STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345225	A. BUILDING _____ B. WING _____	C 04/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF CHAPEL HILL	1602 E FRANKLIN STREET CHAPEL HILL, NC 27514

(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 The surveyor entered the facility on April 26, 2021 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 04/30/21. Therefore, the exit date was 04/30/21 1 of 1 of the complaint allegation was sutanitiated with citation at F 607. Event ID # HBRF11	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, crisis counselor, and staff interviews the facility failed to implement their abuse policies in the areas of reporting and investigating 2 of 3 samples Residents who were reviewed for abuse. (Resident #1) Findings included: Policy of Abuse" Abuse, neglect and Misappropriation of property last Revised: 05/08/2019 Immediately.	F 607	F.607 1. Abuse investigation initiated for Resident #1 on 5/20/2021 and completed by 5/27/2021. 2. All residents have the potential to be affected. On 5/18/2021, in-house audit completed on current resident population to identify any incidents meeting the criteria of abuse, neglect, exploitation, or mistreatment. Skin assessments will be	5/27/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/20/2021

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F 607	Continued From page 1 "All alleged violations involving abuse, neglect, exploitation or mistreatment are reported immediately, but no later than 2 hours after the allegation is made. If a State reporting requirement establishes a longer reporting time for certain unusual incidents other than abuse or neglect, that reporting time applies only to such incident. In other words, all allegations and incidents of abuse or neglect, as defined in this policy will be reported "immediately." As defined in this paragraph. Verbal abuse "In use of any oral, written, or gestured language that included any threat or any frightening disparaging or derogatory language, to resident or their families, or within their hearing distance regardless of age, ability to comprehend or disability. " Findings included: Resident #1 was admitted to the facility on 03/17/20 and diagnoses included anxiety disorder, insomnia, chronic pain syndrome, major depressive disorder, and post-traumatic stress disorder. An annual minimum data set (MDS) dated 03/17/21 indicated that Resident #1 identified her cognition was moderately impaired however Resident #1 was able to make her needs known to staff. Resident #1 also needed limited to extensive assistance with her activities of daily living and was able to feed herself with set up help only.	F 607	performed on residents with a BIMS of 8 or less on 5/18/2021. All allegations and incidents will be reported immediately. 3. Education was provided to all stakeholders on the Abuse, Neglect, and Misappropriation of Property Policy with a focus on what constitutes abuse and reporting guidelines by 5/21/21. This education will be included in new hire orientation for all staff. 4. Ongoing observations and audits were initiated on 5/20/2021 and will be conducted to validate compliance with the Abuse, Neglect, and Misappropriation of Property Policy as it relates to allegations of abuse and reporting. These observations and audits will be conducted weekly x 4 weeks and monthly x 3 months. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise, and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, Staff Development Coordinator, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise. 5. The Administrator and Director of	

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F 607	Continued From page 2 Resident #2 was admitted to the facility on 02/12/20 and diagnoses included schizophrenia, anxiety, epilepsy, hypertension, and abnormal movements. Review of Resident #2 care plan dated 04/26/21 indicated that Resident #2 was care plan for being sexually inappropriate, verbally aggressive and cussing at staff. Review of the facilities 24 hour and 5-day abuse investigation revealed no investigation related to the included between Resident #1 and Resident #2. During an interview with the Crisis Counselor (CC) on 04/27/21 at 11am revealed she received a 911 call from Resident #1 who reported that Resident #2 had made threatening sexually gestures toward her on several occasions. The CC also indicated on 04/14/21, she and a police officer visited the facility and spoke with Resident #1 and a staff member who witnessed the incident with Resident #1 and Resident #2. The CC stated she also spoke with the Administrator and discussed the allegation of threatening sexually gestures towards Resident #1 from Resident #2. During an interview with Activities Staff (AS) #2 on 04/27/21 at 1:00pm, Staff revealed she reported this information to the Crisis Counselor, the police officer, and the facility Social Worker. AS #2 indicated that "Resident #2 told Resident #1 "I am going to f___ you, they can call it rape I do not give a d___ and he was going to wait until no one was looking." During an interview with the Director of Nursing	F 607	Nursing is responsible for implementing and maintaining the acceptable plan of correction. Corrective action to be completed by 5/27/2021.	

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F 607	Continued From page 3	F 607		

(DON) on 04/27/21 at 3:30 pm, she indicated she was not involved in this incident. The DON stated she believed that was her first day at the facility. She stated the administrator handled all the abuse allegations and reported them to the state agency.

During an interview with the Social Worker (SW) on 04/28/21 at 9:00am, she revealed she had been informed by the staff of the incident with Resident #1 and Resident #2.

During an interview with the Administrator on 04/28/21 at 10:30am he indicated this allegation was not reported to him as abuse from staff nor the Crisis Counselor nor the police. The Administrator stated he received a call from the Crisis Counselor and she never returned his call. He added the Social Worker never reported this allegation to him. The Administrator stated he handled all the abuse cases and reported to the state all allegations of abuse and neglect, but he never got this allegation.