STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345520	A. BUILDING ______ B. WING ______	C 06/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT THOMASVILLE	1028 BLAIR STREET THOMASVILLE, NC 27360

(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 166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and resident interview, the facility failed to resolve grievances promptly and failed to follow their grievance policy for 2 of 3 residents (Residents #2 and #3) reviewed for grievances. The findings included: The facility's grievance policy titled, "Resident Grievance Policy" , with an effective dated of 5/29/09, was reviewed. The policy read, in part: - Any resident, family member of a resident, representative of a resident, person acting on behalf of a resident, or employee may file a Resident Grievance if they believe that resident (or residents') quality of life or quality of care is inappropriate. - If the Resident Grievance is given verbally, it must be transcribed into writing before the person receiving the grievance leaves the facility. - Resident Grievance forms should be accepted by any Department head who will give the form to the Facility Risk Manager for appropriate action. - Upon receipt of a Resident Grievance the Facility Risk Manager assumes ultimate responsibility for investigating all allegations. The Director of Social Services shall conduct a thorough investigation of the grievance to report	F 166	1.Corrective action has been accomplished for the alleged deficient practice in regards to Resident #3 and Resident #2. Resident #3 received therapy services from the Rehab Program Manager (RPM) and/or contracted therapist beginning 5/5/16 through 6/23/16. On 6/23/16, Resident #3 had achieved his goals in therapy and therapy was discontinued. PT #1 received counseling and in service education by the RPM on 07/01, regarding providing assistance with care needs of residents and customer service. The Administrator contacted Resident #2 family member on 6/5/16, to discuss the concerns that were expressed on 5/23/16. The concerns were investigated by the DON and Dietary manager with interventions initiated to maintain and assure for compliance. The results/outcome of conversation(s) between center Administrator and family member were documented and communicated via email to both the Davidson County�s Ombudsman and the North Carolina State Survey team members at approximately 12:32 and 1:42PM on 06/05/2016.	7/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/28/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	Continued From page 1 back to the Facility Risk Manager. - The Facility Risk Manager's investigation must be completed within three working days. - The corrective action must be recorded on a Grievance Response form. The Grievance Response must be available to the originator of the Grievance within five working days. 1. Resident #3 was admitted to the facility on 3/17/16 with multiple diagnoses that included left cerebrovascular accident. The admission Minimum Data Set (MDS) assessment dated 3/25/16 indicated Resident #3 had moderate cognitive impairment. A review of the grievance forms indicated a grievance dated 4/14/16 for Resident #3. The Resident Grievance form had been completed by Nurse #1. The form read, in part, "[Resident #3] told staff that when working with therapy he told Physical Therapy that he needed to go to the bathroom and therapist told him he'd have to wait. [Resident #3] subsequently soiled himself and had to be cleaned up by staff. [Resident #3] said he was embarrassed." The form indicated the Administrator met with Resident #3 on 4/22/16. Resident #3 was noted to be tearful during the meeting. On the back of the Resident Grievance form was the Grievance Response form. The Grievance Response form was incomplete. The form indicated the Rehabilitation Program Manager (RPM) spoke with Physical Therapist (PT) #1 (no date provided) and she reported Resident #3 had never asked her to use the bathroom. The findings of the investigation and the recommendations/corrective action sections were not completed. There was no documentation that indicated if Resident #3 and/or the initiator of the grievance had received	F 166	2. Current center residents have the potential to be affected by the alleged deficient practice: The Administrator and/or Director of Nursing reviewed Grievance forms from April 2016-June 2016, to validate that grievances were investigated and follow through occurred timely and was documented on the Grievance form. The Administrator provided in-service education for current center staff beginning on 6/3/16, regarding the Grievance policy for reporting, follow through and documentation. The education will be provided for new hires during orientation. 3. Measures put into place to ensure the alleged deficient practice does not recur include: The Administrator provided in-service education for current center staff beginning on 6/3/16, regarding the Grievance policy for reporting, follow through and documentation. On 06/21-23/2016 from approximately 8:30 AM to 4:30PM center Administrator/risk manager issued Avante Resident Grievance Policy pages 1-7, with effective date of 05/29/2009 to center associates who signed acknowledgment/acceptance and understanding of policy. The education will be provided for new hires during orientation. The Administrator and/or DON will review received Grievance reports during morning meeting, at least 5 days a week, to validate timely investigation, follow through and	

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F 166	Continued From page 2 a report of the findings. The form was signed and dated by the Administrator on 4/26/16. On 6/2/16 the facility provided a list of residents who were alert and oriented. Resident #3 was included on this list. An interview was conducted with the Administrator on 6/2/16 at 4:00 PM. The grievance form dated 4/14/16 for Resident #3 was reviewed with the Administrator. He stated the RPM met with Resident #3 and PT #1 separately to follow up on the incident reported in the grievance. He indicated he was unable to determine what date the RPM had the meetings as no date was indicated on the form. He stated the RPM spoke with him after her meetings and informed him of the discrepancy with the information provided by Resident #3 and PT #1. The Administrator indicated at that point in time he was responsible for finding out what actually happened. He stated he met with Resident #3 on 4/22/16 in regards to the grievance form completed on 4/14/16. He revealed he was unable to say why he had not met with Resident #3 more promptly. The Administrator stated that part of the resolution for Resident #3's concern was to change his physical therapist from PT #1 to the RPM. He indicated he was unable to say why this resolution was not included on the Grievance Response form. He stated he expected the Grievance Response form to be completed in full. A phone interview was conducted with the RPM on 6/3/16 at 9:40 AM. She indicated she was informed of the incident reported in the grievance dated 4/14/16 for Resident #3 on either 4/14/16 or 4/15/16. She stated she met with Resident #3	F 166	documentation has occurred according to facility policy. 4.The center administrator and/or the director of nursing will analyze audits/reviews for patterns/trends and report in the Quality Assurance committee meeting monthly for 3 months to evaluate the effectiveness of the plan and will adjust the plan based on outcomes/trends identified. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

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F 166	Continued From page 3 on the same date that she was notified. She indicated Resident #3 reiterated to her the incident as described on the grievance form. She stated she spoke with PT #1 after she met with Resident #3. PT #1 stated Resident #3 had not reported to her that he needed to use the bathroom. The RPM indicated she completed the portion of the Grievance Response form that described her meeting with Resident #3 and PT #1. She stated she believed she put the form on the Administrator ' s desk and spoke with him verbally, but she was unable to recall the date. The RPM indicated she had since taken over as Resident #3's physical therapist to make him more comfortable. She was unable to recall the exact date the transition of care for Resident #3's physical therapy occurred. The RPM stated she was unsure why that information was not included on the Grievance Response form. An interview was conducted with the Social Worker (SW) on 6/3/16 at 10:22 AM. She indicated she was informed of the incident reported in the grievance dated 4/14/16 for Resident #3 on 4/14/16. The SW revealed she had not met with Resident #3 to discuss the incident. An interview was conducted with Nurse #1 on 6/3/16 at 10:40 AM. The grievance form dated 4/14/16 for Resident #3 was reviewed with Nurse #1. She indicated on 4/14/16 Resident #3 informed her of the incident. She stated Resident #3 was visibly upset and tearful when he spoke about it. Nurse #1 indicated she wrote the grievance form that same day (4/14/16) and she also verbally reported the information to the SW, Administrator, and RPM. She stated she and the RPM met with Resident #3 on 4/14/16. Resident #3 reiterated the incident to the RPM during that meeting. Nurse #1 indicated she gave the	F 166		

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F 166	Continued From page 4 grievance form to the RPM. An interview was conducted with Speech Therapist (ST) #1 on 6/3/16 at 11:20 AM. She indicated that PT #1 was not available for interview. She reviewed the physical therapy record for Resident #3 and reported he received physical therapy from PT #1 from 3/17/16 through 5/4/16 and was changed from PT #1 to the RPM on 5/5/16. A second interview was conducted with the Administrator on 6/3/16 at 11:30 AM. The facility's grievance policy was reviewed with Administrator. He reported he took the place of the "Facility Risk Manager" mentioned in the policy. He indicated the policy was that grievances were to be resolved in 3-5 days and the form was to be completed in full. The grievance form dated 4/14/16 for Resident #3 was indicated to be resolved on 4/26/16. This was 12 days after the grievance form for Resident #3 was initiated. He revealed this was outside of the timeframe specified in the facility policy. The Administrator previously indicated that part of the grievance resolution was a change in the physical therapist for Resident #3 from PT #1 to the RPM. The date the RPM took over care for Resident #3 was reviewed with the Administrator (5/5/16). This was 22 days after the grievance form for Resident #3 was initiated. The Administrator revealed he thought the change in physical therapist for Resident #3 had happened much sooner. He indicated the delay in the change was a concern. An interview was conducted on 6/3/16 at 12:40 PM with Resident #3. The incident reported in the 4/14/16 grievance was discussed with Resident #3. He indicated the incident had occurred. He revealed he had soiled himself and	F 166		

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he "felt bad" . He stated that he asked the RPM if he could have a different staff member as his physical therapist. He indicated he was now getting physical therapy from the RPM and he was very happy. He reported when he had PT #1 he hated going to therapy. He indicated PT #1 had made him feel like he wasn't doing well in therapy. He stated she was the only staff at the facility that he ever had a problem with.

2. Resident #2 was admitted to the facility on 5/5/16 with multiple diagnoses that included aftercare for a healing traumatic hip fracture, heart disease, and chronic kidney disease. The admission Minimum Data Set (MDS) assessment dated 5/12/16 indicated Resident #2 had moderate cognitive impairment.

A review of the grievance forms indicated a grievance dated 5/23/16 for Resident #2. The grievance was filed by a family member of Resident #2 and listed multiple concerns regarding incontinence care, cold food, and phone access. The front portion of the form, titled "Resident Grievance Form" , was completed by the Social Worker (SW) on 5/23/16. The SW indicated she attempted to address each concern and to share with appropriate department heads, but the family member had decided to have Resident #2 transferred to another facility. The back portion of the form titled "Grievance Response Form", was blank. There was no documentation that indicated an investigation or recommendations/corrective actions. The form was not signed by the Administrator.

An interview was conducted with the Administrator on 6/2/16 at 4:00 PM. He indicated

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that grievances that were received were reviewed daily in the morning meeting. He stated the appropriate department head followed up on the grievance, completed the form, and then turned the form back into him to sign when a resolution was completed. He indicated he expected resolutions to be determined as efficiently and effectively as possible. He stated he expected the Grievance Response form to be completed in full.

The interview with the Administrator continued. The grievance dated 5/23/16 for Resident #2 was reviewed with the Administrator. He indicated he was unaware this grievance was written until today (6/2/16). The Administrator indicated he was aware of two separate incidents that involved the family member who filed the 5/23/16 grievance for Resident #2. He explained that on 5/8/16 he was informed by email from the Human Resources (HR) Manager that this family member had called the facility to speak with Resident #2. The family member was reportedly dissatisfied that Resident #2 had not had her own phone in her room. The family member attempted to call Resident #2 on the facility's portable phone and he was unable to get through on that phone. The family member spoke with nursing staff who informed him that the phone was not charged as it had been off of the charger with another resident. The family member was reportedly very upset. The Administrator indicated the family member requested to speak to him on 5/8/16, but he was not in the building at the time. The HR Manager informed the family member the Administrator was out of the building until 5/9/16. The family member had requested to be contacted by phone on 5/9/16. The Administrator revealed he had not contacted the

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family member by phone after this incident. He additionally indicated a grievance form was not completed by staff for this concern. The Administrator reported the second incident that involved this same family member of Resident #2 was in regards to the information included on the 5/23/16 grievance form. He indicated the family member of Resident #2 was meeting with the SW late in the afternoon on 5/23/16. He explained the SW ' s office was next door to his office and he was able to hear the discussion between the family member and SW. Resident #2's family member voiced his concerns to the SW. His concerns included incontinence care for Resident #2, cold food, and phone access. He indicated the SW asked Resident #2's family member if he wanted to speak with the Administrator and he had confirmed that he wanted to do so. The Administrator stated the SW came to him and asked him if he had time to meet with the family member. He reported he informed the SW it was getting late in the day and suggested he schedule an appointment with the family member. The Administrator indicated the family member overheard him make this suggestion to the SW and then the family member refused to speak with him. He indicated he offered to talk with the family member an additional time that evening and the family member refused. He stated he had stayed in the facility that evening until Resident #2's family member had left. The Administrator revealed he had not spoken with this family member of Resident #2 since 5/23/16. He indicated he was planning on calling him this week.

An interview was conducted with the SW on 6/3/16 at 8:45 AM. The SW indicated when a grievance form was initiated she reviewed the

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F 166	Continued From page 8 form and then gave it to the appropriate department head to complete their investigation. She stated when the investigation was completed the department head gave the form to her and the resolution was documented on the back of the grievance form. The interview with the SW continued. The grievance form dated 5/23/16 for Resident #2 was reviewed. She indicated she completed the grievance form when she met with the family member of Resident #2 on 5/23/16. She explained she had listened to the family member's concerns and recorded them on the form. His concerns included incontinence care for Resident #2, cold food, and phone access. She stated she asked the family member if he wanted to meet with the Administrator and he indicated he wished to do so. The SW indicated she asked the Administrator if he had time to meet with the family member and he had suggested they schedule a meeting as it was late in the day. She stated the family member had overheard the Administrator's suggestion and he then refused to speak with the Administrator. The SW indicated the family member of Resident #2 informed her he wanted to move Resident #2 to another facility. She stated she completed a referral to an alternate facility for Resident #2 as requested by the family member. She indicated Resident #2 toured the alternate facility and decided she had not wanted to move. The SW revealed she had not followed up the concerns reported in the grievance for incontinence care, cold food, or phone access since she had thought Resident #2 was going to move. She indicated she had not thought about the grievance after Resident #2 had made the decision to stay at this facility.	F 166		

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F 166	Continued From page 9 A second interview was conducted with the Administrator on 6/3/16 at 11:30 AM. The facility's grievance policy was reviewed with Administrator. He reported he took the place of the "Facility Risk Manager" mentioned in the policy. He indicated the policy was that grievances were to be resolved in 3-5 days and the grievance form was to be completed in full. He stated his expectation was to be informed of all grievances.	F 166		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and record review, the facility failed to treat resident with respect and dignity when a facility's physical therapy employee acted in a manner that caused resident to be embarrassed and tearful for 1 of 1 residents (Resident #3) reviewed for dignity. The findings included: Resident #3 was admitted to the facility on 3/17/16 with multiple diagnoses that included left cerebrovascular accident (stroke) and right hemiparesis. The admission Minimum Data Set (MDS) assessment dated 3/25/16 indicated Resident #3 had moderate cognitive impairment, required extensive assistance with transfers and was totally dependent for bed mobility,	F 241	F 241 Deficiency corrected 1. Corrective action has been accomplished for the alleged deficient practice in regards to resident #3. Resident #3 received incontinence care by the nursing staff when he verbalized concern to Nurse #1. PT#1 received counseling and in service education on 07/01, regarding providing assistance to residents and resident treatment for dignity and respect. 2. Current center residents have the potential to be affected by the alleged deficient practice: The Administrator	7/1/16

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locomotion, dressing, toileting, and personal hygiene. Resident #3 was coded as always incontinent of bowel and bladder during the MDS review period. He was receiving Occupational Therapy, Physical Therapy, and Speech Therapy.

The Plan of Care for Resident #3, initiated on 3/17/16, included the focus areas of bowel and bladder incontinence and total assistance for Activities of Daily Living (ADLs). Interventions included the maintenance of dignity for Resident #3.

Record review indicated a grievance dated 4/14/16 for Resident #3. The grievance form had been completed by Nurse #1. The form read, in part, "[Resident #3] told staff that when working with therapy he told [Physical Therapist #1] that he needed to go to the bathroom and therapist told him he ' d have to wait. [Resident #3] subsequently soiled himself and had to be cleaned up by staff. [Resident #3] said he was embarrassed."

On 6/2/16 the facility provided a list of residents who were alert, oriented, and interviewable. Resident #3 was included on this list.

An interview was conducted with the Administrator on 6/2/16 at 4:00 PM. He indicated he was familiar with the incident reported in the grievance dated 4/14/16 for Resident #3. He stated that the Rehabilitation Program Manager (RPM) met with Resident #3 and Physical Therapist #1 (PT #1) separately to follow up on the incident reported in the grievance. He indicated PT #1 denied that Resident #3 informed her he had to use the bathroom. The Administrator stated the RPM spoke with him

F 241

and/or Director of Nursing reviewed Grievance forms from April 2016-June 2016, to validate that grievances were investigated and follow through occurred timely and was documented on the Grievance form. The Administrator and or designee provided in service education to current center staff beginning on 06/03, regarding provision of resident care to promote dignity and respect. F 241 483.15(a) Dignity pages PP-77 through PP-81. The in service will be provided to new staff during orientation.

3. Measures put into place to ensure the alleged deficient practice does not recur include: The Administrator and or designee provided in service education to current center staff beginning on 06/03, regarding provision of resident care to promote dignity and respect. The in service will be provided to new staff during orientation. The department managers will conduct resident interviews for 5 interview able residents weekly for 4 weeks then 10 interview able residents monthly for 3 months to identify concerns regarding treatment of residents for dignity and respect. The DON and/or nurse managers will observe 5 residents weekly for 4 weeks then 5 monthly for 3 months, during care to validate residents are being treated with dignity and respect.

4. The Administrator and/or the Director of Nursing will analyze audits/reviews/observation data for patterns/trends and report in the Quality Assurance committee meeting monthly for

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AVANTE AT THOMASVILLE	1028 BLAIR STREET THOMASVILLE, NC 27360

(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 241	Continued From page 11 after her meetings and informed him of the discrepancy with the information provided by Resident #3 and PT #1. The Administrator indicated at that point in time he was responsible for finding out what actually happened. He indicated he met with Resident #3 on 4/22/16 in regards to the incident that occurred 4/14/16. He revealed Resident #3 was tearful during the meeting. He also revealed he recalled hearing of a similar incident that occurred with Resident #3 and PT #1. He indicated he was unaware of the date of the additional incident. The Administrator stated that part of the resolution for Resident #3's concern was to change his physical therapist. He explained he thought there may have been a cultural barrier that affected the communication of PT #1 and Resident #3. He indicated that changing the physical therapist was a way to address the issue as they were unable to determine what actually happened. He stated the RPM had taken over as Resident #3's physical therapist. A phone interview was conducted with the RPM on 6/3/16 at 9:40 AM. She indicated she was informed of the incident reported in the grievance dated 4/14/16 for Resident #3 on either 4/14/16 or 4/15/16. She stated she met with Resident #3 on the same date she was notified. She indicated Resident #3 reiterated to her the incident as described on the grievance form. The RPM stated she spoke with PT #1 after she met with Resident #3. PT #1 informed her Resident #3 had not reported to her that he needed to use the bathroom. The RPM stated she informed the Administrator verbally of the discrepancy with the information provided by Resident #3 and PT #1. She indicated she then took over as Resident #3's physical therapist to make him more	F 241	3 months to evaluate the effectiveness of the plan and will adjust the plan based on outcomes/trends identified. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 241	Continued From page 12	F 241		

comfortable. She was unable to recall the exact date the transition of care for Resident #3's physical therapy occurred. She indicated she was unaware of any other incidents such as this that had occurred for Resident #3.

An interview was conducted with the Social Worker (SW) on 6/3/16 at 10:22 AM. She indicated she was informed of the incident reported in the grievance dated 4/14/16 for Resident #3 on 4/14/16. The SW revealed she had not met with Resident #3 to discuss the incident.

An interview was conducted with Nurse #1 on 6/3/16 at 10:40 AM. Nurse #1 indicated Resident #3 was dependent on staff for most ADLs. She stated Resident #3 sometimes was able to let staff know when he had to use the bathroom and other times he wasn't. The incident that was reported in the 4/14/16 grievance for Resident #3 was reviewed with Nurse #1. She stated that prior to 4/14/16 Resident #3 had reported a similar incident to her. She indicated Resident #3 informed her that he told PT #1 he had to go the bathroom and she had not taken him in time and he soiled himself. Nurse #1 confirmed that Resident #3 had soiled himself. She stated she was unable to recall the date of the previous incident. She indicated she had not written up a grievance form for that incident as she was unsure of its accuracy as Resident #3 was frequently incontinent and sometimes he was unable to report if he needed to use the bathroom. Nurse #1 additionally explained that PT #1 had a bland affect that Resident #3 sometimes had not taken well and she thought that could have contributed to Resident #3's perception of the incident. She revealed that on

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AVANTE AT THOMASVILLE	1028 BLAIR STREET THOMASVILLE, NC 27360

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4/14/16 Resident #3 reported to her a similar incident and was visibly upset and tearful when he spoke about it. Nurse #1 confirmed that Resident #3 had soiled himself. She indicated she wrote the grievance form that same day (4/14/16) as she felt it needed to be looked into. Nurse #1 stated she verbally reported the information to the SW, Administrator, and RPM. She stated she and the RPM met with Resident #3 on 4/14/16. Resident #3 reiterated the incident during that meeting. Nurse #1 indicated since 4/14/16 she had no knowledge of any similar incidents with Resident #3.

An interview was conducted with Speech Therapist (ST) #1 on 6/3/16 at 11:20 AM. She indicated she was familiar with Resident #3 and with PT #1. She stated that PT #1 had a "dry" and "flat" personality. She stated she was not personally involved in the conflicts and she had no specifics about them. She indicated she was aware of a conflict between Resident #3 and PT #1. She stated she had no specifics about the conflict, but she knew the RPM had taken over Resident #3's care. ST #1 reviewed the physical therapy record for Resident #3 and reported he received physical therapy from PT #1 from 3/17/16 through 5/4/16 and was changed from PT #1 to the RPM on 5/5/16.

A second interview was conducted with the Administrator on 6/3/16 at 11:30 AM. The date the RPM took over care for Resident #3 was reviewed with the Administrator (5/5/16). There were 22 days between the date of the incident (4/14/16) and the change over from PT #1 to the RPM as the physical therapy provider for Resident #3. The Administrator revealed he thought the change in physical therapist for

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F 241	Continued From page 14 Resident #3 had happened much sooner. He indicated the delay in the change was a concern. An interview was conducted on 6/3/16 at 12:40 PM with Resident #3. The incident reported in the 4/14/16 grievance was discussed with Resident #3. He indicated the incident had occurred. He revealed he had soiled himself and it made him "feel bad" . He indicated this had happened more than once. He stated he asked the RPM if he could have a different staff member as his physical therapist. He indicated he was now getting physical therapy from the RPM and he was very happy. He reported when he had PT #1 he hated going to therapy. He indicated PT #1 had made him feel like he wasn't doing well in therapy. PT #1 was on vacation and was unavailable for interview.	F 241		