STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	**115 N COUNTRY CLUB ROAD BREVARD, NC 28712**

(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 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews the facility failed to prevent an employee from utilizing a resident's finances for personal gain for 1 of 3 resident's reviewed for misappropriation of resident property (Resident #5). The findings included: A review of section 5.13 Receiving Gifts (Policy #13) of the facility's employee handbook titled "Employee Handbook: A guide to partnership revealed the facility expected employees not to "accept any gift or entertainment, regardless of the value, from or on behalf of a resident or resident's family". Resident #5 was admitted to the facility on 09/27/17 with diagnoses that included altered mental status, cognitive communication deficit. A review of Resident #5's Quarterly MDS Assessment dated 04/29/19 revealed the resident to be moderately impaired for daily decision making and was able to communicate with others. At this time Resident #5 required extensive assistance with bed mobility,	F 602	* Corrective action was taken on 6-25-19 when NA #1 was termed from employment with the Facility for violation of the Facility's Code of Conduct. * On 6-26-19 the administrator and director of nursing interviewed four other residents who are known to have access to their funds and are frequently cared for by NA #1. These residents were asked individually if they had ever been asked to lend any staff member money or give them money. All of these residents stated that they had not. To further identify any other possibly affected residents, the social worker individually interviewed all residents having access to their funds or a credit/debit card to ensure that no one had asked them for money or asked to borrow any money or items of value. This was completed on 10-25-19. * Systematic Changes: 1) Upon hire and annually thereafter, staff are oriented, inserviced, and trained on the policy of the Facility regarding NO TIPS OR GRATUITIES by the Staff Development	11/4/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 10/25/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	115 N COUNTRY CLUB ROAD BREVARD, NC 28712

(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 602	Continued From page 1 locomotion on and off the unit, dressing, toilet use, and personal hygiene. Resident #5 was totally dependent on others for bathing and transfer. He required supervision with eating. A review of Resident #5's electronic progress notes revealed a care conference note dated 07/31/19 at 4:35 PM which read, in part: SSD [Social Services Director] discussed issue with credit card and gave Resident #5's family correspondence from the credit card company for their files. An interview that occurred on 10/07/19 at 2:19 PM with the facility's Social Worker revealed a concern arose when a Nurse Aide (NA#1) received mail at the facility with both his and Resident #5's name on it. He reported he sat down with Resident #5 and opened the mail. He stated at that time it was revealed that NA#1 had taken Resident #5 to the bank and had NA #1 added as an authorized user of Resident #5's credit card. He reported NA#1 was immediately suspended from work and did not return for not following the facility's personnel policy regarding accepting gifts from residents. He reported as the facility continued to investigate the situation, Resident #5 reported he had also given NA #1 cash gifts for extra special treatment including priority food service to his room and priority call bell response. He reported Resident #5 informed the facility that NA #1 had befriended him, and he had voluntarily given NA #1 access to his credit card and wanted to give him the cash gifts. The Social Worker provided information that when Resident #5's credit card bill came to the facility and he went over it with Resident #5, Resident #5 then reported that he felt NA #1 had "used it more than he should have". The Social Worker stated	F 602	Nurse starting 10-22-19 2)All staff inserviced on the importance of this citation and the meaning of "misappropriation/exploitation." This is being completed by the Staff Development Nurse by 10-28-19. Staff on vacation or LOA will be inserviced by the Staff Development Nurse or Director of Nursing prior to returning to work. 3) The social worker addressed "misappropriate/exploitation" with the Resident Council at the monthly meeting on 10-25-19, 4) Informtation about the Facility's policy regarging tips and gratuities will be included in the admission packet starting 10-23-19. This information was provided to the admission director by the administrator. * Weekly, at random, five residents will be interviewed by the social worker to ensure that this same alleged deficient practice has not recurred. This will begin 10-28-19. If an instance is identified, the social worker will report this immediately to the adminstrator for further action. Results of this monitor will be presented at the monthly QAPI committee meeting by the social worker for 3 months or longer if deemed necessary by the QAPI commiittee. The QAPI committee may also recommend changes if necessary to ensure compliance. This will begin with the QAPI meeting in October. * Correcion date: 11-4-19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	**115 N COUNTRY CLUB ROAD BREVARD, NC 28712**

(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 602	Continued From page 2 that there were charges on the account for daily living expenses including food, utility bills, rent, clothing, and entertainment. The Social Worker reported he and the Administrator had contacted the local police department and they came out and investigated. He stated the facility was told since Resident #5 was his own person and had voluntarily given NA #1 his credit card for use, that it was a civil matter and there was nothing they could do. The Social Worker also reported that he and the Administrator had been working with the credit card issuer on getting the charges removed as fraudulent. During an interview with Resident #5 on 10/07/19 at 11:53 AM, it was revealed that he was familiar with Nurse Aide (NA) #1. He stated they had become "friends" since being admitted to the facility and he had "loaned" NA #1 $700.00 but reported he did not think he would be repaid. Resident #5 indicated NA #1 had "stolen a lot of money" from him. He explained he had opened an account with NA #1 because he initially thought it would be a way for him to help his friend (NA #1) but realized now "it was my stupidity". He further stated the facility had reported the issue to the local police department but stated "nothing ever happened with it". During a follow up interview with Resident #5 on 10/07/19 at 1:46 PM, he reported he had given NA #1 his credit card to use for some of NA #1's "personal expenses". He reported he was initially ok with the use of his credit card by NA #1 as he was his "friend". He insisted he was not forced or coerced into giving NA #1 access to his credit card and he went voluntarily with NA #1 to his bank and added NA #1 as an authorized user on his account.	F 602		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	115 N COUNTRY CLUB ROAD BREVARD, NC 28712

(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 602	Continued From page 3	F 602		

An interview with the Assistant Director of Nursing (ADON) on 10/07/19 at 2:39 PM revealed she had cared for Resident #5 since his admission and reported his cognitive ability fluctuated. She described Resident #5 as "alert and oriented to his person but not time or place and his cognitive ability had declined steadily since his admission. She reported she was aware there was an issue where NA #1 used Resident #5's credit card for his own personal expenses. She reported the use of the credit card, willingly provided or not by Resident #5 was a violation of the facility's personnel policy and NA #1 was subsequently terminated. She reported all nurse aides receive training regarding refusal of gifts offered by residents.

On 10/07/19 at 4:19 PM the Administrator reported she had completed an internal investigation and had determined that Resident #5 had voluntarily provided NA #1 the use of his credit card and when she had interviewed Resident #5, he reported that NA #1 was his friend and that he wanted to help him out. She reported the issue to the local police department who came to the facility and determined since Resident #5 was his own responsible party and voluntarily provided NA #1 his credit card to use, that no criminal activity occurred and that it was a civil manner. She reported as soon as she became aware of the situation with Resident #5's credit card, she terminated NA #1 for a violation of the personnel policy.

During a follow up interview with the Administrator on 10/07/19 at 5:07 PM, she reported it was her expectation that her staff follow the personnel policy and not take gifts or money from residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	**115 N COUNTRY CLUB ROAD BREVARD, NC 28712**

(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 602	Continued From page 4 at the facility. She reported NA #1's actions were a substantial violation of that policy, thus the reason he was terminated from his position immediately. An interview with NA #1 was attempted on 10/07/19 at 5:15 PM and a voicemail was left on a generic voicemail message. No return call was received.	F 602		
F 609 SS=D	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	F 609		11/4/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	115 N COUNTRY CLUB ROAD BREVARD, NC 28712

(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 609	Continued From page 5	F 609		

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, resident and staff interviews the facility failed to report an allegation of an employee utilizing a resident's finances for personal gain for 1 of 3 resident's reviewed for misappropriation of resident property (Resident #5).

The Findings Included:

A review of the state database on 10/07/19 at 9:37 AM revealed there was no filed 24-Hour report related to an allegation of misappropriation of resident property.

Resident #5 was admitted to the facility on 09/27/17 with diagnoses that included altered mental status, cognitive communication deficit.

A review of Resident #5's Quarterly MDS Assessment dated 04/29/19 revealed the resident to be moderately impaired for daily decision making and was able to communicate with others. At this time Resident #5 required extensive assistance with bed mobility, locomotion on and off the unit, dressing, toilet use, and personal hygiene. Resident #5 was totally dependent on others for bathing and transfer. He required supervision with eating.

During an interview with Resident #5 on 10/07/19 at 11:53 AM, it was revealed that he was familiar with Nurse Aide (NA) #1. He stated they had become "friends" since being admitted to the facility and he had "loaned" NA #1 $700.00 but reported he did not think he would be repaid.

* Corrective action: it is not possible to go back and correct this alleged deficient practice as it has a timeframe which has passed.

* A thorough review of the grievance log was completed by the administrator and social worker to see if there were any situations reported that involved abuse, neglect, exploitaion and if there were any, was a 24 hour Report generated timely. This was completed on 10-25-19 by the administrator and social worker. This review went back to 4-1-19 and there were no other issues identified.

* Systematic Changes: 1) All staff will be inserviced on the importance of reporting any suspicions of or allegation of abuse, neglect, and exploitation and who to report this to. This inservice will be conducted by the Staff Development Nurse by 10-29-19. Staff that are on LOA, vacation or out sick will be inserviced before returning to work by either the Staff Development Nurse or the Director of Nursing. Newly hired staff will be inserviced during orientation and then again annually starting 10-23-19 by either the Staff Development Nurse of the Director of Nursing. 2) The contact cell numbers of the administrator and director of nursing will be posted at the nurses stations so that the staff have access to management 24 hours a day, 7 days a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345208	A. BUILDING ______ B. WING ______	C 10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT BREVARD	**115 N COUNTRY CLUB ROAD BREVARD, NC 28712**

(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 609 Continued From page 6

Resident #5 indicated NA #1 had "stolen a lot of money" from him. He explained he had opened an account with NA #1 because he initially thought it would be a way for him to help his friend (NA #1) but realized now "it was my stupidity". He further stated the facility had reported the issue to the local police department but stated "nothing ever happened with it".

A review of Resident #5's electronic progress notes revealed a care conference note dated 07/31/19 at 4:35 PM which read, in part: SSD [Social Services Director] discussed issue with credit card and gave Resident #5's family correspondence from the credit card company for their files.

An interview with NA #1 was attempted on 10/07/19 at 5:15 PM and a voicemail was left on a generic voicemail message. No return call was received.

10/07/19 at 4:19 PM the Administrator reported she had completed an internal investigation and had determined that Resident #5 had voluntarily provided NA #1 the use of his credit card and when she had interviewed Resident #5, he reported that NA #1 was his friend and that he wanted to help him out. She reported she did not complete a 24-Hour report since the local police department determined that Resident #5 was his own responsible party, and had voluntarily provided NA #1 his credit card to use and that no criminal activity occurred.

F 609

week to report any suspiciions or allegation of abuse, neglect, and exploitation. This was posted by the administrator on 10-23-19, 3) all allegations/suspicions of abuse, neglect, or exploitation will be reviewed immediately with the Regional Director of Operations and/or the Regional Clinical Nurse and the facility administrator (or the director of nursing in the absence of the administrator), 4) issues involving abuse, neglect, or exploitation will be reported to the State per the timeframes indicated by CMS. Reporting will be led by the administrator or the director of nursing.

* Weekly, the administrator will review all reported allegations of abuse, neglect, or exploitation for confirmation that the necessary reporting to the State was completed timely. This report will be presented at the monthly QAPI meeing by the administrator for 3 months or longer if deemed necessay by the QAPI committee to ensure compliance. The QAPI committee may also make changes to this plan if deemed necessary to ensure compliance. This starts with the October QAPI meeting.

* Correction date: 11-4-19