

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

7/8/15
PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221 SS=J	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, psychologist interview, and physician interview the facility restrained 1 of 1 resident (Resident #83). 4 Staff held Resident #83 to provide incontinence care and receive an injection of Ativan (sedative) following resident to resident altercation.</p> <p>The Immediate Jeopardy started on 3/6/15 with Resident #83 being held down and received personal care and was administered a sedative due to aggressive behaviors. The Administrator was notified of Immediate Jeopardy on 5/21/15 at 1:30 pm. The Immediate Jeopardy was removed on 5/22/15 when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete training on restraints for 100% of the staff and to implement the monitoring of its corrective action.</p> <p>The findings included: Resident #83 was admitted to the facility on 2/27/15 with a diagnosis that included history of gunshot wound, cerebral vascular accident, traumatic brain injury, malnutrition, and depression. The most recent minimum data set (MDS) Assessment dated 3/6/15 indicated Resident #83 required extensive assistance to</p>	F 221	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <ul style="list-style-type: none"> F221 483.13(a) <p>1) Facility nursing staff have been in-serviced by 05/22/2015 or before their working on their next respective shift on resident #83s resistance to care and how to effectively provide care to him without use of physical restraints.</p> <p>All nursing personnel will be required to attend an in-service by 06/22/2015 on restraints including the right for residents to be free from physical restraints. Staff will be in-serviced on not restraining a resident for purposes of discipline, convenience, and not required to treat the resident's medical symptoms.</p> <p>The facility has a progressive disciplinary policy and any</p>		

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

TITLE

(X6) DATE

Joseph Phillips, LHA, Assistant Administrator *Tom Gatewood, Administrator* 7-3-15

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.

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 1 complete activities of daily living with the use of two + person physical assist. The MDS further indicated Resident #83 rejected care 4 to 6 days. Resident #83 was coded as being cognitively impaired as evidenced by a brief interview for mental status (BIMS) score of 99 indicating the resident was unable to complete the interview. Review of Resident #83's care plan dated 3/12/15 indicated a "Problem/Need" of; Resident #83 required assistance with activities of daily living (ADL) related to recent hospitalization for malnutrition, depression and decubitus ulcer. He has weakness and deconditioning, decreased mobility, history cardiovascular accident and history of gunshot wound. He does refuse care at times and is physically abusive to staff at times. The Goal stated, Resident #83 will have ADL needs met by staff assistance or participation as evidenced by he will receive care needed daily though review period. The approaches included; staff to document the amount of care provided on the ADL documentation, out of bed in wheelchair daily as tolerated. Assist with wheelchair locomotion. Encourage Resident #83 to roll wheelchair as able. He can propel himself slowly-staff push him as needed; Nursing assistant (NA) to monitor Resident #83 participation and document per ADL charting, check pads/briefs throughout shift: providing incontinence care when soiled. Review of Resident #83's behavior report revealed the following behaviors; 3/6/15 stated, "NA's have been told he has to be changed event though he clearly states he does not want to be touched ...took 3 employees getting hit kicked and punched to change him." On 3/6/15 Resident #83 was extremely combative to the point of hurting himself and hurting staff. Took 4 people to change him."	F 221	employee found to physically restrain a resident for the purposes of discipline, convenience, and are not required to treat the residents medical symptoms will be subject to disciplinary action up to and including termination of employment. 2) All nursing personnel will be required to attend an in-service on restraints including the right for residents to be free from physical restraints. Staff will be in-serviced on not restraining a resident for purposes of discipline, convenience, and not required to treat the resident's medical symptoms. The facility has a progressive disciplinary policy and any employee found to physically restrain a resident for the purposes of discipline, convenience, and are not required to treat the residents medical symptoms will be subject to disciplinary action up to and including termination of employment. 3) The facility does not need to update or make any systemic changes regarding its restraint protocols and the facility has been restraint free and currently		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 2 Review of Resident #83 physician note dated 3/6/15 indicated a chief complaint of episodes of agitation and combative behavior. Resident #83 had past medical history of gunshot wound, cardiovascular incident, malnutrition, and depression. The note stated, "He had been found to be agitated and combative and the nursing staff. He had scratched one of the NA's and had tried to hit another NA that was performing activities of daily living care. So physician visit was requested." The assessment and plan identified "behavior disturbance/psychosis: discussed with the patient about it, he refuses to talk at this time. We'll start him on Ativan 0.5mg by mouth every 6 hours when necessary for severe anxiety or agitation to be given before activities of daily living care. He's presently on Remeron 15 milligrams (mg) by mouth at bedtime and Zolof 100mg by mouth daily, we will continue with these. We'll refer him to psychiatry." Review of Resident #83's physician order dated 3/6/15 stated Ativan 0.5mg by mouth every 6 hours as needed for severe anxiety or agitation, prior to ADL care. Physician order dated 3/12/15 stated Remeron to 30 mg by mouth one time nightly (qhs) - depression. Review of Resident #83's psychological assessment note dated 3/12/15 identified a chief complaint of depression. The note stated "Resident #83 is a patient being followed with a diagnosis of depression. On interview with the patient today, he answers a few questions, then rolls over in bed. Then rolls back over, answers a few more questions, then stops talking. His speech is soft, and somewhat difficult to understand when he speaks so low. He does report some depression and some anger. When I asked what about, he shrugs his shoulders and says "guess." Staff report he curses at them,	F 221	maintains a restraint free environment for all residents. In the 2567L it was cited that resident #83 was restrained to provide care during combative episodes. The facility nursing personnel were in-serviced on restraints including the right for residents to be free from physical restraints. Staff will be in-serviced on not restraining a resident for purposes of discipline, convenience, and not required to treat the resident's medical symptoms. 4) The facility monitors restraints through its QAPI program. The facility will monitor residents who show resistance to their care needs with staff and will review interventions through its weekly QAPI meetings and to ensure that staff are not using physical restraining to provide such care. Corrective actions will be taken as identified. 5) Date of compliance: 6/22/2015	7/2/15 See pg 36.	

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 3 and can be resistive and irritable at times with them. He denies any troubles sleeping and eating, and says he is not depressed. He denies any anxiety. Shakes his head no when asked about suicidal or homicidal thoughts, and denies any hallucinations currently or in the past. He denies any manic symptoms as well. He seems to have a hard time processing information during the interview, and gets frustrated at this, and is when he ends interview." The Recommendations indicated, "1) patient is having trouble settling in here. Suspect some of anger is over losing independence. Will increase Remeron to 30mg qhs and monitor and 2) follow up the Resident #83 in one to three months' time or as needed (PRN)" Review of Resident #83's nurses note dated 3/22/15 at 4:00pm stated, "Resident #83 was attempting to go in room 112(Resident #26), Resident #26 of that room told Resident #83 it was not his room. Resident #83 kicked Resident #26 on her left lower leg. Resident #83 refused to get out of Resident #26 room, so this nurse pulled his wheelchair out into the hallway. Resident #83 began to use foul language toward this nurse attempt to hit staff." Nurse's note dated 3/22/15 at 4:15pm stated, "Called doctor informed him of what happened, new order to give 1mg Ativan intramuscularly (IM), now also called Administrator in training informed her also. Left message for DON and family member to return call." Nurse's note dated 3/22/15 at 4:30pm reveled "IM Ativan 1mg given to resident in right thigh, took 4 people to help hold Resident #83. Was kicking, hitting staff attempted to hit staff." Interview with Nurse#3 (nurse who provided the Ativan) on 5/20/15 at 4:09 am via telephone described Resident #83 as combative. Resident #83 would kick and bite. On 3/22/15 NA#3 stated	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 4</p> <p>that Resident #83 had gone directly across the hall to Resident #26 room. Staff attempted to reorient Resident #83 but he became aggressive with staff. Nurse #3 stated he contacted the physician and was provided an order to give the resident Ativan IM. The resident was very combative and it took 4 staff to provide the injection. Nurse #3 stated he used the wrong descriptive words when he wrote it took 4 staff to hold down Resident #83. Nurse #3 stated he meant to write that they stood him up to provide the injection. 2 staff to support the resident in standing the resident to prevent the resident from kicking and one staff that stood in front of the resident. Nurse #3 stated he was unsure exactly what the 3rd staff was doing but he assumed they were holding resident #83 ' s hands so he couldn ' t scratch or hit. The nurse indicated he was standing behind the resident to give the injection.</p> <p>Interview with NA #6 on 5/20/16 at 5:05pm revealed on she was working on the day Resident #83 hit resident #26. NA #6 stated she did not witness the incident. On 3/22/15 NA #6 stated she heard a commotion going and observed staff trying to block Resident #83 from entering the Resident #26's room. Resident #83 was observed to be trying to push his way back in the room. NA#6 stated she was asked by Nurse #3 for assistance but she was unavailable to assist. NA#6 did recall 3 people assisting Nurse #3 with Resident #83's Ativan injection. NA# 6 was unable to recall which staff were in the room other than Nurse #3.</p> <p>Review of Physician order dated 3/22/15 indicated give 1mg Ativan now x 1 dose. Review of Resident #83's psychological assessment dated 4/28/15 revealed, Resident</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 5</p> <p>#83 is a patient being followed with a diagnosis of depression. On interview with the patient today, he continues to not put much effort into interview. Staff report he is still irritable at times, but does still seem to have the physical aggression he had before. He still does not answer a lot of questions. He denies any suicidal thoughts, and denies and homicidal thoughts. He is not very compliant with meds and says he is sleeping and eating "fine". The current medications included Zoloft 100mg daily and Remron 30mg qhs. The assessment revealed unspecified depressive disorder, rule out dementia. The recommendations were as follows: 1) patient seems to be slowly adjusting to environment here. Will be difficult given his physical impairments and age, but will continue to have staff provide support wherever they can. He declines therapy. Continue meds but not taking consistently. Will monitor and 2) follow up with the patient in one to four months' time or as needed (PRN)</p> <p>Review of Resident #83 physician note dated 5/7/15 indicated a chief complaint of refusal to have labs drawn. The note further indicated Resident #83 continued to be noncompliant with treatment and scheduled lab work he was scheduled. The note stated, "His Zoloft was recently changed to liquid form and Remeron was changed to orally disintegrating tablet (ODT)". The assessment indicated "behavior disturbances/psychosis: he is presently on Zoloft 100mg by mouth daily and Remeron ODT 30mg by mouth daily. He is on Ativan 0.5mg by mouth every 6 hours when necessary for severe anxiety or agitation. We 'll continue to monitor him closely. Continue to follow psychiatry recommendations. No other intervention is needed".</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 6</p> <p>Physician order dated 5/14/15 stated, Ativan 1mg by mouth or IM every 6 hours as needed for severe anxiety or agitation.</p> <p>Interview with Nurse #1 5/20/15 at 11:26am revealed Resident #83 would get very agitated quickly any time he was approached to provide incontinent care or assist with activities of daily living. He usually wants to be left alone. Stated she did not work with him often but when she had attempted Resident #83 tried to knock items off meal tray. When staff change him it takes 2 people and sometimes 3. Resident #83 tries to bite, kick and curses at us. Some holds his arms from hitting, one staff on each side while one staff dries him off. He will move his head and attempt to bite staff.</p> <p>Interview with NA#1 on 5/20/15 at 11:35am revealed Resident #83 would curse, kick, hit, scratch, and bite staff when care was provided. NA#1 further indicated Resident #83 had taken out his penis in an attempt to urinate on staff. Resident #83 had kicked at other residents. Resident #83 kicked Resident #26 and Resident #61. NA#1 was not working when Resident #83 kicked the 2 residents. Resident #83 had been aggressive with her as well as evidenced by kicking her. NA#1 stated Resident would go without care occasionally due to refusals of care. Resident #83 would kick when he was being changed. In the instance the resident was becoming combative with care it could take 3 staff to change him. NA#1 stated one staff to change him, one staff at holding his legs, and one person holding his arms. 2 staff had to hold him for her to provide him care. Resident #83 was able to independently propel his wheelchair with his feet. He would occasionally go into other residents rooms. Staff indicted staff occasionally</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 7</p> <p>used interventions such as putting on geri-sleeves to prevent the resident from scratching them when providing care. Staff prevent Resident #83 from biting them by moving out of the way. NA#1 stated Resident #83 was doing better the last 3 days due to putting resident #83's antidepressant in his nutritional supplement.</p> <p>Interview with NA#2 on 5/20/15 at 11:53am revealed Resident #83 displayed behaviors when care was provided. NA#2 stated she assisted staff with care when needed. NA#2 stated it took 3 staff to provide Resident #83 care. One staff would hold the resident's legs one staff would hold residents arms. Resident #83 would scratch staffs arms and kick.</p> <p>Interview with the facility Social Worker on 5/20/15 at 12:01pm revealed Resident #83 commonly refused care. Resident #83 behaviors were described as biting, kicking, and hitting. Staff were to provide the resident with redirection in instances he was agitated. The social worker indicated she was unaware of the situation in which Resident #83 was held by staff to provide Ativan IM. The social worker indicated in the instance Resident #83 refused or became combative staff should have called the Doctor to make him aware or he should have allowed time to calm prior to providing the medications. In the instance the resident was still aggressive the resident could have been sent out to a behavioral unit for treatment.</p> <p>Interview with the Director of Nursing (DON) on 5/20/15 at 2:18pm described Resident #83 behaviors as kicking, scratching, pinching, spitting and has pulled out his penis in an attempt to urinate on staff. Several of the facility staff had</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 8 been scratched by Resident #83 enough to draw blood. The DON stated occasionally it only took one staff to provide Resident #83 care and sometimes it took 2. One staff to do the care and one staff holding him over while the care is being done. The third staff would be available for getting supplies for care when needed. The DON stated she was unaware of the incident that involved 4 staff persons to provide Resident #83 with a sedative. It is not facility practice to hold down a resident to medicate them. Staff should have left the resident alone as long as the resident was safe. It is further not facility practice to hold down a resident to provide ADL care. Interview with the Administrator on 5/20/15 at 2:53pm Resident #83 was resistive to care. Resident #83 was further described as combative towards staff as evidenced by scratching, pinching staff. The Administrator indicated he was unaware of Resident #83 attempting to urinate of staff. The Administrator indicated he would imagine it would take 2 staff to provide the resident with activities of daily living but was unaware that staff were having to hold the resident to provide care. The Administrator indicated it was not common practice for staff to hold down a resident to provide treatment or care and it could be considered restraint or could be an allegation of abuse. Interview with the psychologist on 5/21/15 at 9:46am revealed he was aware that Resident #83 had hit a couple of residents in the facility. The psychologist indicated that problem is that Resident #83 was not compliant with his medications. The Psychologist indicated Resident #83 won't engage with psych so I was difficult understanding his needs. Resident #83 also would not comply with medications making stabilizing the resident difficult. The medical	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 9</p> <p>issues Resident #83 had could contribute to Resident #83 behaviors. The psychologist continued with he may need to look at a different category of medications. Psych indicated he receives information regarding Resident #83's behavior by talking with nursing and NA's that work with him, and going through nursing notes. Nursing staff will review with psych if they have issues that come up within my visits as evidenced by phone calls. Resident #83 only gives me a few words and then ignores me. Indicated he has been in contact with the physician and discussions have taken place about what medications could be crossed or mixing medications into food or drinks. The psychologist indicated he was at the mercy of what the facility could manage and what they can't manage. If they felt like they were managing they hold off until the next visit to communicate concerns. It comes down to what the facility is comfortable with managing in regards to behaviors. (Interventions)</p> <p>Interview with the physician on 5/21/15 at 11:09am revealed Resident #83 had been followed by psychology on a couple of occasions. The physician described Resident #83 as very complicated. He won't let me check him. He falls to the ground and I'm afraid one day he is going to hurt himself. The physician stated he didn't want to do anything with the resident because he didn't want to harm the resident. The named resident is on Zoloft as needed, Alivan and Remeron. The physician indicated he talked to the psych and some of the resident's problems don't have a solution. The physician indicated he was aware the resident hit someone a month or two ago. He recalled being contacted by the facility about the altercations. The physician</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1295 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 10</p> <p>indicated he wasn't surprised about the aggression due to the resident not taking his medications. The Physician stated, "What do you do"? The resident is very young and doesn't have anything acute. The physician indicated he was unaware it took 4 staff to administer Resident #83 with a sedative on 3/22/15. Staff should have left the resident alone as long as he was safe. Giving him 15 min 4:00 until 4:15pm they should have given him time to de-escalate. The physician stated he didn't give antipsychotic medication until the psychologist offered them. The physician indicated he was against the resident being held down in the instance he was refusing medication or treatment. The physician indicated he was unaware staff were having to hold resident down to provide care.</p> <p>The Administrator was notified of Immediate Jeopardy on 5/21/15 at 1:30 pm.</p> <p>Allegation of Compliance accepted on 5/22/15</p> <p>F221- Restraints</p> <p>1) The facility is currently restraint free and attempts to remain restraint free. In this episode it was identified staff had to " hold " the resident 83 down to perform assistance with ADL care and in one instance had to administer an as needed intramuscular Ativan shot by securing his combative arms and legs so they could administer the shot</p> <p>As of 05/21/2015 Resident #83 has been assessed and care plan updated to include interventions to prevent this resident from a physical altercation(s) with another resident(s). The interventions include the following: (Exhibit 1)</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 11 1. Identify S/S of agitation and anxiety 2. Remove to quiet and safe environment away from other residents to allow to calm down if showing S/S of agitation 3. Do not argue back with Resident #83 4. Talk in a calm and quiet voice 5. Encourage to verbalize his feelings 6. Provide emotional support 7. Alternate activity with rest periods 8. Obtain Resident #83 attention prior to engaging resident in conversation or providing care 9. Inform Resident #83 what you are going to do before performing care 10. Determine source of agitation and/or anxiety 11. Evaluate preference for sleep pattern, meal times, getting out of bed, favorite activities 12. Maintain safe distance to honor his personal space 13. Allow to return to public setting when he no longer demonstrates S/S increased agitation of anxiety 14. Administer orders per MD for anxiety as ordered 15. Evaluate effectiveness and side effects of medication 16. Minimize distractions as much as possible 17. Offer favorite food or drink 18. Report changes in behavior to the nurse 19. Avoid embarrassment and ask onlookers to leave 20. Notify MD, DON, psychiatrist, and RP if unable to calm him down "As needed " for this definition includes having, nearly having, or visibly/audibly showing anger or agitation in public, and/or any attempts to strike or kick another resident where this resident instigated a physical altercation with another	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 12 resident at the facility.</p> <ul style="list-style-type: none"> Specific assigned nursing staff (CNAs, LPNs, and/or RNs) will monitor the resident through q 15 minute checks while resident is in his wheelchair. The 100 hall nurse, who is also responsible for resident #83, is responsible for ensuring that the q 15 minute checks of resident #83 are being completed timely and documented in full. In the event this nurse is unable to complete the q 15 minute checks herself, she will directly assign responsibility to the 200 Hall nurse. In addition, all staff have been trained to observe this resident and will assist in meeting the q 15 minute checks as assigned. The assigned personnel will check on resident and his whereabouts and potential agitation levels. If the resident is agitated or shows agitation in a public setting staff will intervene by taking resident back to his room or to an area where he is not around others to allow time for his behavior or agitation to subside. The director of nursing and the resident's attending physician will be notified that the resident is agitated or exhibiting combative behaviors. Staff will ensure that when the resident is showing these behaviors he will be monitored by 1:1 staff supervision to ensure safety of other residents until behaviors subside. The nurse will be responsible for documenting such behaviors in the patient's medical record. The daily location/behavioral checks will be documented by the staff member on a q 15 minute observation sheet (see exhibit 1) and reviewed by the director of nursing or nurse in charge for monitoring of interventions to achieve goals. In the event behaviors do not calm following the interventions and he continues to refuse care and be combative, the resident may 	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	<p>Continued From page 13</p> <p>be discharged from the facility through involuntary commitment to protect the safety of other residents and to seek other treatment for these behaviors. The facility will ensure to notify the physician, psychiatrist, Responsible Party and Director of Nursing if this occurs.</p> <p>The facility administrator has reviewed its protocols on managing combative residents while also protecting the safety of the staff while performing care. The facility nursing staff (CNAs, RNs, and LPNs) will be required to complete an in-service on 05/22/2015 or before beginning their next respective shift if unable to make that in-service date. The in-service will review handling of combative residents, how to manage the behaviors of Resident #83 when he is refusing care with staff and being combative toward them, staff protecting themselves in the event the combativeness is endangering their safety, and reporting to one another from shift to shift when residents have been agitated or combative on prior shifts through report to alert oncoming staff of potential behaviors. The in-service (Exhibit 3) will be completed by 05/22/2015 and for all nursing personnel (CNAs, LPNs, RNs) and will include the resident 83 ' s combative behaviors, interventions, and how caregivers should attempt care, and what they should do in the event they are unable to perform care on this individual due to his combativeness/resistant toward their care.</p> <p>It will be part of the in-service that staff are not allowed to physically restrain this resident or any resident unless the employee ' s safety is in danger where they need to protect themselves and how to properly and safely remove</p>	F 221			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 221	<p>Continued From page 14</p> <p>themselves from a combative situation and notify a supervisor. Any incidences of this nature will be immediately reported to the physician and the director of nursing for additional interventions as directed.</p> <p>2) All nursing personnel (CNAs, LPNs, and RNs) will be in serviced on 5/22/2015 or before their next respective shift on what to do in the event they have a resistive or combative resident who is refusing to allow staff to provide care. At no time will it be allowed for any staff member to physically restrain a patient to administer care unless that resident is directly jeopardizing the safety of that caregiver. Nursing staff have also been in serviced on what they are to do in the event a resident is combative toward them, how to protect themselves, how to manage patient when he is refusing his care and to report the incident to a supervisor who in turn will seek additional interventions and notify appropriate personnel for interventions.</p> <p>The facility has reviewed its training of nursing staff (CNAs, LPNs, RNs) in dealing with difficult and/or combative resident to include when a resident completely refuses to be cared for and that other interventions are to be tried. (Exhibit 2)</p> <p>All employees are subject to the facility progressive disciplinary policy and infractions will result in immediate termination of employment for staff that violate this policy. (Exhibit 3)</p> <p>3. The nursing personnel (CNAs, LPNs, and RNs) will be in serviced on 5/22/2015 or before their next respective shift on what to do in the event they have a resistive or combative resident</p>	F 221		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 221	Continued From page 15 who is refusing to allow staff to provide care. At no time will it be allowed for any staff member to physically restrain a patient to administer care unless that resident is directly jeopardizing the safety of that caregiver. Nursing staff have also been in serviced on what they are to do in the event a resident is combative toward them, how to protect themselves, and to report the incident to a supervisor who in turn will seek additional interventions and notify appropriate personnel for interventions.	F 221			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280	<ul style="list-style-type: none"> • 280 483.20(d)(3), 483.10(k)(2) <p>1) Resident #83s care plan has been updated to include interventions to prevent resident to resident incidents including interventions to identify agitation and prevent a potential event from occurring.</p> <p>The facility has reviewed its protocols on updating care plans. The inter-disciplinary care plan team has been in-serviced on ensuring that incidents that occur between residents will have interventions updated on the</p>		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 280	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on medical record review, resident interview, physician interview, psychologist interview and staff interviews the facility failed to update the care plan with interventions to include resident to resident altercations for 1 of 1 sampled residents (Resident #83). Resident #83 had physical altercations with Resident #26 and Resident #61. The findings included: Resident #83 was admitted to the facility on 2/27/15 with a diagnosis that included history of gunshot wound, traumatic brain injury, cerebral vascular accident, malnutrition, and depression. The most recent minimum data set (MDS) Assessment dated 3/6/15 indicated Resident #83 required extensive assistance to complete activities of daily living with the use of two + person physical assist. Resident #83 was coded as being cognitively impaired as evidenced by a brief interview for mental status (BIMS) score of 99 indicating the resident was unable to complete the interview. Review of Resident #83's care plan dated 3/12/15 indicated a "Problem/Need" of; Resident #83 combative behavior as evidenced by (AEB): slapping, hitting, yelling, scratching and swinging fist). Resident #83 will lash out at staff with no reason and it is hard to redirect at times. Resident #83 is redirected by staff when behaviors occur. Resident #83 is adjusting to new life in a long term care facility and current medical condition and can become combative and verbally abusive at times. The goals indicated 1)Resident #83 will not injure self or staff during	F 280	resident's care plan following the event. 2) The director of nursing and/or MDS Coordinator have reviewed current residents at the facility and reviewed the incident/accident reports for the past year of those residents to identify if any other current residents may have had a resident to resident incident. If any current resident is identified as having a resident to resident incident, the facility will ensure that the care plan is updated accordingly. 3) The facility has changed its system on reviewing incident and accident reports. The facility holds a daily administrative meeting where the incident and accident reports are reviewed. The system developed is to bring the charts of the residents who have an incident and/or accident to that meeting where care plans and interventions can be updated at that time to avoid missing interventions. 4) The facility monitors its Incident and Accident reports	

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 280	Continued From page 17 periods of combative behavior and will show decrease in these types of behavior as evidenced by (AEB) behavior, activities of daily living (ADL) documentation and nurses' notes though next review 2) Resident #83 will verbalize feelings of anger and frustration in an acceptable manner AEB screaming, yelling or cursing at staff though the next review and 3) resident #83 will allow staff to complete care without injury to self or others AEB being neat and clean in appearance through next review. The interventions included; do not argue with resident; reinforce with resident unacceptability of resident's verbal abuse, remove resident from public area when behavior is disruptive, talk with resident in calm voice when behavior is disruptive, encourage resident to verbalize through one-to-one interactions, allow denial of illness by resident; assist resident in selection of appropriate coping mechanisms, provide emotional support when needed, assist resident through various phases of grief process, evaluate effectiveness and side effects of medications for possible reduction/discontinuance of some medications, refer to medical doctor, general nurse practitioner or physician's assistant if behavior worsens, administer psychotropic medication as ordered, if resident is becomes combative leave resident in safe in environment, allow time to calm down, then return later to carry out care needs; approach resident in a quiet manner and gain resident's attention prior to providing care. Talk calmly during care, providing reassurance and emotional support. The care plan did not indicate Resident to Resident altercations or interventions to prevent further resident to resident altercations. Resident #26 was admitted to the facility on 1/24/15 with a diagnosis that included depressive	F 280	and statistics through its facility QAPI program. Resident to Resident incidents will be reviewed at the facility monthly QAPI meeting and interventions reviewed, discussed, and updated as necessary to ensure compliance. The administrator has overall responsibility for compliance. 5) Date of Compliance: 6/19/2015	6/19/15	

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 280	Continued From page 18 disorder, cellulitis of leg, congestive heart failure, and atrial fibrillation. The most recent MDS assessment dated 3/30/15 indicated Resident #26 had impairments of the lower extremities and required limited to extensive assistance to complete activities of daily living. Resident #26 was coded as being cognitively intact as evidenced by a BIMS score of 15. Resident #83 further kicked Resident #61 that was cognitively impaired. Review of Resident #83's nurses note dated 3/22/15 at 4:00pm stated, Resident #83 was attempting to go in room 112 (Resident #26), Resident #26 of that room told Resident #83 it was not his room. Resident #83 kicked Resident #26 on her left lower leg. Resident #83 refused to get out of Resident #26 room, so this nurse (Nurse #3) pulled his wheelchair out into the hallway. Resident #83 began to use foul language toward this nurse attempt to hit staff. Nurses noted dated 3/22/15 at 4:15pm revealed called doctor informed him of what happened, new order to give 1mg Ativan intramuscular (IM), now also called Administrator in training informed her also. Left message for Director of Nursing (DON) and family member to return call. Nurse's note continued for 3/22/15 at 4:30pm reveled IM Ativan 1mg given to resident in right thigh, took 4 people to help hold Resident #83. Was kicking, hitting staff attempted to hit staff. Review of incident report dated 3/22/15 for Resident #83 revealed Resident #83 kicked the Resident #26. No interventions were documented on the incident report in regards to consumer to consumer prevention. "Resident has been instructed to call for assistance from staff when resident wanders in her room. Isolated incident resident denied doing it and stated I kick my legs when I move. Start to	F 280			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 280	Continued From page 19 monitor to ensure isolated incident, report wandering may require additional interventions Review of Nurses note dated 4/16/15 revealed weekly note: Resident #83 remains combative towards staff and other residents, refuses care most days. Review of Incident report dated 4/18/15 for resident #61 indicated Resident #61 was sitting at nursing station and resident #83 rolled up and kicked her. The incident was documented as not observed by staff. The intervention stated Resident #83 would be discharged to behavioral unit if another such incidence occurred, resident to resident. No injury was documented as a result of Resident #83 kicking Resident #61. No interventions were documented on the incident report in regards to consumer to consumer prevention. Attachment to the incident report revealed witness statements form Resident #26 and a visitor. The witness statements indicated they witnessed Resident #83 roll over to Resident #61 and kick her for no reason. Review of nurse's note dated 4/23/15 revealed a weekly nursing note that stated "Resident #83 continues to have behavior issues, hitting at staff, kicking other residents, throwing himself on floor, refusal of ADL care all the time." Review of Nurses note dated 5/4/15 stated, "Resident #83 resting in bed at this time. Alert and verbal at times. Up in wheelchair for dinner. Tired to kick a resident in hallway when redirected resident #83 started cursing staff." Nurse #1 5/20/15 at 11:26am revealed Resident #83 had exhibited consumer to consumer aggression. Nurse #1 stated she knew Resident #83 had kicked Resident # 26 although she was not working when it occurred. Nurse #1 stated she was unsure of any interventions put into place in regards to when resident #83 aggressed	F 280		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 280	<p>Continued From page 20 towards other residents.</p> <p>Interview with the facility Social Worker on 5/20/15 at 12:01pm revealed Resident #83 commonly refused care. Resident #83 behaviors were described as biting, kicking, and hitting. Staff were to provide the resident with redirection in instances he was agitated. The social worker indicated had she or the MDS coordinator been aware of the incident they would have care planned for the consumer to consumer aggression. Resident #83 should have had a care plan that identified resident to resident aggression. Social worker indicated when the Resident was upset staff would move the resident to another location to calm down.</p> <p>Interview with the DON on 5/20/15 at 2:18 pm reveale she would expect resident to resident aggression be care planned. The situation involving Residents #83's aggression was discussed in morning meetings in which the intervention of removing the resident from the situation was implemented. No further interventions were implemented to protect the residents from further aggression from Resident #83.</p> <p>Interview with the Administrator on 5/20/15 at 2:53pm Resident #83 was resistive to care. Resident #83 was further described as combative towards staff as evidenced by scratching, pinching staff. A concern form was filed out for Resident #26 stating she was kicked by Resident #83. The administrator indicated for the safety of the resident a care plan should have been developed. The Administrator indicated based on the current care plan aggressiveness was</p>	F 280			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 280	Continued From page 21 addressed with staff that had interventions. The administrator indicated he would have to pull the form to identify what interventions were into place following the first incident. After the second incident we decided that following a 3rd incident the facility would discharge the resident. The Administrator indicated the incidents were not observed by staff.	F 280		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, resident interview, physician interview, psychologist interview and staff interviews the facility failed to manage inappropriate behaviors and implement effective interventions for 1 of 1 sampled residents (Resident #83) with behaviors to prevent continued resident to resident physical altercations. Resident #83 had physical altercations with Resident #26 and Resident #61. The findings included: Resident #83 was admitted to the facility on 2/27/15 with a diagnosis that included history of gunshot wound, traumatic brain injury, cerebral vascular accident, malnutrition, and depression. The most recent minimum data set (MDS) Assessment dated 3/6/15 indicated Resident #83	F 323	<ul style="list-style-type: none"> • F323 483.25(h) <p>1) Resident #83 has been placed on q15 minute checks while up in wheelchair (resident cannot get out of bed and up by himself) for signs and symptoms of agitation and redirect away from other residents while showing signs and symptoms of agitation until behavior resolves. The facility will review the results of the monitoring at the morning administrative meeting and review interventions and update as necessary to ensure compliance.</p> <p>All staff have been in-serviced on resident #83s q 15 min check protocol to ensure all staff are aware of protocol when resident #83 in up in chair and also dealing with residents who are resistive and/or show signs of combativeness.</p>	

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 22</p> <p>required extensive assistance to complete activities of daily living with the use of two + person physical assist. Resident #83 was coded as being cognitively impaired as evidenced by a brief interview for mental status (BIMS) score of 99 indicating the resident was unable to complete the interview.</p> <p>Resident #26 was admitted to the facility on 1/24/15 with a diagnosis that included depressive disorder, cellulitis of leg, congestive heart failure, and atrial fibrillation. The most recent MDS assessment dated 3/30/15 indicated Resident #26 had impairments of the lower extremities and required limited to extensive assistance to complete activities of daily living. Resident #26 was coded as being cognitively intact as evidenced by a BIMS score of 15.</p> <p>Resident #61 was admitted to the facility on 2/24/15 with a diagnosis that included Alzheimer's disease, dementia with behavior disturbance, conduct disturbances, depressive disorder, muscle weakness, and lack of coordination. The most recent MDS assessment dated 4/2/15 indicated Resident #61 required extensive to total assistance to complete activities of daily living. Resident was coded as being cognitively impaired as evidenced by a BIMS score of 99 indicating the resident was unable to complete the interview.</p> <p>Review of Resident #83's care plan dated 3/12/15 indicated a "Problem/Need" of; Resident #83 combative behavior as evidenced by (AEB): slapping, hitting, yelling, scratching and swinging fist). Resident #83 will lash out at staff with no reason and it is hard to redirect at times. Resident #83 is redirected by staff when behaviors occur. Resident #83 is adjusting to new life in a long term care facility and current medical condition and can become combative</p>	F 323	<p>2) Resident #83 has been placed on q15 minute checks while up in wheelchair (resident cannot get out of bed and up by himself) for signs and symptoms of agitation and redirect away from other residents while showing signs and symptoms of agitation until behavior resolves. The facility will review the results of the monitoring at the morning administrative meeting and review interventions and update as necessary to ensure compliance. In the event resident #83 has a resident to resident incident he will be discharged to the hospital's behavioral unit for treatment with Aggressive Behavior and appropriate interventions when they occur.</p> <p>3) The facility reviewed its safety protocols for combative residents. The facility has an incident/accident reporting policy and procedure that it follows where reports are reviewed daily by the director of nursing and administrator after the morning department head</p>		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	Continued From page 23 and verbally abusive at times. The goals indicated 1)Resident #83 will not injure self or staff during periods of combative behavior and will show decrease in these types of behavior as evidenced by (AEB) behavior, activities of daily living (ADL) documentation and nurses' notes though next review 2) Resident #83 will verbalize feelings of anger and frustration in an acceptable manner AEB screaming, yelling or cursing at staff though the next review and 3) resident #83 will allow staff to complete care without injury to self or others AEB being neat and clean in appearance through next review. The interventions included; do not argue with resident; reinforce with resident unacceptability of resident ' s verbal abuse, remove resident from public area when behavior is disruptive, talk with resident in calm voice when behavior is disruptive, encourage resident to verbalize through one-to-one interactions, allow denial of illness by resident; assist resident in selection of appropriate coping mechanisms, provide emotional support when needed, assist resident though various phases of grief process, evaluate effectiveness and side effects of medications for possible reduction/discontinuance of some medications, refer to medical doctor, general nurse practitioner or physician's assistant if behavior worsens, administer psychotropic medication as ordered, if resident is becomes combative leave resident in safe in environment, allow time to calm down, then return later to carry out care needs; approach resident in a quite manner and gain resident's attention prior to providing care. Talk calmly during care, providing reassurance and emotional support. The care plan did not indicate Resident to Resident altercations or interventions to prevent further resident to resident altercations.	F 323	meeting and it is the responsibility of the director of nursing to ensure that the interventions and care planning are updated following any incident. The reports are reviewed at each daily stand up meeting Monday-Friday and they are also followed up with by weekend duty department heads who alternate as weekend coverage for manager on duty. The facility did update its system by bringing the chart of the patients that have an incident/accident to the next morning administrative meeting where the care plans and interventions can be reviewed, monitored for effectiveness, and updated as necessary. 4) The facility monitors its Incident and Accident reports and statistics through its facility QAPI program. Resident to Resident incidents will be reviewed at the facility monthly QAPI meeting and interventions reviewed, discussed, and updated as necessary to ensure compliance.		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 323	<p>Continued From page 24</p> <p>Review of Resident #83 physician note dated 3/6/15 indicated a chief complaint of episodes of agitation and combative behavior. The note stated, "Resident #83 had a past medical history of gunshot wound, cerebral vascular accident, malnutrition, and depression. He had been found to be agitated and combative with the nursing staff. He had scratched one of the nursing assistants (NA) and had tried to hit another NA that was performing activities of daily living care. So physician visit was requested. The assessment and plan identified behavior disturbance/psychosis: discussed with the patient about it, he refuses to talk at this time. We'll start him on Ativan 0.5 milligrams (mg) by mouth every 6 hours when necessary for severe anxiety or agitation to be given before activities of daily living care. He's presently on Remeron 15mg by mouth at bedtime and Zoloft 100mg by mouth daily, we will continue with these. We'll refer him to psychiatry".</p> <p>Review of Resident #83's psych note dated 3/12/15 identified a chief complaint of depression. The note indicated the resident was asked to be evaluated for the above mentioned symptoms. The note stated, "Resident #83 is a patient being followed with a diagnosis of depression. On interview with the patient today, he answers a few questions, then rolls over in bed. Then rolls back over, answers a few more questions, then stops talking. His speech is soft, and somewhat difficult to understand when he speaks so low. Resident #83 did report some depression and some anger. When asked what about it, Resident #83 shrugs his shoulders and says "guess". Staff report he curses at them, and can be resistive and irritable at times with them. He denies any troubles sleeping and eating, and says he is not depressed. He denies any anxiety. Shakes his</p>	F 323	<p>The administrator has overall responsibility for compliance.</p> <p>5) Date of Compliance: 6/19/2015</p>	6/19/15

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081	
(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 323	Continued From page 25 head no when asked about suicidal or homicidal thoughts, and denies any hallucinations currently or in the past. He denies any manic symptoms as well. Resident #83 seems to have a hard time processing information during the interview, and gets frustrated at this, and is when he ends interview". Current medications include, Zoloft 100mg daily, and Remeron 15mg one time at night (qhs).. Recommendations indicated, "1) patient is having trouble settling in here. Suspect some of anger is over losing independence. Will increase Remeron to 30mg qhs and monitor 2) follow up the patient in one to three months' time or as needed (PRN)" Review of Resident #83's nurses note dated 3/22/15 at 4:00pm stated, "Resident #83 was attempting to go in room 112(Resident #26), Resident #26 of that room told Resident #83 it was not his room. Resident #83 kicked Resident #26 on her left lower leg. Resident #83 refused to get out of Resident #26 room, so this nurse (Nurse #3) pulled his wheelchair out into the hallway. Resident #83 began to use foul language toward this nurse attempt to hit staff". Review of incident report dated 3/22/15 for Resident #83 revealed Resident #83 kicked the Resident #26. No interventions were documented on the incident report in regards to consumer to consumer prevention. A grievance form was attached to the incident report written by Resident #26. The grievance dated 3/22/15 stated, "I was kicked on my left leg by resident in another room. He came in my room determined it was his room. I told him it was not. I told him to go back to his room. He kicked me on my left leg which has a rod in it". The investigation action/corrective action stated, "Resident has been instructed to call for assistance from staff when resident wanders in her room. Isolated	F 323		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 26</p> <p>Incident resident denied doing it and stated I kick my legs when I move. Start to monitor to ensure isolated incident, report wandering may require additional interventions. Results reported to individual filing grievance indicated resident #26 agreed to call staff for assistance when Resident #83 in room. Resident stated she wasn't afraid of resident " .</p> <p>Review of Nurses note dated 4/15/15 revealed, "Resident #83 rolled up and kicked resident #61 when asked why he kicked her he stated, "I can" ,called Administrator in Training and reported it to her."</p> <p>Review of Nurses note dated 4/16/15 revealed weekly note: Resident #83 remains combative towards staff and other residents, refuses care most days.</p> <p>Review of Incident report dated 4/18/15 for resident #61 indicated Resident #61 was sitting at nursing station and resident #83 rolled up and kicked her. The incident was documented as not observed by staff. The intervention stated Resident #83 would be discharged to behavioral unit if another such incidence occurred, resident to resident. No injury was documented as a result of Resident #83 kicking Resident #61. No interventions were documented on the incident report in regards to consumer to consumer prevention. Attachment to the incident report revealed witness statements form Resident #26 and a visitor. The witness statements indicated they witnessed Resident #83 roll over to Resident #61 and kick her for no reason.</p> <p>Review of nurse's note dated 4/23/15 revealed a weekly nursing note that stated "Resident #83 continues to have behavior issues, hitting at staff, kicking other residents, throwing himself on floor, refusal of ADL care all the time".</p> <p>Review of Resident #83's psych note dated</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 27</p> <p>4/28/15 revealed, Resident #83 is a patient being followed with a diagnosis of depression. On interview with the patient today, he continues to not put much effort into interview. Staff report Resident #83 is still irritable at times, but does still seem to have the physical aggression he had before. He still does not answer a lot of questions. He denies any suicidal thoughts, and denies and homicidal thoughts. He is not very compliant with meds and says he is sleeping and eating "fine". "The current medications included Zoloft 100 mg daily and Remeron 30mg qhs. The assessment revealed unspecified depressive disorder, rule out dementia. The recommendations were as follows: "1) patient seems to be slowly adjusting to environment here. Will be difficult given his physical impairments and age, but will continue to have staff provide support wherever they can. He declines therapy. Continue meds but not taking consistently. Will monitor and 2) follow up with the patient in one to four months' time or as needed (PRN)"</p> <p>Nurse practitioner note dated 5/4/15 indicated resident #83 had a history for right sided brain injury from a gunshot wound. The note continued with Resident #83's behaviors were followed by psychiatry. Resident #83 had been known to refuse care, hit, curse and urinate on staff. He also refuses medications. Resident cannot let his needs known in an effective way. The assessment and plan indicated "behaviors: if they do not improve we many need to consider inpatient stay; I am going to change whatever medications I can to a liquid to see if he complies better with this. Depression: on Zoloft but quite often refuses medications, Zoloft changed to liquid".</p> <p>Review of Nurses note dated 5/4/15 revealed</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	Continued From page 28 Resident #83 "resting in bed at present time. Alert and verbal at times. Up in wheelchair for dinner. Tired to kick a resident in hallway when redirected resident #83 started cursing staff". Review of Resident #83 physician note dated 5/7/15 indicated a chief complaint of refusal to have labs drawn. The note stated " Resident #83 had past medical history of gunshot wound, cardiovascular accident, malnutrition, and depression continues to be noncompliant with treatment, he was scheduled to have lab work done, but he refused to have it done. His Zolof was recently changed to liquid form and Remeron was changed to orally disintegrating tablet (ODT). The assessment and Plan indicated behavior disturbances/psychosis: he is presently on Zolof 100mg by mouth daily and Remeron ODT 30mg by mouth daily. He is on Ativan 0.5mg by mouth every 6 hours when necessary for severe anxiety or agitation. We ' ll continue to monitor him closely. Continue to follow psychiatry recommendations. No other intervention is needed ". Review of nurse's note dated 5/18/15 stated "before supper this resident stuck middle finger up to me and stated "f ... y...". Yelled at another resident - residents separated and attempted to back his wheelchair into another resident's wheelchair in dining room. Sitting at front door at this time." Interview with Resident #26 on 5/20/15 at 9:00 am revealed Resident #83 had come into her room and kicked her. Resident #26 indicated she was seated in her wheelchair at the time of the incident toward the foot of her bed. Resident #83 had rolled into her room and stated it was his room and it was his bed. Resident #83 told her to get out of his room. Resident #26 stated she communicated to Resident #83 that his room was	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015	
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS		STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 29</p> <p>across the hall and it wasn't his room. Resident #83 began to yell at resident #26 and rolled over to her and kicked her in her left leg. Resident #26 revealed her left leg was her bad leg. Resident #26 stated "my left leg is already beat up, it has a rod in it." Resident #26 further stated it hurt when she was kicked by Resident #83. Nursing staff came into the room and removed Resident #26.</p> <p>Nurse #1 5/20/15 at 11:26am revealed Resident #83 had exhibited consumer to consumer aggression. Nurse #1 stated she knew Resident #83 had kicked Resident # 26 although she was not working when it occurred. Resident #26 communicated the incident to me the next day. Resident #83 would occasionally go into other residents rooms and is hard to redirect. Nurse #1 further stated she overheard Resident #83 had kicked Resident #61. Nurse #1 was not working at the time of the incidents. Nurse #1 stated she was unsure of any interventions put into place in regards to when resident #83 aggressed towards other residents.</p> <p>Interview with NA#1 on 5/20/15 at 11:35am revealed Resident #83 had kicked at other residents.</p> <p>Resident #83 had kicked Resident #26 and Resident #61. NA#1 was not working when Resident #83 kicked the 2 residents. Resident #83 had been aggressive with her as well as evidenced by kicking her. Resident #83 was able to independently propel his wheelchair with his feet. He would occasionally go into other residents rooms. NA#1 stated she was unaware of any interventions put into place in regards to Resident#83 aggression towards other residents.</p> <p>Interview with the facility Social Worker on</p>	F 323		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 30</p> <p>5/20/15 at 12:01pm revealed Resident #83 commonly refused care. Resident #83 behaviors were described as biting, kicking, and hitting. Staff were to provide the resident with redirection in instances he was agitated. The social worker indicated she recalled only one incident in which Resident #83 kicked Resident #26. The social worker stated she was unaware of Resident #83 kicking Resident #61. The social worker indicated had she or the MDS coordinator been aware of the incident they would have care planned for the consumer to consumer aggression. Resident #83 should have had a care plan that identified resident to resident aggression. Social worker indicated when the Resident was upset staff would move the resident to another location to calm down.</p> <p>Interview with the DON on 5/20/15 at 2:18pm described Resident #83 behaviors as kicking, scratching, pinching, spitting and had pulled out his penis in an attempt to urinate on staff. Some of the facility staff had been scratched by Resident #83 during ADL care enough to draw blood. Resident #26 had reported that Resident #83 had entered her room and kicked at her. The DON further indicated that Resident #26 communicated that Resident #61 was also kicked by Resident #83. The DON stated Resident #83 was able to independently ambulate his wheelchair throughout the facility. The DON stated she didn't believe Resident #83 intentionally kicked the residents. The facility treated the instance in which Resident #83 kicked Resident #26 as an isolated incident. When Resident #83 kicked Resident #61 the administrator indicated in the instance it occurred again the facility would discharge Resident #83. The DON stated she would expect resident to</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 31</p> <p>resident aggression be care planned. The situation involving Residents #83's aggression was discussed in morning meetings in which the intervention of removing the resident from the situation was implemented. No further interventions were implemented to protect the residents from further aggression from Resident #83.</p> <p>Interview with the Administrator on 5/20/15 at 2:53pm Resident #83 was resistive to care. Resident #83 was further described as combative towards staff as evidenced by scratching, pinching staff. A concern form was filed out for Resident #26 stating she was kicked by Resident #83. The administrator indicated for the safety of the resident a care plan should have been developed. The Administrator indicated based on the current care plan aggressiveness was addressed with staff that had interventions. The administrator indicated he would have to pull the form to identify what interventions were into place following the first incident. After the second incident we decided that following a 3rd incident the facility would discharge the resident. The Administrator indicated the incidents were not observed by staff.</p> <p>Interview with Nurse#3 on 5/20/15 at 4:09am indicated that on 3/22/15 Resident #83 had gone directly across the hall to Resident #26 room. Staff attempted to reorient Resident #83 but he became aggressive with staff. Nurse #3 stated he contacted the physician and was provided an order to give the resident Ativan IM. Nurse #3 stated he did not witness Resident #83 kick resident #26. Nurse #3 stated he did witness when Resident #83 kicked Resident #61. Resident #61 was sitting near the nursing station</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 32</p> <p>listening too much when Resident #83 rolled up and hit her. Other residents were around the nurse's station that witness the incident as well to include Resident #26. Resident #83 stated he kicked Resident #61 because she was counting out loud at it was getting on his nerves. Resident #61 would count out loudly repeating 5, 4, 3, 2, 1 as a coping mechanism. It was Resident #61's counting that apparently got on Resident #83's nerves.</p> <p>Interview with NA#5 5/20/15 at 4:49pm revealed he was working on 3/22/15 when Resident #83 kicked Resident #26. NA# indicated he had just arrived on shift and was walking down the hall to see if any staff members needed assistance. As NA#5 was walking down the hall he heard commotion coming from Resident #26 room. Resident #83 could be heard yelling at resident #26 and Resident #26 could be heard telling Resident #83 to get out of her room. Resident#83 was described as a complicated resident that would never allow NA#5 to do any personal care for him. When NA#5 arrived at Resident #26 room he observed Resident #83 to be in Resident #26 room. At that time he assisted the nurse in getting resident #83 out of the room. Resident#83 was described as a complicated resident that would never allow NA#5 to do any personal care for him. The NA stated he was working at the time Resident #83 kicked resident #61. NA#5 described the incident as Resident simply rolling over to resident #83 and kicked her while she was listening to music.</p> <p>Interview with NA #6 on 5/20/15 at 5:05 pm revealed on she was working on the day Resident #83 hit resident #26. NA stated she did not witness the incident. On 3/22/15 NA#6 stated she</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	<p>Continued From page 33</p> <p>heard a commotion going and observed staff trying to block Resident #83 from entering the Resident #26's room. Resident #83 was observed to be trying to push his way back in the room. NA#6 stated she was asked by Nurse #3 for assistance but she was unavailable to assist. NA#6 did recall 3 people assisting Nurse #3 with Resident #83's Ativan injection. NA# 6 was unable to recall which staff were in the room other than Nurse #3.</p> <p>Interview with the psychologist on 5/21/15 at 9:46am revealed he was aware that Resident #83 had kicked a couple of residents in the facility. The psychologist indicated that problem is that Resident #83 was not compliant with his medications. The Psychologist indicated Resident #83 won't engage with psych so it was so it was difficult understanding his needs. Resident #83 also would not comply with medications making stabilizing the resident difficult. The medical issues Resident #83 had could contribute to Resident #83 behaviors. Psych continued with he may need to look at a different category of medications. Psych indicated he receives information regarding Resident #83's behavior by talking with nursing and NA's that work with him, and going through nursing notes. Nursing staff will review with psych if they have issues that come up within my visits as evidenced by phone calls. Resident #83 only gives me a few words and then ignores me. Indicated he has been in contact with the physician and discussions have taken place about what medications could be crossed along with putting the medications into food or drinks. The psychologist indicated he was at the mercy of what the facility could manage and what they can't manage. If they felt like they were managing they hold off until the</p>	F 323			

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081		
(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 323	Continued From page 34 next visit to communicate concerns. It comes down to what the facility is comfortable with managing in regards to behaviors. (Interventions) Interview with the physician on 5/21/15 at 11:09am revealed psych had seen the resident a couple of times since admission. The physician described Resident #83 as very complicated. He won't let me check him. He falls to the ground and I'm afraid one day he is going to hurt himself. The physician stated he didn't want to do anything with the resident because he didn't want to harm the resident. The resident is on Zoloft as needed, Ativan and Remron. The physician indicated he talked to the psych and some of the resident's problems don't have a solution. The physician indicated he was aware the resident kicked someone a month or two ago. He recalled being contacted by the facility about the altercations. The physician indicated he wasn't surprised about the aggression due to the resident not taking his medication.	F 323	<ul style="list-style-type: none"> • F371 483.35(i) 		
F 371 SS=D	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 (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by:	F 371	<ol style="list-style-type: none"> 1) The hood was cleaned on 5/21/2015 to remove any grease/dust build up on the hood. In addition staff have been in-serviced on May 29, 2015 on overall kitchen sanitation and cleaning schedules that includes inspecting the hood between professional inspections to ensure the vents are cleaned in between. 2) The hood was cleaned on 5/21/2015 to remove any grease/dust build up on the hood. In addition staff have been in-serviced on May 29, 2015 on overall kitchen sanitation and cleaning schedules that includes inspecting the hood between professional inspections to ensure the vents are cleaned in between. 3) The facility does contract with an outside agency that is contracted to do an inspection that includes and in depth cleaning biannually. The facility has updated its kitchen sanitation checklist to include inspection of the hood in between professional 		

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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 371	Continued From page 35 Based on observation and staff interview the facility failed to clean hood filter in the kitchen. The findings included: Observation of the facility kitchen on 5/18/15 at 9:21 pm revealed the hood range to have heavy grease build up and a thin layer of dust. Small spider webs were observed to be in the corners of the hood range. Interview with the dietary manager on 5/18/15 at 11:08 am revealed kitchen staff did not clean the hood range vents. The hood range vents were cleaned every other month by an outside agency. The dietary manager indicated the hood filter cleaning was the responsibility of maintenance. Interview with the maintenance director on 5/18/15 at 9:35 am revealed he was not responsible for cleaning the hood filters but did ensure a contracted outside agency was scheduled for routine cleaning. Maintenance further stated the hood filter were cleaned every 6 months. The last time the hood filters were cleaned was November 2014. The outside agency was due out to the facility next week. Interview with the facility administrator on 5/18/15 at 10:00 am revealed his expectation was for the hood filters to be cleaned as needed at least monthly.	F 371	cleanings and to clean as needed. 4) The director of food services will conduct a monthly inspection for sanitation that includes inspection and cleaning of the hood. The reports will be reviewed through the monthly QAPI meeting and corrective actions taken as necessary. 5) Date of Compliance: 6/19/2015 <u>Directed Plan of Correction</u> In accordance with the "Imposition Notice" of 6/24/2015 the facility will be completing a directed plan of correction (DPOC) as outlined in that notice. The facility will be completing the DPOC with the assistance of an outside contractor whose schedule is outlined in the executed agreement. The contractor will assemble an interdisciplinary team to serve as consultants to advise the facility on their compliance with the most recent plan of correction submitted to the Centers for Medicaid and Medicare Services in June of 2015. As per	6/19/15	

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

PRINTED: 06/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
(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	
			<p>CMS directive the team will provide training to all staff on:</p> <ul style="list-style-type: none"> • The Younger Adult in the Long Term Care Setting following the guidelines of the American Medical Director's Association, • All six modules of the Hand in Hand curriculum from CMS, • Physical and chemical restraints and training for all staff • Training on elder abuse, restraints and behavior management for families and residents <p>In addition, evaluation experts will conduct pre-tests and post-test analysis to measure knowledge gained and the interdisciplinary team will visit the facility to document practice change that results from the training. The contractor will submit reports to CMS to document progress on reaching these objectives and how it impacts care as required.</p> <p>The contractor will coordinate with other available appropriate training resources such as Charlotte AHEC, Relias online learning and the NC Division of Health and Human Services GAST team to accomplish the training goals.</p> <p>Contract executed on: 7/2/2015</p>	7/2/15	