

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

PRINTED: 07/20/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/07/2011
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NAME OF PROVIDER OR SUPPLIER  SUNRISE REHABILITATION & CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761
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(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
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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 interviews and medical record review, the facility failed to ensure that the facility policy was followed regarding immediate reporting of any abuse allegation to the Administrator or Director of Nursing for one (1) of one (1) resident (Resident #3).</p> <p>The findings are: A facility policy entitled Abuse Prevention Policy and Procedure Manual, dated 2001, read in part: "Reporting Abuse to Facility Management: 8. Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing."</p> <p>Resident #3 was admitted to the facility with diagnoses of diabetes, chronic pain, and kidney disease. The admission Minimum Data Set (MDS) dated 06/29/11 revealed the resident had short term memory problems and modified independence in cognitive skills for daily decision making.</p> <p>On 07/07/11 at 10:48 a.m. a family member of Resident #3 was interviewed. He reported the resident had told him that a staff member</p>	F 226	<p>F226</p> <ol style="list-style-type: none"> <li>Upon being informed of the abuse report, the Administrator conducted an investigation into alleged abuse. The 24 hour report was completed by the Administrator and reported.</li> <li>While in-services were being conducted with staff each of which was informed that if anyone knew of any other reports of abuse of any kind, they were to report it in confidence. Social Worker completes a log of all reports and this was reviewed by the Administrator to substantiate that no reports were made since 7-7-11.</li> <li>Social Worker was immediately in-serviced by Administrator on the requirement that Administrator will be notified immediately upon report of any form of abuse.</li> <li>All residents have the potential to be affected. Administrator has been in position since 6-29-11. No other instances have occurred since that time.</li> <li>Staff will be in-serviced by Administrator on the abuse policy and procedure, including the immediate notification of the Administrator. Policy has been placed in nursing manual for reference.</li> <li>Administrator/Designee will randomly audit complaint log weekly x4, monthly x3, and quarterly to ensure Administrator has knowledge of any abuse allegations. Findings will be reported at the monthly QA meetings.</li> </ol>	7-21-11  7-21-11  7-21-11  7-21-11  7-21-11
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LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: W. Allison TITLE: Administrator (X6) DATE: 7/29/11

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>"slapped her real hard and was rough with her." He stated she told him she had been slapped on her bottom. He stated he had reported what Resident #3 told him at a care plan meeting on 07/06/11 attended by the facility Social Worker, a nurse, and a dietary person. The family member stated the resident was not present at the meeting. He stated the Social Worker assured him they would investigate the incident.</p> <p>On 07/07/11 at 12:00 noon, the facility Social Worker (SW) was interviewed. The SW stated that on 07/06/11 during the care plan meeting for Resident #3, who was not present at the meeting, the family member reported that the resident had said a staff member had slapped her. The SW stated that after the care plan meeting, she interviewed the resident who denied being slapped. She stated she attempted to discuss the allegation with the resident again on 07/07/11 but the resident did not want to talk because she wanted to eat breakfast. The SW stated she was still investigating the allegation, but stated she had not informed the Administrator or Director of Nursing of the allegation. She stated she knew that according to the abuse policy she should have reported the allegation immediately to the Director of Nursing (DON) or the Administrator. The SW did not offer a reason why she did not report to the DON or Administrator immediately.</p> <p>On 07/07/11 at 12:10 p.m. the Administrator was interviewed. She stated the facility abuse policy required employees to report any allegation of abuse or neglect to the DON or Administrator immediately. She stated she was unaware of the current allegation of abuse until now. She stated the SW should have informed her of this</p>	F 226			



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F 226	Continued From page 2 allegation during or immediately after the care plan meeting on 07/06/11 so she could suspend any identifiable staff members involved, oversee the investigation, and initiate a twenty-four hour report to the state agency. The Administrator stated she would begin her investigation immediately and file a twenty-four hour report of the investigation to the state agency.	F 226			