

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345418</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1984 US HIGHWAY 70</b> <b>SWANNANOVA, NC 28778</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and police interview, the facility failed to ensure 1 of 2 sampled residents' right to be free from misappropriation of property was maintained by the facility. Resident #1's ring was taken by an employee.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 08/01/17. Her diagnoses included dementia.</p> <p>The quarterly Minimum Data Sets dated 01/17/18 and 04/19/18 coded her with severely impaired cognitive skills and requiring extensive assistance with activities of daily living skills.</p> <p>Review of Nurse Aide (NA) NA #1's personnel file revealed she was hired on 02/13/18. Review of the criminal background report completed on 02/16/18 revealed she had a pending felony charge for larceny with a hearing scheduled on 02/22/18.</p> <p>The facility completed a 24 hour report to the Health Care Personnel Investigations on 04/18/18 after Resident #1's Responsible Party (RP)</p>	F 602	<p>Disclaimer: Submission of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged, or conclusions set forth in the Statement of Deficiencies. The plan of correction is submitted solely because it is required by the provision of federal and state law.</p> <p>F <input type="checkbox"/> 602 483.12 FREE FROM MISAPPROPRIATION/EXPLOITATION</p> <ol style="list-style-type: none"> <li>The deficiency occurred after a staff member was hired with a pending felony larceny charge. This staff member was charged with stealing a ring from Resident #1.</li> <li>All residents who reside in the facility have the potential to be affected.</li> <li>Upon notification of the missing ring on 4/18/18, Administrator and DON immediately started investigation. Law enforcement was also notified on 4/18/18, and started their own investigation. On 4/19/18, All staff were inserviced on abuse/misappropriation, all residents with BIMs score 8 and above were interviewed to check for abuse, and residents with a</li> </ol>	5/24/18

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

TITLE

(X6) DATE

Electronically Signed

06/08/2018

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 602	<p>Continued From page 1</p> <p>notified staff on 04/18/18 at 3:15 PM of a missing diamond ring which she last saw approximately a month ago. The report noted the sheriff's department was notified at 3:30 PM on 04/18/18. The resident's room and laundry areas were searched resulting in the ring not being found.</p> <p>Review of the facility's investigation revealed administration interviewed all staff who worked the previous few days with Resident #1 in an attempt to determine when the ring was last seen and try to determine what happened to the ring. Nurse Aide (NA) #1 wrote a statement on 04/20/18 which stated she found a ring on (Friday) 04/13/18 in the East south Hall. She thought it may belong to a specific nurse aide who had shown off a piece of jewelry a week before. NA #1 stated she was going to text and ask her. NA #1 did not have her phone number and decided to bring it to work on Saturday but was running late. Then, she was notified of her probation beginning and court fines she needed to pay. Knowing she would get paid in 3 days and not having talked with the other NA who she thought the ring may belong to, NA #1 "got a loan on the ring" (pawn shop). On Wednesday, she found out that it belonged to a resident. She wrote she was so concerned with how to return it without it looking like an intentional or heartless theft because it truly wasn't. She wrote she was off Thursday for court and came in with the ring this date (Friday 04/20/18). She noted she saw the RP and asked if she could speak with her around lunch but the detectives came to the facility first and she gave the ring to them. The facility substantiated the misappropriation of personal property and terminated NA #1 on 04/20/18.</p>	F 602	<p>BIMs below 7 had skin assessments and staff interviews to check for abuse. Upon learning that NA #1 had a pending felony charge on her background, a 100% audit of all employee background checks was completed. One additional NA had felony larceny charges, and that NA was terminated immediately. Upon further investigation, it was determined that facility Human Resources Manager did not know that certain charges made potential staff ineligible for hire. Human Resources Manager was educated on expectations regarding certain charges, and disciplined for not following facility policy on having Administrator look at background checks prior to job offers. This education was provided by Administrator on April 24th, 2018.</p> <p>4. Effective April 19th, 2018, all potential new hire background checks must be reviewed by the Administrator if they come back with charges. The Administrator will use the check off audit form to document on all prospective employees if it is okay to proceed with a job offer, and this form will be kept in the employee's file. This form will be used for all new hires from now on. The Administrator will be in charge of monitoring these forms. ABAQIS forms/interviews will be used for ongoing monitoring of abuse of residents. This was sent to QA/PI on 4/23/18 and background check policies/procedures/expectations were discussed with the QA/PI Committee which consisted of Administrator, DON, ADON(s), Medical Director, Dietary Manager/Dietician, MDS Coordinator,</p>		

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F 602	<p>Continued From page 2</p> <p>Resident #1 was observed on 05/23/18 at 9:39 AM. She was noted to be confused and had nonsensical conversation.</p> <p>During an interview with the Administrator on 05/23/18 at 2:25 PM, she stated that during the investigation, she determined that the Human Resource (HR) staff was not aware of certain convictions which barred a person from employment with this facility. The facility subsequently conducted a 100 percent audit of all employees and their background checks and determined one other NA had been employed with a felony conviction for misdemeanor larceny and was immediately terminated.</p> <p>A phone interview was conducted with the Detective who investigated the alleged theft of Resident #1's ring on 05/23/18 at 2:51 PM. The Detective confirmed NA #1 had been charged with larceny and obtaining property from false pretense, both were felony charges.</p> <p>Interview with HR staff on 05/23/18 at 4:03 PM revealed that she had been unaware that certain findings in the background checks were reasons for not hiring an applicant. She stated she received disciplinary action and had been retrained and facility systems were changed to prevent any reoccurrence.</p>	F 602	Admissions Director, Maintenance Director, Housekeeping Supervisor, Activities Director, and Social Services Director. The QA Committee will review, discuss, and implement any necessary changes as indicated.		