

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALNUT COVE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>511 WINDMILL STREET WALNUT COVE, NC 27052</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0609  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Some	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b>  Based on record review and staff interview the facility failed to report abuse allegations within 2 hours of notification of the allegation and within 5 business days to the state. This was for 1 of 1 alleged abuse investigations completed by the facility. The findings included: The state abuse policy that is used by all facilities Allegations of Abuse, Neglect, Exploitation or Mistreatment with a revised date of 4/18/18 included in part: 1. 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 this facility and to other officials (including 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. Review of the abuse investigations since the last annual recertification revealed one investigation that was not reported according to the facility abuse policy. a. An initial allegation of resident to resident abuse was reported by Resident #1 to an aide who reported it to a nurse on 11/4/19 at 5:45 AM. Resident #1 had stated that her roommate, Resident #2, had hit her on the arm and abdomen so she had hit her back. Review of the report revealed the initial allegation was faxed to the state agency on 11/4/19 at 10:32 AM-approximately 4 hours after the facility became aware of the incident. b. An investigation of the resident to resident altercation allegation was faxed to the state agency on 11/13/19 at 12:47 PM - 6 days after the facility became aware of the resident to resident allegation. Interview with the Administrator and Director of Nursing (DON) on 6/1/2020 at 10:40 AM revealed the Administrator understood the regulation that every abuse allegation should be reported within 2 hours of notification and within 6 days of investigation but the DON had simply misunderstood the regulation.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.