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right dominant side (partial paralysis of a limb), muscle wasting and atrophy (progressive deterioration of body tissue), muscle weakness, dysphagia, major depression and anxiety.conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.The Admission Minimum Data Set (MDS) dated 12/4/18 indicated Resident #1 was cognitively intact. He was assessed as having some slurred speech but was able to be understood by others.F600 Free from Abuse and Neglect Corrective Action Director of Nursing and Administrator						erity		
muscle wasting and atrophy (progressive deterioration of body tissue), muscle weakness, dysphagia, major depression and anxiety.deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.The Admission Minimum Data Set (MDS) dated 12/4/18 indicated Resident #1 was cognitively intact. He was assessed as having some slurred speech but was able to be understood by others.F600 Free from Abuse and Neglect Corrective Action Director of Nursing and Administrator		-	-			nt of		
deterioration of body tissue), muscle weakness, dysphagia, major depression and anxiety.executed to ensure continuing compliance with regulatory requirements.The Admission Minimum Data Set (MDS) dated 12/4/18 indicated Resident #1 was cognitively intact. He was assessed as having some slurred speech but was able to be understood by others.F600 Free from Abuse and Neglect Corrective Action Director of Nursing and Administrator								
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speech but was able to be understood by others. Director of Nursing and Administrator					Corrective Action			
			-			۲r		
		-	-					

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

Electronically Signed

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.

11/22/2019

PRINTED: 12/10/2019

		MEDICAID SERVICES			OMB NO. 09 (X3) DATE SUF	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345389		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		B. WING		C 10/30/2	2019	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP C		2013
				1101 HARTWELL STREET	002	
THE LAUF	RELS OF FOREST GLEN	Ν		GARNER, NC 27529		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE CONTRACT	(X5) OMPLETIO DATE
F 600	Continued From page	a 1	F 60	20		
1 000			FOC		- 10 0 10	
		documentation that the		termed Nurses Aide (NA) o		
	-	ensive assistance of two transfers, and hygiene and		Assisted Director of Nursin all staff on the facility's Abu	-	
		nt of bowel and bladder.		10-31-19.	se Folicy by	
	During an interview w	vith Resident #1 on 10/29/19		Corrective Action for those	having the	
		t #1 revealed that on the		potential to be affected	liating the	
		19, the Nurses Aide (NA)		All residents have the poter	ntial to be	
		light and entered his room		affected by this alleged def		
		t care. After incontinent care		Education has been provide		
		NA, Resident #1 expressed		ensure staff keeps all resid		
		an enough and asked the NA		abuse. The Social Worker		
		le stated that the NA refused		Worker Assistant will perfor	m audits to	
		nd said he had already		ensure all residents are fre		
		nt #1 again requested the		by 11-26-19.		
	rag to clean himself fu	urther and the NA refused to				
	allow him to clean hin	nself. The NA rolled him		Systemic Changes		
	over in bed towards the	he wall and began to provide		The Assistant Director of N	ursing and	
	additional incontinent			nurse manager will educate	e all staff on the	
	explained he then pro	oceeded to roll onto his back		facility's abuse policy by 11	-26-19.	
	-	evealed that the NA stated to		Monitoring		
		not clean himself and threw		The Director of Nursing and	her nurse	
		stration. The rag when		managers will perform an in		
	-	sident #1 groin/scrotum area		resident. Those audits will a		
		n a pain described by		geared towards residents b		
		ng. Resident #1 stated he		clear from abuse. Then the		
		at the NA in the manner he		Nursing and/or her nurse m		
	had received it. He ex			do audits (5) five times wee	•	
		the wet rag soiled with urine		month and (3) three times		
		it at him, and the rag struck		two months, with all resider	nts geared	
		of his cheek/ chin area and		towards being free and clea	ar from abuse.	
	the NA began mockin	g his slurred speech from		Results of the audits will be		
		he made the hall nurse		the monthly Quality Assura	nce Committee	
	aware of the interaction	on, requested to speak to		meeting for any further reco		
		I) and asked that the NA not		The Administrator will be re	-	
	be assigned to him a	gain.		ensuring any further recom	mendations	
	0n 10/20/10 at 2:000	M an interview with the		are carried out.		
	OIT 10/29/19 at 2:00P	M, an interview with the				

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Facility ID: 923173

If continuation sheet Page 2 of 5

	MENT OF HEALTH AN		FORM APPROVED OMB NO. 0938-0391						
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(Y2) MU	тірі	LE CONSTRUCTION	(X3) DATE			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:					LETED		
			A. BUILD	ING					
		345389	B. WING			C 10/30/2019			
NAME OF PF	ROVIDER OR SUPPLIER		I		STREET ADDRESS, CITY, STATE, ZIP CODE	•			
					1101 HARTWELL STREET				
THE LAUR	RELS OF FOREST GLEN	Ν			GARNER, NC 27529				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX		Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	i	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	AIE	57112		
	1				,				
F 600	Continued From page	2	F	600	0				
	Director of Nursing (D	ON) revealed she was							
	made aware of the inc	cident in the afternoon on							
	10/8/19 by the SW. S	he stated she and the				ľ			
	administrator notified	the NA immediately via							
	phone that he was be	ing placed on suspension				ľ			
	pending investigation	of the incident. She stated				ľ			
	following the investiga	ation by the SW, the NA was				ľ			
	then terminated from	his employment. She				ľ			
	reported he was hired	l in August 2019, he was				ľ			
	provided education or	n abuse at that time, and				ľ			
	she had no knowledg	e of any concerns with care							
	provided by the NA pr	ior to the incident. She				ľ			
		cident, she and the SW							
	•	nd oriented residents on the				ľ			
		no other concerns were				ľ			
	•	ated she did not believe the				ľ			
	incident occurred; how					ľ			
		ne resident reporting the				ľ			
		ly intact and would be taken				ľ			
	-	ally, she added a root cause				ľ			
		lucted nor further abuse				ľ			
	-	staff following the incident							
	as it was felt to be an					ľ			
						ľ			
	An interview with the	social worker conducted on				ľ			
	10/29/19 at 2:27PM re	evealed that a note was left							
	under her door by Re	sident #1's hall nurse on				ľ			
	-	ght of 10/6/19. She stated							
		on the following morning.				ľ			
		ade several attempts to				ſ			
		1 during the day on 10/7/19				ľ			
	but was unsuccessful	C				ſ			
	request for her to retu	rn later. On 10/8/19, the				ľ			
		t down to speak to the				ſ			
		ted the incident with the NA.				ſ			
		#1 expressed his anger and				ſ			
		nent he had received by the				ſ			
	-	en hit with the rag in the				ľ			
	-	s well as in the face with the				ſ			

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Facility ID: 923173

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PRINTED: 12/10/2019

	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED		
		345389	B. WING				C / 30/2019	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
					1101 HARTWELL STREET			
	RELS OF FOREST GLEN	Ν			GARNER, NC 27529			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
F 600	expressed he didn't fe treated in this manner He further revealed he he would have "mopp had he been physical her investigation bega speaking to Resident She stated she made of the incident and the suspension pending in the NA has since bee On 10/29/19 at 2:50P was conducted via ph previously employed facility prior to being t an allegation of abuse When asked about th was shocked when he placed on suspension resident's room on the incontinent care. He s Resident#1's normal warm wet towel which preference over a war he felt the resident ha when he was finished the resident asked hir then rolled Resident # provide further care b allow him to clean his on his back. The NA s demanded to clean his gave him the towel. He then cleaned his own over to attempt to clean placed a brief on the placed a brief on the placed on the placed on the provide further to the provide further care b allow him to clean his own over to attempt to clean	it. She stated Resident #1 eel as though he would be r if he was in better health. e felt so disrespected that ed the floor with the NA" ly able. She further reported an immediately following #1 on 10/8/19 at 12:30pm. administrative staff aware e named NA was placed on nvestigation. She reported in terminated. M, an interview with the NA ione. He stated he was as a 3rd shift NA at the erminated on 10/8/19 after e was made against him. e incident, he expressed he e was made aware and h. He stated he went into the e night of 10/6/19 to provide stated he provided incontinent care using a h was the resident's sh rag. He further revealed id been thoroughly cleaned for the NA further expressed in to clean him further. He f1 onto his side to attempt to ut the resident refused to buttocks and rolled himself stated the resident imself. The NA reported he le further stated the resident penis and rolled himself an his bottom. He stated he resident and left the room.	F	600				
	when he was finished the resident asked hir then rolled Resident # provide further care b allow him to clean his on his back. The NA s demanded to clean hi gave him the towel. H then cleaned his own over to attempt to clean placed a brief on the to	The NA further expressed in to clean him further. He f1 onto his side to attempt to ut the resident refused to buttocks and rolled himself stated the resident imself. The NA reported he le further stated the resident penis and rolled himself an his bottom. He stated he						

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Facility ID: 923173

If continuation sheet Page 4 of 5

PRINTED: 12/10/2019

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 12/10/2019 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY PLETED	
		345389	B. WING			_	C 10/30/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		00/2010
THE LAUF	RELS OF FOREST GLEN	Ν			101 HARTWELL STREET GARNER, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	giving him the rag. He 10/8/19 to make him a suspended due to the During an interview w on 10/29/19 at 3:22 P resident's room on he 10/6/19 between 10-1 resident before leavin Resident #1 made a r social worker when st claimed he initially did to speak to the social further questioned him her about the incident claimed threw the rag incontinence care. Sh did not feel cleaned a was provided by the N have the rag to clean allow him. She reveal under the SW office d she left the facility. An interview with the 1 10/30/19 at 8AM reve	at's scrotum or face while e reported he was called on aware that he was incident. ith Resident #1's hall nurse M revealed she entered the r last round of her shift on 1PM to check on the g for the night. She stated equest to speak to the ne was available. She in't tell her what he wanted worker; however, she n, and he proceeded to tell s with the NA whom he	F	600				

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