STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345304	A. BUILDING _____ B. WING _____	C 10/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER NURSING CARE/SHAM	**2727 SHAMROCK DRIVE CHARLOTTE, NC 28205**

(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 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities 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. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if	F 225		11/13/17

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

Electronically Signed | 11/10/2017

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F 225	Continued From page 1 the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey 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 reviews and staff interviews the facility failed to notify the State Survey Agency within the required 5 working day timeframe of allegations of abuse investigations for 2 of 4 residents with abuse investigations (Resident #6 and #7). Findings included: 1. Resident #6 was admitted to the facility on 10/14/14 with diagnoses which included muscle wasting and altered mental status. A review of a quarterly Minimum Data Set dated	F 225	Brian Center Shamrock acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of finding is factually correct in order to maintain compliance with applicable rules and provisions of Quality of Care of residents. This Plan of Correction is submitted as a written allegation of compliance. Preparation and submission of this plan of correction is in response to CMS 2567 from the survey conducted on 10/18/17-10/20/17.	

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F 225	Continued From page 2 07/18/17 indicated Resident #6 was cognitively intact for daily decision making. A review of the facilities abuse investigations revealed on 05/24/17 at 6:30 PM Resident #6 reported an allegation of abuse. The 24 hour report with a facsimile (fax) confirmation date of 05/25/17 at 3:22 PM indicated Resident #6 reported an allegation of verbal abuse because staff talked rudely to her during personal care when she asked for assistance. A document titled "5 Working Day Report" with a fax confirmation date of 06/02/17 at 5:08 PM revealed the facility faxed the completed investigation to the state survey agency 7 working days after the allegation was made. During an interview on 10/20/17 at 12:07 PM, the interim Director of Nursing stated she was not responsible for submitting the 24 Hour Initial Reports or the 5 Working Day Reports because the Administrator was responsible for submitting them. During an interview on 10/20/17 at 12:36 PM the Administrator confirmed she was the abuse coordinator and had been completing 24 Hour Initial Reports and 5 Working Day Reports. She stated she thought the 5 working day reports were due to be submitted to the state survey agency 5 business days after the 24 hour reports had been submitted. She further stated she wasn't aware she should submit the 5 Working Day Reports 5 business days after the date of the incident. 2. Resident #7 was admitted to the facility on 09/30/16 with diagnoses which included anxiety	F 225	Brian Center Shamrock's response to the cited deficiency does not denote agreement with the statement nor does it constitute an admission that any deficiency is accurate. Further, Brian Center Shamrock reserves the right to refute any deficiency on this statement through informal Dispute Resolution, formal appeal, and/or other administrative or legal procedures. F 225 SS-D 483.12 (a) (3) (4) (c) (1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS Criteria 1. Resident #6 reported an allegation of abuse on 5/24/17. The "24 hour initial report" for Resident #6 was faxed on 5/25/17 and the "5 Working Day Report" was faxed on 6/2/17. Resident #7 reported allegation of abuse on 6/5/17. The "24 hour initial report" for Resident #7 was faxed on 6/6/17 and the "5 Working Day Report" was faxed on 6/13/17. The Administrator submitted both residents' (#6 and #7) "5 Working Day Reports" in 7 working days, this did not cause actual harm to any residents. Criteria 2. Residents that have reported allegations of abuse or neglect have the potential to be affected by the alleged deficient practice. The Administrator reviewed instructions for completing the 5 Working Day Report to ensure timeliness of alleged violations involving abuse, neglect, exploitation or mistreatment,	

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F 225	Continued From page 3 and depression. A review of a quarterly Minimum Data Set dated 09/01/17 indicated Resident #7 was cognitively intact for daily decision making. A review of the facilities abuse investigations revealed on 06/05/17 at 2:30 PM Resident #7 reported an allegation of abuse. The 24 hour report with a facsimile (fax) confirmation date of 06/06/17 at 2:16 PM indicated Resident #7 reported an allegation of resident abuse when a Nurse Aide refused to provide personal care the resident had requested. A document titled "5 Working Day Report" with a fax confirmation date of 06/13/17 at 1:36 PM revealed the facility faxed the completed investigation to the state survey agency 7 working days after the allegation was made. During an interview on 10/20/17 at 12:07 PM, the interim Director of Nursing stated she was not responsible for submitting the 24 Hour Initial Reports or the 5 Working Day Reports because the Administrator was responsible for submitting them. During an interview on 10/20/17 at 12:36 PM the Administrator confirmed she was the abuse coordinator and had been completing 24 Hour Initial Reports and 5 Working Day Reports. She stated she thought the 5 working day reports were due to be submitted to the state agency 5 business days after the 24 hour reports had been submitted. She further stated she wasn't aware she should submit the 5 Working Day Reports 5 business days after the date of the incident.	F 225	including injuries of unknown source and misappropriation of resident property. Criteria 3. The District Director of Clinical Services (DDCS) educated the Administrator 11/10/17 on the Abuse and Neglect Reporting Requirements. The District Director of Operations (DDO) will review and audit “5 Working Day Reports” completed within 5 days of the incident report date weekly for 4 weeks, then monthly for 2 months to verify timeliness of reporting. Opportunities will be corrected as identified as a result of these audits. Criteria 4. The results of these audits will be presented by the Administrator monthly for 3 months to the Facility QAPI committee to determine recommendations and make changes as needed.	