

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 11/17/15 - 11/19/15.	{D 000}		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002 by not reporting known allegations of exploitation of a resident (#6) by a staff person (Staff A) to the Health Care Personnel Registry. The findings are: Review of Resident #6's current FL-2 dated 08/13/15 revealed: - The resident's diagnoses included dementia, depression, hypertension, gastroesophageal reflux disease, and osteoarthritis. - The resident was constantly disoriented and a wanderer. Interview with Resident #6's family member on 11/17/15 at 10:37 a.m. revealed: - Resident #6 was his family member and she had dementia and lived in the special care unit of the facility. - Resident #6 was currently in the hospital and he was at the facility to pick up some clothes for her.	D 438		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
D 438	Continued From page 1 - Someone at the facility had tried to steal Resident #6's identity a few weeks ago. - Some credit card applications had been filled out using Resident #6's name and social security number. - A credit card company had called him to confirm the application but he told the credit card company no. - The family went to the local sheriff's department to report it. - The sheriff's department had traced the on-line application back to the facility's computer. - The local sheriff's department was working with facility management. - The sheriff's department had done some lie detector tests for some staff at the facility. - No credit cards were issued or used with Resident #6's name to his knowledge. - He had not received any bills. - He was not sure of the status of the investigation. Interviews with the Administrator on 11/18/15 at 2:35 p.m. and 11/19/15 at 2:45 p.m. revealed: - Resident #6's family member called the Administrator around the end of September 2015 or beginning of October 2015. - The family member stated someone had tried to get a credit card using Resident #6's name and social security number. - The application was flagged by the credit card company because the social security number did not match the address. - The family member also reported the facility's former business office manager (BOM) had called her and asked for a picture ID and the social security card for Resident #6. - The family member did not say the date when this occurred but it was prior to the issue with the credit cards.	D 438		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
D 438	Continued From page 2 - The family did not provide a picture ID or social security card for Resident #6 to the BOM. - There were two credit card companies involved and they would not release any further information to the family member. - The credit card companies turned over the information to the sheriff's department. - A detective from the sheriff's department came to the facility on 10/29/15 and spoke with the Administrator. - Online applications were done for two credit cards and they were traced back to the IP (internet protocol) address of the facility. - A physical address and email address were included on the online applications. - She printed a list of staff addresses and the address used on the credit card applications matched one of their employees (Staff A). - Staff A (medication aide / nursing aide) was working on 10/29/15 and the detective spoke with her that day. - Staff A vehemently denied having anything to do with the credit card applications and agreed to take a lie detector test. - Staff A was suspended on 10/29/15 until an investigation could be done. - Staff A took a lie detector test at the sheriff's department the next day and her phone was searched. - The detective reported Staff A passed the lie detector test and they found nothing on her phone so Staff A was cleared of any wrong doing. - Staff A returned to work on Monday, 11/02/15. - The detective was also going to look into the former BOM since the BOM and Administrator would have been the only ones with access to the employee files. - The former BOM was released from her duties at the facility due to performance issues prior to the family calling about the credit card	D 438			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
D 438	Continued From page 3 applications. - The BOM position has been vacant since the former BOM was released. Telephone interview with a local police detective on 11/18/15 at 2:59 p.m. revealed: - Two credit cards applications were completed using Resident #6's name and social security number. - The online applications were traced to the facility's IP address. - The address on the applications matched Staff A's address so Staff A was a prime suspect. - Staff A passed a lie detector test and there was not enough evidence to charge her with identity theft. - The credit cards were never issued. - Another suspect they had in mind was the former BOM. - The former BOM came to the sheriff's department and was questioned a few days after Staff A. - The detective was unable to get enough evidence to charge anyone with identity theft. - He planned to close the case in the next couple of days. - There had been no other reports from any other family members or residents of any concerns of possible identity theft. Interview with Staff A on 11/18/15 at 3:55 p.m. revealed: - She did not know how someone could have gotten her email address and physical address. - Only the Administrator or BOM would have access to employee files. - She sometimes left her bag out and not locked in her locker at work. - No one had asked for her email or physical address.	D 438		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
D 438	Continued From page 4 - Resident #6's family member told her that he had been getting some strange mail recently. - She was suspended for a few days while they did an investigation and she passed the lie detector test. Telephone interview with a second family member of Resident #6 on 11/19/15 at 1:00 p.m. revealed: - A few weeks ago, another family member got letters in the mail from two different credit card companies. - The facility's former BOM had called the family member right before they received the credit card letters in the mail. - The former BOM asked for a picture ID and Resident #6's social security card because they were going through medical files. - The family did not bring those items to the BOM and in the meantime they received the credit card letters in the mail. - She called the Administrator as soon as the credit card letters were received. - She also notified the Administrator about the former BOM asking for a picture ID and social security card. - The Administrator told her they BOM was reviewing files but should not need that type of information. - She went to the local sheriff's department and made a police report because she thought someone was trying to steal Resident #6's identity. - The IP address was traced back to the facility. - The detective reported to her that one employee had done a lie detector test and another employee was going in. - She had not heard back from the detective. - The credit cards were never activated and they have not received any bills.	D 438			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/19/2015
NAME OF PROVIDER OR SUPPLIER GABRIEL MANOR ASSISTED LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 84 JOHNSON ESTATE RD 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) COMPLETE DATE
D 438	Continued From page 5 Interviews with the Administrator on 11/18/15 at 2:35 p.m. and 11/19/15 at 2:45 p.m. revealed: - The Administrator became aware that Staff A's address matched the one on the credit card applications and Staff A was a suspect on 10/29/15. - The Administrator did not report the allegation of exploitation to the Health Care Personnel Registry (HCPR). - The Administrator checked with an Executive Director of another facility who advised her to do an investigation. - The Administrator did not think she had to report the allegation unless Staff A was found guilty. - She did not report the allegation to HCPR because no credit cards were actually used and Staff A was not charged with any crime. - She would fill out the required documents to report the allegation of exploitation for Staff A to the HCPR and the results of the investigation.	D 438			