

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLAPP'S CONVALESCENT NURSING HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 MOUNTAIN TOP DRIVE</b> <b>ASHEBORO, NC 27203</b>		
(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  A complaint investigation was conducted onsite 7/19/2021 and continued remotely until 7/21/2021. Event ID# 1VO811.  4 of the 4 complaint allegations were not substantiated.	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.	F 609		7/30/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/30/2021

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 609	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, interviews of staff and police Detective, the facility failed to report an allegation of abuse to the State Agency within the required timeframe for 1 of 3 residents reviewed for abuse (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 6/8/2021 with diagnoses that included cerebral infarct (stroke).</p> <p>Resident #1's discharge Minimum Data Set (MDS) dated 6/30/2021 indicated the resident had mild cognitive impairment and no behaviors. The resident was coded as having functional vision and hearing and required limited assistance with activities of daily living and hygiene.</p> <p>A record review revealed Resident #1 was discharged home with home health on 6/30/2021. According to facility records, it was a resident-initiated discharge.</p> <p>A phone interview was conducted with the detective on 7/19/2021 at 11:11am. She stated she went to the facility on Friday 7/9/2021 around 4:30pm. The facility administrator was not in the building, so she spoke with the Chief Operating Officer (COO). She first asked the COO if Resident #1 had resided in the facility. The COO confirmed the resident had resided in the facility up until her discharge home. The Detective stated she informed the COO Resident #1 had made an allegation of abuse that was sexual in nature and that the alleged abuse occurred during her time at</p>	F 609	<p>For the resident affected: The resident who made the allegation was no longer a resident at the time the detective entered the building on 7/9/2021.</p> <p>For the residents with the potential to be affected and Measures put in place: The State Survey Agency felt the facility should have submitted the 24-hour report before the actual allegation was made to the facility. While the facility timely initiated investigation to the best of it's ability given the information that was provided to facility, the Administrator and Director of Operations waited to report the allegation once it was confirmed that the allegation occurred while resident was under facility's care and that the allegation was against an employee of the facility. Facility Administrator re-educated self and Director of Operations on F-609, specifically related to reporting of allegations timely on 7/29/21. In the future for instances such as the one noted in the 2567, facility will submit to the HCPR (Health Care Personnel Registry) an initial report with only the name of resident and will note that an investigation is on-going but that the facility does not yet have knowledge that the investigation pertains to when the resident was under the care of the facility. Facility will also note in the initial report that the facility is not yet aware of whether the allegation is against an employee of the facility.</p> <p>Monitoring: To ensure compliance with this plan of correction, facility Administrator will ensure that any</p>		

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F 609	<p>Continued From page 2</p> <p>the facility. The Detective stated she asked the COO about how many male employees were working in the facility, how many of them would have had access to Resident #1's room, and what kind of attire they would have been wearing. The Detective stated she did not give any further details regarding the alleged perpetrator.</p> <p>On 7/19/2021 at 3:30pm an interview was conducted with the COO. She stated the Detective did come to the facility on 7/9/2021 around 4 or 4:30pm. The detective asked her about Resident #1 and the COO confirmed she had been a resident in the facility. The COO stated the Detective would not give her information other than the name of the Resident and that the allegation was sexual in nature. She stated the Detective did ask about male employees and what attire the facility employees wore. The COO stated she did notify the facility Administrator of the Detective's visit and what was reported. The COO stated she did not report to the State Agency or start an investigation at that time because she did not know what the allegation was other than it was sexual in nature and she did not feel like she had enough information to begin an investigation.</p> <p>An interview was conducted with the facility Administrator on 7/9/2021 at 3:30pm. He stated he was not in the facility at the time the Detective notified the COO of the allegation. He was notified by the COO of the Detective's visit and her statements. He stated he was not in the office on Monday 7/12/2021. When he returned to the office on Tuesday July 7/13/2021 he had a voice message from another skilled nursing facility informing him Resident #1 had made an allegation of abuse that occurred at Clapps</p>	F 609	<p>investigation or allegation is reported timely by Director of Operations and will check off on monitoring form that the allegation was reported timely according to regulation. This plan of correction will be reviewed by the Quality Assurance Performance Improvement committee and any areas of concern will be addressed timely by the appropriate members of the QAPI committee. If substantial compliance is found, this quality improvement monitoring will be discontinued.</p>		

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F 609	<p>Continued From page 3</p> <p>Convalescent, and they had reported to the State Agency and began an investigation. The Administrator stated he spoke to the interim Administrator at that facility on Tuesday 7/13/2021 around 9:00am and obtained some additional details that allowed him to report to the state and start his own investigation. He stated he reported to the State Agency around 9:27am on Tuesday 7/13/2021. He stated he did not feel like he had enough information to report to State Agency and start an investigation prior to Tuesday 7/13/2021. When asked what information he would have needed to report to the State Agency and begin an investigation, he stated he needed the name of the resident and an actual allegation. He also stated he did not feel like the Detective stated clearly the alleged abuse occurred at Clapps.</p> <p>A second phone interview was conducted with the Detective on 7/21/2021 at 10:30am. When asked if she notified the facility the alleged abuse took place at Clapps Convalescent, she stated she made it clear to the COO the alleged abuse happened at the facility, then asked her about the number of male employees in the facility and their attire.</p>	F 609			