STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345548	A. BUILDING _____ B. WING _____	C 06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHTON PLACE HEALTH AND REHAB	**5533 BURLINGTON ROAD MCLEANSVILLE, NC 27301**

(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 deficiecies were cited as a result of the compliant investigation conducted on 6/18/2015 Event ID # OCWN11	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and	F 225		7/10/15

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

Electronically Signed | 07/02/2015

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F 225	Continued From page 1 certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to submit a 24 hour and 5 working day report to The North Carolina Health Care Personnel Registry for 1 of 3 sampled residents (Resident # 26). Finding include: Resident #26 was admitted to the facility on 5/1/2015 with active diagnoses which included Lack of Coordination, Muscle Weakness-General, Hypertension, Arthropathy (joint disease), and Hyperlipemia. A review of the quarterly Minimum Data Set dated 5/10/2015 revealed Resident #26 had no hearing deficit; was able to communicate her needs; had no behavior during the 7 day look back period; and she was extensive assistance for bed mobility and transfer. Resident #26 had a Brief Interview for Mental Status (BIMS) score of 15 revealing she was cognitively intact. A review of the facility grievance report dated 6/1/2015 for Resident #26 revealed on 5/28/2015 NA (nurse assistant) #1 refused to provide snack to a roommate when requested. On 5/29/2015 Resident #26 indicated that NA #1 was rough with her the night before and " jerked her around " when turning her. Resident #26 stated that NA #1 was "nasty" and NA #1 stated to Resident #26	F 225	Based on record review and staff interview, the facility failed to submit a 24 hour and 5 working day report to The North Carolina Health Care Personnel Registry for 1 of 3 sampled residents (Resident # 26). Finding included: Resident #26 was admitted to the facility on 5/1/2015 with the active diagnoses which included Lack of Coordination, Muscle Weakness-General, Hypertension, Arthropathy (joint disease), and Hyperlipemia. A review of the quarterly Minimum Data Set dated 5/10/2015 revealed Resident #26 had no hearing deficit; was able to communicate her needs; had no behavior during the 7 day look back period; and she was extensive assistance for bed mobility and transfer. Resident # 26 had a Brief Interview for Mental Status (BIMS) score of 15 revealing she was cognitively intact. A review of the facility grievance report dated 6/1/2015 for Resident #26 revealed on 5/28/2015 NA (nurse assistant) #1 refused to provide snack to roommate	

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F 225	Continued From page 2 that fellow staff members told her about her concern saying " why you running your mouth and tell staff?" On 5/28/2015 an email was sent to the unit supervisor to discuss Resident #26 's concern with staff. Resident #26 told 3 staff members the same story as above. In addition Resident #26 told the Social Worker that NA #1 told her (resident #26) that NA #1 would fix you tomorrow night and NA #1 will wake you every hour on the hour. Resident #26 was very specific that it was NA#1. Documentation was received from both NA 's that care was provide for Resident #26 without any problems. On 6/1/2015 the Director of Nursing (DON) and Assistant Director of Nursing met with NA #1 to discuss the concerns and the potential for abuse. NA#1 denied any allegation of abuse (being rough or jerked Resident #26 bad arm). Interview with the DON on 6/16/2015 at 3:30pm revealed the allegation was not reported to the state because she completed her investigation within 24 hours and according to staff this incident never took place. The DON also indicated that an investigation was done and NA#1 was removed from the care and treatment of Resident #26. The DON indicated Resident #26 had a history of telling wrong things and things that never happen. The DON indicated that she spoke with Resident #26 's family about the concern and family agreed to a care plan to address Resident #26 's behavior. Interview with the NA #1 on 6/17/2015 at 11:00am revealed she did her care rounds at the start of her shift with no concerns and at 5am she got another staff member, NA# 2 to help her with Resident #26 because she required two person assistance for her activity of daily living care. NA	F 225	when requested. On 5/29/2015 Resident #26 indicated that NA #1 was rough with her the night before and " jerked her around " when turning her. Resident # 26 stated that NA # 1 was " nasty " and NA #1 stated to Resident #26 that fellow staff members told her about her concern saying " why you running your mouth and tell staff? " On 5/28/2015 an Email was sent to the unit supervisor to discuss Resident #26 ' s concern with staff. Resident #26 told 3 staff members the same story as above. In addition Resident #26 told the Social Worker that NA #1 told her (resident #26) that NA #1 would fix you tomorrow night and NA #1 will wake you every hour on the hour. Resident # 26 was very specific that it was NA#1. Documentation was received from both NA ' s that care was provide for Resident #26 without any problems. On 6/1/2015 the Director of Nursing (DON) and Assistant Director of Nursing met with NA #1 to discuss the concerns and the potential for abuse. NA#1 denied any allegation of abuse (being rough or jerked Resident #26 bad arm). Interview with the DON on 6/16/2015 at 3:30pm revealed the allegation was not reported to the state because she completed her investigation within 24hrs and according to staff this incident never took place. The DON also indicated that an investigation was done and this NA#1 was removed from the care and treatment of Resident #26. The DON indicated Resident #26 had a history of telling wrong things and things that never	

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F 225	Continued From page 3 #1 indicated that she always got Resident #26 to hold her left arm [bad arm] and she used a draw sheet to put Resident #26 closer to her and she provided peri-care. NA#1 indicated that she never said anything negative to Resident #26 during her am care. She reported she would never talk ugly to any of her residents. NA#1 reported she was no longer allowed to go into Resident #26 ' s room to provide care. During an interview with Resident #26 on 6/17/2015 at 3pm she revealed she report NA #1 was very rough with her and she jerked her bad arm during care. Resident #26 reported she had not had any contact with NA#1 since that night. Resident #26 indicated that she had not had any other problems with her care since that night. An interview with the Administrator on 6/18/2015 revealed that the DON did not submit the 24 hour report because she completed the investigation within a 24 hour timeframe.	F 225	happen. The DON indicated that she spoke with Resident #26 ' s family about the concern and family agreed to a care plan to address Resident #26 ' s behavior. Interview with the NA #1 on 6/17/2015 at 11:00am revealed she did her rounds at the start of her shift with no concerns and at 5am she got another staff member NA# 2 to help her with Resident #26 because she required two person assistance for activity of daily living care. NA #1 indicated that she always got Resident #26 to hold her left arm and she used a draw sheet to put Resident #26 closer to her and she provided peri-care. NA#1 indicated that she never said anything negative to Resident #26 during her am care. She reported she would never talk ugly to any of her residents. NA#1 reported she was no longer allowed to go into Resident #26 ' s room to provide care. During an interview with Resident #26 on 6/17/2015 at 3pm she revealed she report NA #1 was very rough with her and she jerked her bad arm during care. Resident #26 reported she had not had any contact with NA#1 since that night. Resident #26 indicated that she had not had any other problems with her care since that night. During an interview with the Administrator on 6/18/2015 revealed that the DON did not submit the 24hr report because she completed the investigation within a 24hr timeframes. Per Facility	

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F 225	Continued From page 4	F 225	All allegations of mistreatement, neglect or abuse, including injuries of unknown source and misappropriation of resident property will be reported according to State law within 24 hours. Investigations of such situations will include interviews, med record review and the circumstances surrounding the alleged incident. The results will be communicated to the appropriate State agencey within 5 days. Instances of such situations will be included as part of the QAA meetings three times a month and then quarterly and discussed as approropriate. All staff will be inserviced on patient abuse and the proper procedures by 07/10/15. Updated plan of correction All employees hired by Ashton Place are screened for prior history of abuse in addition to other licensing and background checks prior to employement. Orientation of all new hires includes extensive education related to Abuse and Neglect as well as the Elder Justice Act. All employees receive annual re-education/updates on Abuse and Neglect during our annual education fair. If necessary, additional education is provided as needed. In relationship to this deficiency, all staff have been rein-serviced and was completed by 7/10/15. All employees are expected to report any suspected incidents of abuse immediately and ensure that the resident	

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F 225	Continued From page 5	F 225	is protected. All allegations of mistreatment, neglect or abuse including injuries of unknown source and misappropriation of property will be reported per state law within the established guidelines. Staff involved in such potential situations will be removed from work during the investigative process. Law enforcement will also be notified as appropriate. Inappropriate behaviors of residents, family/visitors or others are also monitored for potential abuse. The investigation of allegations will include resident/staff interview, medical record review and the circumstances surrounding the alleged incident as well as notification to the responsible party. The results of the investigation will be communicated to the appropriate state agency within 5 working days. Situations that are substantiated will result in the termination of the employee and appropriate agencies/licensing boards notified. Care plan meetings with residents and/or families are held regularly to help identify potential areas of concern and devlop strategies that may help resolve these issues. At all times, efforts to ensure resident safety/protection will be supported. Supervisory staff will intervene for any staff or visitor behaviors. The employee who was identified by the resident (#25) has since resigned. The	

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F 225	Continued From page 6	F 225	Director of Nursing or her designee will meet with the resident at least weekly to discuss any issues the resident may have perceived concerning her care and address as appropriate. Allegations that have been investigated will be reported monthly in the Quality Assurance/Quality Improvement Meeting x3 and discussed as appropriate. Allegations will then be reported quarterly for nine additional months. Up dated POC All employees hired by Ashton Place are screened for prior history of abuse in addition to other licensing and bakground checks prior to employment. Orientation of all new hires includes extensive education related to Abuse and Neglect as well as the Elder Justice Act. All employees receive annual re-education/updates on Abuse and Neglect during our annual education fair. If necessary, additional education is provided as needed. In relationship to this deficiency, all staff have been rein-serviced and was completed by 7/10/2015. All employees are expected to report any suspected incidents of abuse immediately and ensure that the resident is protected. All allegations of mistreatment, neglect or abuse including injuries of unknown source and misappropriation of property will be reported per state law within the established guidelines. Staff involved in	

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F 225	Continued From page 7	F 225	such potential situations will be removed from work during the investigative process. Law enforcement will also be notified as appropriate, Inappropriate behaviors of resident, family/vistors or others are also monitored for potential abuse. The investigation of allegations will include resident/staff interviews, medical record review and the circumstances surrounding the alleged incident as well as notification to the responsible party. The results of the investigation will be communicated to the appropriate state agency within 5 working days. Situations that are substantiated will result in the termination of the employee and appropriate agencies/licensing boards notified. Care plan meetings with resident and /or families are held regularly to help identify potential areas of concern and develop strategies that may help resolve these issues. At all time, efforts to ensure resident safety/protection will be supported. Supervisory staff will intervene for any staff or visitor behaviors. The resident (#26) was seen by PCP Psychological Services (aka NCEPS) for a psychological work-up and has been diagnosed with anxiety reaction and dementia with behaviors. A care plan meeting was conducted with the resident's daughter who confirmed history of exaggerating behaviors. Social Service staff have met with the resident at least weekly, as well as the Director of Nursing,to help reassure resident that her concerns are important and taken	

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F 225	Continued From page 8	F 225	seriously. A 24 hour and 5 day report has since been sent to the State. While the original incident was written up as a grievance and investigated there was not any other similar incidents which was not reported as potential abuse.Subsequent issues have all been sent to state per the established guidelines. The employee who was identified by the resident (#26)has since resigned. The Director of Nursing, or her designee, will continue to meet with the resident at least weekly to discuss any issues the resident may have perceived concerning her care and address as appropriate. Allegations that have been investigated will be reported monthly in the Quality Assurance /Quality Improvement Meeting x 3 and discussed as appropriate. Allegations will then be reported quarterly for nine additional months.	