STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345359	A. BUILDING _____ B. WING _____	C 11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT CREEKSIDE	604 STOKES STREET EAST AHOSKIE, NC 27910

(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) COMPLETION DATE
F 000	INITIAL COMMENTS There were no deficiencies as a result of the Complaint investigation of 11/29/17. Event ID#SVT811. Complaint Intake#'s: NC00133430, NC00132154 and NC00132031.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the	F 585		1/5/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/22/2017

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F 585	Continued From page 1	F 585		

facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions

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F 585	Continued From page 2 include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure a grievance investigation and resolution was provided in writing to 1 of 1 sampled resident (Resident #9) and the facility's grievance policy failed to contain the resident's rights to file grievances anonymously, to receive a written summary of the grievance resolution; the written grievance resolution should contain the contact information of agencies with whom grievances may be filed such as the pertinent State agency, State Long Term Care Ombudsman or Quality Improvement Organization. The findings included:	F 585	1. Resident #9 was offered a written resolution with a copy placed in the resident grievance tracking binder. 2. All residents could have been affected; the Social Worker completed a 100% audit of any grievances received post 11/27/2017 to ensure written responses are provided. 3. The systemic change needed was the revision of the Grievance Policy to clarify the new requirement of F585, including the need to provide a resolution summary in writing to the party submitting the grievance. The Social Workers are	

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F 585	Continued From page 3 A review of the facility's grievance policy titled "Grievance Process", dated August, 2017 revealed in part, the facility investigated, resolved and documented all concerns submitted orally or in writing to any staff member without fear of discrimination or reprisal. The grievance policy also noted the Grievance Officer would provide a written response to the resident or legally appointed guardian if requested. Resident #9 was admitted to the facility on 4/27/11 with diagnoses including Diabetes Mellitus, Hypertension and Depression. According to the most recent Minimum Data Set (MDS) dated 10/5/17 Resident #9 was cognitively intact. Review of the facility's Complaint/Grievance Report dated 11/06/17 revealed Resident #9 voiced a concern to the Assistant Director of Nursing/Unit Manager about missing a wedding reception because a Nursing Assistant failed to come soon enough for Resident #9 to avoid having a toileting accident. Resident #9 reported that the Nursing Assistant also left her in the bathroom for 45 minutes or more. The facility's follow-up to Resident #9's concerns was to talk to staff about the importance of not leaving the resident for long periods of time. Inservices were also provided to staff on toileting and time frames. Further review of the Complaint/Grievance indicated follow-up had been made to Resident #9 verbally on 11/09/17 and the resident was satisfied with the resolution. There was no indication that the facility provided a written summary of the grievance resolution to Resident #9. During an interview on 11/29/17 at 2:25 PM, Resident #9 revealed a Nursing Assistant left her	F 585	responsible for drafting a response and providing it to the person who submitted the grievance. A signed copy will be placed in the resident grievance tracking binder. 4. The administrator will complete a bi-weekly audit times three months to ensure sustained compliance. Any negative variance noted will be corrected at the time of observation. The administrator will report audit outcomes to the QAPI Committee for review and oversight of the process.	

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F 585	Continued From page 4 in the bathroom after she rang her call bell for help. The resident stated she had a toileting accident and the Nursing Assistant took her to the bathroom and left her in the bathroom for 30 to 45 minute. Resident #9 revealed she was not able to go to a wedding. She revealed she told someone about the incident, but no one got back with her or provided a written resolution to her. During an interview on 11/29/17 at 5:27 PM, the Administrator revealed a written decision to a resident was new to her. She stated she would make sure residents received a written copy of their grievance resolution. She revealed she would also review and revise the grievance policy.	F 585		