

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

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS ROAD</b> <b>WILSON, NC 27893</b>		
(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 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>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.</p>	F 225		5/1/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/19/2015

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 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility allowed a nurse aide (NA #1) to continue working in the facility with substantiated findings of neglect of a resident on file with the Health Care Personnel Registry. Findings included:</p> <p>A verification of listing from the Health Care Personnel Registry (HCPR) of 12/12/14 noted that nurse aide #1 (NA #1) had no substantiated findings with the registry but had one pending investigation for an allegation of neglect of a resident. The listing expiration date was 03/31/15.</p> <p>According to the employee file for NA #1, NA #1 was hired on 01/22/15. NA #1 had signed a statement that he had read the facility's abuse/neglect policy on 01/22/15.</p> <p>Another verification of listing from the HCPR of 04/16/15 noted that NA #1 had one substantiated finding of neglect of a resident which occurred while employed in a nursing facility. The information was entered into the HCPR on 02/18/15. The listing expiration date was 04/30/17.</p> <p>During an interview with the staff person (SP #1) responsible for checking the HCPR listings on 04/28/15 at 5:10 PM, she stated when the first verification of NA #1's listing was done on 12/12/14, she noticed that there was a pending investigation. She stated she took the listing verification she received from the HCPR and showed it to the previous Director of Nurses (DON). SP #1 stated she was instructed by the previous DON to overlook the findings because</p>	F 225	<p>The NA # 1 was suspended on 4/29/15 and terminated on 4/30/15 for failure to report his substantiated abuse record on the CNA registry. No other residents had any complaints, concerns or signs of neglect or abuse with NA#1 during his employment at Avante since 01/22/15.</p> <p>The facility checked the CNA registry on 4/29/15 for all currently employed CNAs, to ensure no one has any pending and/or substantiated/negative findings on the registry.</p> <p>The Human Resource (HR) Manager will check the CNA registry every three months for current CNA employees, to monitor for pending and/or substantiated findings on the registry.</p> <p>In service education was conducted on 4/28/15 by the Administrator, for the current department managers, regarding prescreening employment guidelines and abuse reporting policies and procedures. Another in-service to all staff is scheduled on 5/26/15 to remind if any employee has committed an offense that they are convicted of or found to have violated any professional standard of conduct and was reviewed by any licensure/certification body, that they need to report it to facility HR and/or department managers.</p> <p>The Administrator will analyze the audits to identify any patterns/trends and report in the Quality Assurance committee</p>		

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F 225	<p>Continued From page 2</p> <p>she knew this staff person and he was a good aide. SP #1 commented that she disagreed with the instruction but complied reluctantly. She stated NA #1 was hired on 01/22/15 and was still working in the facility. When questioned about reporting the issue to the previous Administrator, she responded that she had not.</p> <p>During an interview with the day shift unit manager #1 (UM #1), on 04/29/15 at 9:05 AM, he stated that any nurse aide who had substantiated findings with the HCPR was not allowed to work in this facility. The UM #1 also stated that NA #1's certification had expired the end of March 2015 and was sent home until the certification was renewed.</p> <p>During an interview with the current Administrator, on 04/29/15 at 10:30 AM, he stated he had spoken with SP #1 about the issue with NA #1. He stated SP #1 stated she had consulted with the previous DON for instructions when she noticed the pending investigation on the HCPR verification before he was hired. He stated SP #1 reported that she had been directed to hire NA #1 anyway because the DON was familiar with him. The Administrator stated that SP #1 also reported that when she ran the second verification she did not notice that the pending investigation had been substantiated since she was just verifying that his certification had been renewed. The Administrator stated he did not want anyone working in his facility with substantiated abuse findings on the HCPR. The Administrator also stated that NA #1 had signed an agreement stating that staff members were responsible for reporting allegations on the HCPR to the facility and NA #1 had not done that.</p>	F 225	meeting monthly for 3 months to evaluate the effectiveness of the plan and will implement any recommendations the committee suggests.		

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F 225	Continued From page 3 During an interview with NA #1 in the presence of the Administrator, on 04/29/15 at 12:10PM, he stated that abuse of any type was not acceptable. When questioned if he had ever been accused of abusing anyone, he responded that he had been accused of abuse in the past but it had been unsubstantiated. He reported being unaware of the substantiated findings with the HCPR. He stated he had resigned from the position that resulted in the pending investigation with the HCPR and had heard nothing since that time. NA #1 also reported that his nurse aide listing had expired and no one said anything to him about the substantiated findings when he went to renew it the end of March 2015. The Administrator explained to NA #1 that the facility's policy prohibited anyone with substantiated findings of abuse with the HCPR from being employed in this facility.	F 225			
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 interviews, the facility did not follow the staff screening requirements in their Abuse and Neglect policy and allowed a nurse aide (NA #1) who had substantiated findings of abuse to continue employment. Findings included:	F 226	The NA # 1 was suspended on 4/29/15 and terminated on 4/30/15 for failure to report his substantiated abuse record on the CNA registry. No other residents had any complaints, concerns or signs of neglect or abuse with NA#1 during his employment at Avante since 01/22/15.	5/1/15	

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F 226	<p>Continued From page 4</p> <p>The facility's policy for abuse and neglect, effective date 01/05/10, documented that all residents have the right to be free from abuse. It was noted that abuse included neglect. Neglect was defined as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. It was further noted that the facility prohibited mistreatment, neglect and abuse of residents and could not guarantee a resident would not be abused but the facility would take steps to prevent abuse. Steps included pre-employment screening of all employees, staff education and on-going in-servicing. According to the staff screening section of this policy, potential employees were to be screened for a history of abuse, neglect or mistreating residents.</p> <p>A verification of listing from the Health Care Personnel Registry (HCPR) of 12/12/14 noted that nurse aide #1 (NA #1) had no substantiated findings with the registry but had one pending investigation for an allegation of neglect of a resident. The listing expiration date was 03/31/15.</p> <p>According to the employee file for NA #1, NA #1 was hired on 01/22/15. NA #1 had signed a statement that he had read the facility's abuse/neglect policy on 01/22/15.</p> <p>Another verification of listing from the HCPR of 04/16/15 noted that NA #1 had one substantiated finding of neglect of a resident which occurred while employed in a nursing facility. The information was entered into the HCPR on 02/18/15. The listing expiration date was 04/30/17.</p>	F 226	<p>The facility checked the CNA registry on 4/29/15 for all currently employed CNAs, to ensure no one has any pending and/or substantiated/negative findings on the registry.</p> <p>The Human Resource (HR) Manager will check the CNA registry every three months for current CNA employees, to monitor for pending and/or substantiated findings on the registry.</p> <p>In service education was conducted on 4/28/15 by the Administrator, for the current department managers, regarding prescreening employment guidelines and abuse reporting policies and procedures. Another in-service to all staff is scheduled on 5/26/15 to remind if any employee has committed an offense that they are convicted of or found to have violated any professional standard of conduct and was reviewed by any licensure/certification body, that they need to report it to facility HR and/or department managers.</p> <p>The Administrator will analyze the audits to identify any patterns/trends and report in the Quality Assurance committee meeting monthly for 3 months to evaluate the effectiveness of the plan and will implement any recommendations the committee suggests.</p>		

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F 226	<p>Continued From page 5</p> <p>During an interview with the staff person (SP #1) responsible for checking the HCPR listings on 04/28/15 at 5:10 PM, she stated when the first verification of NA #1's listing was done on 12/12/14, she noticed that there was a pending investigation. She stated she took the listing verification she received from the HCPR and showed it to the previous Director of Nurses (DON). SP #1 stated she was instructed by the previous DON to overlook the findings because she knew this staff person and he was a good aide. SP #1 commented that she disagreed with the instruction but complied reluctantly. She stated NA #1 was hired on 01/22/15 and was still working in the facility. When questioned about reporting the issue to the previous Administrator, she responded that she had not.</p> <p>During an interview with the day shift unit manager #1 (UM #1), on 04/29/15 at 9:05 AM, he stated that any nurse aide who had substantiated findings with the HCPR was not allowed to work in this facility. The UM #1 also stated that NA #1's certification had expired the end of March 2015 and was sent home until the certification was renewed.</p> <p>During an interview with the current Administrator, on 04/29/15 at 10:30 AM, he stated he had spoken with SP #1 about the issue with NA #1. He stated SP #1 stated she had consulted with the previous DON for instructions when she noticed the pending investigation on the HCPR verification before he was hired. He stated SP #1 reported that she had been directed to hire NA #1 anyway because the DON was familiar with him. The Administrator stated that SP #1 also reported that when she ran the second verification she did not notice that the pending investigation had been</p>	F 226			

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F 226	<p>Continued From page 6</p> <p>substantiated since she was just verifying that his certification had been renewed. The Administrator stated he did not want anyone working in his facility with substantiated abuse findings on the HCPR. The Administrator also stated that NA #1 had signed an agreement stating that staff members were responsible for reporting allegations on the HCPR to the facility and NA #1 had not done that.</p> <p>During an interview with NA #1 in the presence of the Administrator, on 04/29/15 at 12:10PM, he stated that abuse of any type was not acceptable. When questioned if he had ever been accused of abusing anyone, he responded that he had been accused of abuse in the past but it had been unsubstantiated. He reported being unaware of the substantiated findings with the HCPR. He stated he had resigned from the position that resulted in the pending investigation with the HCPR and had heard nothing since that time. NA #1 also reported that his nurse aide listing had expired and no one said anything to him about the substantiated findings when he went to renew it the end of March 2015. The Administrator explained to NA #1 that the facility's policy prohibited anyone with substantiated findings of abuse with the HCPR from being employed in this facility.</p>	F 226			