

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2020
NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379		
(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 complaint investigation on February 26, 2020. The Caswell County Department of Social Services initiated the complaint investigation on February 24, 2020.	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 reviews and interviews, the facility failed to report allegations of abuse to the North Carolina Health Care Personnel Registry (HCPR) within 24 hours of the allegation for 1 of 1 sampled staff (Staff A). The findings are: Interview with a resident on 02/26/20 at 9:11am revealed: -He had only lived at the facility for a "little while". -He was sexually assaulted somewhere else by a [named] male a long time ago. -He had not been sexually assaulted by staff or anyone at the current facility. -He liked the staff at the facility. Interviews with another resident on 02/26/20 at 8:10am and 9:50am revealed: -He was videotaped while being sexually assaulted by multiple staff and unnamed people; the assaults happened every night and "all the time".	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: HAL017040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2020
NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379		
(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 -He was fed poison by multiple staff, and his food was poisoned by the staff. Interview with a medication aide (MA) on 02/26/20 at 10:21am revealed: -She had worked with Staff A (MA) for about seven years. -The Administrator called her on 02/24/20 around 3:00pm and asked her to come to relieve Staff A at the facility because Staff A was sent home from work. -She was asked about the allegations of sexual abuse by Staff A by the Administrator once she got to the facility. -Residents had not complained to her about Staff A; she thought the residents liked Staff A. -Neither resident had told her Staff A had sexually assaulted them; one of the residents talked about sexual assault and murder all the time. Interview with the Administrator on 02/26/20 at 12:48pm revealed: -He was told about the sexual assault allegations by the Adult Home Specialist (AHS) for the county on 02/24/20 in the afternoon. -One of the residents had alleged Staff A had "sexually messed with him". -He was told by the county AHS he had to suspend Staff A until an investigation was completed. -He called another MA to come to the facility because he had to suspend Staff A and needed to have a MA at the facility. -One of the residents said someone in another facility had sexually assaulted him years ago; the resident had talked about a sexual assault since he was admitted. -Another resident had always said someone had sexually assaulted him. -Staff A worked at the facility for over nineteen	D 438		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2020
NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379		
(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 years. -He knew he had to wait until an investigation was completed before Staff A would be allowed to return to work at the facility. -He was not conducting any investigation; he thought the AHS was conducting the investigation. -He thought the AHS would let him know what the outcome of the allegations were. -He was responsible for reporting abuse to the HCPR, but he did not know he was supposed to report allegations as well. -He knew the HCPR was for reporting abuse of residents by staff, but he did not know it was for allegations of abuse. -He was not familiar with the time lines for reporting to the HCPR; he did not know if he had to report before or after the investigation. -He had never had to report anything to HCPR before. Based on interview with the Administrator, there was not a Health Care Personnel Registry (HCPR) 24-hour initial report available for review.	D 438		