would have documented the incident in the medical record. She was unable to recall if she had notified the DON of the incident and was unable to provide documentation of the incident. The Weekend Supervisor explained that she asked staff on the hall to monitor Resident #126 more frequently for the remainder of the shift. On 05/09/13 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. The DON and ADON stated they were unaware of the incident and had not received notification from the Weekend Supervisor. The DON stated she would expect the Weekend Supervisor to have notified her immediately of the incident. The DON reported that no additional interventions were implemented to prevent Resident #126 from continuing to act sexually inappropriately toward Resident #108 as result of the incident. The ADON stated had they been aware of the incident the facility would have immediately implemented measures to prevent a recurrence. b. Review of Resident #126's medical record revealed a nurses' entry made by Nurse #1 dated 01/07/13 at 9:23 PM that specified Resident #126 was observed inappropriately touching Resident #108. The nurse's entry documented that Resident #126 was redirected and monitored. On 05/09/13 at 10:57 AM Nurse Aide (NA) #2 was interviewed and reported that on 01/07/13 she had observed Resident #126 with his hand	F 323	The following systemic changes have been made to ensure the deficient practice does not re-occur: 1. An addendum to the Abuse and Neglect Policy was developed by the facility administrator to include immediate separation of the residents' involved in the inappropriate sexual behavior, including 1:1 staffing (one licensed nurse or nursing assistant assigned to observe and monitor at all times), and immediate reporting of inappropriate sexual behaviors to the DON and/or Administrator 24/7 by the nurse in charge. 2. An in-service was conducted for all staff concerning resident protection and reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to the DON and/or Administrator 24 hours a day, 7 days a week., C) Staff response to include ensuring resident protection with immediate separation of resident and initiating 1:1 staffing until further notice, D) It is the staff responsibility to ensure that the resident is monitored 1:1 until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents, E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors, F) Admission process shall review for potential sexual behaviors and	6-10-2013

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F 323	Continued From page 21 up Resident #108's shirt. She explained that when she approached the residents, Resident #126 removed his hand from Resident #108's breasts. She added that she reported the incident to Nurse #1 who instructed the NA to watch Resident #126 more frequently for the remainder of her shift. On 05/09/13 at 5:20 PM Nurse #1 was interviewed and reported that she was trained to report "anything out of the ordinary" to the Director of Nursing. Nurse #1 stated that on 01/07/13 NA #2 notified her that Resident #126 was touching Resident #108's breasts. Nurse #1 explained that the residents were separated and she instructed NA #2 to monitor Resident #126 more frequently. She added that she considered the behavior to be abusive and inappropriate but did not report the incident to the Director of Nursing or other Administrative staff because she felt she had handled the situation. On 05/09/13 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. The DON and ADON stated they were unaware of the incident and not received notification from Nurse #1. The DON stated she would expect Nurse #1 to have notified her immediately of the incident so that interventions could have been implemented to prevent any reoccurrence. The DON reported that no additional interventions were implemented to prevent Resident #126 from continuing to act sexually inappropriate toward Resident #108 as result of the incident on 01/07/13. c. Review of Resident #126's medical record revealed a nurses' entry made by Nurse #2 dated	F 323	determining if the facility can meet those needs of any potential candidates for admission, G) Licensed nursing staff are responsible for recording sexually inappropriate behavior in the facility computer software incident reporting system. 3. Incident reports shall be reviewed daily in the Incident Reporting Software Program by the ADON (or designee, the Nurse in Charge). A review of these incidents reports will note any incidents reported involving inappropriate sexual behavior. Following this daily audit of incidents the ADON and /or the nurse in charge will verbally question staff of any other concerns related to sexual behaviors. Daily audits and any other staff concerns related to sexual behavior will be reported to the DON immediately. Any weekend audits or other staff concerns related to sexual behaviors will be called directly to the DON by the Nurse in Charge for further review. These audits will be done on a continual permanent basis. The review of the incident report will follow with any further needed corrective action.	

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	345446	A. BUILDING _____ B. WING _____	C 05/10/2013

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F 323	Continued From page 22 01/11/13 at 12:00 PM that specified Resident #126 touched Resident #108 inappropriately. The entry also specified Resident #126 was redirected and monitored. Further review of the medical record for Resident #126 revealed a care plan dated 01/14/13 that specified Resident #126 had sexually inappropriate behaviors towards a female resident. Interventions identified on the care plan included: - redirect when adverse behaviors occur - report adverse behaviors immediately - monitor resident's interaction with Resident #108 On 05/09/13 at 11:22 AM the Social Worker (SW) was interviewed and reported that Nurse #2 had notified her that Resident #126 touched Resident #108 inappropriately. The SW explained that Resident #126 was told the behavior was not tolerated by the facility and asked the resident to keep his distance from Resident #108. The SW added that Resident #108 had severely impaired cognition and was unable to give consent to being touched. On 05/09/10 at 2:10 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed. The DON stated that during this time she was on leave and the ADON had assumed the DON role. The ADON stated she was notified by the SW of the incident on 01/11/13. The ADON was unaware Resident #126 had touched Resident #108's breasts and added that she did not interview Nurse #2 who witnessed the incident. The ADON explained that	F 323	• The facility will ensure the corrective solution is sustained through implementation of the addendum to the Abuse Policy, In-service education and new employee orientation to include in-service of resident protection and reporting of inappropriate sexual behaviors which included A.) Recognizing sexual behaviors, B) Identifying and reporting of sexual behaviors immediately by phone to the DON and/or Administrator 24 hours a day, 7 days a week., C) Staff response to include ensuring resident protection with immediate separation of resident and initiating 1:1 staffing until further notice, D) It is the staff responsibility to ensure that the resident is monitored 1:1 until management receives notification of behaviors and implements appropriate safety interventions, notifying the medical provider by phone or in person of incidents, E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors. The Social Worker shall report to the Quality Assurance Performance Improvement (QAPI) Team each month on a continual and permanent basis the number of incidents involving inappropriate sexual behaviors, any further recommendations for interventions from the Quality Assurance Performance Improvement Team to be implemented. Outcomes will be tracked by the QAPI Team to ensure compliance.	6-10-2013

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F 323	Continued From page 23 she was only aware that Resident #126 had been observed with his hand on Resident #108's leg and did not consider the behavior to be sexually inappropriate. The ADON stated that had she known Resident #126 touched Resident #108's breasts she would have made additional interventions to prevent any reoccurrence such as notifying the physician and ordering Resident #126 to be on one to one monitoring. On 05/09/13 at 2:50 PM Nurse #2 was interviewed and reported that she had observed Resident #126 rubbing Resident #108's leg and touching her breasts. She stated that she separated the residents and notified the Social Worker of the incident. She stated that following the incident she would monitor Resident #126 during her shifts to keep him from accessing Resident #108. d. Resident #126's medical record was reviewed and revealed an entry made by the Social Worker dated 04/30/13 that specified Resident #126 was sexually inappropriate with Resident #108. The entry also specified Resident #108 was moved to another hall to reduce Resident #126's access and Resident #126 was referred for psychiatric services. Further review of Resident #126's medical record revealed a care plan updated on 04/30/13 for sexually inappropriate behaviors towards a female resident. Interventions included in the care plan to included: - separate resident from Resident #108 - monitor resident's behavior and report any adverse behaviors immediately	F 323		

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F 323	Continued From page 24 - refer to psychiatric services On 05/08/13 at 12:40 PM Nurse Aide (NA) #4 was interviewed and reported that on 04/29/13 she observed Resident #126 fondling Resident #108's breasts. She stated that she and another NA separated the residents and notified the nurse and Director of Nursing (DON). On 05/09/13 at 9:20 AM the DON was interviewed and reported that all staff received yearly training on abuse policy and procedure for identifying and reporting abuse. The DON stated that staff were trained to immediately report any possible suspicion of abuse to their supervisor and the supervisor was responsible for notifying the DON to initiate an investigation. The DON stated that she was in the building when the incident on 04/29/13 occurred and instructed staff to put Resident #108 to bed and to do hourly checks on Resident #126 until he went to bed the night of 04/29/13. The DON added that on 04/30/13 Resident #126 was evaluated by psychiatric services and received an order to start a testosterone reducing medication which could take up to a month for the medication to take effect. She stated that staff were continuing to monitor the resident every 2 hours. She added that Resident #126 was very social and propelled himself throughout the facility and that he was a "touchy-feely" person and friendly to everyone. On 05/09/13 at 3:30 PM the Administrator was interviewed and reported that she was aware of Resident #126 being sexually inappropriate with Resident #108 on 04/29/13. She stated that she had also been notified of a similar incident involving Resident #126 and Resident #108 on	F 323		

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F 323	Continued From page 25 01/11/13. She stated that the facility addressed the incidents and felt they implemented measures to prevent any reoccurrence. The Administrator stated she was not aware of the 2 incidents that occurred on a weekend in January 2013 and on 01/07/13 where Resident #126 was observed by staff to have fondled Resident #108. She stated that had she been notified after the first incident of sexually inappropriate behaviors then the facility would have immediately implemented interventions to prevent the behavior from reoccurring 3 more times. The administrator was notified of the immediate jeopardy on 05/09/13 at 4:05 PM. The facility provided a credible allegation of compliance on 05/10/13 at 4:37 PM. The following interventions were put into place by the facility to remove the Immediate Jeopardy: Corrective action was accomplished by placing Resident #126 on 1:1 (one licensed nurse or nursing assistant assigned to the resident at all times) monitoring at 4:50 PM on 05/09/13. Staff were instructed by the ADON on 05/09/13 at 4:45 PM that without exception, the resident had to be in visual sight at all times. A 1:1 tracking sign-in form was implemented to provide documentation of who was assigned and who provided relief and the times of the observation. Resident #126 started a testosterone inhibiting medication on 04/30/13 which he will remain on. He will also remain on 1:1 observation for a period of 21 days in order to allow the testosterone inhibiting medication to become effective. If there are no further incidents of sexual acting out during that 21 day period, the 1:1 observation will be changed to frequent monitoring. If the resident	F 323		

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F 323	Continued From page 26 shows any signs of sexually acting out during the 21 day period, the physician will be notified for medication adjustment. If the resident shows any signs of sexually acting out after being removed from 1:1 observation, 1:1 observation will be resumed immediately and the physician will be notified for medication adjustment. The Medical Director was notified on 05/10/13 of the need to evaluate Resident #126. A physician order for an anti-anxiety medication was obtained 05/10/13 for menacing behavior toward staff. Resident # 108 was assessed by the Director of Nursing on 05/10/13 and no outward signs of anxiety or emotional distress were evident. Resident #108 was assessed on 05/10/13 by the social worker for any residual effects from the sexual behavior of Resident #126. No concerns were noted. All residents had the potential to be affected by the alleged deficient practice. Corrective action was accomplished for those residents by placing Resident #126 on 1:1 nurse aide observation on 5/9/13. All interviewable residents in the facility were questioned on 05/09/13 by the social worker and the nurse managers and asked the following questions and all reported they felt comfortable and no one had been inappropriately touched: Has any resident touched you inappropriately? Have you observed inappropriate behaviors from any other residents or between any residents? Has any other resident made you feel uncomfortable? These questions will also be asked of the interviewable resident s weekly for three more weeks, every two weeks for one month, then evaluate the need to continue. Residents who were non-interviewable were observed for any nonverbal signs of abuse on 5/9/13. There were no indications or outward	F 323		

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F 323	Continued From page 27 signs of abuse. Staff were asked to identify if they were aware of any other residents with sexually inappropriate behavior and they reported there were none. An addendum to the abuse/neglect policy was developed by the facility administrator on 05/09/13 to include immediate separation of the residents involved in inappropriate sexual behaviors, including initiation of 1:1 staffing and immediate reporting of sexual behaviors to the DON and/or Administrator 24/7 by the nurse on duty. The following systemic changes have been put into place: An in-service was immediately developed and conducted on 05/09/13 by the ADON and SW on reporting sexually inappropriate behaviors to DON or Administrator. Staff were asked to identify if they were aware of any other residents with sexually inappropriate behavior and they reported there were none. In-service to all staff began on 05/09/13 at 5:05 PM. Any full-time, part-time or PRN staff that were unavailable will not be allowed to work in the facility until they have completed the in-service. This in-service to all staff on the prevention and identification of sexually inappropriate behaviors included: A) Recognizing sexual behaviors. B) Preventing, identifying and reporting of sexual behaviors immediately by phone to the DON or Administrator 24 hours a day, 7 days a week. The telephone numbers are posted at each nursing station. C) Staff response to include immediate separation of residents and initiating 1:1 staffing 24/7 until further notice. D) Expectations of staff responsibility to ensure that resident is monitored until management receives notification of behaviors and implements	F 323		

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F 323	Continued From page 28 appropriate safety interventions, notifying the medical provider by phone or in person of incidents. E) Prevention and how to supervise residents on any unit for inappropriate sexual behaviors. F) Admission process for reviewing behaviors and determining if facility can meet the needs of potential admission candidates. G) Licensed nursing staff are responsible for documenting any sexually inappropriate behavior in the facility ' s computer incident reporting program. This documentation must be completed by the end of shift of the day of the incident occurrence. A daily audit will be conducted by the ADON (back-up will be Nurse in Charge) Monday through Friday and the Nurse in Charge (back-up is Manager on Duty) on the weekend to review incident reports of inappropriate sexual behaviors. During these audits, the ADON and/or the Nurse in Charge (weekends) will also verbally question staff of any other concerns related to sexual behaviors. These daily audits and any other staff concerns related to sexual behaviors will be reported to the DON immediately. Any weekend audits or other staff concerns related to sexual behaviors will be called directly to the DON by the Nurse in Charge for further review. These audits will be done on a continual basis. Reporting of the sexual behavior incident reports, audit findings, and any investigative interventions implemented will be reported by the Social Worker to the Quality Assurance Performance Improvement Team each month on a continual basis, with any further recommendations for interventions from the Quality Assurance Performance Improvement Team to be implemented by the Team at that time to ensure	F 323		

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F 323	Continued From page 29 compliance. The Immediate Jeopardy was lifted on 05/10/13 at 4:37 PM. The facility provided evidence of in-service training for all staff on the prevention of inappropriate resident behavior. Interviews with the staff revealed they were aware of new changes that included implementing supervision for a resident with identified inappropriate behaviors.	F 323		