EXHIBIT 2

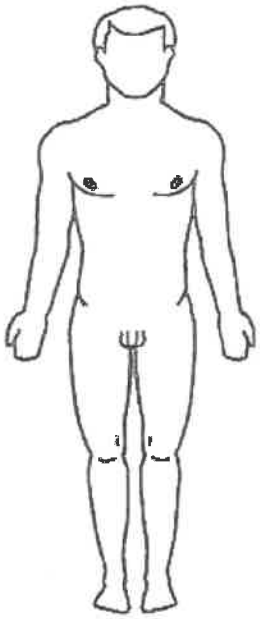
Accident / Incident Report

RESIDENT'S NAME: [redacted] ROOM : 402 B STATION: 4North

Date: 1/11/2015 Day: SUNDAY Time: 1:45 PM Shift: DAY SHIFT

Location: BED ROOM

Resident's Statement: UNABLE TO MAKE STATEMENT. RESIDENT ROOMATES STATES" SHE FELL THIS PAST SUNDAY"



Type of Injury: UNKNOWN

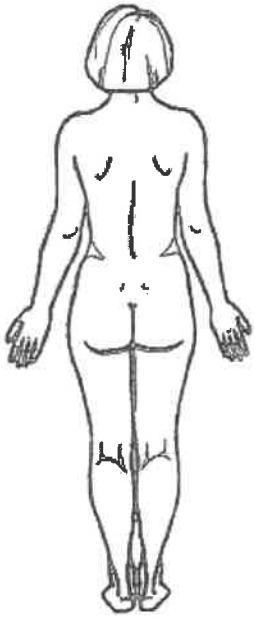
Site of Injury: LEFT HIP

Possible Causes: ALLEDGED FALL

Type of Fall:

Resident Condition: Alert, Confused, On Psychotropic, On Pain Medication,

Action Taken: X-ray, V/S 98.2, 81, 18, 123/83



ON PSYCHOTROPIC? ☑ YES ☐ NO

ON PAIN MEDICATION? ☑ YES ☐ NO

ON ANTIHYPERTENSIVE? ☑ YES ☐ NO

☐ ALARM ON

☐ WITNESSED

☑ STATE REPORTABLE

☐ SAFETY DEVICES IN USE

Reporting Nurse: [redacted] LPN

Safety Device:

Reporting Nurse Signature: [redacted] LPN

Date: 1/11/15

The following signatures of review required, if reasonable suspicious of abuse, neglect or mistreatment is indicated above:

Director of Nursing/Designee: _____ Date: _____

Asministrator: _____ Date: _____

Medical Cirector: _____ Date: _____

REHABILITATION & NURSING

Investigative Summary

RESIDENT'S NAME: [redacted] ROOM : 402 B STATION: 4North

Investigative Summary:

Female resident DOB [redacted] Admitted to the facility on 1/9/2014. Her diagnoses are: Syncope and collapse with a Hx of falls with injury, HTN, Alzheimers disease, Psychosis, Hyperlipidemia, Coronary artery disease. Medications currently ordered include; Colace, Metoprolol tartrate, Risperdal, Ativan, Lipitor, ASA, Multivitamins, Tylenol, Vitamin D3,.FAP inplace up to 200 ft as tolerated. She is OOB to wheelchair with close supervision for safety. Resident is alert and responsive. Confused and disoriented, able to make simple needs known. Impaired long and short term memory. Severe impairment in decision making skills. Last seen by Psych on 12/22/2014. Medication adjustments made.
On 1/11/2015 at 1:45 PM Primary nurse reported to Nursing Supervisor that Resident who had not yet been transferred out of bed had been observed moaning, and showing signs of apparent discomfort to the L hip area. Nurses reported that resident complained of pain to the touch in the L hip area. Nursing Supervisor indicated that resident was confused and unable to make a statement. Supervisor further stated that resident's roommate who is confused was in the room at the time staff were attending to resident stated " She fell this past Sunday." NP in house was summoned to evaluate resident and a Stat. X ray was ordered to rule out fracture of the L hip. Pain medication administered as ordered with good effect. MD made aware and orders issued to transfer resident to the local ER for further evaluation. Resident is confused and unable to provide an explanation for the occurrence. V/S 98.2, 81, 18, 123/83 Residents daughter was made aware of the report by the unit nurse. During the following tour the resident demonstrated signs of discomfort to the L leg to the touch. Pain medication was administered. The report of the 11 - 7 am tour indicated that resident was "calm throughout the night." The result of the X ray previously done showed no report of fracture or dislocation and degenerative changes of L hip with joint-space... Resident noted 'alert with confusion and babbles loudly making nonsensical statements in Spanish.' Resident continued to complain of pain during the 3 -11pm tour. Resident was seen by Psychiatrist. Resident offered no complaint of pain during the 11pm to 7am tour. Resident also noted with temperature of 100 F in the am of 1/13/2014. At 2:00 pm MD was informed that resident continued to demonstate signs of discomfort and another X ray was ordered. The report of this x ray showed positive for fracture of the femur. MD informed and orders issued to transfer Resident to the local ER for further evaluation and treatment.
Residents plan of care was revised to include:
Nsg to transfer Resident to local ER for evaluation and treatment as needed.
Residents roommate was spoken to on 1/14/2015 regarding the matter. Residents roommate reported that resident fell 'the other night and was picked up by two women and a male photographer.' Resident's roommate is confused. It is conceivable that the roommate thought that the X ray technician was a photographer. Staff members who were assigned to resident prior to the report were interviewed. All staff members indicated that resident did not fall during their tours.

Evidence to suspect abuse, neglect or mistreatment? ☐ YES ☑ NO

☐ Report To Department of Health
☑ Not Reportable
☐ Administrative Actio

Risk Manager:

Signature: [redacted] Date: 1/12/15

[redacted] REHABILITATION & NURSING

NURSE SUPERVISOR/MANAGER INVESTIGATION

RESIDENT'S NAME: [redacted] ROOM Station: 4North

Occurrence Date: 1/11/2015 Time Notified: 2:00 PM

Resident interview revealed: RESIDENT CONFUSED UNABLE TO EXPLAIN

Explain in your own words what happened? RESIDENT NOTED WITH PAINFUL LEFT HIP WHILE CARE BEING GIVEN, CAUSE UNKNOWN

GENERAL INFORMATION

Can resident make his/her needs known ☐ YES ☑ NO ☐ AT TIMES

Is resident alert and oriented? ☐ YES ☑ NO ☐ SOMETIME

AMBULATION: wheelchair TRANSFER: pivoting with on CONTINENCE: incontinent

STAFF INVOLVED:

Environment is free of accident hazards? ☒ YES ☒ NO ☒ N/A

Is care plan in place related to this incide ☐ YES ☑ NO

Did you update care plan? ☒ YES ☒ NO

SKIN TEAR/ECCHYMOSIS

Did skin tear/ecchymosis occur during ☒ Care ☒ Transfer ☒ Shower ☒ Unknown Origin

Was blood work done? ☒ Today ☒ Yesterday ☒ Within 72 hrs

Are siderails padded? ☐ Yes ☐ No ☑ N/A

Behavior contributed to this incident ☒ Bangs hands ☒ Bumps into objects ☒ Scratches self ☒ Rubs eyes

Does resident have Dx of ☒ Senile purpura ☒ Fragile skin

Is resident receiving Anticoagulant? ☐ Yes ☑ No

FALL

High risk for fall? ☑ YES ☐ NO

Preventive measures in use at the time of fall

If there was chair/bed alarm was it working? ☒ YES ☒ NO

Resident wearing appropriate footwear? ☐ YES ☐ NO ☑ N/A

Did staff respond to alarm? ☐ YES ☑ NO

Floor was wet with ☐ Water ☐ Urine ☐ Vomit ☑ N/A

Resident found on floor? ☐ YES ☑ NO

Resident used call bell? ☐ YES ☑ NO

Resident attempted to transfer self? ☐ YES ☑ NO

Describe any condition or event e.i. poor appetite, uti, complaint of pain or change in mental status prior to incident:

NURSE SUPERVISOR/MANAGER: [redacted] RN

Signature: _____ Date: _____

REHABILITATION AND NURSING
ACCIDENT/INCIDENT INVESTIGATION
EMPLOYEE STATEMENT

Resident Name: _____

Occurrence of Accident/Incident **Date:** 1 / 11 / 15 **Time:** 1:45 ☐ AM ☑ PM

- ☐ I observed the accident/incident
- ☐ I responded to resident/staff's call for help (including bed/chair alarm)
- ☐ I found resident on floor
- ☐ Staff informed me of accident/incident
- ☐ I noted skin tear or ecchymotic area complain of Pain.
- ☑ Other: Res Roommate states " she fell this past sunday "

What do you think was the cause of incident? N/A

Does the resident do anything that may have contributed to this incident?

☑ does not ask for assistance ☐ ~~ambulates without supervision~~ ☐ does not wear appropriate foot wear

☐ bangs hands ☐ bangs on table ☐ bangs on bed rails ☐ bumps into objects ☐ bangs on wheel chair

☐ rubs eyes ☐ scratches self ☐ other: _____

Observed Fall - (if observed)

• was floor wet	☐ Yes	☑ No
• was equipment in way	☐ Yes	☑ No
• did resident trip on something	☐ Yes	☑ No
• did anyone push resident	☐ Yes	☑ No

Skin Tear/Ecchymosis

Did resident sustain skin tear/ecchymotic area during transfer or care ☐ Yes ☑ No
If yes explain: _____

Did resident cause skin tear/ecchymotic area ☐ Yes ☑ No
If yes explain: _____

Signature: _____ **Title:** CNA **Shift:** 7-3 **Date:** 1/11/15

REHABILITATION & NURSING

NURSING

Name _____ Unit _____

Title _____ Date 1-9-15

STATEMENT

On friday - 1-9-15 3-11 I Receive Resident in bed I did PM care on her on saturday - 1-10-15 I Received Resident In bed did PM care on sunday - 1-11-15 I Resident Resident in bed I did PM care on her

Signature : _____

FOR REHABILITATION & NURSING

NURSING

Name [redacted] Unit 4N

Title CNA Date

STATEMENT

I took care of [redacted] on 1/8/15 upon making rounds I found EN on 3-11 shift tried to move resident from another bed ([redacted] bed) I assisted her transfer resident to W/C. I exit the room continued c rounds 3-11 place resident in W/C in the north lounge. Resident was screaming for pain I told the nurse [redacted] resident look she is in pain. Resident was sitting in the lounge. I went on break by 3 AM. Nurse ([redacted]) ask another CNA to put resident back to bed. resident AM care was given. resident was still screaming for pain

Signature : [redacted]

[redacted]

NURSING DEPARTMENT

Name: [redacted] Unit: 4 N

Title: C N A Date: 1/10/15

STATEMENT

I was assigned on 4 North on 1/10/15 but was not the Residents nurse, and I am not aware of Incident.

[redacted]

Signature of employee making statement

(FOR REHABILITATION & NURSING

NURSING DEPARTMENT

Name: [redacted] Unit: 4 North

Title: LPN Date: 1-10-15

STATEMENT

On saturday at 11AM I floated to 4 North NO one reported any. problems about resident [redacted], Dru during my hours

Elaine [redacted] LPN

Signature of employee making statement

R FOR REHABILITATION & NURSING

NURSING

Name _____ Unit AN

Title CNA Date 1/14/15

STATEMENT

On the Morning of the 10th of January 2014 I was Resident Civia sitting in her chair in the lounge area while doing ADL care I noticed she was screaming and I reported it to the Nurse.

Signature : _____

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RESIDENT ACCIDENT / INCIDENT REPORT

Name of Resident	Room	Date of Occurrence	Time
[redacted]	[redacted]	12/2/12	10:20 ☒ A.M. ☐ P.M.

RESIDENT'S STATEMENT "I fall down"

MENTAL STATUS

- ☐ Oriented
- ☒ Confused
- ☒ Impaired judgement
- ☐ Agitated
- ☐ Other - Explain

AMBULATION

- ☐ Ambulatory
- ☐ Uses walker
- ☐ Uses cane
- ☒ Uses wheelchair
- ☐ Bedridden
- ☐ Non-ambulatory
- ☐ Unsteady Gait

TRANSFERS

- ☐ No assistance needed
- ☒ Needs physical assistance
- ☐ Needs supervision but no physical assistance

WHAT HAPPENED / POSSIBLE CAUSE

- ☐ Buckling legs
- ☒ Fall
- ☐ Slip/slide
- ☐ Trip
- ☐ Other

LOCATION OF OCCURRENCE - Please Specify

- ☐ Resident's Room
- ☐ Another Resident's Room — Room #
- ☒ Treatment Room (PT,OT,REC., etc)
- ☐ Day Room
- ☐ Hall/Corridor
- ☐ Stairway
- ☐ Bathroom
- ☐ Dining Room
- ☐ Doorway
- ☐ Elevator - Number
- ☐ Outside Walkway/Patio/Street
- ☐ Other - Explain

EQUIPMENT INVOLVED

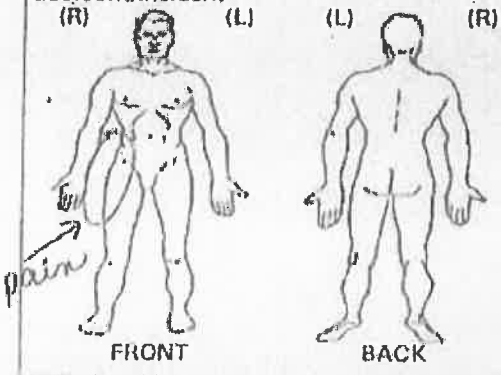
- ☐ Bed
- ☐ Bedrail
- ☐ Brace
- ☐ Elevator door
- ☐ Handrails
- ☐ Prosthesis
- ☐ Restraint
- ☐ Walker/Cane
- ☐ Wheelchair
- ☐ Hoyer lift
- ☐ Other - Explain

FOUND ON FLOOR

- ☐ beside bed
- ☐ beside chair
- ☐ beside elevator
- ☐ beside sink
- ☐ beside toilet
- ☐ beside tub
- ☐ beside wheelchair
- ☐ beside whirlpool
- ☒ no objects nearby
- ☐ Other - Explain

NURSING STATEMENT

Indicate on diagram below the location and size of injury or injuries resulting from the accident/incident



VITAL SIGNS TAKEN

BLOOD PRESSURE	TEMPERATURE	PULSE	RESPIRATION
128/76	98°	78	18

THERAPEUTIC ASSESSMENT & INTERVENTION BY LICENSED NURSE

- ☐ Administer appropriate first-aid
- ☒ Body survey
- ☐ Cleanse and dress superficial wound
- ☒ Notify physician
- ☒ Place resident in bed (when possible/advisable)
- ☐ Other: Explain

Nursing Statement is continued on the other side

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NURSING STATEMENT

NURSING NARRATIVE (Include brief description of occurrence) At 10:20Am, this nurse was called by CNA. Resident noted laying on her right side in the East hallway. ~~CNA A~~ error Resident able to sit up and helped to chair by cna & this nurse. Ø visible signs of injury noted. Stated feeling "little hurt" in her right hip. Put in bed to lay down. Supervisor notified. [redacted] LPN

CORRECTIVE ACTIONS	Preventive measure to prevent recurrance of Acc./Inc.
☐ Hourly supervision of resident by staff	① Rehab. referral
☐ Evaluate the cause of unsteady gait	② Provide Russian
☐ Pad environment / resident / equipment	translator PRN
☐ Remove environmental obstacles, if appropriate	③ q̄ 30 min. monitoring
☐ Repair or replace defective equipment	④ Psych. Eval.
☐ Review medications	⑤ Bed & chair alarm
☐ Review restraint orders	
☐ Other: Explain	

PHYSICIAN'S STATEMENT

THERAPEUTIC INTERVENTION BY PHYSICIAN	PHYSICIAN'S FINDINGS:
☐ Order appropriate wound care	S/P FALL pt found
☐ Refer to hospital :	on floor pt with
☐ for sutures	dementia c/o (R) hip pain
☐ for X-RAYS	do Xray
☐ For other evaluation: (Explain)	
	SIGNATURE [signature] 12/2/12

NAME of (Printed)		TITLE	SIGNATURE	DATE
Unit Manager	[redacted]	Nursing Director	[redacted]	12/3/12
Nurses Aide Assigned To Resident	[redacted]			
Witness(es) (If any)	NONE	Medical Director	[redacted]	12/5
Relative Notified Daughter	[redacted]			
Notified by	[redacted]	Administrator	[redacted]	
Nursing Supervisor	[redacted]			
SIGNATURE OF NURSE MAKING REPORT	DATE	REVIEWED BY Nurse Reviewer		
[redacted]	12/2/12		[redacted]	12/7/12

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Resident Accident / Incident Follow-up Investigation

Name of Resident _____ **Room** _____ **Date Occurred** 12/2/12 10:20 am

1. Diagnosis: UTI, AMD, Confusion, Dementia, HTN, HLD, Decreased mobility
2. Medications: Enablex 1.5mg, Cipro 500mg, metoprolol ER 25mg, Buspar 15mg, Seroquel 100mg, Motrin 400mg prn, Imipramine 10mg, Escitalopram 10mg, Lamotrigine ER 50mg, Ativan 0.5mg prn
3. Brief description of occurrence: Found on the floor on her (R) side in the East Hallway.
4. Injury sustained (if none, state "No injury") Displaced Fx (R) Femoral neck; Osteoporosis
5. Description of present status: Was sent to hosp. on 12/2/12
6. Risk for falls per Falls Assessment: [X] Yes [ ] No Date of Asst. 11/28/12
7. History of falls within: none [ ] 1 month [ ] 3 mos. [ ] 6 mos. [ ] 1 year
8. Behavioral problems related to the occurrence if any: got out of w.c. & slipped
9. Resident uses Assistive Device(s) of: w.c.
   1) Device(s) requires repair? [X] No [ ] Yes Repaired Date: _____
   2) Is the factor in the occurrence? [X] No [ ] Yes
10. Describe the activity of personnel on the unit at the time of occurrence if available: Resident was noted on the floor by staff & nurse was notified.
11. Physician's Intervention: X-ray of (R) Hip X-ray of (R) Knee [ ] Not applicable to this occurrence 12/4/12: Sent to ER for displaced Fx (R) Femoral neck
12. Immediate First Aid: [X] Yes [ ] No [ ] Not applicable
13. Emergency Room Aid: [X] Yes [ ] No [ ] Not applicable
14. Hospital admission due to injury sustained: [X] Yes [ ] No [ ] Not applicable
15. Recommendation for preventive measures: (check the box where applicable)
   - [ ] Allow adjustment to facility
   - [ ] Resident counseling/instruction
   - [X] Frequent observation (every 30 mins.)
   - [ ] Increase supervision/Assisted ambulation
   - [ ] Accomodation of Need: Sleep Cycle, Toileting, Etc.
   - [X] Mechanical Alert Device(s):
     - [X] Bed
     - [X] Chair
   - [ ] Safety Devices: w/c Anti-tippers, Walker, Cane, Etc.
   - [X] Request Resident Safety/Restraint Committee Review
   - [ ] Low bed
   - [ ] Mattress on floor
   - [ ] Medication Review or Adjustment
   - [X] Request Rehab Eval
   - [X] Other Psych eval - Provide Russian translator PRN

Date Completed: 12/7/12

Signature: _____

- [X] ACCIDENT
- [ ] OCCURRENCE
- [ ] INCIDENT

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MECHANISM OF INJURY

	YES	NO
1. FALLS:		
OUT OF BED		
WHILE AMBULATING		
SELF ASSISTED	✓	
SLID OUT OF WHEELCHAIR		
ALTERCATION WITH OTHER RESIDENT		
OCCURRED WHILE STAFF ASSISTED		
ENVIRONMENT		
UNKNOWN		
2. OTHER:		
ALTERCATION WITH OTHER RESIDENT		
SELF-INFLICTED		
ABUSE BY ANOTHER RESIDENT		
STRUCK AGAINST OBJECT		
RESIDENT BEHAVIOR		
SKIN TEAR OF UNKNOWN ORIGIN		
ECCHYMOSIS OF UNKNOWN ORIGIN		
UNKNOWN		
OTHER		

No possible evidence of Abuse / Neglect - Medics PCR

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This is an 84 y.o. female resident who was admitted on 11/27/12 w Dx: UTI, AMD, confusion, dementia, HTN, HLD & decreased mobility.

Resident had a fall on 12/2/12. At the time of fall, resident c/o of feeling "little hurt" on the (R) hip. She was seen & examined by MD who ordered x-ray of (R) hip & (R) knee. X-ray was done on the same day, however, med fax recommended to repeat (R) hip x-ray.

Resident went OOP on 12/3/12. There was no c/o of pain, no external rotation of hips, no bruising or swelling noted. Upon return from pass, x-ray was done on (R) hip as stat. That evening, resident was seen & examined by MD for ↑ temp. Blood work, urine C/S & UA + CXR was ordered as well as Ltpro 500 mg q 12h x 10 days.

Resident was sent out to for further evaluation of displaced fracture (R) Femoral neck noted.

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She was admitted.

EMPLOYEE'S STATEMENT

STATEMENT DATE: 12/2/12

RESIDENT'S NAME: [redacted] DATE OF OCCURRENCE: 12/2/12

NATURE OF COMPLAINT OR ACCIDENT: Resident : found on floor in East hallway.

IF APPLICABLE

EMPLOYEE'S NAME: [redacted] SHIFT: 7-3 TITLE: CNA

Only state true facts pertaining to this investigation:

When I was coming out of Room [redacted] with my resident [redacted] I heard a boom I looked down the hall and seen [redacted] on the Floor. As I ran to assist Her I called [redacted] Nurse for help. when then placed her in wheel chair Safeley.

To the best of my knowledge I attest that the above statement is true.

[redacted]

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EMPLOYEE'S STATEMENT

STATEMENT DATE: 12/2/12

RESIDENT'S NAME: [redacted] DATE OF OCCURRENCE: 12/2/12

NATURE OF COMPLAINT OR ACCIDENT: Resident found on floor in East side hallway

IF APPLICABLE

EMPLOYEE'S NAME: [redacted] SHIFT: 7-3 TITLE: CNA

Only state true facts pertaining to this investigation:

I worked AM shift AT 7:00AM I looked around the resident in the bed and I checked the bed alarm and it was working. I took care the resident and she was sleeping in the bed.

7:30AM I took AM care to the resident and I took her to shower.

8:00AM After shower, I took the resident in the dayroom.

8:30AM The resident eat breakfast in the dayroom.

9:00AM The resident said she is tire and I put her in the bed. I checked the bed alarm and it was work

9:30AM The resident read the newspapers in the bed.

10:00AM The resident was sleeping in the bed

10:20AM. The nurse told me the resident fall when I was in the dayroom.

To the best of my knowledge I attest that the above statement is true.

[redacted]

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