

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 06/15/2020
NAME OF PROVIDER OF SUPPLIER THE LAURELS OF FOREST GLENN		STREET ADDRESS, CITY, STATE, ZIP 1101 HARTWELL STREET GARNER, NC 27529	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff interviews and record review, the 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. The findings included: 1. Resident #3 re-entered the facility from a hospital on [DATE] with a cumulative [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] 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. 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. 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, 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. 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. 2. Resident #2 was admitted to the facility from a hospital on [DATE] with a cumulative [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had severely impaired cognitive skills for daily decision making. 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. 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. 3. Resident #1 was admitted to the facility from a hospital on [DATE] with a cumulative [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] 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. 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 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. 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>		

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