

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

PRINTED: 06/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT STATESVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 VALLEY STREET</b> <b>STATESVILLE, NC 28677</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	
{F 000}	INITIAL COMMENTS  An onsite revisit was conducted on 05/25/22. Tags F561, F686, F689, F761, F804, F812, and F880 were corrected as of 05/25/22. A repeat tags was cited. The Directed Plan of Correction including the Root Cause Analysis were reviewed. The facility remains out of compliance. Event ID# ZN7X13.	{F 000}			
{F 867} SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, the facility's Quality Assessment and Assurance (QAA) committee failed to ensure regulatory compliance with F888 and failed to maintain implemented procedures and monitor the intervention that the committee put into place on 5/3/22. This was for one repeated deficiency regarding COVID 19 Vaccination of Facility Staff which was originally cited on 04/01/22 during a revisit and complaint investigation survey. The continued failure of the facility during the two federal surveys showed a pattern of the facility's inability to sustain an effective QAA program.  The findings included:  This citation is cross referred to: F888: Based on record review and staff interviews the facility's process failed to identify 2 staff employed under	{F 867}			

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

TITLE

(X6) DATE

Electronically Signed

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 867}	<p>Continued From page 1</p> <p>contract who were not fully vaccinated and failed to implement an effective process for tracking COVID-19 vaccinations status for 2 of 5 staff reviewed for COVID-19 Vaccination Status (Dietary Aide #1 and Dietary Aide #2). The facility was not in outbreak status and had no positive cases for COVID-19 among the residents.</p> <p>During the revisit and complaint investigation survey completed on 04/01/22 the facility failed to implement an effective process for tracking the COVID-19 vaccination status for 49 of 105 (47%) staff working in the facility who were reviewed for COVID-19 Vaccination Status. The facility was not currently in outbreak status.</p> <p>The Administrator was interviewed on 05/25/22 at 4:30 PM. The Administrator stated that at the time of the April 2022 survey, the facility did not have a process in place for tracking the vaccination status for all staff, but that now the facility currently had that process in place. The Administrator stated that the facility was aware of 2 dietary staff under contract who were not fully vaccinated, but the plans were to offer them the 2nd dose of a multi-dose vaccine at the facility's next COVID 19 clinic on 06/7/22. The Administrator also stated that she was aware that the dietary staff could obtain their 2nd dose of the COVID 19 vaccine elsewhere, but that the facility was planning to offer it to them at the next clinic. The Administrator stated that per federal regulations the facility was only required to ensure their staff had at least 1 dose of a multi-dose COVID 19 vaccine, and that the 2nd dose was not currently required.</p>	{F 867}			