

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

PRINTED: 06/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2022
NAME OF PROVIDER OR SUPPLIER SPRINGBROOK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 195 SPRINGBROOK AVENUE CLAYTON, NC 27520	
(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
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 5/10/22-5/12/22. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# S8XY11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint survey was conducted from 5/10/22 through 5/12/22. Event ID# S8XY11. The following intakes were investigated NC00186855, NC00187048, NC00185937 and NC00186967.	F 000		
F 606 SS=D	1 of the 23 complaint allegations was substantiated resulting in deficiencies. Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.	F 606		6/6/22

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

TITLE

(X6) DATE

Electronically Signed

06/01/2022

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 606	<p>Continued From page 1</p> <p>§483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility allowed an individual that had a substantiated abuse finding on the Health Care Personnel Registry to work for 1 of 2 staff members reviewed for abuse findings on the North Carolina Healthcare Personnel Registry (Scheduler #1).</p> <p>The findings included:</p> <p>Review of Scheduler #1 's employee personnel record revealed a listing in the North Carolina Health Care Personnel Registry dated 5/18/21 revealed information Scheduler #1 had a substantiated finding of abuse of a resident and a substantiated finding of neglect of a resident which occurred when Scheduler #1 was employed in a nursing facility. The listing further reported the information was entered on the Registry 2/27/18.</p> <p>An interview was conducted with the facility administrator on 5/10/22 at 1:57 PM who reported she was not employed at the facility when Scheduler #1 was hired. She reported Scheduler #1 was employed as a receptionist on 5/20/21 and transitioned to the scheduler role on 12/21/21. The Administrator further stated Scheduler #1 should not have been hired with adverse findings with the Health Care Personnel Registry.</p>	F 606	<p>Springbrook Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Springbrook Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Springbrook Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Scheduler #1 is no longer employed by the facility. On 5/10/22, the Social Worker completed interviews with alert and oriented residents regarding (1) Do you know what abuse/neglect is? (2) Do you know who to</p>		

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F 606	<p>Continued From page 2</p> <p>During an interview with the facility ' s former Human Resources Director on 5/10/22 at 2:28 PM she stated she believed the system used would have flagged the registry information and made Scheduler #1 ineligible for hire. She stated she pulled the Registry information from the website but did not read it. The former Human Resource Director reported after she printed out the finding from the Health Care Personnel Registry, she placed the results in the Scheduler #1 ' s personnel file. She reported she was aware that applicants with adverse findings on the North Carolina Healthcare Personnel Registry could not be hired at the facility.</p> <p>An interview was conducted with the facility ' s Regional Corporate Consultant on 5/10/22 at 2:30 PM who stated the corporate human resources management system does not have the ability to incorporate Registry data. She further stated the former Human Resources Director should have read the substantiated abuse findings and not hired Scheduler #1.</p> <p>During an interview with Scheduler #1 she stated the incident on the Health Care Personnel Registry occurred at another facility. She reported she had a verbal altercation with a resident, and he stated to the facility administration that she struck him. She reported this was not true, but the concerns were substantiated.</p> <p>A phone interview was conducted with a staff member at the North Carolina Health Care Personnel Registry on 5/11/22 at 10:18 AM who reported on 10/5/17 who reported based upon review of the report Scheduler #1 had a finding of substantiated abuse when the investigation</p>	F 606	<p>report abuse/neglect to? (3) Has there been any instance that you feel you have been abused or neglected to include during medical transport that the facility has not addressed? (4) If yes, please explain. The SW, ADON and/or Unit Managers will address all concerns identified during the interviews. There were no additional concerns identified. On 5/10/22, the Regional Vice President completed an audit of HCPI/license check of all employees to include agency. This audit is to ensure no employee has substantiated or pending abuse/neglect allegations. There were no additional concerns with facility employees. On 5/10/22, the Facility Consultant completed an in-service with Administrator, Director of Nursing, Human Resource Coordinator and Payroll Clerk on Abuse/Neglect Policy. Emphasis is on the facility will not employ individuals that have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law, who have had a finding entered into this states Nurse Aide Registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property or who have a disciplinary action in effect against his or her professional license. In-service also included the facility responsibility to screen employees for abuse, neglect or misappropriation of property to include requesting of information from previous and/or current employers and checking with the appropriate licensing boards and/or registries. All newly hired Administrator,</p>		

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F 606	Continued From page 3 found she abused a resident when she willfully advanced in a threatening manner which resulted in mental anguish .	F 606	Director of Nursing, Human Resource Coordinator and Payroll Clerk will be in-serviced regarding Abuse/Neglect Policy. On 5/10/22, the Director of Nursing initiated in-service with all staff to include, agency, nurses, nursing assistants, Accounts Payable, Accounts Receivable, Social Worker, Activity staff, Maintenance Staff, Human Resource Coordinator, Dietary Staff, Admission Staff, therapy staff, and housekeeping staff on Abuse/Neglect Policy. Emphasis is on the facility will not employ individuals that have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law, who have had a finding entered into this states Nurse Aide Registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property or who have a disciplinary action in effect against his or her professional license. In-service also included the facility responsibility to screen employees for abuse, neglect or misappropriation of property to include requesting of information from previous and/or current employers and checking with the appropriate licensing boards and/or registries. In-service will be completed by 6/6/22. After 6/6/22, any nurse, nursing assistant, Accounts Payable, Accounts Receivable, Social Worker, Activity staff, Maintenance Staff, Human Resource Coordinator, Dietary Staff, Admission Staff, therapy staff, and housekeeping staff who has not worked or received the in-service will received in-service upon		

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F 606	Continued From page 4	F 606	<p>next scheduled work shift. All newly hired nurse, nursing assistant, Accounts Payable, Accounts Receivable, Social Worker, Activity staff, Maintenance Staff, Human Resource Coordinator, Dietary Staff, Admission Staff, therapy staff, and housekeeping staff will be in-serviced during orientation in regards to the Abuse/Neglect Policy.</p> <p>The Accounts Receivable and/or Social Worker will audit all newly hired staff to include agency staff, nurses, nursing assistants, Accounts Payable, Accounts Receivable, Social Workers, Activity staff, Maintenance Staff, Human Resource Coordinator, Dietary Staff, Admission Staff, therapy staff, and housekeeping staff weekly x 4 weeks then monthly x 1 month utilizing the HCPI/License Audit Tool. This audit is to ensure no employees hired have been found guilty of abuse, neglect, exploitation, misappropriation of property or mistreatment by a court of law, who have had a finding entered into this states Nurse Aide Registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property or who have a disciplinary action in effect against his or her professional license. The Social Worker and/or Accounts Receivable will address all concerns identified during the audit. The Administrator and/or DON will review and initial the HCPI/License Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed. The Administrator will forward the HCPI/License Audit Tool to the Executive Quality Assurance Performance</p>		

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F 606	Continued From page 5	F 606	Improvement Committee (QAPI) monthly x 2 months. The Executive QAPI Committee will review the HCPI/License Audit Tool monthly x 2 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.		