STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345246	A. BUILDING _____ B. WING _____	C 04/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY FALLS HEALTH AND REHABILITATION	100 SUNSET STREET GRANITE FALLS, NC 28630

(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# 4T5C11.	F 000		
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(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 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. §483.12(c)(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	F 609	F 000 Disclaimer Cause:	4/27/18

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

Electronically Signed | 04/27/2018

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F 609	Continued From page 1 within the required 5 working day timeframe of allegations of abuse investigations for 1 of 6 residents with abuse investigations (Resident #27) and failed to report an allegation of abuse immediately upon knowledge for 1 of 6 residents with abuse investigations (Resident #50). Findings included: 1. Resident #27 was admitted to the facility on 10/13/12 with diagnoses which included Parkinson's disease, heart failure and Alzheimer's disease. A review of a quarterly Minimum Data Set (MDS) dated 1/20/18 indicated Resident #27 was cognitively intact for daily decision making A review of the facility's abuse investigations revealed on 6/11/17 at an unknown time Resident #27 reported an allegation of abuse. The 24 hour report with a facsimile confirmation date of 6/12/17 at 6:19PM indicated Resident #27 reported an allegation of verbal abuse due to "a staff member came in the room and spoke to him using foul language, being verbally abusive." Review of the investigation revealed documentation that reportedly the nurse stated to Resident #27 "that he was a f****** preacher and he should practice what he preached and treat staff respectful (sp). Resident then stated that she said "I hope you burn in hell." A document titled "5-Working Day Report" with a facsimile confirmation date of 6/20/17 at 6:42AM revealed the facility faxed the completed investigation 7 working days after the allegation was made. During an interview on 4/6/18 with the Assistant	F 609	F609-483.12(c)(1)(4) Reporting of Alleged Violations Preparation and or execution of this plan does not constitute admission or agreement by the Provider of Truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and executed solely because it is required by the provisions of State and Federal law. On June 11th, 2017, Resident #27 reported an allegation of verbal abuse. The 24 hour report was submitted on June 12th, 2017 by the Assistant Director of Nursing. The investigation was also completed by the Assistant Director of Nursing. The 5 working day report was faxed on June 20th, 2017 by the Assistant Director of Nursing therefore placing this facility out of compliance by two days. On April, 6th, 2018, the Administrator and the Director of Nursing ensured there were no outstanding 24 hour and 5 day reports by auditing all the reports for timeliness. All Nursing Administration members were in-serviced on ensuring that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately to the Administrator of the facility and to other officials by the Director of Nursing and the Administrator on April 6th and April 7th, 2018.	

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F 609	Continued From page 2 Director of Nursing, she reported she was the facility's Abuse Coordinator and reported that the 5 working day reports should be faxed into the division within 5 working days from the day the incident is reported. She did not have a reason the previous ADON who was the abuse coordinator at the time sent in 5 working day reports in late. She also reported that administration first became aware of the incident at the time she completed the 24 Hour Report. During an interview with the Administrator on 4/6/17 she reported she expected the 24 hour and 5 working day reports to be completed and filed with the state agency timely. 2. Resident #50 was admitted to the facility on 10/6/17 with diagnoses including atrial fibrillation, heart failure, and presence of pacemaker, dementia and Alzheimer's disease. A review of a quarterly Minimum Data Set (MDS) dated 2/11/18 indicated Resident #50 was significantly impaired cognitively for daily decision making. A review of the facility's abuse investigations revealed on 3/13/18 at an unknown time, a staff nurse aide reported "that a coworker became angry with a resident after the resident spit in her face and she grabbed the resident's ankle and squeezed." The report further stated there was "no apparent injury" to Resident #50. A document titled "24-Hour Initial Report" with a facsimile confirmation date of 3/13/18 at 3:39PM revealed the date of the alleged incident occurring on 3/2/18 at 9:00PM and was not reported to administrative staff until 3/13/18.	F 609	On April 6th-April 9th, 2018, the Administrator, Director of Nursing and Assistant Director of Nursing in-serviced all staff on the severity and importance of recognizing and stopping any type of abuse and reporting the alleged violation immediately to Administration. Staff understood that untimely reporting of such violations could result in disciplinary action. To ensure Quality Assurance, the abuse policy and procedure will be reviewed with all new hires by the Administrator or designee before they are permitted to work. The abuse policy and procedure will also be reviewed quarterly with all other current employees. Employee signatures will reflect their understanding and will be presented in the Quality Assurance meeting for a minimum of six consecutive months. The Director of Nursing or a member of the Nursing Administration team will submit any alleged violations immediately to the Administrator and to other officials including but not limited the State Survey Agency. Each 24 hour and 5 day reports will be reviewed by the Administrator before submitting to ensure timeliness reporting. All 24 hour and 5 day reports will be reviewed daily, Monday through Friday by the interdisciplinary team and will be presented in the Quality Assurance meetings for a minimum of six months. All corrective action will be completed by April 9th, 2018; ensured by the	

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F 609	Continued From page 3 An interview with Nurse Aide #1 was attempted on 4/6/18 at 9:02 AM but was unsuccessful. During an interview with the Director of Nursing on 4/6/18 at 9:49 AM, she reported she has had to speak to the CNA multiple times about reporting incidents in a timely fashion. She stated the CNA should have reported the incident immediately to her supervisor, either the hall nurse or the charge nurse. DON reported she was unsure why the CNA waited so long to report the alleged incident. During an interview on 4/6/18 with the Assistant Director of Nursing, she reported she was the facility's Abuse Coordinator and reported that the 5 working day reports should be faxed into the division within 5 working days from the day the incident is reported. She did not have a reason the previous ADON who was the abuse coordinator at the time sent in 5 working day reports in late. She also reported that administration first became aware of the incident at the time she completed the 24 Hour Report. During an interview with Administrator on 4/6/17 she reported she expected the 24 hour and 5 working day reports to be completed and filed with the state agency timely.	F 609	Administrator.	