

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Hunter Woods Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 620 Tom Hunter Road Charlotte, NC 28213	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49366</p> <p>Based on record review and resident and staff interviews, the facility failed to implement their abuse policy in the areas of investigating, and protection following an allegation of sexual assault. A thorough investigation was not conducted, and protection was not implemented to prevent further potential abuse. This deficient practice was for 1 of 5 residents (Resident #4) reviewed for abuse.</p> <p>Findings included:</p> <p>A review of the facility's abuse policy entitled Abuse, Neglect, Exploitation, and Misappropriation, last revised 11/16/22 revealed the Abuse Coordinator (Executive Director) or his/her designee would investigate all reports of allegations of abuse, neglect, misappropriation and exploitation. The Abuse Coordinator and/or Director of Nursing would take statements from the victim and suspects and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/she would secure all physical evidence. Upon completion of the investigation, a detailed report would be prepared. For protection, the resident will be evaluated for any signs of injury, including a physical exam, and/or psychosocial assessment, increased supervision of the alleged victim and residents, room or staffing changes if needed to protect the resident(s) from the alleged perpetrator, provide the resident with emotional support and counseling during and after the investigation period, and protection from retaliation. The policy also indicated that for protection, any suspect(s), who was an employee or contract service provider, once he/she has/had been identified, would be suspended pending the investigation.</p> <p>Resident #4 was admitted to the facility on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #4 was cognitively intact.</p> <p>A review of a progress note written by the Unit Manager dated 4/14/24 at 7:28 PM read in part, Resident #4's guardian informed the facility that she was transported to the emergency room from her outpatient appointment due to alleged inappropriate sexual contact that may have occurred at the facility. Facility was unable to assess resident, due to hospitalization .</p> <p>A review of the law enforcement report dated 4/17/24 at 12:57 PM revealed Resident #4 was brought to the hospital for a scheduled cataract surgery when she mentioned to the nursing staff she was sexually assaulted at her facility. Resident # 4 explained Monday morning, 4/15/24 at an unknown time, she woke up and felt pain in her lower abdomen and upper thigh area. She believed someone had sex with her while she was sleeping. Resident #4 stated she did not know who the suspect was.</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 with Resident #4 on 9/18/24 at 10:45 AM revealed the surgical center staff on 4/17/24 asked if she felt safe at her facility and she explained she woke up feeling like she had been in a fight or had rough sex but did not remember anything that happened while she slept on the night of 4/15/24. Resident #4 explained she was sent to the emergency room for a sexual assault exam and did not return to the facility.</p> <p>A review of the nursing staffing schedule for 4/14/24 through 4/17/24 was conducted. A male Nurse Aide, Nurse Aide #2, was scheduled for the 11 PM-7AM shift at the facility on 4/15/24, 4/16/24, and 4/17/24.</p> <p>The investigation report made to the state agency on 4/22/24 revealed Resident #4 was at a pre-operation appointment and during the screening process she reported an alleged inappropriate sexual assault. All employees working within the estimated time frame of the reported incident were interviewed with no findings or witnesses were identified. It also revealed skin assessments were completed on all residents and there were no findings. The Social Worker (SW) interviewed residents with a Brief Interview for Mental Status (BIMS) score of nine or more were interviewed and revealed no witnesses or findings. There were no signed statements from staff, resident interviews, or skin assessments included with the investigation.</p> <p>A telephone interview with Nurse Aide #2 on 9/18/24 at 9:47 AM revealed he had been employed at the facility for [AGE] years and worked mostly night shifts. Nurse #2 stated he heard about the incident with Resident #4 after she reported it to the hospital, but he was not aware of it before then. Nurse Aide #2 revealed he was not suspended during the investigation and no other staff member took his statement. He described hearing about the incident as hearsay and had not heard anything else about it since then.</p> <p>The facility investigation folder at the time of survey did not include any signed statements from staff, resident interview notes, or skin assessments.</p> <p>An interview with the Unit Manager occurred on 9/18/24 at 10:27 AM. It revealed Resident #4 was at an outpatient surgical center for cataract surgery when she reported the possible assault. The Unit Manager stated she was close to Resident #4, but she did not report the incident to her, and she and the facility heard about it from the hospital emergency room staff. The Unit Manager stated the facility started investigating the allegation when they were told about it. She stated no written statements from staff were completed and a questionnaire for staff was used. She could not recall the questions asked to the staff regarding the incident. She added no male staff members were suspended.</p> <p>An interview with the SW on 9/18/24 at 11:05 AM revealed she became aware of the incident when the outpatient surgical office called the facility. She stated she was aware there was a male who worked on night shift but was not familiar with the nursing side of the investigation. The SW stated the Director of Nursing (DON) was familiar with that investigation. She stated she completed her side of the investigation with a questionnaire for all residents with a BIMS score of 10 or greater.</p> <p>(continued on next page)</p>		

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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>An interview with the DON on 9/18/24 at 11:52 AM revealed she served as the DON for the facility since April 2024. She explained the former Administrator turned in the initial and five-day investigation paperwork to the state agency after they became aware of the allegation from Resident #4. She stated the investigation paperwork included skin assessments on other residents. Staff from that night shift assignment were interviewed and there were no findings. There were no obscure visitors, and the staff and residents did not see anything. She stated she did not recall who completed the interviews and explained it was part of their investigative process to do skin assessments, but did not recall any detail. The DON further stated she did not recall if the investigation had any statements from staff working on the hall or if any staff members were suspended during the investigation. The DON stated the full facility investigation was in the investigation folder received during the survey.</p> <p>A phone interview with the former Administrator was conducted on 9/18/24 at 1:46 PM. He stated all paperwork, and assessments were submitted to the state agency after the investigation was completed for the alleged sexual assault. He recalled the SW completed the interviews with the residents. He stated he did not recall the specifics, but the DON and SW would have all the necessary paperwork from the investigation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40476</p> <p>Based on observations, record reviews, resident, and staff interviews, the facility failed to don appropriate Personal Protective Equipment (PPE) before entering residents' room under transmission-based precautions for 1 of 3 residents reviewed for infection control (Resident #1).</p> <p>The findings included:</p> <p>Review of the facility's policy for Enhanced Barrier Precautions (EBP) dated 09/01/2022 revealed the EBP will be implemented for the prevention of transmission of multidrug-resistant organisms. EBP employs gown and glove use during high resident care activities such as: Dressing Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device Care or use: central line, urinary catheter, feeding tube and tracheostomy, Wound Care: any skin opening requiring a dressing.</p> <p>On 09/17/24 at 10:32 AM an observation was made of Nurse Aide #1 entering Resident #1's room to provide a bed bath, dress and assist Resident #1 into her wheelchair for the day. Resident #1 was under EBP for a feeding tube and carbapenem-resistant enterobacteriales (CRE). The signage for EBP was posted on the door along with PPE. NA #1 was observed entering the room and testing the sink water to see if it was warm enough while washing her hands. NA #1 was observed applying gloves and began washing Resident #1 from head to toe. NA #1 was observed with gloves on and changed them according to their handwashing policy and procedure but did not wear a gown while bathing, transferring, providing hygiene, changing Resident #1's brief or dressing the resident.</p> <p>An interview was conducted on 09/17/24 at 1:24 PM with NA #1. NA #1 was asked if Resident #1 was under any kind of precautions and replied yes, Enhanced Barrier Precaution's which meant she needed to wear a gown and gloves before entering the resident's room. NA#1 stated she had not put on a gown prior to giving the bed bath, changing the residents brief, assisting with dressing and transferring the resident because a lot was going on that morning, and she had just forgotten to do so. NA #1 stated she always wore gloves and a gown when working with Resident #1 and knew to follow enhanced barrier precautions but today had forgotten the procedure.</p> <p>On 09/17/24 at 1:50 PM during an interview with the Director of Nursing (DON) the DON explained that her former Assistant Director of Nursing oversaw infection control education, but she left employment several weeks prior. The DON stated regardless all the staff knew to abide by the different types of precautions posted on the residents' door and to follow the assigned PPE.</p>		