STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345132	A. BUILDING ______ B. WING ______	C 07/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENHAVEN HEALTH AND REHABILITATION CENTER	801 GREENHAVEN DRIVE GREENSBORO, NC 27406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if	F 225		8/7/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 08/02/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	Continued From page 1 the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews the facility failed to report an allegation of neglect of resident to the North Carolina health Care Personnel Investigations (NCHCPI) within the required 24 hours' time frame for one (1) of three (3) sampled residents that were reviewed for neglect.(Resident #18) Findings included: Resident #18 was admitted to the facility on 4/9/2016 with diagnoses of hypertension, Alzheimer's disease, non-Alzheimer's Dementia and Parkinson's disease.	F 225	Greenhaven Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Greenhaven Health and Rehabilitation Center□'s response to this Statement of Deficiencies does not denote agreement	

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Continued From page 2

Resident #18's Minimum Data Set (MDS) dated 7/1/2017 indicated resident's cognition was severely impaired. Resident #18 required extensive assistance with the majority of her activities of daily living (ADL's).

An interview with Family Member (FM) on July 7, 2017 at 6:30 PM, FM revealed that she reported to the Administrator on June 19, 2017 that Resident #18 had been neglected because of her fall that she had to go to the hospital due to staff not watching Resident #18.

During a Review of a facility concern / grievance form dated 6/19/17, which was submitted by the Family Member of Resident #18, revealed the family was alleging neglect. The nature of the concern / grievance was checked as care, staff treatment of resident and short of staff. We were assured on 4/7/17 that she would be on every 15 minute watch. She was found on the floor at 3:30 pm which is way before dinner time."

Review of the facility investigation for the grievance dated 6/19/17 for Resident #18 revealed that this allegation was not reportable to an outside agency.

During an interview with the Director of Nursing (DON) on 7/7/17 at 8:04 PM; revealed stated that the types of things that needs to be reported to the state include abuse, neglect and misappropriation of property. DON stated that in regards to the grievance that was submitted by Resident #18's Family member on 6/19/17; if the FM indicated that the fall was as a result of neglect; it should have been reported to the appropriate state agency and then followed up

F 225

with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenhaven Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.

F 225

On 08/01/2017, the director of nursing (DON) spoke with the resident representative (RR) and the family member (FM) of Resident #18 regarding any concerns. At this time the family had no further concerns regarding neglect.

On 07/21/2017, a 100% audit of all grievances from 03/01/2017 through 07/24/2017, to identify areas requiring notification to state agencies, was completed by the Regional Vice President (RVP). The audit revealed 9 grievances that should have been reported. These 9 events were reported to the state agencies, by the Administrator (ADM) or Director of Nursing (DON), as required.

On 07/20-21/2017, a 100% audit of all nurses notes from 03/01/2017 through 07/24/2017, were reviewed, by the DON and ADM to identify concerns requiring notification to state agencies. The audit revealed 4 concerns that should have been reported. These 4 concerns were

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F 225	Continued From page 3 with an investigation and a final report. She proceeded to state that this was her very first day on the job. She showed this surveyor where she had written this on the front of the grievance form. She stated she did not complete the investigation for this incident. During an interview with the Administrator on 7/7/2017 at 8:30 PM, revealed that the Resident #18's Family member (FM) had come to her the day before the grievance was submitted; she stated that the FM never verbally mentioned anything about neglect but they did discuss the fall and Resident #18 having to go to the hospital and get stiches. Administrator stated she went ahead that day and started the investigation. The next day she received the written grievance from Resident #18's FM. Administrator stated that because she had already completed the majority of the investigation from the verbal conversation she had with Resident #18's FM she felt like she had already determined that there was no neglect. She stated that she now realizes that she should have reported this to the state within 24 hours as potential neglect. She stated that her Regional Consultant and Nurse Consultant have reviewed the process with her 7/7/2017.	F 225	reported to the state agencies, by the ADM or DON, as required. All residents with a brief interview for mental status (BIMS) score of 12 or higher were interviewed on 07/21/2017, by the social worker to identify any concerns requiring notification to state agencies. No concerns were identified. All RRs were interviewed 07/21-24/2017, by the social worker to identify any concerns requiring notification to state agencies. No concerns were identified. Beginning on 07/26/2017, and completed on 08/02/2017, residents with a BIMS of less than 12 had a skin assessment completed, by the DON, Staff Facilitator (SF), Treatment Nurse, Minimum Data Set (MDS) Nurse or a staff nurse. No concerns were identified. On 07/19/2017, a 100% audit of all resident council minutes from April 2017, through July 2017, was completed by the RVP. The purpose of the audit was to identify any concerns requiring notification to state agencies. No concerns were identified. On 07/07/2017, the SF, DON and ADM were educated on Reporting Abuse and Neglect, by the Corporate Clinical Director (CCD) and RVP. The education included neglect allegations must be reported to state agencies within 24 hours. Beginning 07/07/2017, all facility staff	

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F 225	Continued From page 4	F 225	were educated on Reporting Abuse and Neglect by the DON and SDC. The education included neglect allegations must be reported to state agencies within 24 hours. No employee will work after 08/06/2017, without completing this education. Any new hires will receive education on Reporting Abuse and Neglect during orientation by the Don or SF. Beginning 08/02/2017, the RVP and ADM will review 100% of grievances for 4 weeks, then 50% of grievances for 4 weeks, then 25% for 4 weeks, for unreported concerns that should have been reported to state agencies. Beginning 08/02/2017, the SF or DON will review 100% of nurse□s notes for 4 weeks, then 50% of nurse□s for 4 weeks, then 25% for 4 weeks, for unreported concerns that should have been reported to state agencies. Beginning 08/05/2017, the Social Worker (SW) or DON will interview 10 residents weekly for 4 weeks, then 5 residents for 4 weeks, for unreported concerns regarding abuse or neglect that should have been reported to state agencies. Beginning 08/05/2017, the Social Worker or DON will interview 10 Resident Representatives for 4 weeks, then 5 Resident Representatives for 4 weeks, for unreported concerns regarding abuse or neglect that should have been reported to state agencies.	

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F 225	Continued From page 5	F 225	All information from the audits will be forwarded to the ADM for review at the monthly Quality Improvement (QI) Committee Meeting, in August, September and October, 2017. The QI Committee will provide additional guidance, as appropriate, for on-going review. The QI Committee consists of the ADM, DON, SF, SW, Dietary manager, Therapy Manager and Activity Director.	
F 226 SS=D	483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect,	F 226		8/7/17

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exploitation, and misappropriation of resident property as set forth at § 483.12.

(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property

(c)(3) Dementia management and resident abuse prevention.
This REQUIREMENT is not met as evidenced by:
Based on staff interviews and neglect investigation the facility failed to implement it abuse and neglect policy to report an allegation of neglect to the North Carolina Health Care Personnel Investigations (NCHCPI) within the required 24 hours' time frame for one of three sampled residents that were reviewed for neglect (Resident #18).

Findings included:

The facility policy titled, "Abuse, Neglect or Misappropriation of Resident Property Policy" with a revision date of 3/10/17 was provided by the facility Administrator and it included the following:

North Carolina:

"The facility will thoroughly investigate and document all allegations of resident abuse or neglect, misappropriation of resident or facility property, diversion of drugs belong to a resident or facility, or fraud against a resident or facility.

The Administrator will ensure for all allegation that involves abuse or results in serious bodily injury, the Division of Health service Regulation, Health Care Personnel Section and the adult

F 226

F 226

On 08/01/2017, the director of nursing (DON) spoke with the resident representative (RR) and the family member (FM) of Resident #18 regarding any concerns. At this time the family had no further concerns regarding neglect.

On 07/21/2017, a 100% audit of all grievances from 03/01/2017 through 07/24/2017, to identify areas requiring notification to state agencies, was completed by the Regional Vice President (RVP). The audit revealed 9 grievances that should have been reported. These 9 events were reported to the state agencies, by the Administrator (ADM) or Director of Nursing (DON), as required.

On 07/20-21/2017, a 100% audit of all nurses notes from 03/01/2017 through 07/24/2017, were reviewed, by the DON and ADM to identify concerns requiring notification to state agencies. The audit revealed 4 concerns that should have been reported. These 4 concerns were reported to the state agencies, by the

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Protective Services are notified immediately but no later than 2 hours after the allegation is received and determination of alleged abuse is made. For all allegations that do not involve abuse or result in serious bodily injury, the Administrator will ensure that the Division of Health Service Regulation, Health Care Personnel Section and other appropriate agencies are notified no later than 24 hours. A written report must be set to Heath Service Regulation, Health Care Personnel section, within 5 working days of the date the facility becomes aware of the alleged incident.

Results of investigation involving allegations of misappropriation of facility property, diversion of drugs belonging to a resident or family and fraud against a resident or facility must be report to Health Service regulation, Health Care Personnel section within 5 working days of the date the facility becomes aware of the alleged incident. The facility shall take whatever steps are necessary to prevent further acts of abuse, neglect, misappropriation property, drug diversion, or fraud while the investigation is in progress. "

An interview with Family Member (FM) on July 7, 2017 at 6:30 PM, FM revealed that she reported to the Administrator on June 19, 2017 that Resident #18 had been neglected because of her fall and that she had to go to the hospital due to staff not watching Resident #18.

Review of a facility concern / grievance form dated 6/19/17, which was submitted by the Family Member of Resident #18, revealed the family was alleging neglect. The nature of the concern / grievance was checked as care, staff treatment of

F 226

ADM or DON, as required.

All residents with a brief interview of mental status (BIMS) score of 12 or higher were interviewed on 07/21/2017, by the social worker (SW) to identify any concerns requiring notification to state agencies. No concerns were identified.

All Resident Representatives (RR) were interviewed 07/21-24/2017, by the SW to identify any concerns requiring notification to state agencies. No concerns were identified.

Beginning on 07/26/2017, and completed on 08/02/2017, residents with a BIMS of less than 12 had a skin assessment completed, by the DON, Staff Facilitator (SF), Treatment Nurse, Minimum Data Set (MDS) Nurse or a staff nurse. No concerns were identified.

On 07/19/2017, a 100% audit of all resident council minutes from April 2017, through July 2017, was completed by the RVP. The purpose of the audit was to identify any concerns requiring notification to state agencies. No concerns were identified.

On 07/07/2017, the RVP and Corporate Clinical Director re-educated the Staff Facilitator (SF), DON and ADM regarding the facility policy on Reporting Abuse and Neglect. The education included neglect allegations must be reported to state agencies within 24 hours.

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F 226	Continued From page 8 resident and short of staff. "We were assured on 4/7/17 that she would be on every 15 minute watch. She was found on the floor at 3:30 pm which is way before dinner time." Review of the facility investigation for the grievance dated 6/19/17 for Resident #18 revealed that this allegation was not reportable to an outside agency. During an interview with the Director of Nursing (DON) on 7/7/17 at 8:04 PM she stated that the types of things that needed to be reported to the state included abuse, neglect and misappropriation of property. The DON stated if the FM indicated that the fall was as a result of neglect, it should have been reported to the appropriate state agency and then followed up with an investigation and a final report. She proceeded to state that this was her very first day on the job. She stated she did not complete the investigation for this incident. During an interview with the Administrator on 7/7/2017 at 8:30 PM, she revealed that the Resident #18's (FM) had come to her the day before the grievance was submitted; she stated that the FM never verbally mentioned anything about neglect but they did discuss the fall and Resident #18 having to go to the hospital and get stiches. The Administrator stated she went ahead that day and started the investigation of the fall. The next day she received the written grievance from Resident #18's FM. The Administrator stated that because she had already completed the majority of the investigation from the verbal conversation she had with Resident #18's FM she felt like she had already determined that there was no neglect.	F 226	Beginning 07/07/2017, all facility staff were educated on the facility policy on Reporting Abuse and Neglect by the DON and SDC. The education included neglect allegations must be reported to state agencies within 24 hours. No employee will work after 08/06/2017, without completing this education. Any new hires will receive education on Reporting Abuse and Neglect during orientation by the Don or SF. All staff education on the facility policy for reporting abuse and neglect will be continued on-going annually. Beginning 08/02/2017, the RVP and ADM will review 100% of grievances for 4 weeks, then 50% of grievances for 4 weeks, then 25% for 4 weeks, for unreported concerns that should have been reported to state agencies. Beginning 08/02/2017, the SF or DON will review 100% of nurse□s notes for 4 weeks, then 50% of nurse□s for 4 weeks, then 25% for 4 weeks, for unreported concerns that should have been reported to state agencies. Beginning 08/05/2017, the SW or DON will interview 10 residents weekly for 4 weeks, then 5 residents for 4 weeks, for unreported concerns regarding abuse or neglect that should have been reported to state agencies. Beginning 08/05/2017, the SW or DON will interview 10 Resident Representatives for 4 weeks, then 5 Resident Representatives for 4 weeks, for	

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F 226	Continued From page 9 She stated that she now realizes that she should have reported this to the state within 24 hours as potential neglect. She stated that her Regional Consultant and Nurse Consultant reviewed the process with her on 7/7/2017.	F 226	unreported concerns regarding abuse or neglect that should have been reported to state agencies. Beginning with August 2017, and continuing for 3 months, the Resident Council minutes will be reviewed by the ADM for unreported concerns regarding abuse and neglect that should have been reported to state agencies. All information from the audits will be forwarded to the ADM for review at the monthly Quality Improvement (QI) Committee Meeting, in August, September and October, 2017. The QI Committee will provide additional guidance, as appropriate, for on-going review. The QI Committee consists of the ADM, DON, SF, SW, Dietary Manager, Therapy Manager and Activity Director.	