

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

PRINTED: 06/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2012
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NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28145
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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 record review and staff interview, the facility failed to implement their policies and procedures to investigate and report alleged mistreatment and failed to notify the resident of the investigation results for one of three residents (Resident #1) reviewed for allegations of abuse. Findings included:</p> <p>A review of the facility policy titled "Abuse Investigating" issued December, 2001 and revised 02/06 stated, in part, "The Administrator or designee will be responsible for completing an accurate and timely investigation. Once a complaint or situation is identified involving alleged mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident/ patient property, the following investigation and reporting procedures will be followed:</p> <ul style="list-style-type: none"> If an actual injury occurs, including injuries of unknown origin, or physical abuse is observed, an occurrence report with supervisory investigation will need to be completed. If a patient/ resident, staff or family complains of an alleged violation, a complaint form will need to be completed. Interviews will be conducted of all pertinent parties, utilizing open-ended questions. Written 	F 226	<p>F 226 Resident #1 expired on 6/23/12 in the facility.</p> <p>Interviewable residents will be interviewed concerning abuse and neglect by the Social Worker. 100% compliance will be completed by 7/6/12.</p> <p>Interviewable residents are educated on their rights to file a grievance by the Social Worker beginning 6/2/12 and completed by 7/6/12.</p>	<p>JUL 19 2012</p> <p>7-6-12</p> <p>7-6-12</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sally W</i>	TITLE <i>Admin. Strata</i>	(X6) DATE 7-5-12
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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>signed statements from any involved parties will be obtained and notarized, of indicated. Statements will be gathered from the suspect, person making accusations, patient/resident involved, reliable patients/ residents who may have witnesses the incident, and any other persons who may have some information.</p> <p>The patient/resident (if appropriate), the legal representative and/or interested family member, will be notified of the investigation results."</p> <p>A review of the facility policy titled "Abuse Reporting: Healthcare Agencies, Home Health Agencies, Hospice Agencies and United Medical " issued December 2001 and last revised 7/09 stated, in part, " Healthcare Centers: 1. Once an occurrence is identified involving alleged mistreatment, neglect, or abuse, ...the occurrence will be immediately reported to the Administrator. "Immediate reporting" should not exceed 24 hours after the occurrence. 2. The Administrator or designee will immediately notify the appropriate state agencies and the legal representative and/or interested family member of the incident and the pending investigation"</p> <p>Resident #1 was admitted to the facility 11/3/06 and readmitted 06/12/2012 following a hospitalization for new onset right sided weakness and slurred speech. Cumulative diagnoses included: Previous Cerebrovascular Accident (CVA) with hemiplegia dominant side, Chronic Pain Syndrome and Neuropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment dated 5/15/2012 indicated Resident #1 was cognitively intact. Verbal behavioral symptoms directed towards others were</p>	F 226	<p>All staff will be in-serviced by the Social Worker on the right to file a grievance and reporting to any staff member. The staff member will report immediately the grievance to their supervisor. The supervisor will begin an immediate investigation of the grievance with reporting to the Administrator. The Administrator will send the grievance to the Social Worker for filing and tracking. The Administrator will determine which grievance will be reported to the state agency and other agencies as deemed necessary. The Director of Health Services may determine reporting in the absence of the Administrator. In-services will be completed by 7/6/12 by the Social Worker.</p> <p>In-services were initiated on 6/20/12 for all staff regarding steps of investigation of abuse per policy and procedure by the Director of Health Services. 100% compliance will be completed by 7/6/12.</p>	<p>7-6-12</p> <p>7-6-12</p>	

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F 226	<p>Continued From page 2</p> <p>documented as having occurred one to three days during the assessment period. Resident #1 required extensive assistance of one person for transfers and limited assistance with locomotion on and off the unit. Wheelchair was indicated as the mobility device.</p> <p>Incident and accident reports were reviewed from April 1, 2012 through present. A Resident Incident report dated 4/6/12 stated Resident #1 was involved in an altercation while he was attending Bingo. Resident #1 was asked to leave the room and refused. He had his hands gripped on the table and would not roll back in his wheelchair to head towards the door. Activity staff #1 pulled the table away from him so he could not continue to hold the table. Nurse #1 rolled him in his wheelchair to the elevator. When they were on the elevator, Nurse #1 noticed blood on his hands. First aid was given by Nurse #2. A note by Nurse #2 stated Resident #1 said someone cut his fingers on the table. The top of his thumbnail had areas where cuticles had been torn. No redness or bleeding to the area noted.</p> <p>Resident #1's dictated statement read, in part, that Activity staff #1 yelled and screamed at him on 4/6/12 and threatened to throw him out of Bingo and told him he would not be able to return to Bingo at any future time. He further stated Activity staff #1 picked up a table and threw it over on his leg.</p> <p>Grievance reports from April 1, 2012 through June 12, 2012 were reviewed. There was not a grievance report noted for Resident #1 for April 6, 2012</p>	F 226	<p>The Performance Improvement Nurse will monitor occurrence logs Monday through Friday and weekend supervisor will monitor on weekends on an ongoing basis.</p> <p>All grievances will be monitored by the Administrator to ensure timely follow-up and reporting to the state agencies as required, daily for one month, then twice a month for two months. Tracking and trending of these results will monitored by the Administrator and results reported to the monthly Performance Improvement Meetings for suggestions and recommendations.</p>	7-12	

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F 226	<p>Continued From page 3</p> <p>Twenty-four (24) hour and five (5) day reports sent to the Complaint Investigation Intake and Referral Unit were reviewed. There was not a report filed for Resident #1 regarding the April 6, 2012 incident.</p> <p>On 6/12/12 at 3:30 PM, Administrative staff #1 stated nursing staff report any incidents/ possible allegations of abuse to their supervisor immediately. The nursing supervisor would contact the Director of Nursing and the Administrator. An investigation of the allegation would begin immediately. She indicated all witness statements would be obtained from alert and oriented residents who were present during the allegation/ incident would be interviewed and a 24 hour and 5 day report would be completed. When asked regarding the altercation between Resident #1 and another resident on 4/6/12, Administrative staff #1 stated Resident #1 was asked to move a little and he became disruptive and did not want to move. Resident #1 came to show Administrative staff #1 his fingers and stated that the activity person threw the table on him. She stated she made a decision not to file a grievance or initiate a 24 hour report. Administrative staff #1 stated Resident #1 requested an investigation into the incident and a copy of his dictated statement.</p> <p>Activity staff #1 and Nurse #2 no longer worked at the facility and were unable to be interviewed.</p> <p>On 6/13/2012 at 8:30 AM, an interview was attempted with Resident #1 who had returned from the hospital on 6/12/2012. Resident was not able to be interviewed.</p>	F 226			

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F 226	<p>Continued From page 4</p> <p>Resident Council minutes were reviewed from April 1, 2012 through present. During the Resident Council meeting held on June 5, 2012, Resident #1 requested a copy of dictation about the incident during Bingo. No response was noted in the minutes regarding the request.</p> <p>On 6/13/12 at 10:31 AM., Administrative staff #1 stated Resident #1 came to her on 4/24/12 and asked her to write down his statement. She stated Resident #1 had requested a copy of his dictation and she had given him a copy of the 4/24/12 dictation on 6/12/12. She further stated there was no reason why he could not have received a copy earlier. Administrative staff #1 stated, based on the abuse policy, she should have followed the abuse policy with the twenty-four(24) hour and five day (5) allegation reports to the state agency. and complete investigation. She further indicated no resident statements were obtained because they felt Resident #1 was not neglected.</p>	F 226			