

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

PRINTED: 06/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2011
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312	
(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 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to follow their abuse policy and procedure in reporting an abuse incident to the administrator for 1 (Resident #3) of 3 sampled residents. The finding includes:</p> <p>The facility's abuse policy and procedure dated 12/09 was reviewed. The procedure under reporting read in part "All allegations of abuse must be reported immediately to the administrator. If the administrator is implicated in the allegation, it should be reported immediately to the Director of Nursing who will then notify the Regional Manager".</p> <p>Resident #3 was originally admitted to the facility on 04/26/08 with multiple diagnoses including Dementia, Anxiety, History of Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Benign Prostatic Hypertrophy, Hypothyroidism and Vitamin D Deficiency. The current quarterly Minimum Data Set (MDS) assessment with the assessment reference date (ARD) of 4/6/11 indicated that the resident's cognition was intact. The care plan indicated that the resident has impaired decision making related to diagnosis of Dementia.</p>	F 226	<p>The Laurels of Chatham wishes to have this submitted plan of correction stand as its written allegation of compliance. Our alleged compliance is June 27th. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.</p> <p>Resident # 3: The resident was seen by the psychologist on 6/14/11. The resident's care plan has been updated to include additional interventions to re-direct aggressive behaviors such as approaching in a calm, direct manner, stepping into his personal space in order to get his attention, re-directing away from other residents when behaviors begin to escalate and assisting him to a</p>	6-27-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* ADMINISTRATOR TITLE: DATE: 6/28/11

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 226	<p>Continued From page 1</p> <p>Review of the social worker's progress notes dated 3/1/11 indicated that the resident was alert and oriented x (times) 3.</p> <p>The nurse's notes dated 6/11/11 indicated that the resident was alert and oriented x 3.</p> <p>On 6/14/11 at 11:15 AM, administrative staff member #3 was interviewed. She revealed that she had witnessed the incident that happened a week ago between the administrative staff member #1 and Resident #3. She stated that Resident #3 became upset to a female resident who was yelling. He started yelling at her and tried to hit her. Administrative staff member #1 came to intervene. She told Resident #3 not to hit the female resident as she did not know what she was doing. Resident #3 started yelling at her and the administrative staff member #1 responded in a loud tone of voice. She stated that administrative staff #1 responded in a non professional way. Staff member #3 also agreed that the administrative staff #1 had told Resident #3 that she would kick him out if he would hit the female resident. She also agreed that it was an abuse incident that should have been reported to the administrator. She added that she talked to the administrative staff #1 after the incident but did not report it to the administrator.</p> <p>During an interview on 6/14/11 at 11:19 AM, administrative staff #2 indicated that he observed the following interaction between Resident #3 and the administrative staff #1 in the last week or so. Resident #3 was yelling at another resident for making noise. Administrative staff member #1 told Resident #3 to leave the other resident alone. Resident #3 then got loud with the her; the</p>	F 226	<p>quiet environment when agitated. The resident continues to be followed in behavior management. Resident # 3 will follow up with the Social Service Director weekly for one month to identify any issues or concerns. Resident # 3 will continue to have monthly visits by Psychiatric services and by the Psychologist. Resident #3 was interviewed on 6/14/11 and he denied that he had felt threatened or that anyone had been inappropriate to him. In the event that interventions fail to be effective and/or the resident becomes a danger to himself or others, the facility will increase supervision for Resident # 3 and seek alternative placement if the resident's needs cannot be met by the facility.</p> <p>During staff and managers education, the Administrator has asked if at any time have they been aware or felt that the Administrator had not been notified of any allegation of</p>	
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F 226	<p>Continued From page 2</p> <p>administrative staff member #1 in turn spoke very loudly to Resident #3, telling him that if he caused problems he could be discharged from the facility. Administrative staff #2 indicated he believed that was a threatening statement and that he should have reported his observations to the administrator but did not.</p> <p>On 6/14/11 at 12:50 PM, Resident #3 was interviewed. Resident #3 stated that at times he could be mean and rough to people. He explained that he was acting this way because of his Depression. He stated that he did not remember of any incident where the staff was disrespectful or has yelled at him. He indicated if they did, it didn't bother him. He also did not remember of an incident where a staff member has threatened to kick him out of the place.</p> <p>On 6/14/11 at 3:02 PM, the administrative staff member #1 was interviewed via telephone. She remembered of an incident that happened on 6/6/11. She was in her office when she heard a female and a male resident yelling. She went out of her office and saw a demented female resident who was making noise and Resident #3 was yelling at her to stop and was trying to hit her. She tried to intervene by talking to Resident #3 not to hurt the female resident and to back up. She stated that she was firm but not loud when she talked to him. She stated that Resident #3 continued to swing at her and then she told him if you hit her, you would be discharged and we would find a more appropriate place for you to stay.</p>	F 226	<p>abuse. No other instance of non-notification was found.</p> <p>Administrative staff have been re-educated regarding the policy and procedures in reporting suspected abuse by the Administrator on 6/16 and 6/17/11.</p> <p>All Staff has been re-educated by the Staff Development Coordinator with completion on 6/27/11 regarding the policy and procedures for reporting suspected abuse. Abuse education continues to be a part of new employee orientation and provided at least quarterly for all staff.</p> <p>A monitoring tool will be used weekly for two months then monthly for two months for interviewing staff and oriented residents to ensure understanding of identifying abuse and responsibility in reporting concerns according to policy by social services/designee</p>		

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