

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

PRINTED: 11/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2020
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357	
(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 An unannounced complaint investigation was conducted 10/21/20 through 10/26/20. Event ID 2RHD11 5 of 5 of the complaint allegations were unsubstantiated. Deficient practice was identified at F607 and F609.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review, policy review and staff interview the facility failed to include the 2-hour reporting requirement for abuse allegations to the state agency in their abuse policy. This was evident for 2 of 2 residents reviewed for abuse (Resident #1 and Resident #2). Findings Included: Review of the facilities policy titled "Abuse, Neglect, Mistreatment and Misappropriation of Property and Crime against a Resident" with a revision date of 8/23/19 stated in part: "The Administrator or Designee should send a 24-hour	F 607	F607- Develop/Implement Abuse/Neglect Policies The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be	11/9/20

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

TITLE

(X6) DATE

Electronically Signed

11/09/2020

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 607	<p>Continued From page 1</p> <p>report to state agency / healthcare personnel registry postmarked or faxed within 24 hours of the alleged incident or 24 hours of notification of the incident. If the resident sustained an injury, report to the healthcare personnel registry and law enforcement within 2 hours of becoming aware of the event."</p> <p>1. Resident #1 was admitted to the facility on 7/21/20 and diagnoses included cerebral infarction, osteoarthritis and atrial fibrillation.</p> <p>Review of the facilities abuse investigation revealed Resident #1 had reported to the Physical Therapy Assistant (PTA) and to Nurse #1 that Nursing Assistant #1 had hit her on her left cheek. The initial allegation report was completed by Administrator #1 and identified the allegation as resident abuse. The report identified the incident occurred on 9/3/20 at 6:45 am. The report did not identify when the facility became aware of the incident. A fax transmission verification report identified the initial abuse allegation report was sent to the state agency on 9/3/20 at 10:46 am.</p> <p>During an interview on 10/21/20 at 2:35 am with the DON and Administrator #1 they both stated it was their understanding they had 24 hours to submit an initial allegation report of resident abuse to the state agency unless the abuse involved an injury; then they needed to submit the initial allegation report within 2 hours of becoming aware of the incident. Administrator #1 stated she would need to follow-up to make sure their abuse policy was correct regarding reporting requirements to the state agency.</p> <p>2. Resident #2 was admitted to the facility on</p>	F 607	<p>corrected by the date or dates indicated. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The facility failed to include the 2-hour reporting requirement for abuse allegations to the state agency in their abuse policy. This was evident for 2 of 2 residents reviewed for abuse. After a thorough review, no residents were found at the time to be affected by the deficient practice in which the facility failed to include the 2-hour reporting requirement for any abuse allegations in our abuse policy. Immediate actions were taken on each abuse allegation to ensure safety of the residents involved and all other residents.</p> <p>To identify residents having the potential to be affected by the same deficient practice, a new abuse policy and procedure was implemented with the QA committee on October 22nd, 2020. Training was held on 10/22 with all staff on new abuse policy. Ongoing training will be held with all staff including the facility contracted therapy department regarding the new abuse and neglect policy and</p>		

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F 607	<p>Continued From page 2</p> <p>6/17/18 and diagnoses included chronic obstructive pulmonary disease, congestive heart failure, diabetes and dementia.</p> <p>Review of the facilities abuse investigation revealed the facility was notified by a family member of Resident #2 that a Nursing Assistant (NA) was verbally and emotionally abusive to Resident #2. The initial allegation report was completed by Administrator #2 and identified the allegation as resident abuse. The report identified the facility became aware of the abuse allegation on 11/11/19 at 10:30 am. A fax transmission verification report identified the initial abuse allegation report was submitted to the state agency on 11/12/20 at 12:22 pm.</p> <p>An interview on 10/26/20 at 11:00 am with Administrator #2 revealed he had been the Administrator at the facility and had completed the abuse investigation for Resident #2. He stated an initial abuse investigation report had to be submitted to the state agency within 24 hours of the facility becoming aware of the alleged abuse. He added if the abuse allegation included an injury then the initial investigation report had to be submitted within 2 hours. Administrator #2 stated he was not aware of the requirement to report all abuse allegations within 2 hours to the state agency and he had followed the facility abuse policy regarding reporting requirements.</p>	F 607	<p>procedures. Abuse allegation from November 2019 to current were reviewed by Administrator in which showed no other residents affected.</p> <p>Address what measures will be put into place or systemic changes made to ensure what the deficient practice;</p> <p>On 10/22, the Administrator, Director of Nursing and QA Committee implemented a new policy and procedure for Abuse and Neglect. The new policy and procedure for Abuse and Neglect includes but not limited to the state agency being notified within two (2) hours if the alleged violation involves abuse or has resulted in serious bodily injury. See attachment for Abuse and Neglect policy and procedure. The Abuse and Neglect audit form was reviewed by Administrator and was implemented on 10/28.</p> <p>Training was held on 10/22 with all staff which included but not limited to Administrator, Director of Nursing, Dietary Assistant, Plant Operations, Housekeeping Manager, Director of Human Resource, MDS Coordinator, Nursing Supervisors, Director of Therapy, Admissions Coordinator, direct care staff etc. Ongoing in-services will be conducted on the new Abuse and Neglect policy for all staff. The in-services will review the new Abuse and Neglect policy and the two-hour requirement for any alleged violation involving abuse or has resulted in serious bodily injury. All staff will receive a</p>		

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F 607	Continued From page 3	F 607	<p>copy of the revised abuse and neglect policy.</p> <p>Countryside will continue to require all new hires to view the abuse and neglect video on Care Learning before starting their first shift. The new abuse and neglect policy will be added to the in-person employee orientation. All new hires will be educated on our new Abuse and Neglect policy as well as and the two (2) hour notification requirement to the state agency for alleged violations in which involves abuse or has resulted in serious bodily injury. See attachment for the Abuse and Neglect Policy and Procedure.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>The Administrator/ Designee will audit all abuse and neglect cases to monitor that Countryside is following the revised abuse and neglect policy and procedure.</p> <p>The Administrator/ Designee will review the Abuse and Neglect audit form once a week for the first 4 weeks to ensure Countryside's Abuse and Neglect Policy is being followed properly per revised policy. Thereafter, Administrator/ Designee will review the Abuse and Neglect audit form once a month for the next three months for any abuse allegation to ensure all allegations are being followed correctly per revised policy. The Abuse and Neglect</p>		

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F 607	Continued From page 4	F 607	audits/reports will be reviewed at the monthly QA committee meeting by the Administrator/Designee to ensure corrective action for trends or ongoing concerns is initiated as appropriate.		
F 609 SS=D	<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</p>	F 609	The QA Meeting is attended by the Medical Director, Director of Nursing, MDS Coordinator, Nursing Supervisors, Therapy, Administrator and other departmental managers.	11/9/20	

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F 609	<p>Continued From page 5</p> <p>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:</p> <p>Based on record review and staff interview the facility failed to submit an initial resident abuse allegation to the state agency with the required 2-hour timeframe for 2 of 2 residents reviewed for abuse. (Resident #1 and Resident #2).</p> <p>Findings Included:</p> <p>1. Resident #1 was admitted to the facility on 7/21/20 and diagnoses included cerebral infarction, osteoarthritis and atrial fibrillation.</p> <p>An admission minimum data set (MDS) dated 7/28/20 for Resident #1 identified her cognition was moderately impaired and she required extensive one-person assistance with personal hygiene, toilet use and bed mobility. No behaviors were identified during the look-back period.</p> <p>Review of the facilities abuse investigation revealed Resident #1 had reported to the Physical Therapy Assistant (PTA) and to Nurse #1 that Nursing Assistant #1 had hit her on her left cheek. The initial allegation report was completed by Administrator #1 and identified the allegation as resident abuse. The report identified the incident occurred on 9/3/20 at 6:45 am. The report did not identify when the facility became aware of the incident. A fax transmission verification report identified the initial abuse allegation report was sent to the state agency on 9/3/20 at 10:46 am.</p>	F 609	<p>F609- Reporting of Alleged Violations</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The facility failed to submit an initial resident abuse allegation to the state agency within the required 2-hour timeframe for 2 of 2 residents reviewed for abuse. Immediate actions were taken on each abuse allegation to ensure safety of the residents involved and all other residents.</p> <p>After a thorough review of all resident abuse allegations from November 2019, none were found at the time to be affected by the deficient practice.</p> <p>To identify residents having the potential to be affected by the same deficient practice, a new Abuse and Neglect policy and procedure was implemented with the QA committee on October 22nd, 2020. Training was held on 10/22 with all staff. Ongoing training will be held with all staff including the contracted therapy</p>		

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F 609	<p>Continued From page 6</p> <p>Review of the facilities 5-day report summary dated 9/7/20 stated the Director of Nursing (DON) arrived at the facility about 9:00 am on 9/3/20 and was immediately notified by the PTA and Nurse #2 of the alleged abuse allegation by Resident #1.</p> <p>An interview on 10/22/20 at 11:25 am with the PTA revealed she had received an allegation of staff to resident abuse from Resident #1. She stated she had received training on abuse, and it was her understanding that she reported any suspected abuse to the resident 's nurse and the nurse would report it up the chain of command.</p> <p>An interview on 10/22/20 at 1:00 pm with Nurse #1 revealed she did recall the abuse allegation from Resident #1 and confirmed she became aware of the incident at 6:45 am on 9/3/20. She explained she had notified Nurse #2 around 7:15 am who was the Nurse Manager on duty. Nurse #1 stated she was not sure if Nurse #2 contacted the DON or Administrator about the abuse allegation.</p> <p>An interview on 10/22/20 at 3:00 pm with Nurse #2 revealed she worked as both a floor nurse and a charge nurse. She stated when she arrived to work on 9/3/20 Nurse #1 did notify her of Resident #1 ' s allegation of abuse. Nurse #2 stated she could not recall if she called the Administrator to notify her of the abuse allegation or if she had notified the DON when she arrived to work around 9:00 am. Nurse #2 added she had been trained on abuse reporting and the Administrator was supposed to be contacted as soon as an abuse allegation occurred.</p> <p>An interview on 10/21/20 at 2:30 pm with the</p>	F 609	<p>department regarding the new abuse and neglect policy and procedures and the two (2) hour notification requirement to the state agency for alleged violations in which involves abuse or has resulted in serious bodily injury. See attachment for the Abuse and Neglect Policy and Procedure.</p> <p>Address what measures will be put into place or systemic changes made to ensure what the deficient practice;</p> <p>On 10/22, the Administrator, Director of Nursing and the QA committee implemented a new policy and procedure for Abuse and Neglect. The new policy and procedure for Abuse and Neglect includes but not limited to the state agency being notified within two (2) hours if the alleged violation involves abuse or has resulted in serious bodily injury. See attachment for Abuse and Neglect policy and procedure. The Abuse and Neglect audit form was reviewed by Administrator and was implemented on 10/28.</p> <p>Training was held on 10/22 with all staff which included but not limited to Administrator, Director of Nursing, Dietary Assistant, Plant Operations, Housekeeping Manager, Director of Human Resource, MDS Coordinator, Nursing Supervisors, Director of Therapy, Admissions Coordinator, direct care staff etc. Ongoing in-services will be conducted on the new Abuse and Neglect policy for all staff. The in-services will review the new Abuse and Neglect policy and the</p>		

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F 609	<p>Continued From page 7</p> <p>DON revealed she was notified of the alleged abuse allegation for Resident #1 at approximately 9:00 am on 9/3/20 when she arrived at the facility. She added Nurse #1 should have contacted her or the Administrator when she became aware of the incident at 6:45 am.</p> <p>During an interview on 10/21/20 at 2:35 am with the DON and Administrator #1 they both stated it was their understanding they had 24 hours to submit an initial allegation report of resident abuse to the state agency unless the abuse involved an injury; then they needed to submit the initial allegation report within 2 hours of becoming aware of the incident. Administrator #1 confirmed the current 24-hour report they were using did not have a section to document when the facility became aware of the abuse allegation. She added she would need to follow-up to make sure their abuse policy was correct regarding reporting requirements and that they were using the most recent 24-hour report.</p> <p>2. Resident #2 was admitted to the facility on 6/17/18 and diagnoses included chronic obstructive pulmonary disease, congestive heart failure, diabetes and dementia.</p> <p>A quarterly minimum data set (MDS) dated 10/12/20 for Resident #2 identified her cognition was intact; she required extensive one-person assistance with toilet use, dressing and bed mobility and she had no behaviors identified during the look-back period.</p> <p>Review of the facilities abuse investigation revealed the facility was notified by a family member of Resident #2 that a Nursing Assistant (NA) was verbally and emotionally abusive to</p>	F 609	<p>two-hour requirement for any alleged violation involving abuse or has resulted in serious bodily injury. All staff will receive a copy of the revised abuse and neglect policy.</p> <p>Countryside will continue to require all new hires to view the abuse and neglect video on Care Learning before starting their first shift. The new abuse and neglect policy will be added to the in-person employee orientation. All new hires will be educated on our new Abuse and Neglect policy as well as the 2-hour requirement.</p> <p>Training will be held 11/11 for all nurses in order to review the Initial Report document that is to be turned in within 2-hours of being notified of any abuse allegation. Blank Initial Investigation report will be kept at nurses' station. Charge Nurses and Nursing supervisors will be in-serviced on completing the initial investigation report at the direction of Administrator/Director of Nursing.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>The Administrator/ Designee will audit all abuse and neglect cases to monitor for correctly following the updated abuse and neglect policy and procedure and the 2-hour reporting requirement.</p> <p>Administrator/ Designee will review the</p>		

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F 609	<p>Continued From page 8</p> <p>Resident #2. The initial allegation report was completed by Administrator #2 and identified the allegation as resident abuse. The report identified the facility became aware of the abuse allegation on 11/11/19 at 10:30 am. A fax transmission verification report identified the initial abuse allegation report was submitted to the state agency on 11/12/20 at 12:22 pm.</p> <p>An interview on 10/22/20 at 11:20 am with the Social Worker (SW) revealed she did recall the abuse allegation submitted by the family of Resident #2. She explained the family member had written a statement that NA #2 was verbally and emotionally abusive to the resident on a care plan invitation and mailed it to the facility. The SW stated when she received the care plan invitation and saw the written abuse accusation, she notified Administrator #2 and he completed the investigation.</p> <p>An interview on 10/26/20 at 11:00 am with Administrator #2 revealed he had been the Administrator at the facility and had completed the abuse investigation for Resident #2. He stated an initial abuse investigation report had to be submitted to the state agency within 24 hours of the facility becoming aware of the alleged abuse. He added if the abuse allegation included an injury then the initial investigation report had to be submitted within 2 hours. Administrator #2 explained the facility had received an allegation of abuse from the family of Resident #2 and he had initiated an abuse investigation. He added he could not recall the exact date or time the initial abuse investigation report was sent to the state agency.</p>	F 609	<p>Abuse and Neglect audit log once a week for the first 4 weeks and then once a month for the next three months to ensure allegations were reported within the appropriate time frame per revised policy. The Abuse and Neglect audits/reports will be reviewed at the monthly QA committee meeting by the Administrator/Designee to ensure corrective action for trends or ongoing concerns is initiated as appropriate.</p> <p>The QA Meeting is attended by the Medical Director, Director of Nursing, MDS Coordinator, Nursing Supervisors, Therapy, Administrator and other departmental managers.</p>		