

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

PRINTED: 07/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/15/2020
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF FOREST GLENN			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 HARTWELL STREET GARNER, NC 27529		
(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 000	INITIAL COMMENTS	F 000			
F 609 SS=E	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(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 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.</p> <p>§483.12(c)(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 staff interviews and record review, the</p>	F 609		7/10/20	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed			The Laurels of Forest Glenn wishes to		07/03/2020

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 609	<p>Continued From page 1</p> <p>facility failed to submit an initial allegation report to the State Agency within the required 2- hour timeframe for 3 of 3 residents (Resident #3, Resident #2, and Resident #1) reviewed for abuse.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #3 re-entered the facility from a hospital on 10/24/19 with a cumulative diagnoses which included hemiparesis (a slight paralysis or weakness on one side of the body) following a cerebral infarction (stroke). <p>The quarterly Minimum Data Set (MDS) assessment dated 10/30/19 revealed Resident #3 was cognitively intact for daily decision making. Section E of the MDS reported the resident did not exhibit behavioral symptoms or rejection of care during the 7-day look back period.</p> <p>Review of the facility's abuse investigation revealed Resident #3 reported a nursing assistant hit him on the head. The Initial Allegation Report was completed by the facility's Social Worker (SW). Section C of the report indicated the allegation/incident type was resident abuse and noted the facility first became aware of the alleged incident on 1/2/20 at 4:30 PM. The Initial Allegation Report was signed and dated by the SW on 1/3/20. A Transmission Verification Report from the fax of the Initial Allegation Report sent to notify the State Agency of the abuse allegation was dated/timed as 1/3/20 at 2:23 PM.</p> <p>An interview was conducted on 6/15/20 at 4:09 PM with the facility ' s SW. During the interview, the SW confirmed she had completed the Initial Allegation Report for Resident #3. When asked,</p>	F 609	<p>have this submitted Plan of Correction to stand as allegation of compliance. Our allegation date is 07/10/2020. Preparation and/or execution of this Plan of Correction does not constitute admission to, nor agreement with, either the existence of, or the scope and severity of, any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirement.</p> <p>F 609 Reporting of Alleged Violations</p> <p>No negative outcome occurred as a result of this alleged deficient practice.</p> <p>Education was provided to the Administrator by the Regional Clinical Coordinator on 6/25/2020 regarding Prohibition, Investigation, and Reporting which includes the timeframe for reporting alleged violations.</p> <p>Education was provided to the Director of Nursing and Social Services Designee among other members of the management team on 6/26/2020 and 6/29/2020 by the Administrator on Abuse Prohibition, Investigation, and Reporting which includes the timeframe for reporting alleged violations.</p> <p>Education will be provided to all Associates by the Administrator and/or Designee on Abuse Prohibition, Investigation, and Reporting which</p>		

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F 609	<p>Continued From page 2</p> <p>the SW reported the Initial Allegation Report needed to be completed and submitted to the State Agency within 24 hours or within 2 hours if there was an alleged crime or serious injury. Upon review of the facility's policy and procedure on "Abuse Prohibition, Investigation, and Reporting," the SW stated they may have misunderstood the time frames thinking only suspicion of a criminal act or serious injury needed to be reported within 2 hours. Based on a review of the investigation file for Resident #3, the SW confirmed the date and time of when the facility was notified of the abuse allegation and the date/time an initial report was submitted via fax to the State Agency.</p> <p>An interview was conducted with the facility's Administrator on 6/15/20 at 4:25 PM in the presence of the Director of Nursing (DON) and SW. During the interview, the time frame required for the initial reporting of an allegation of abuse to the State Agency was discussed. The Administrator reported she could not comment on the report submitted for Resident #3 since she was not working at the facility during that time. During a follow-up interview conducted on 6/15/20 at 5:45 PM, the Administrator confirmed she was aware of the required time frame for the initial reporting of an abuse allegation.</p> <p>2. Resident #2 was admitted to the facility from a hospital on 11/11/19 with a cumulative diagnoses which included schizophrenia and non-Alzheimer 's dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 3/31/20 revealed Resident #2 had severely impaired cognitive skills for daily decision making.</p>	F 609	<p>includes the timeframe for reporting alleged violations by 07/10/2020. Education will be provided in orientation for all new employees.</p> <p>Regional Clinical Coordinator and/or Designee will audit all alleged violations to ensure reporting within the 2-hour time span occurred when required weekly for 12 weeks. Any variances will be corrected as applicable and additional education or counseling will be provided as needed.</p> <p>Beyond the 12 weeks of initial monitoring, the Administrator, DON, and/or Designee will complete audits as needed as determined by the QA Committee to ensure alleged violations are reported in the appropriate timeframe. Any variances will be corrected and additional education or counseling will be provided as needed. Continued compliance will be monitored through the facility's Quality Assurance Program.</p>		

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F 609	Continued From page 3 Review of the facility's abuse investigation revealed a nurse was observed being unprofessional with her interactions with Resident #2 by talking to him in a harsh manner and abruptly pushing his wheelchair away from the medication cart where she was working. The Initial Allegation Report was completed by the facility's Social Worker (SW). Section C of the report indicated the allegation/incident type was resident abuse and it noted the facility first became aware of the alleged incident on 3/31/20 at 9:00 AM. The Initial Allegation Report was signed and dated by the SW on 3/31/20. A Transmission Verification Report from the fax of the Initial Allegation Report sent to notify the State Agency of the abuse allegation was dated/timed as 3/31/20 at 2:54 PM. An interview was conducted on 6/15/20 at 4:09 PM with the facility's SW. During the interview, the SW confirmed she had completed the Initial Allegation Report for Resident #2. When asked, the SW reported the Initial Allegation Report needed to be completed and submitted to the State Agency within 24 hours or within 2 hours if there was an alleged crime or serious injury. Upon review of the facility's policy and procedure on "Abuse Prohibition, Investigation, and Reporting," the SW stated they may have misunderstood the time frames thinking only suspicion of a criminal act or serious injury needed to be reported within 2 hours. Based on a review of the investigation file for Resident #2, the SW confirmed the date and time of when the facility was notified of the abuse allegation and the date/time an initial report was submitted via fax to the State Agency.	F 609			

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F 609	<p>Continued From page 4</p> <p>An interview was conducted with the facility's Administrator on 6/15/20 at 4:25 PM in the presence of the Director of Nursing (DON) and SW. During the interview, the time frame required for the initial reporting of an allegation of abuse to the State Agency was discussed. The Administrator reported she could not comment on the report submitted for Resident #2 since she was not working at the facility during that time. During a follow-up interview conducted on 6/15/20 at 5:45 PM, the Administrator confirmed she was aware of the required time frame for the initial reporting of an abuse allegation.</p> <p>3. Resident #1 was admitted to the facility from a hospital on 4/1/19 with a cumulative diagnoses which included hemiplegia (a paralysis that affects one side of the body) and hemiparesis (a slight paralysis or weakness on one side of the body) following a cerebral infarction (stroke), anxiety disorder, and pseudobulbar affect (inappropriate involuntary laughing and crying due to a nervous system disorder).</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 4/28/20 revealed Resident #1 had cognitively intact skills for daily decision making. Section E of the MDS reported the resident did not exhibit behavioral symptoms or rejection of care during the 7-day look back period.</p> <p>Review of the facility's abuse investigation revealed Resident #1 alleged a nurse roughly administered an enema and then slapped her on the bottom when finished. The alleged incident occurred on 5/31/20 between 10:00 PM and 11:00 PM. The Initial Report was completed by the facility's Administrator and indicated the</p>	F 609			

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F 609	<p>Continued From page 5</p> <p>allegation/incident type was resident abuse. The Investigation Report noted the facility first became aware of the alleged incident on 6/1/20 at 1:00 PM and reported it to law enforcement on 6/1/20 at approximately 1:45 PM. A Transmission Verification Report from the fax of the Initial Report sent to notify the State Agency of the abuse allegation was dated and timed as 6/1/20 at 5:42 PM.</p> <p>An interview was conducted with the facility's Administrator on 6/15/20 at 4:25 PM in the presence of the Director of Nursing (DON) and SW. During the interview, the time frame required for the initial reporting of an allegation of abuse to the State Agency was discussed. The Administrator stated the initial complaint of the resident was not an allegation of abuse but turned into an abuse allegation when the police came to investigate. She reported after the police came to the facility, she and the DON talked with the resident and it was at that time they decided to report the allegation as an abuse allegation. During a follow-up interview conducted on 6/15/20 at 5:45 PM, the Administrator confirmed she was aware of the required time frame for the initial reporting of an abuse allegation.</p>	F 609			