

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS ROAD W</b> <b>WILSON, NC 27893</b>	
(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
E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 3/1/2022 to 3/3/2022. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# VZQN11	F 000		
F 658 SS=D	<p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was conducted from 3/1/2022 to 3/3/2022. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID #VZQN11.</p> <p>An unannounced COVID-19 Focused Survey was conducted on 3/1/2022 to 3/3/2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# VZQN11</p> <p>2 of the 21 complaint allegations were substantiated but did not result in a deficiency.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p>	F 658		3/25/22

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

TITLE

(X6) DATE

Electronically Signed

03/25/2022

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 658	<p>Continued From page 1</p> <p>Based on record review, staff interviews and nurse practitioner interview, the facility failed to communicate referrals on admission and a physician's order for physical therapy and occupational therapy services for 1 of 1 resident reviewed for rehabilitation therapy services. (Resident #1)</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 1/13/2022 . His diagnoses included post COVID infection and history of traumatic brain injury.</p> <p>The care plan dated 1/18/2022 revealed Resident #1 was unable to perform his activities of daily living related to confusion and impaired balance. Interventions included to provide assistance with all activities of daily living and a physical therapy and occupational therapy evaluation and treatment as per physician orders.</p> <p>The admission Minimum Data Set (MDS) assessment dated 1/20/2022 indicated Resident #1 was cognitively intact and exhibited no behaviors</p> <p>Physician progress notes dated 1/26/2022 indicated Resident #1 was to start therapy for ambulatory services.</p> <p>Physician orders dated 1/26/2022 revealed an order for physical therapy and occupational therapy to evaluate and treat. Speech therapy was also ordered on 1/26/2022 to evaluate for swallowing and diet.</p> <p>The facility was unable to provide physical or occupational therapy notes for Resident #1.</p>	F 658	<p>Therapy service orders were obtained by the Medical Director to evaluate and treat as needed for Resident #1 for Physical Therapy on 03/02/2022, Occupational Therapy on 03/04/2022, and Speech Therapy on 03/04/2022. The facility began a treatment plan for Resident #1 for Physical Therapy services on 03/03/2022 and for Occupational Therapy services on 03/04/2022. The Director of Rehabilitation, the Minimum Data Set Nurse, and the Director of Nursing reviewed and revised Resident #1 comprehensive care plan on 03/21/2022 to ensure therapy services are provided by the facility to meet professional standards of quality.</p> <p>The facility completed a 100% record review on therapy services orders signed by the Medical Director for therapy evaluations and treatment on 03/25/2022 for all residents residing in the facility on 03/03/2022. The facility completed a 100% record review on therapy services treatment starts of care on 03/25/2022 for all residents residing in the facility on 03/03/2022. The facility completed a 100% review and update of comprehensive care plans and determined that the therapy services provided or arranged by the facility as outlined in the comprehensive care plan met professional standards of quality on 03/25/2022 for all residents residing in the facility on 03/03/2022. The corrective measures were completed by the Director of Rehabilitation, the Minimum Data Set Nurse, and the Director of Nursing or</p>		

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F 658	Continued From page 2  On 3/2/2022 at 11:11 a.m. in a phone interview with the Director of Therapy, she stated she began working for the facility two weeks ago and was not aware of the physical and occupational therapy orders dated 1/26/2022.  On 3/3/2022 at 11:50 p.m. in an interview with the Clinical Regional Consultant, she stated all admissions received physical, occupational and speech therapy referrals, and these referrals were not driven by a physician order. She stated nurses entered therapy referrals on admission and was just learning Resident #1 had not received physical therapy and occupational therapy services.  On 3/3/2022 at 12:13 p.m. in an interview with the interim Administrator, he stated Resident #1 should had received a physical therapy and occupational therapy evaluation after his admission to the facility. He stated he had approved therapy services for Resident #1 on 3/3/2022, and Resident #1 would be evaluated by physical and occupational therapy by the following day.  On 3/3/2022 at 1:00 p.m. in an interview with the Director of Nursing, she stated an order for physical therapy, occupational therapy and speech therapy to evaluate a resident was entered into the electronic medical record by the nurse on admission, and all residents were evaluated by therapy within seventy-two hours of admission. She further stated an order for the therapy department to evaluate Resident #1 was not entered into the electronic medical record on admission and was unable to explain why this had not occurred.	F 658	Designee.  Effective 03/25/2022, the Staff Development Coordinator provided education to the Therapy Department, facility and agency Licensed Nursing Staff, and the Interdisciplinary Clinical Department Head Staff that services provided or arranged by the facility as outlined by the comprehensive care plan, must-meet professional standards of quality. Education included implementation of a systemic change process to review physician orders for therapy services and to communicate therapy services orders to appropriate facility disciplines during the Clinical Morning Meeting. Newly hired facility and agency staff will receive education during orientation.  The Director of Nursing or Designee will monitor newly admitted residents and residents with new therapy referrals to ensure orders are obtained, therapy services provided as indicated and comprehensive care plans reviewed and revised accordingly. Monitoring will be completed at a frequency of 5 days per week for 4 weeks, then 3 days per week or 4 weeks, then 1 day per week for 4 weeks.  The Director of Nursing or Designee will present results of audits to the Quality Assurance and Performance Improvement Committee monthly and make changes to the plan as necessary to maintain compliance with services to meet		

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F 658	Continued From page 3  On 3/3/2022 at 1:50 p.m. in a phone interview with the Nurse Practitioner, she stated each therapy service in the therapy department completed evaluations on all the residents after admission, wrote therapy orders based on their evaluations, and physicians approved and signed the therapy services. She stated Resident #1 should had received a physical and occupational therapy evaluation, and the benefit of Resident #1 receiving physical and occupational therapy services was to attempt to return Resident #1 to his baseline of function prior to the COVID infection.	F 658	professional standards of quality.  Date of completion 3/25/22		