

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Chapel Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  1602 E Franklin Street Chapel Hill, NC 27514	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46725</b></p> <p>Based on record review, law enforcement interview and staff interviews, the facility failed to report an allegation of abuse to law enforcement and adult protective services (Resident #242) and failed to report an allegation of misappropriation of resident property to adult protective services (Resident #66). In addition, the facility policy failed to include procedures for reporting allegations of abuse/misappropriation of resident property to adult protective services. This was for 2 of 3 residents reviewed abuse/misappropriation of resident property.</p> <p>The findings included:</p> <p>A review of the facility's policy titled, Abuse, Neglect, and Misappropriation of Property dated and revised 9/15/23 indicated every stakeholder shall immediately report any allegation of abuse, injury of unknown origin, or suspicion of a crime to the facility Administrator or designee as assigned by the facility administrator in his/her absence. The policy also indicated that any abuse allegation must be reported to the State within 2 hours from the time the allegation was received and any reasonable suspicion of a crime with serious bodily injury must be reported to the State and Police. Additionally, the policy stated any allegation of neglect, exploitation, mistreatment, or misappropriation resulting in serious bodily injury must be reported to the State Regulatory Agency and Police within 2 hours.</p> <p>1. Resident #242 was admitted to the facility on [DATE].</p> <p>A review of the facility's 24-Hour Initial Report dated 11/13/23 indicated there was an allegation of staff to resident abuse made by Resident #242. The report indicated that Resident #242 said she was pushed down into her bed but did not name a perpetrator at that time. The incident occurred on 11/12/23 but was not reported to the facility staff until 11/13/23 and did not result in serious bodily injury. The facility reported the allegation to the state agency within 2 hours. The initial report indicated law enforcement was not notified.</p> <p>A review of the Investigation Report dated 11/20/23 indicated law enforcement and adult protective services (APS) was not notified.</p> <p>An interview was conducted with the Administrator on 4/11/24 at 2:45 pm and he indicated that he thought he had reported this incident to law enforcement, but he did not report the incident to APS. The Administrator did not explain why he did not report the allegation of abuse to APS.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephone interview was conducted on 4/11/24 at 9:26 am with the local law enforcement's community safety specialist. He indicated there was no record that the facility or facility administrator had reported this incident to law enforcement.</p> <p>2. Resident #66 was admitted to the facility on [DATE].</p> <p>A review of the facility's 24-Hour Initial Report dated 11/13/23 revealed there was an allegation of misappropriation of resident funds made by Resident #66. The report further revealed that Resident #66 reported that his bank card was stolen but no perpetrator was noted. The report indicated that law enforcement had been notified but APS was not notified.</p> <p>A review of the Investigation Report dated 11/17/23 indicated law enforcement and adult protective services (APS) was not notified.</p> <p>An interview was conducted with the Administrator on 4/11/24 at 2:45pm and he indicated that he did report this incident to law enforcement and the ombudsman but did not report it to APS. The Administrator did not explain why he did not report the allegation of misappropriation of resident funds to APS.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>28265</p> <p>Based on staff interview, and record review, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to maintain implemented effective procedures and monitor the interventions that the committee put into place following a recertification and complaint investigation survey on 04/11/24, the complaint investigation survey on 11/3/23 and the complaint investigation survey on 6/23/22. This was for one deficiency in the area of Resident Self-Administer Medication (554) recited on the current recertification and complaint investigation survey on 4/11/24. The continued failure of the facility during three federal surveys of record showed a pattern of the facility's inability to sustain an effective QAPI program.</p> <p>Findings included.</p> <p>This citation is cross referenced to:</p> <p>F 554: Based on observations, record review, interviews with resident and staff, the facility failed to assess if a cognitively impaired resident could self-administer eye drops kept at the bedside for 1 of 1 resident reviewed for self-administration (Resident #6).</p> <p>During a the complaint investigation survey of 11/03/23, the facility failed to assess the ability of residents to self-administer medication.</p> <p>During a the complaint investigation survey of 06/23/22, the facility failed to assess the ability of a resident to self-administer medications left at bedside.</p> <p>An interview was conducted with the Administrator on 04/11/24 at 4:30pm, during which he indicated that his expectations for Quality Assurance were for the facility to conduct an on-going Quality Assurance/Performance Improvement program to systematically monitor, evaluate and improve quality and appropriateness of resident care. Areas of concern were identified through meetings, grievances, observations during rounding, care plan meetings, etc. The QAPI committee was composed of but not limited to the Administrator, Director of Nursing, Medical Director, Consultant Pharmacist, Registered Dietician, Medical Records Director, and Infection Control Preventionist. The Administrator explained the committee met quarterly and/or as needed. Any identified areas of non-compliance were corrected and monitored until compliance was maintained.</p>		