STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345219	A. BUILDING _____ B. WING _____	C 05/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA LANE NURSING AND REHABILITATION CENTER	107 MAGNOLIA DR MORGANTON, NC 28655

(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	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to file the 24 Hour Initial Report with the Health Care Personnel Registry (HCPR) for an allegation of abuse for 1 of 4 residents reviewed for abuse (Resident #3). Findings included: A review of the facility policy titled Abuse, Neglect or Misappropriation of Resident Property Policy, revised 05/01/13, revealed a section titled Reporting/Response, with a subheading titled North Carolina. This section stated "the Division of Health Service Regulation, Health Care Personnel Section, is to be notified of all allegations which appear to a reasonable person to be related to abuse, neglect, or misappropriation of property within 24 hours." A review of a Resident Concern form dated 05/13/13 revealed a concern from Resident #3's family member that Nurse Aide (NA) #1 was mean to the Resident. The concern stated that on this same date, NA #1 got Resident #3 up for a bath and in the shower room hit her on her arm, bruised her knee and pulled her hair. The form revealed the Director of Nursing's (DON) and the Administrator's review. The Administrator	F 226	Magnolia Lane Nursing & Rehab. of Morganton acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of Correction is submitted as a written allegation of compliance. Magnolia Lane's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the deficiency is accurate. Further, Magnolia Lane reserves the right to submit documentation to refuse any of the stated deficiencies on this Statement of Deficiencies through	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jean Carter RN, LNHA — TITLE: Administrator — (X6) DATE: 5-31-13

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.

DHSR NHLTC Black Mountain WRO Received JUN 06 2013 by: MMH

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F 226	Continued From page 1 documented the family was talked to with plans to speak to the Resident and proceed with further investigation. Attached to the Resident Concern form was a statement by the DON documenting a phone conversation she had with NA #1, noting NA #1 had resigned her position. On 05/17/13 12:20 PM the DON was interviewed. She stated concerns requiring investigation or reporting would be forwarded to her with situations involving allegations of abuse, neglect or misappropriation of property requiring completion of the 24 Hour Initial Report. The DON stated criteria to report to the state would include whatever the resident stated, especially if the resident stated the name of a staff member. She stated she was informed of the abuse allegation on 05/14/13, at which time she obtained the statement from NA #1 over the phone. The DON stated the 24 Hour Initial Report was completed on 05/14/13 but it had not yet been sent to the state. On 05/17/13 at 1:10 PM the Administrator was interviewed. She stated her expectation that allegations of abuse be reported to the state using the 24 Hour Initial Report in the prescribed timeframe.	F 226	informal dispute resolution, formal appeal procedure and/or legal proceedings. Resident #3 was assessed by the unit nurse with no injuries related to the allegations. The investigation was done and the 24hr. & 5 day report was faxed to DHSR on 5-17-13. The cna #1 is no longer employed and upon investigation the alleged allegation was unsubstantiated. All reports of alleged abuse allegations within the last 90 days were reviewed for proper reporting to state agency as required with no further issues identified on 5-17-13 by the Administrator. Resident concerns and/or potential alleged allegations of abuse will be discussed at the morning QI meeting which includes all	5-17-2013

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F 226	Continued From page 2	F 226	department heads and the Administrator. Upon review, the Administrator will ensure that all potential alleged allegation of abuse will be reported to the required state agencies within 24 hrs. followed by a 5 day report. An inservice on reporting alleged allegation of abuse to include the appropriate state agencies was given to the DON & Administrator on 5-17-13 by the RN consultant. All resident concerns and/or alleged allegation of abuse to include Resident #3 will be monitored 5 days / wk x 2 months, then weekly x 4 months, then monthly by the QI nurse and/or staff facilitator utilizing a QI tool to ensure that the required reporting of alleged allegations of abuse are reported as required to include to the appropriate state agency. Upon the identification of any	5-30-2013

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F 226	Continued From page 3	F 226	potential concern, the QI nurse and/or staff facilitator will notify the Administrator. Upon notification, the Administrator will take appropriate action to ensure required reporting to include to the appropriate state agency occurs. The results of these audits will be forwarded by the QI Nurse to the Executive QI Committee monthly x 3 then quarterly for review, the identification of potential trends, the development of plans of action as deemed necessary, and to determine the frequency of and/or the need for continued monitoring.	5-30-2013