

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

PRINTED: 01/04/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345574 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/09/2022 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BELLAROSE NURSING AND REHAB | | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 BELLAROSE LAKE WAY GARNER, NC 27529 | | |
| (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 | |
| E 000 | Initial Comments | E 000 | | | |
| F 000 | An unannounced recertification and complaint investigation survey was conducted on 12/6/22 through 12/9/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #9KM811. INITIAL COMMENTS | F 000 | | | |
| F 583 SS=D | A recertification and complaint investigation survey was conducted from 12/6/22 through 12/9/22. Event ID# 9KM811. The following intake was investigated NC00195183. 1 of the 1 complaint allegation was not substantiated. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other | F 583 | | 1/5/23 | |

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

TITLE

(X6) DATE

Electronically Signed

12/28/2022

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 583 | <p>Continued From page 1 than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interviews and staff interviews, the facility failed to protect the residents' right to privacy when Resident #76 and Resident #67 had money removed from their rooms and placed in their individual resident trust accounts without their knowledge. This deficient practice affected 2 of 2 residents reviewed for personal privacy.</p> <p>Findings included:</p> <p>On 12/7/2022 at 2:00 p.m. during the Resident Council meeting, Resident #76 stated she discovered on 12/5/2022, forty dollars was missing out of her pocketbook and Resident #67, her roommate, was also missing one hundred dollars. She stated she reported the missing money to the Activity Director on 12/5/2022.</p> <p>a. Resident #76 was admitted to the facility on 10/13/2021.</p> <p>The modified quarterly Minimum Data Set (MDS) assessment dated 11/2/2022 indicated Resident</p> | F 583 | <p>Prior to Survey entrance, on the morning of 12/06/2022 Resident 76 and Resident 67's money was deposited into their resident trust accounts after locating it in the business office drop box. The Social Worker informed both residents at 8:30am on 12/6/2022 that the money was deposited into their accounts and to let her or the business office know if they would like for the money to be returned to their bedside. Both resident 76 and 67 stated on 12/6/2022 at 8:30am to leave their money in the trust account where it was safe. All staff will be inserviced on privacy of personal belongings by 1/4/2022 and all new hires will be trained in orientation. The QA Nurse/Social Worker/Administrator will interview 3 residents per week for 12 weeks with a BIMS of 13 or higher about personal privacy and personal belongings. The results of the interviews will be brought to the QA Committee on a monthly basis for review and additional monitoring will be</p> | | |

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| F 583 | <p>Continued From page 2</p> <p>#76 was cognitively intact and displayed no behaviors.</p> <p>On 12/7/2022 at 3:55 p.m. in a private interview with Resident #76, she stated she had about forty-five dollars in her pocketbook that was kept in the bottom of her clothing cabinet. She stated in the afternoon of 12/5/2022 when she went to get some money out of her pocketbook to buy a coke drink, she discovered the money was not in the pocketbook. When she told her roommate of the missing money, the roommate, Resident #67, also discovered she was missing some money. She stated she informed the Activity Director on 12/5/2022 she was missing money out of her pocketbook and Resident #67 was missing money too. She stated no one should be going through her pocketbook. Resident #76 stated she was told a woman in the office had the money but could not recall who told her. She stated she had not asked anyone to take the money out of her pocketbook or for the money to be placed in her resident trust account.</p> <p>b. Resident #67 was admitted to the facility on 1/14/2020.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 9/27/2022 indicated Resident #67 was cognitively intact and had displayed no behaviors.</p> <p>On 12/7/2022 at 4:07 p.m. in a private interview with Resident #67, she stated she kept money (four \$20 bills, two \$10 bills, and 1-\$5 bill) in an envelope in her top drawer of the bedside table, and she last saw the money on 12/2/2022. She stated after lunch on 12/5/2022 when her roommate, Resident #76, discovered money</p> | F 583 | <p>conducted if any additional concerns should arise.</p> | | |

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| F 583 | <p>Continued From page 3</p> <p>missing from her pocketbook she checked and discovered her money was missing from the envelope in the top drawer of the bedside table. She stated she told Resident #76 that she was missing money (\$100-\$105) too, and Resident #76 reported to the Activity Director that they both were missing money. She stated the Social Worker learned on 12/5/2022 that she and Resident #76 were missing money and informed the office staff. She stated she was informed her money was not missing and a nurse (no specific nurse was mentioned) had the money. She was unable to recall who told her that information. She stated she did not know where her money was and wanted her money in her possession. She stated she had a trust account and knew to go to the business office to get money as needed. She stated she did not give anyone permission to get the money out of the envelope, and she didn't feel good about someone going into her closed top drawer and taking her money out of the envelope. She stated that person invaded her privacy.</p> <p>On 12/7/2022 at 2:40 p.m. in an interview with the Activity Director, she stated Resident #76 reported to her on 12/5/2022 that she and Resident #67 were missing money out of their room, and she informed the Social Worker.</p> <p>On 12/7/2022 at 4:20 p.m. in an interview with the Social Worker, she stated on 12/5/2022 the Activity Director informed her Resident #76 and Resident #67 were missing some money. She stated on 12/5/2022 she verified with Resident #76 she was missing money, and on 12/5/2022, she informed the Administrator and Director of Nursing Resident #76 and Resident #67 reported they were missing money that was kept in their room. She stated the Administrator stated he</p> | F 583 | | | |

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| F 583 | <p>Continued From page 4</p> <p>would investigate the allegation. She stated on 12/6/2022, she learned the money had been located and placed in each residents' individual trust account, and she informed Resident #76 and Resident #67 of this information.</p> <p>On 12/7/2022 at 3:21 p.m. in an interview with the Business Office Manager, she stated upon arriving to work around 6:00 a.m. on 12/6/2022, an envelope with "For Trust deposits: [Resident #76's last name] \$40 and [Resident #67's last name] \$100" written on the outside of the envelope was found located in a locked box outside the business office. She stated when she questioned the Administrator about the money left in the locked box for Resident #76 and Resident #67, he stated both residents had reported the money stolen and instructed her to place the money in their individual trust accounts. She stated Resident #76's forty dollars and Resident #67's one hundred dollars was deposited into their trust accounts on 12/6/2022.</p> <p>On 12/7/2022 at 4:43 p.m. in an interview with the Administrator, he stated on the afternoon of 12/5/2022, the Social Worker reported to him Resident #76 and Resident #67 were missing money that was kept in their room. On the morning of 12/6/2022, he stated he was informed by the Business Office Manager Resident #76's forty dollars and Resident #67's one hundred dollars were found in an envelope in a locked box outside the business office, and the Social Worker informed Resident #76 and Resident #67 where their money was located on 12/6/2022. When the Administrator was asked how Resident #76's and Resident #67's money got from her room to the locked box outside the business office, he stated he did not know. He stated</p> | F 583 | | | |

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| F 583 | Continued From page 5 Resident #76's and Resident #67's missing money was found, and an investigation was not conducted. He further stated it was his decision to place Resident #76's forty dollars and Resident #67's one hundred dollars into their trust accounts and did not discuss with either resident where they wanted the money that went missing from their rooms. A review of Resident #76's and Resident #67's trust account verified the Administrator's statement that the money was deposited into their trust accounts on 12/6/22. | F 583 | | | |
| F 585 SS=B | Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a | F 585 | | 1/5/23 | |

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| F 585 | Continued From page 6 grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; | F 585 | | | |

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| F 585 | <p>Continued From page 7</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interviews and staff interviews, the facility failed to record grievances reported verbally for 2 of 2 residents (Resident #76 and Resident #67) reviewed for grievances.</p> <p>Findings included:</p> | F 585 | <p>The grievances were completed for 2 of 2 residents involved and were closed and dated for 12/9/2022 as the resolution date, which according to our policy is within the 5-day period to resolve a grievance. Grievances were readily resolved on 12/6/2022 upon locating the money in the drop box outside of the</p> | | |

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| F 585 | <p>Continued From page 8</p> <p>The facility's "Notice of Procedure for Filing/Submitting Grievances or Complaints" not dated stated grievances and/or complaints may be submitted orally or in writing, and upon receipt of a grievance and/or complaint, the Administrator's designees will investigate the allegations and prepare a written report of such findings which will be submitted to the Administrator within five business days of receiving the grievance and/or complaint.</p> <p>1. Resident #76 was admitted to the facility on 10/13/2021.</p> <p>The modified quarterly Minimum Data Set (MDS) assessment dated 11/2/2022 indicated Resident #76 was cognitively intact and displayed no behaviors.</p> <p>On 12/7/2022 at 2:00 p.m. during the Resident Council meeting, Resident #76 stated she discovered on 12/5/2022, forty dollars was missing out of her pocketbook and Resident #67, her roommate, was also missing one hundred dollars. She stated she reported the missing money to the Activity Director on 12/5/2022.</p> <p>On 12/7/2022 at 3:55 p.m. in a private interview with Resident #76, she stated on 12/5/2022 when she went to get some money out of her pocketbook to buy a coke drink, she could not find any money in her pocketbook. She said her pocketbook was kept in the bottom of her clothes cabinet. She stated about forty five dollars was missing from her pocketbook, and she went and informed the Activity Director of the missing money. She stated she had not spoken to the Administrator about her missing money. She stated she was told the money was in an office</p> | F 585 | <p>business office, and the social worker provided follow-up to the residents the morning of 12/6/2022 at 8:30am. All staff will be inserviced on grievance procedures for residents by 1/4/2022 and all new hires will be trained in orientation. The QA Nurse/Social Worker/Administrator will interview 3 residents per week for 12 weeks with a BIMS of 13 or higher about any grievances they may have and any newly discovered grievances will be filed and resolved. The results of the interviews will be brought to the QA Committee on a monthly basis for review and additional monitoring will be conducted if any additional concerns should arise.</p> | | |

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| F 585 | <p>Continued From page 9</p> <p>somewhere. She stated she did not know where to go find her money to spend if needed and wanted her money in her possession.</p> <p>On 12/7/2022 at 2:40 p.m. in an interview with the Activity Director, she stated when Resident #76 reported on 12/5/2022 she was missing money from her pocketbook, she informed the Social Worker.</p> <p>On 12/7/2022 at 4:20 p.m. in an interview with the Social Worker, she stated on 12/5/2022 the Activity Director informed her Resident #76 was missing some money. She stated when she informed the Administrator and the Director of Nursing about Resident #76's missing money, the Administrator stated he would investigate the incident. She stated when anything was missing of the residents, a grievance report was completed, and she usually completed a grievance. She stated on 12/6/2022 she learned Resident #76's missing money had been placed in her trust account at the facility, and she did not complete a grievance report.</p> <p>On 12/7/2022 at 4:43 p.m. in an interview with the Administrator, he stated the Social Worker reported Resident #76 was missing some money on the afternoon of 12/5/2022, and Resident #76's money was found in the locked money box outside the business office on the morning of 12/6/22. He stated items not found within twenty four hours were reported on a grievance form, and Resident #76's missing money was found in less than twenty four hours. He stated since Resident #76's money was discovered, he did not conduct an investigation, and he had not spoken with Resident #76 about the missing money. He stated the Social Worker informed Resident #76</p> | F 585 | | | |

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| F 585 | <p>Continued From page 10</p> <p>her money was found and where it was located on 12/6/2022. The Administrator stated he did not investigate how the money got from Resident #76's room to the locked box outside the business office. He stated he encouraged residents not to keep a large amount of money in their rooms, and he made the decision to place the money in her trust account and did not discuss with Resident #76 what she wanted to do with the money.</p> <p>2. Resident #67 was admitted to the facility on 1/14/2020.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 9/27/2022 indicated Resident #67 was cognitively intact and had displayed no behaviors.</p> <p>On 12/7/2022 at 2:00 p.m. during the Resident Council Meeting, Resident #67 stated she was missing one hundred dollars from her room.</p> <p>On 12/7/2022 at 4:07 p.m. in a private interview with Resident #67, she stated on 12/5/2022 she discovered one hundred dollars was missing from inside the top drawer of her bedside table. She stated Resident #76 told the Activity Director they both (Residents #67 and #76) were missing money on 12/5/2022. The Social Worker was told on 12/5/2022 she was missing some money and when the Social Worker went to the office, she was told the money was not missing. She stated she did not know where the money was currently located and wanted the money in her possession.</p> <p>On 12/7/2022 at 4:20 p.m. in an interview with the Social Worker, she stated on 12/5/2022 the</p> | F 585 | | | |

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FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345574 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/09/2022 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BELLAROSE NURSING AND REHAB | | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 BELLAROSE LAKE WAY GARNER, NC 27529 | | |
| (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 585 | <p>Continued From page 11</p> <p>Activity Director informed her Resident #67 was missing some money. She stated Resident #67 told her at lunch time on 12/5/2022 someone had gotten her money. She stated when she informed the Administrator and the Director of Nursing on 12/5/2022 about Resident #67's missing money, the Administrator stated he would investigate the incident. She stated when anything was missing of the residents, a grievance report was completed, and she usually completed a grievance. She stated on 12/6/2022 when she learned Resident #67's missing money had been placed in her trust account at the facility, she did not complete a grievance report. The Social Worker further stated on 12/6/2022 she informed Resident #67 that the money was turned into her trust account.</p> <p>On 12/7/2022 at 4:43 p.m. in an interview with the Administrator, he stated the Social Worker reported Resident #67 was missing some money on the afternoon of 12/5/2022, and Resident #67's money was found in the locked money box outside the business office on Tuesday morning, 12/6/2022. He stated items not found within twenty four hours were reported on a grievance form, and Resident #67's missing money was found in less than twenty four hours. He stated since Resident #67's money was discovered, he did not conduct an investigation, and he had not spoken with Resident #67 about the missing money. He stated the Social Worker informed Resident #67 her money was found and where it was located on 12/6/2022. The Administrator stated he did not investigate how the money got from Resident #67's room to the locked box outside the business office. He stated he encouraged residents not to keep large amount of money in their rooms, and he made the</p> | F 585 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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| F 585 | Continued From page 12 decision to place the money in her trust account and did not discuss with Resident #67 what she wanted to do with the money. | F 585 | | | |