STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345298	A. BUILDING _____ B. WING _____	C 09/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTINGTON HEALTH CARE	311 S CAMPBELL STREET BURGAW, NC 28425

(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 224 SS=E	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN 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, staff, family and resident interviews the facility failed to protect residents from misappropriation of their property for 4 of 4 sampled residents (Resident #79, Resident #98, Resident #143, Resident #13,) with missing property. Findings included: 1. Resident #79 was admitted to the facility on 11/29/10 with diagnoses of depression, contractures of both hands and insomnia. Review of his annual Minimum Data Set (MDS) dated 10/23/13 and his most recent quarterly MDS dated 7/16/14 revealed he had no short or long term memory problems. He was assessed as having functional limitation in range of motion on both sides including the upper and lower extremities. During an interview on 9/15/14 at 11:00 AM a family member stated that another family member had given Resident #79 a listening device for a cell phone so that he could talk to the family. She stated Resident #79 had limited movement of his	F 224	For residents # 79, #98, #143 and #13: " For resident # 79, a 24 hr report was submitted on 9/16/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Listening Device was replaced by the facility on 9/17.14. Burgaw police will be notified of missing items on 10/5/2014 by NHA. A 5 day report of the investigation was submitted on 9/19/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion of facility investigation on 9/17/2014 by administrator. " For resident #98, the family indicated intent to replace the cell phone at time of reported loss; the purse was located in the posession of the resident on 9/17/14. A 24 hr report will be submitted on 10/05/14 by NHA with initiation of investigation by facility Social Services Director/Designee. Burgaw police will be notified of missing item on 10/5/2014 by NHA. A 5 day report of the investigation will be submitted on	10/9/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/05/2014

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F 224	Continued From page 1 fingers and it was hard for him to hold the cell phone. She stated the listening device had been missing since August 2014 and the facility had told her that they were not going to replace it. On 9/16/14 at 10:51 AM Resident #79 stated on August 24, 2014 during 3rd shift someone came into his room and took his listening device. He stated he told the Social Worker he left the listening device on his bed side table when he went to sleep and when he woke up it was missing. Resident #79 stated he had contracted hands and it was very hard for him to move his hands to use the phone. He stated a family member had purchased the listening device so that he could communicate with the family. Resident #79 stated the listening device was easy for him to place in his ear and " worked great until someone stole it. " He stated the facility had informed him that he should have put his name on the device and that they were not going to replace it. He stated, " This room is my home and someone stole what was mine. It is a shame when you have to lock up your stuff in your own home. " During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property and the resident and his family did inform the facility that Resident #79 ' s listening device had been taken on 8/25/14. She further stated that one of the Nursing Assistants called her to come down to Resident #79 ' s room to report that he had a device he could place in his ear to talk to his family had been taken. She stated she talked to the resident and he did not have his name on the device and she told him the facility would search for it and did encourage the	F 224	10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family will be notified of completion of facility investigation on or before 10/9/2014 by administrator/designee). " For resident #143 a 24 hr report was submitted on 9/16/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Burgaw police were notified of missing items on 9/17/14 by NHA. A 5 day report of the investigation was submitted on 9/23/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion of facility investigation on 9/23/2014 by NHA. " For resident #13 a 24 hr report was submitted on 10/4/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Burgaw police will be notified of missing items on 10/5/2014 by NHA. Missing items will be replaced by facility on 10/6/2014. A 5 day report of the investigation to will be submitted on 10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family to be notified of completion of facility investigation on or before 10/9/2014 by NHA. For All residents have the potential to be affected by deficient practice: - Administrator / Designee will interview 100% of residents and/or RPs during the next four weeks, 25% weekly, to determine if there are any allegations of	

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F 224	Continued From page 2 resident and his family to put his name on all his items. The Social Worker further stated the facility had not found the device. Findings included: 2. Resident #98 was originally admitted to the facility on 9/30/14 with diagnoses including Diabetes, Difficulty Walking, Muscle Weakness and Osteoarthrosis. Review of Resident #98's quarterly Minimum Data Set (MDS) dated 6/12/14 revealed that she had long short term memory deficits. Review of a facility Complaint/Grievance Report dated 8/7/14 which was completed by Resident #98's family member, read in part, "Family member reports resident is missing a black large square phone and her brown pocketbook. Unsure of when items went missing. Findings investigation: Room searched-no phone or pocketbook found. Resident unable to give description of either item, or say where she kept items normally or when they went missing." During an interview on 9/17/14 at 1:55 PM, Resident #98 revealed that someone took her pocket book and cellphone. She showed that she only had a small black change purse left, which she pulled from her blouse. During an interview on 9/17/14 at 1:55 PM, the facility Social Worker stated that Resident #98 might have found her pocketbook. She revealed that she saw Resident #98 propelling	F 224	misappropriation of property. If items are reported missing with allegations of misappropriation of property and facility is unable to locate them then facility policy will be followed to include 24 hr/5 day reporting with investigation and reporting to appropriate authorities as indicated. - The Grievance log will be reviewed 5 times weekly times 4 weeks in daily departmental meeting to assure that investigations are being conducted per facility policy and to identify any concerns, to include reporting to the HCPR within 24 hours as indicated. - Administrator / Designee reviewed facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property with changes made, if applicable, on 9/19/2014. - In-services on facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property were initiated on 9/17/2014 by SDC/Designee for all employees. Any employee not inserviced by 10/9/2014 will be in-serviced prior to the start of their next scheduled date of work by SDC/Designee. - Facility will continue to perform background checks on all potential employees. - SDC / designee will instruct all new hires on facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property as part of the orientation process. - The Administrator / designee will	

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F 224	Continued From page 3 her wheelchair and she had a small pocketbook with her. The Social Worker revealed that when the items were first missing, she called Resident #98 ' s family member to find out if he had the items. The Social Worker reported that the family member said that he called the cell phone number and the phone was cut off and he would buy her another one. The Social Worker revealed that they searched through her room and her family member's room to locate the items. She stated that she also notified the department heads and laundry to keep an eye out for them. 3. Resident # 143 was admitted to the facility on 8/21/14 with diagnosis of congestive heart failure, hypertension and diabetes mellitus. Review of her admission Minimum Data Set (MDS) dated 8/28/14 revealed she had no short or long term memory problems. During an interview on 9/17/14 at 1:41 PM Resident # 143 stated that she had an envelope with $162.00 that she was going to use to get a permanent with. She stated she kept the money in a folded up envelope inside her makeup powder box inside her make up bag under her pillow. She stated she slept with the make up bag under three pillows and someone had come in on 3rd shift and taken her money but left the envelope. She stated the facility told her if she had money she should give it to them to hold for her. During an interview on 9/17/14 at 2:20 PM the Social Worker stated that staff had searched Resident # 143 ' s room. She stated that the Administrator had sent off a list of names and numbers of staff that worked the night of 9/14/14	F 224	re-trained the social worker and all department managers on how to properly conduct an investigation of a grievance, to include misappropriation of resident property, and the reporting of such allegations to HCPR within 24 hours as indicated, by 10/8/2014. - The administrator/designee will monitor grievance log and any investigations weekly times four weeks, then monthly times 3 months and random audits thereafter to determine completeness of investigation, to include 24h/5day reporting if indicated, as well as compliance with facility policy for allegations of mistreatment, neglect, and abuse of residents and misappropriation of resident property. - Grievance logs as well as investigative findings, to include 24/5 day reporting as indicated, will be reviewed and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	

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F 224	Continued From page 4 to the Police on 9/17/14. 4. Resident #13 was admitted to the facility on 10/15/13 with diagnoses including Anemia and Hypertension. Review of his most recent Quarterly Minimum Data Set (MDS) dated 7/23/14 identified Resident #13 as cognitively intact and having no behaviors. During an interview with Resident #13 on 9/17/14 at 10:25AM he stated he had a grievance on 8/29/14 because a utility knife, pliers and scissors went missing last time he went to Wilmington for a doctor ' s appointment. He stated is things are bolted down they disappear in the building. He stated he had talked with the Social Worker about this and they have not found anything and they will not. He stated everyone here knows that items are not going to walk back into the building. During an interview with the Social Worker on 9/17/14 at 10:45AM she stated Resident #13 did file a grievance regarding missing pliers, scissors and a utility knife. He works on model planes and small engines as a hobby in his room. She stated the facility looked in his room as best they could.	F 224		
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a	F 225		10/9/14

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F 225	Continued From page 5 court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to report to the Health Care Personnel Registry within 24 hours for 4 of 4 sampled residents (Resident #79, Resident #98, Resident #13, Resident #143) with missing property. Findings included:	F 225	For residents # 79, #98, #143 and #13: " For resident # 79, a 24 hr report was submitted on 9/16/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Listening Device was replaced by the facility on 9/17.14. Burgaw police will be notified of missing items on 10/5/2014 by NHA. A 5	

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F 225	Continued From page 6 1. Resident #79 was admitted to the facility on 11/29/10 with diagnoses of depression, contractures of both hands and insomnia. Review of his annual Minimum Data Set (MDS) dated 10/23/13 and his most recent quarterly MDS dated 7/16/14 revealed he had no short or long term memory problems. He was assessed as having functional limitation in range of motion on both sides including the upper and lower extremities. During an interview on 9/15/14 at 11:00 AM a family member stated that another family member had given Resident #79 a listening device for a cell phone so that he could talk to the family. She stated Resident #79 had limited movement of his fingers and it was hard for him to hold the cell phone. She stated the listening device had been missing since August 2014 and the facility had told her that they were not going to replace it. On 9/16/14 at 10:51 AM Resident #79 stated on August 24, 2014 during 3rd shift someone came into his room and took his listening device. He stated he told the Social Worker he left the listening device on his bed side table when he went to sleep and when he woke up it was missing. Resident #79 stated he had contracted hands and it was very hard for him to move his hands to use the phone. He stated a family member had purchased the listening device so that he could communicate with the family. Resident #79 stated the listening device was easy for him to place in his ear and " worked great until someone stole it. " He stated the facility had informed him that he should have put his name on the device and that they were not going to	F 225	day report of the investigation was submitted on 9/19/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion of facility investigation on 9/17/2014 by administrator. " For resident #98, the family indicated intent to replace the cell phone at time of reported loss; the purse was located in the posession of the resident on 9/17/14. A 24 hr report will be submitted on 10/05/14 by NHA with initiation of investigation by facility Social Services Director/Designee. Burgaw police will be notified of missing item on 10/5/2014 by NHA. A 5 day report of the investigation will be submitted on 10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family will be notified of completion of facility investigation on or before 10/9/2014 by administrator/designee). " For resident #143 a 24 hr report was submitted on 9/16/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Burgaw police were notified of missing items on 9/17/14 by NHA. A 5 day report of the investigation was submitted on 9/23/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion of facility investigation on 9/23/2014 by NHA. " For resident #13 a 24 hr report was submitted on 10/4/14 by NHA with initiation of investigation by facility Social	

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F 225	Continued From page 7 replace it. He stated, " This room is my home and someone stole what was mine. It is a shame when you have to lock up your stuff in your own home. " During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property and the resident and his family did inform the facility that Resident #79 ' s listening device had been taken on 8/25/14. She further stated that one of the Nursing Assistants called her to come down to Resident #79 ' s room to report that he had a device he could place in his ear to talk to his family had been taken. She stated she talked to the resident and he did not have his name on the device and she told him the facility would search for it and did encourage the resident and his family to put his name on all his items. She stated the facility had not found the device and had no written investigation nor had they filed a 24- hour initial report or a 5-day report. On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of Resident #79's' s property should have been to do a 24-hour initial report and a 5 day report to the state agency. Findings included: 2. Resident #98 was originally admitted to the facility on 9/30/14 with diagnoses including Diabetes, Difficulty Walking, Muscle Weakness	F 225	Services Director/Designee. The Burgaw police will be notified of missing items on 10/5/2014 by NHA. Missing items will be replaced by facility on 10/6/2014. A 5 day report of the investigation to will be submitted on 10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family to be notified of completion of facility investigation on or before 10/9/2014 by NHA. For All residents have the potential to be affected by deficient practice: - Administrator / Designee will interview 100% of residents and/or RPs during the next four weeks, 25% weekly, to determine if there are any allegations of misappropriation of property. If items are reported missing with allegations of misappropriation of property and facility is unable to locate them then facility policy will be followed to include 24 hr/5 day reporting with investigation and reporting to appropriate authorities as indicated. - The Grievance log will be reviewed 5 times weekly times 4 weeks in daily departmental meeting to assure that investigations are being conducted per facility policy and to identify any concerns, to include reporting to the HCPR within 24 hours as indicated. - Administrator / Designee reviewed facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property with changes made, if applicable, on 9/19/2014. - In-services on facility policy r/t	

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F 225	Continued From page 8 and Osteoarthrosis. Review of Resident #98 ' s quarterly Minimum Data Set (MDS) dated 6/12/14 revealed that she had long short term memory deficits. Review of a facility Complaint/Grievance Report dated 8/7/14 which was completed by Resident #98 ' s family member, read in part, " Family member reports resident is missing a black large square phone and her brown pocketbook. Unsure of when items went missing. Findings investigation: Room searched-no phone or pocketbook found. Resident unable to give description of either item, or say where she kept items normally or when they went missing. Plan to resolve complaint/grievance: Continue search for items, resident encouraged to keep money in patient funds. Reportable to state agencies? No. Complaint/Grievance Resolved? No, specify further follow-up: Continue to search for items. Complainant ' s Remarks: Thankful we are looking for items, but wants items found. " On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident's property should have been to do a written investigation and to initiate a 24-hour initial report to the state agency. During an interview on 9/17/14 at 1:55 PM, Resident #98 revealed that someone took her pocket book and cellphone. She showed that she only had a small black change purse left, which she pulled from her blouse. During an interview on 9/17/14 at 1:55 PM, the facility Social Worker stated that Resident #98 might have found her pocketbook. She revealed	F 225	prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property were initiated on 9/17/2014 by SDC/Designee for all employees. Any employee not inserviced by 10/9/2014 will be in-serviced prior to the start of their next scheduled date of work by SDC/Designee. - Facility will continue to perform background checks on all potential employees. - SDC / designee will instruct all new hires on facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property as part of the orientation process. - The Administrator / designee will re-trained the social worker and all department managers on how to properly conduct an investigation of a grievance, to include misappropriation of resident property, and the reporting of such allegations to HCPR within 24 hours as indicated, by 10/8/2014. - The administrator/designee will monitor grievance log and any investigations weekly times four weeks, then monthly times 3 months and random audits thereafter to determine completeness of investigation, to include 24h/5day reporting if indicated, as well as compliance with facility policy for allegations of mistreatment, neglect, and abuse of residents and misappropriation of resident property. - Grievance logs as well as investigative findings, to include 24/5 day reporting as indicated, will be reviewed	

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F 225	Continued From page 9 that she saw Resident #98 propelling her wheelchair and she had a small pocketbook with her. The Social Worker revealed that when the items were first missing, she called Resident #98 ' s family member to find out if he had the items. The Social Worker reported that the family member said that he called the cell phone number and the phone was cut off and he would buy her another one. The Social Worker revealed that they searched through her room and her family member ' s room to locate the items. She stated that she also notified the department heads and laundry to keep an eye out for them. The Social Worker further revealed that a police were not contacted and no police report was completed. 3. Resident # 143 was admitted to the facility on 8/21/14 with diagnosis of congestive heart failure, hypertension and diabetes mellitus. Review of her admission Minimum Data Set (MDS) dated 8/28/14 revealed she had no short or long term memory problems. During an interview on 9/17/14 at 1:41 PM Resident # 143 stated that she had an envelope with $162.00 that she was going to use to get a permanent with. She stated she kept the money in a folded up envelope inside her makeup powder box inside her make up bag under her pillow. She stated she slept with the make up bag under three pillows and someone had come in on 3rd shift and taken her money but left the envelope. She stated the facility told her if she	F 225	and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	

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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
F 225	Continued From page 10 had money she should give it to them to hold for her. During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property. On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident ' s property should have been to do a written investigation and initiate a 24- hour report to the state agency. During an interview on 9/17/14 at 2:20 PM the Social Worker stated that staff had searched Resident # 143 ' s room. She stated that the Administrator had sent off a list of names and numbers of staff that worked the night of 9/14/14 to the Police on 9/17/14. On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident ' s property should have been to do a written investigation and to initiate a 24-hour initial report to the state agency. 4. Resident #13 was admitted to the facility on 10/15/13 with diagnoses including Anemia and Hypertension. Review of his most recent Quarterly Minimum Data Set (MDS) dated 7/23/14 identified Resident #13 as cognitively intact and having no behaviors. During an interview with Resident #13 on 9/17/14 at 10:25AM he stated he had a grievance on 8/29/14 because a utility knife, pliers and scissors	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345298	A. BUILDING _____ B. WING _____	C 09/17/2014

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F 225	Continued From page 11 went missing last time he went to Wilmington for a doctor ' s appointment. He stated is things are bolted down they disappear in the building. He stated he had talked with the Social Worker about this and they have not found anything and they will not. He stated everyone here knows that items are not going to walk back into the building. He additionally stated that the Social Worker offered him a small box with a lock on it but he refused saying that would just allow the thief to walk off with my entire box of tools easily. During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property and no written investigation had been done nor had the facility filed a 24- hour or 5-day report. On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident ' s property should be to do a 24-hour report and they had failed to report it to the state agency.	F 225		
F 226 SS=E	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 interviews, the facility failed to implement their policy for investigating and submitting report of an	F 226	For residents # 79, #98, #143 and #13: " For resident # 79, a 24 hr report was submitted on 9/16/14 by NHA with	10/9/14

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F 226	Continued From page 12 allegation of misappropriations of resident's property to the Health Care Personnel Registry within 24 hours for 4 of 4 sampled residents (Resident #79, Resident #98, Resident #13, Resident #143) with missing property. Findings included: A review of the facility's policy for investigating and reporting misappropriation of resident ' s property dated, March 6, 2014 titled, " Abuse Prevention Program Guidelines " read in part, " Investigating Reports of Abuse and Corrective Actions: All reports of ....misappropriation of property will be promptly and thoroughly investigated by facility management. A 24-hour Initial Report is to be filed with the North Carolina Health Care Personnel Registry Section of the Division of Facility Services by the Administrator/Designee within 24 hours or as soon as practicable of all allegations related to ..... misappropriation of resident property. .... The individual conducting the investigation will, at a minimum: Review the Complaint/Grievance Report (Report may be verbal): Review the resident ' s medical record to determine events leading up to the incident; Interview the person(s) reporting the incident; Interview the resident (if appropriate); Interview the resident ' s roommate (if appropriate); Interview other residents to whom the accused employee provides care or services; Interview staff members (on all shifts if necessary) who have had contact with the resident during the period of the alleged incident;	F 226	initiation of investigation by facility Social Services Director/Designee. The Listening Device was replaced by the facility on 9/17.14. Burgaw police will be notified of missing items on 10/5/2014 by NHA. A 5 day report of the investigation was submitted on 9/19/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion of facility investigation on 9/17/2014 by administrator. " For resident #98, the family indicated intent to replace the cell phone at time of reported loss; the purse was located in the posession of the resident on 9/17/14. A 24 hr report will be submitted on 10/05/14 by NHA with initiation of investigation by facility Social Services Director/Designee. Burgaw police will be notified of missing item on 10/5/2014 by NHA. A 5 day report of the investigation will be submitted on 10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family will be notified of completion of facility investigation on or before 10/9/2014 by administrator/designee). " For resident #143 a 24 hr report was submitted on 9/16/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Burgaw police were notified of missing items on 9/17/14 by NHA. A 5 day report of the investigation was submitted on 9/23/2014 by NHA following completion of the investigation for the missing property. Resident and family notified of completion	

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F 226	Continued From page 13 Interview family members and visitors (if necessary); Review all events leading up to the alleged incident. Witness statements must be in writing, signed and dated. When the investigation is completed, the Administrator/Director of Nursing/Designee will inform the resident and his/her representative of the results and the corrective action taken. A 5-day Report will be submitted to the Health Care Personnel Registry by the Administrator/Director of Nursing/Designee with a plan of corrective actions. " 1. Resident #79 was admitted to the facility on 11/29/10 with diagnoses of depression, contractures of both hands and insomnia. Review of his annual Minimum Data Set (MDS) dated 10/23/13 and his most recent quarterly MDS dated 7/16/14 revealed he had no short or long term memory problems. He was assessed as having functional limitation in range of motion on both sides including the upper and lower extremities. During an interview on 9/15/14 at 11:00 AM a family member stated that another family member had given Resident #79 a listening device for a cell phone so that he could talk to the family. She stated Resident #79 had limited movement of his fingers and it was hard for him to hold the cell phone. She stated the listening device had been missing since August 2014 and the facility had told her that they were not going to replace it.	F 226	of facility investigation on 9/23/2014 by NHA. " For resident #13 a 24 hr report was submitted on 10/4/14 by NHA with initiation of investigation by facility Social Services Director/Designee. The Burgaw police will be notified of missing items on 10/5/2014 by NHA. Missing items will be replaced by facility on 10/6/2014. A 5 day report of the investigation to will be submitted on 10/9/2014 by NHA following completion of the investigation for the missing property. Resident and family to be notified of completion of facility investigation on or before 10/9/2014 by NHA. For All residents have the potential to be affected by deficient practice: - Administrator / Designee will interview 100% of residents and/or RPs during the next four weeks, 25% weekly, to determine if there are any allegations of misappropriation of property. If items are reported missing with allegations of misappropriation of property and facility is unable to locate them then facility policy will be followed to include 24 hr/5 day reporting with investigation and reporting to appropriate authorities as indicated. - The Grievance log will be reviewed 5 times weekly times 4 weeks in daily departmental meeting to assure that investigations are being conducted per facility policy and to identify any concerns, to include reporting to the HCPR within 24 hours as indicated. - Administrator / Designee reviewed facility policy r/t prohibiting mistreatment,	

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F 226	Continued From page 14 On 9/16/14 at 10:51 AM Resident #79 stated on August 24, 2014 during 3rd shift someone came into his room and took his listening device. He stated he told the Social Worker he left the listening device on his bed side table when he went to sleep and when he woke up it was missing. Resident #79 stated he had contracted hands and it was very hard for him to move his hands to use the phone. He stated a family member had purchased the listening device so that he could communicate with the family. Resident #79 stated the listening device was easy for him to place in his ear and " worked great until someone stole it. " He stated the facility had informed him that he should have put his name on the device and that they were not going to replace it. He stated, " This room is my home and someone stole what was mine. It is a shame when you have to lock up your stuff in your own home. " During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property and the resident and his family did inform the facility that Resident #79 ' s listening device had been taken on 8/25/14. She further stated that one of the Nursing Assistants called her to come down to Resident #79 ' s room to report that he had a device he could place in his ear to talk to his family had been taken. She stated she talked to the resident and he did not have his name on the device and she told him the facility would search for it and did encourage the resident and his family to put his name on all his items. She stated the facility had not found the device and had no written investigation nor had they filed a 24- hour initial report or a 5-day report.	F 226	neglect, and abuse of residents and misappropriation of resident property with changes made, if applicable, on 9/19/2014. - In-services on facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property were initiated on 9/17/2014 by SDC/Designee for all employees. Any employee not inserviced by 10/9/2014 will be in-serviced prior to the start of their next scheduled date of work by SDC/Designee. - Facility will continue to perform background checks on all potential employees. - SDC / designee will instruct all new hires on facility policy r/t prohibiting mistreatment, neglect, and abuse of residents and misappropriation of resident property as part of the orientation process. - The Administrator / designee will re-trained the social worker and all department managers on how to properly conduct an investigation of a grievance, to include misappropriation of resident property, and the reporting of such allegations to HCPR within 24 hours as indicated, by 10/8/2014. - The administrator/designee will monitor grievance log and any investigations weekly times four weeks, then monthly times 3 months and random audits thereafter to determine completeness of investigation, to include 24h/5day reporting if indicated, as well as compliance with facility policy for allegations of mistreatment, neglect, and	

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F 226	Continued From page 15 On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of Resident #79's property should have been to do a written investigation and to initiate a 24-hour initial report to the state agency. 2. Resident #98 was originally admitted to the facility on 9/30/14 with diagnoses including Diabetes, Difficulty Walking, Muscle Weakness and Osteoarthrosis. Review of Resident #98 ' s quarterly Minimum Data Set (MDS) dated 6/12/14 revealed that she had long short term memory deficits. Review of a facility Complaint/Grievance Report dated 8/7/14 which was completed by Resident #98 ' s family member, read in part, " Family member reports resident is missing a black large square phone and her brown pocketbook. Unsure of when items went missing. Findings investigation: Room searched-no phone or pocketbook found. Resident unable to give description of either item, or say where she kept items normally or when they went missing. Plan to resolve complaint/grievance: Continue search for items, resident encouraged to keep money in patient funds. Reportable to state agencies? No. Complaint/Grievance Resolved? No, specify further follow-up: Continue to search for items. Complainant ' s Remarks: Thankful we are looking for items, but wants items found. "	F 226	abuse of residents and misappropriation of resident property. - Grievance logs as well as investigative findings, to include 24/5 day reporting as indicated, will be reviewed and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	

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F 226	Continued From page 16 On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident #98's property should have been to do a written investigation and to initiate a 24-hour initial report to the state agency. During an interview on 9/17/14 at 1:55 PM, Resident #98 revealed that someone took her pocket book and cellphone. She showed that she only had a small black change purse left, which she pulled from her blouse. During an interview on 9/17/14 at 1:55 PM, the facility Social Worker stated that Resident #98 might have found her pocketbook. She revealed that she saw Resident #98 propelling her wheelchair and she had a small pocketbook with her. The Social Worker revealed that when the items were first missing, she called Resident #98 ' s family member to find out if he had the items. The Social Worker reported that the family member said that he called the cell phone number and the phone was cut off and he would buy her another one. The Social Worker revealed that they searched through her room and her family member ' s room to locate the items. She stated that she also notified the department heads and laundry to keep an eye out for them. The Social Worker further revealed that a police were not contacted and no police report was completed.	F 226		

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F 226	Continued From page 17	F 226		

3. Resident # 143 was admitted to the facility on 8/21/14 with diagnosis of congestive heart failure, hypertension and diabetes mellitus.

Review of her admission Minimum Data Set (MDS) dated 8/28/14 revealed she had no short or long term memory problems.

During an interview on 9/17/14 at 1:41 PM Resident # 143 stated that she had an envelope with $162.00 that she was going to use to get a permanent with. She stated she kept the money in a folded up envelope inside her makeup powder box inside her make up bag under her pillow. She stated she slept with the make up bag under three pillows and someone had come in on 3rd shift and taken her money but left the envelope. She stated the facility told her if she had money she should give it to them to hold for her.

During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property.

On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident #143's property should have been to do a written investigation and initiate a 24- hour report to the state agency.

During an interview on 9/17/14 at 2:20 PM the Social Worker stated that staff had searched Resident # 143 ' s room. She stated that the Administrator had sent off a list of names and numbers of staff that worked the night of 9/14/14 to the Police on 9/17/14.

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F 226	Continued From page 18 The findings included: 4. Resident #13 was admitted to the facility on 10/15/13 with diagnoses including Anemia and Hypertension. Review of his most recent Quarterly Minimum Data Set (MDS) dated 7/23/14 identified Resident #13 as cognitively intact and having no behaviors. During an interview with Resident #13 on 9/17/14 at 10:25AM he stated he had a grievance on 8/29/14 because a utility knife, pliers and scissors went missing last time he went to Wilmington for a doctor ' s appointment. He stated is things are bolted down they disappear in the building. He stated he had talked with the Social Worker about this and they have not found anything and they will not. He stated everyone here knows that items are not going to walk back into the building. During an interview on 9/16/14 at 8:23 AM the Social Worker stated she was the person that investigated all allegations of misappropriation of resident ' s property and no written investigation had been done nor had the facility filed a 24- hour or 5-day report. On 9/16/14 at 1:39 PM the Administrator stated her policy and procedure to prohibit misappropriation of resident #13's property should be to do a 24-hour report and they had failed to report it to the state agency.	F 226		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and	F 371		10/9/14

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F 371	Continued From page 19 (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain sanitary conditions in the kitchen by failing to clean one of one large floor fans to prevent contamination from microorganisms. The findings included. A review of the undated facility policy Dietary Aides Weekly Cleaning Schedule read in part clean Fans and (all food carts). A review of the undated facility policy Monthly Cleaning Schedule read in part Freezer (2 Door), Hoods, Stockroom, Ice machine, Fans or as needed. During the initial kitchen tour with the Certified Dietary manager (CDM) on 9/15/14 at 10:35 AM the floor fan cage was observed covered with grey dust particles on the front and back of the cage. The floor fan was observed on top of a prep table beside the double oven blowing towards a rolling meal tray cart. On 9/17/14 at 11:37 AM during a second observation the floor fan was observed in the same location with the fan cage blowing towards a three tier serving cart that had a resident ' s meal tray with silver ware on it. At 11:50 AM dietary staff were observed at the two part prep sink area preparing mashed potatoes. The floor	F 371	For All residents: " Dusty fan was removed from Kitchen area on 9/17/14 and cleaned by the Dietary Manager. " All other fans in kitchen area were inspected and cleaned if indicated by Dietary Manager on 9/17/14. " Facility policy Dietary Aides Weekly Cleaning Schedule was reviewed and updated, if applicable, by Dietary Manager/Designee on 9/17/2014. " Facility policy Monthly Cleaning Schedule was reviewed and updated, if applicable, by dietary Manager/Designee on 9/18/2014. " All Dietary Staff inserviced by Dietary Manager/Designee on 9/18/2014. Dietary Aides Weekly Cleaning Schedule and Monthly Cleaning Schedule to include cleaning of kitchen fans. Any Dietary Staff not inservice by 10/9/2014 will be inserviced prior to start of next scheduled shift by Dietary Manager/Designee. " Auditing of completion of weekly cleaning schedule, to include cleaning of kitchen fans, to be completed by Dietary Manager/Designee weekly times 4 weeks, then at least monthly thereafter. " Auditing of completion of monthly cleaning schedule, to include cleaning of	

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F 371	Continued From page 20 fan cage was covered with gray dust particles and blowing towards dietary staff mixing the mashed potatoes. In an interview with the CDM on 9/17/14 at 11:51 AM she stated that staff would cut the fan off and clean. During an interview with the CDM on 9/17/14 at 2:49 PM she stated that the fan should be cleaned on a weekly basis. She indicated the fans had slipped by. A review of the undated facility policy Dietary Aides Weekly Cleaning Schedule read in part clean Fans and (all food carts). A review of the undated facility policy Monthly Cleaning Schedule read in part Freezer (2 Door), Hoods, Stockroom, Ice machine, Fans or as needed.	F 371	kitchen fans, to be completed by Dietary Manager/Designee weekly times 3 months, then at least monthly thereafter. " Results of weekly and monthly audits will be reviewed and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 431		10/9/14

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F 431	Continued From page 21 applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to properly store medications by leaving medications on top of the medication cart, pre-filling medication cups and leaving a medication cart unlocked for 1 or 3 medication carts on Hall 100. The findings include: During a medication pass observation on 9/16/14 at 8:18AM the med cart on hall 100 was observed to have four (4) Exelon patches (used for Alzheimer ' s disease) and one (1) Nitroglycerin patch (used for chest pain), all dated 9/16/14 on top of the medication cart with the nurse absent from the cart. Also observed, when the medication drawer was opened by the nurse,	F 431	For all facility residents: " Upon notification of incident on 9/16/14, Nurse # 1 was immediately counseled by Director of Nursing/Designee on proper storage of medications on medication cart and during medication pass times. " Nurse # 1 was terminated from employment by Director of Nursing on 9/18/14 for failure to properly store medications on medication cart and during medication pass times. " Facility policy on Medication Administration, to include storage of medications, reviewed and revised if applicable, by DON/Designee on 9/16/2014.	

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	345298	A. BUILDING _____ B. WING _____	C 09/17/2014

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F 431	Continued From page 22 were individual medication cups with medications in the cups. There were eight (8) cups observed. During an interview with Nurse #1 on 9/16/14 at 8:35AM she stated that she pre-fills the stock meds in cups because it saves time during the medication pass. She also stated she dates the patches early because she knows who is going to receive the patches and this saves time. She stated that she usually does not leave the patches on top of the cart and they should not be stored on top of the cart. During an observation on 9/16/14 at 8:54AM the medication cart was observed to be unlocked without the nurse in sight. During a follow up interview with Nurse #1 on 9/16/14 at 8:55AM she stated the cart should be locked when staff is not at the cart. During an interview with the Unit Nurse Supervisor on 9/16/14 at 9:10AM she stated that medications are not to be pre-filled at any time. Medications are to be taken from the bottom or blister pack and dispensed into the medication cup at the time they are given. She also stated the cart should be locked if the nurse is away from the cart and medications are at no time to be left on top of the medication cart. During an interview with the Administrator on 9/16/14 at 11:05AM she stated that medications are not to be pre-drawn up and should be in the medication cart at all times and not stored on top of the medication cart. She also stated that the cart should be locked at all times when the nurse is away from the cart.	F 431	" All Licensed nursing staff inserviced by Director of Nursing/SDC/Designee beginning on 9/17/14 on facility policy for Medication Administration/proper storage of medications, to include leaving medications on top of medication cart, pre-filling medication cups, and leaving medication carts unlocked. Any Licensed nursing staff not inserviced by 10/9/2014 will be inserviced prior to start of next scheduled shift by DON/SDC/Designee. " Mandatory Licensed nurses inservice scheduled with Pharmacy Consultant to be conducted by 10/17/14 on Medication Administration, to include Medication Storage. Any nurses not in attendance will be inserviced prior to start of next scheduled shift by DON/Designee on inservice materials. " Pharmacy Consultant to conduct medication pass reviews on all licensed nursing staff, to include observations for medication storage, over next four weeks beginning week of 10/5/14. Any nurse not observed by end of 4 week period by pharmacy consultant will be observed by Pharmacy Consultant/DON during first medication pass of next scheduled shift. " Newly employed Licensed staff will be oriented to facility medication administration policy, to include medication storage, upon hire by SDC and will be observed randomly during floor orientation schedule by SDC/designee to ensure understanding and compliance of policy. " Director of Nursing/Designee to observe 5 Medication Passes weekly times 4 weeks, then 3 Medication Passes	

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F 431	Continued From page 23	F 431	weekly times 4 weeks, then randomly thereafter for observation of proper medication storage. " Results of Pharmacy Consultant reviews and DON/Designee Medication Observation audits will be reviewed and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if	F 441		10/9/14

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F 441	Continued From page 24 direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to prevent the spread of infection by failing to follow contact precautions for a one of one resident with an eye infection (Resident #4) and failing to wash hands between resident care for two of three residents observed being fed breakfast (Resident #4, Resident #53). The findings included: Review of the facility policy for Transmission-based precautions, dated 6/24/11 read in part, personnel caring for resident ' s on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident ' s environment, wear gloves whenever touching the resident ' s intact skin or surfaces and articles in close proximity to the resident, don gloves upon entry into the room and wear a gown whenever anticipating that clothing will have direct contact with the resident or potentially contaminated environmental surfaces or equipment in close proximity to the resident.	F 441	For Residents #4 and #53: " NA#1 counseled and educated by DON/Designee on 916/14 on facility policy regarding infection control and following of contact precautions, to include wearing of gown and gloves and proper hand washing between residents. " Review of Resident #4 medical record by DON/Designee revealed need for contact isolation precautions was resolved on 9/11/14, therefore physicians order received on 9/16/14 to discontinue contact isolation precautions. For Residents #4, #53, and all others: " Inservice education initiated for all nursing staff on 9/16/14 by SDC/Designee on facility policy regarding infection control and following of contact precautions, to include wearing of gown and gloves and proper hand washing between residents. " Inservice education for all facility staff held on 9/16/2014 by SDC/Designee on facility policy regarding infection control and following of contact precautions, to	

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F 441	Continued From page 25 Review of the facility policy for Standard Precautions dated 2/8/11 read in part hands shall be washed with soap and water after direct or indirect contact with body fluids and after removing gloves. Resident #4 was admitted to the facility on 1/11/13 and has a current diagnosis of Conjunctivitis. During an observation of a medication pass on 9/16/14 at 8:25AM Nursing Assistant (NA) #1 was observed to be feeding Resident #4. There was a Contact Isolation cart and sign on the resident ' s door. NA#1 was not wearing a gown or gloves. She was standing at the resident ' s bed feeding the resident. Nurse #1 entered the resident ' s room and asked NA #1 if she could interrupt to give Resident #4 her medications. NA #1 stated yes, she would use the time to begin feeding the resident in bed B (Resident #53). The NA was observed to walk away from Resident #4 ' s bedside and put on gloves and begin setting up Resident #53s breakfast tray and begin feeding the resident. She did not wash her hands between resident care. During an interview with NA #1 on 9/16/14 at 8:58AM she stated that she usually only wears gloves and a gown when doing actual care, not during feeding because the risk to her would be when giving care. She stated that she should have washed her hands before feeding the resident in bed B. During an interview with the Unit Nurse Supervisor on 9/16/14 at 9:10AM she stated that feeding is part of care and it is expected to gown	F 441	include wearing of gown and gloves and proper hand washing between residents. Inservicing initiated on 9/16/14 and ongoing by SDC. Any staff not inserviced by 10/9/2014, will be inserviced prior to start of next scheduled shift. " Newly hired staff will be inserviced during orientation schedule on facility policy regarding infection control and following of contact precautions, to include wearing of gown and gloves and proper hand washing between residents. " Auditing of compliance with facility policy on infection control regarding contact isolation precaution, to include wearing of gown and gloves and hand washing between residents to be completed 5 times weekly times 4 weeks, then 3 times weekly for 4 weeks and then monthly times 3 months to be conducted by Director of Nursing/Designee. Auditing will include observations of a minimum of 50% of all residents on Contact Isolation Precautions during care. Any concerns noted will be addressed through reeducation at time of observation. " Results of Auditing will be reviewed and discussed in next scheduled QA committee meeting and the following quarterly QA committee meeting to review audit findings and determine need for and frequency of continued monitoring.	

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F 441	Continued From page 26 and glove with a resident on contact isolation. During an interview with the Administrator on 9/16/14 at 11:05AM she stated anytime a staff person goes into a room with a resident on contact isolation the sign at the door should be followed and gowns and gloves should be worn during any type of care involving the resident and hands should be washed in between resident care.	F 441		