STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345573	A. BUILDING _____ B. WING _____	C 01/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY	1250 ARBOR ROAD WINSTON SALEM, NC 27104

(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 An onsite complaint investigation was conducted on 1/15/21 - 1/22/21. 4 of the 4 complaint allegations were unsubstantiated. Event ID #MVSU11.	F 000		
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 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 609		2/19/21

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

Electronically Signed | 02/08/2021

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F 609	Continued From page 1 Based on record review and resident and staff interviews, the facility failed to submit an initial resident abuse allegation to the state agency within the 2 hour time frame to for 2 allegations of abuse for 1 of 1 resident reviewed (Resident #1). The findings included: Review of the facility ' s Abuse, neglect or Sexual Assault, Protection of Residents policy included, "a thorough investigation is to be completed on all reports of any type of abuse and submitted to the state for further Investigation if warranted". Resident #1 was admitted to the facility on 2/12/20 with diagnoses of, in part, vascular dementia, diabetes mellitus and chronic pain. A quarterly Minimum Data Set (MDS) assessment dated 12/7/20 revealed Resident #1 had moderately impaired cognition. Resident #1 required assistance with her activities of daily living and had behaviors not directed toward others 1-3 days during the look back period. The facility ' s grievance log from June 2020 to December 2020 was reviewed. A grievance submitted on 9/23/20 by Resident #1 ' s family members to the facility social worker revealed Resident #1 was expressing a concern about a staff member. The social worker informed the family she would talk to Resident #1 over the next three days to see what she reported to her. On 9/23/20, the social worker interviewed Resident #1. Resident #1 expressed concerns about one staff member and stated the staff member told her she was going crazy and might have to go to a mental institution and pounced on	F 609	Tag- F609 A complaint investigation was conducted at the facility. The facility received a tag due to the facility failing to submit an initial resident abuse allegation to the state agency within the two hour time frame for allegations of abuse for one resident that was reviewed. The facility will 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. The Facility will 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. Other Actions Taken: The Facility will update Abuse, Neglect or Sexual Assault, Protection of Residents policy to remove the verbiage Those incidents which have evidence of abuse, neglect or sexual assault The Director of Nursing will hold a training for all Health Care Staff on the proper procedure for reporting abuse and neglect in a timely manner per state and federal	

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F 609	Continued From page 2 her stomach one night. A grievance submitted on 12/31/20 by Resident #1 ' s family member to the facility ' s social worker and Director of Nursing (DON) revealed an incident regarding Nurse #1 jumping all over her and trying to force a spoon in her mouth. Review of the facility reported incidents from June 2020 to December 2020 revealed no allegations submitted to the State Agency for Resident #1. On 1/15/21 at 8:15 AM, Resident #1 was interviewed. She stated most of the staff were nice to her, but there was one who yelled and screamed at her that she was busy and didn ' t do as she asked. She stated she did not know her name. There was also a heavyset nurse who shoved medication down her throat one time and jumped on her. She was unsure when the incidents occurred but did report it to the nurse. On 1/15/21 at 10:14 AM, the DON was interviewed. She stated the facility did investigate Resident #1 ' s allegations of abuse but didn ' t report the allegations to the State Agency because they did not substantiate it and, per their policy, they only reported allegations that were substantiated. On 1/15/21 at approximately 11:00 AM, the social worker was interviewed. She stated she was the one Resident #1 ' s family reported her concerns to in September and in December. She stated she reported both incidents to the DON, but she wasn ' t the one responsible for sending allegations of abuse to the State Agency. On 1/22/21 at 10:23 AM, the Administrator was	F 609	regulations. Training will be completed and documented no later than February 19th, 2021 The Administrator will check in weekly with the Social worker to discuss all grievances that come through. This will help ensure that the facility is in compliance and allegations do not get misinterpreted. Notes will be taken for the record. This will take place over the next 60 days.	

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F 609	Continued From page 3 interviewed. She stated when Resident #1 ' s family submitted the grievances about the staff member, the social worker interviewed Resident #1. The Administrator added the allegations were not substantiated so they did not report the allegations to the State Agency.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §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 review and staff and resident interviews, the facility failed to ensure an allegation of staff to resident abuse was thoroughly investigated for 1 of 1 resident reviewed for abuse (Resident #1). The findings included: Resident #1 was admitted to the facility on	F 610	Tag-F610 A complaint investigation was conducted; the facility received a tag due to the facility failing to ensure an allegation of staff to resident abuse was thoroughly investigated for one resident that was reviewed for abuse. The facility will thoroughly investigate all	2/19/21

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F 610	Continued From page 4 2/12/20 with diagnoses of, in part, vascular dementia, diabetes mellitus and chronic pain. A quarterly Minimum Data Set (MDS) assessment dated 12/7/20 revealed Resident #1 had moderately impaired cognition. Resident #1 required assistance with her activities of daily living and had behaviors not directed toward others 1-3 days during the look back period. A review of the facility ' s grievance log from June 2020 to December 2020 revealed a grievance submitted on 9/23/20 by Resident #1 ' s family regarding concerns about a staff member. The grievance was received by the facility ' s social worker who informed the family she would visit and interview Resident #1 for three days to see what she reported. On 9/23/20, the social worker interviewed Resident #1. Resident #1 expressed concerns about one staff member and stated the staff member told her she was going crazy and might have to go to a mental institution and pounced on her stomach one night. On 1/15/21 at 8:15 AM, Resident #1 was interviewed. She stated most of the staff were nice to her, but there was one who yelled and screamed at her that she was busy and didn ' t do as she asked. She stated she did not know her name and there was a heavyset nurse that jumped on her one time. She was unsure when the incidents occurred but did report it to the nurse. A review of facility reported incidents revealed none found for Resident #1 ' s allegations of abuse. There was no evidence the facility interviewed staff or other residents regarding the allegation of abuse which was reported by	F 610	alleged violations and have evidence by documentation, staff interviews, chart review and statements, to prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. All of which will be done in a timely manner that follow state regulations. Other Actions Taken: The Director of Nursing will hold a training for all Health Care Staff on the proper procedure for reporting abuse and neglect in a timely manner and per state and federal regulations Training will be completed and documented no later than February 19th, 2021 The Administrator will check in weekly with the Social worker to discuss all grievances that come through. This will help ensure that the facility is in compliance and allegations do not get misinterpreted. Notes will be taken for the record. This will take place over the next 60 days. Staff and resident interviews will be conducted immediately along with a thorough investigation with a chart review, camera□s review, other documentation obtained upon being notified of the alleged allegation.	

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F 610	Continued From page 5	F 610		

Resident #1 ' s family on 9/23/20.

On 1/15/21 at approximately 11:00 AM, the social worker was interviewed. She stated she interviewed Resident #1 in September 2020 after the Resident #1 ' s family submitted the grievance. She stated she visited Resident #1 on 3 consecutive days; the first day on 9/23/20, Resident #1 stated, when asked if she had any concerns about staff members, she had concerns about one staff member, sometimes. The SW asked Resident #1 to describe the staff member and Resident #1 did so. Resident #1 added the staff member told her she was going crazy and might have to go to a mental institute and she pounced on her stomach one night. The SW visited Resident #1 the following day, 9/24/20 and asked if Resident #1 had the same staff member again and Resident #1 stated she had and had no problems. On the third day, Resident #1 stated she didn ' t think she had the same staff person. The SW determined Resident #1 did have the same staff member assigned to her all three nights and who the staff member was. She concluded the allegation was unsubstantiated because Resident #1 was unclear about who was taking care of her and she did have the same staff member all three nights. She stated she spoke with the family and told her the staff member responsible was Nurse #1. The family told the SW they really liked Nurse #1 and they had a good relationship with her. The SW suggested the facility monitor the situation and the family would let her know if they had any additional concerns.

On 1/22/21 at 11:44 AM, Nurse #1 was interviewed. She stated she was not interviewed in September 2020 about abuse allegations about

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F 610	Continued From page 6 Resident #1. On 1/22/21 at 10:23 AM, the Administrator was interviewed. She stated she was aware of the allegations submitted by Resident #1. The interview with the Administrator validated that the facility investigation consisted only of talking to the resident and the family. She added after the SW spoke with the resident and the family, they unsubstantiated the allegation due to Resident #1 ' s cognitive status.	F 610		