

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT WILSON		STREET ADDRESS, CITY, STATE, ZIP 1804 FOREST HILLS ROAD W WILSON, NC 27893	
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)		
F 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, staff and resident interviews the facility failed to respond in writing to grievances submitted by three of three sampled residents (Resident #1, #4, #5) reviewed for facility response to grievances. Findings included: 1. Resident #1 was originally admitted to the facility on [DATE]. Documentation on the most recent 5/27/20 quarterly minimum data set assessment revealed Resident #1 was cognitively intact with no moods or behaviors. An interview was conducted with Resident #1 on 6/24/20 at 11:30 AM. Resident #1 stated he reported concerns to the facility staff and he never received a written response regarding the outcome of his grievances. Resident #1 indicated he would like for the facility to listen to his concerns and give him a written response regarding attempts at a resolution. Review of the facility grievance log for April 2020 revealed Resident #1 lodged a grievance on 4/3/20 regarding the unprofessional appearance of a dietary aide. Review of the complaint/grievance report revealed the grievance made on 4/3/20 by Resident #1 was documented as communicated verbally to the facility social worker. Documentation on the same 4/3/20 grievance report revealed the investigation results were reported to the resident verbally on 4/6/20. An interview was conducted with the social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed, the facility would verbally notify the person or persons who had a concern, regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month. An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents. The SW explained that he made a copy of the grievance response letter and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of confirming if the letters were received by the residents who had grievances. An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who was usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail. The activity director was interviewed on 6/24/20 at 2:15 PM. The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it. The SW provided a letter dated 5/1/20 addressed to Resident #1. Documentation in the letter to Resident #1 revealed how the 4/3/20 grievance was addressed by the facility. The letter was unsigned but the executive director's name and address were typed on the signature line. Resident #1 was interviewed on 6/24/20 at 2:37 PM. Resident #1 was provided a copy of the grievance response letter dated 5/1/20 that was addressed Resident #1. Resident #1 stated he had not received any written documentation regarding the 4/3/20 grievance and he never seen the grievance response letter prior to the interview on 6/24/20. The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive director/complaint coordinator acknowledged she could not confirm if Resident #1 refused to take the letter or that the grievance response letter was given to Resident #1. 2. Resident #4 was originally admitted to the facility on [DATE]. Documentation on a 5/25/20 quarterly minimum data set assessment revealed Resident #4 was cognitively intact and had no moods or behaviors. Resident #4 was interviewed on 6/24/20 at 1:15 PM. Resident #4 stated she never received any written documentation regarding the outcome of any of her grievances. Resident #4 acknowledged that not all grievances could be resolved but that she would like to at least know the facility made attempts to try to find a resolution. Review of the facility grievance log for April 2020 revealed Resident #4 lodged a grievance on 4/13/20 regarding multiple issues some of which included television channel availability and room temperature. Documentation on a complaint/grievance form dated 4/15/20 revealed Resident #4 communicated her concerns to the director of nursing verbally. The bottom of the form was signed as completed on 4/19/20 by the maintenance director. The documentation on the form did not indicate how or when the results of the grievance were communicated to Resident #4. An interview was conducted with the facility social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed the facility would verbally notify the person or persons who had a concern regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month. An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents. The SW explained that he made a copy of the grievance response letter and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of confirming if the letters were received by the residents who had grievances. An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM indicated that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail. The activity director was interviewed on 6/24/20 at 2:15 PM. The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it. The SW provided a letter dated 5/1/20 addressed to Resident #4. Documentation in the letter to Resident #4 revealed how the 4/13/20 grievance was addressed by the facility. The letter was unsigned but had the executive director's name and address typed on the signature line. Resident #4 was interviewed again on 6/24/20 at 2:30 PM. Resident #4 was shown the letter addressed to her dated 5/1/20 revealing how her 4/13/20 grievance was attempted to be addressed. Resident #4 stated she had never seen the letter dated 5/1/20 regarding her grievance. Resident #4 further stated she always opens all her mail as soon as it comes to her. The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for</p>		

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

TITLE

(X6) DATE

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.

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F 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive director/complaint coordinator acknowledged she did have any way of confirming if Resident #4 received the follow up letter for the 4/13/20 grievance she lodged. 3. Resident #5 was readmitted to the facility on [DATE]. Documentation on a quarterly minimum data set assessment dated [DATE] revealed Resident #5 was cognitively intact with no moods or behaviors. Resident #5 was interviewed on 6/24/20 at 10:50 AM. Resident #5 related that he communicated grievances to staff members, but he was not sure if they were documented anywhere. Resident #5 stated he never saw anything on paper to acknowledge his grievances. Review of the facility grievance log for February 2020 revealed Resident #5 lodged a concern or grievance on 2/14/20 regarding call light response and the provision of hot water for a bath. Documentation on a complaint/grievance report dated 2/14/20 revealed the concerns of Resident #5 were verbally relayed to the social worker. The complaint/grievance form indicated the resident was verbally given the results of the attempt of a resolution and his dissatisfaction with the results on 2/23/20. An interview was conducted with the facility social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed the facility would verbally notify the person or persons who had a concern regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month. An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents. The SW explained that he made a copy of the grievance response letter given to the receptionists for the residents and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of knowing if the letters were received by the residents who had grievances. An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM indicated that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail. The activity director was interviewed on 6/24/20 at 2:15 PM.</p> <p>The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it. The SW provided an undated letter addressed to Resident #5.</p> <p>Documentation in the letter to Resident #5 revealed how the 2/14/20 grievance was attempted to be addressed by the facility. The letter was unsigned but had the executive director's name and address typed on the signature line. Resident #5 was interviewed again on 6/24/20 at 3:06 PM. Resident #5 was shown the undated grievance response letter regarding the concerns he had on 2/14/20. Resident #5 stated he had never received the undated grievance response letter and had not seen it prior to 6/24/20. Resident #5 was adamant he never received written responses to grievances he made at the facility. The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive director/complaint coordinator acknowledged she did have any way of confirming if Resident #5 received the follow up letter for the 2/14/20 grievance he communicated to the social worker.</p>		