

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT GASTONIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>416 N HIGHLAND STREET GASTONIA, NC 28052</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, unannounced complaint investigation was conducted on 08/18/22. A total of 3 allegations were investigated and one was substantiated: NC00192135 and NC00192063. Event ID# DO1211.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on facility record review and staff interviews, the facility failed to implement their abuse policy and procedures in the area of reporting when an allegation of suspected resident abuse was reported to facility staff for one of one abuse allegation reviewed (Dietary Manager #1).  Findings included:  The facility policy titled "Abuse, Neglect and Exploitation" with a revised date of 10/22/20, read in part: "It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing	F 607		8/19/22
			1. Facility failed to implement abuse policy and procedures in the area of reporting when an allegation of suspected resident abuse was reported to facility staff for one of one abuse allegations. Director of Nursing (DON) recalled on Monday or Tuesday of last week, she received a call from law enforcement informing her of a call that was received alleging that Dietary Manager #1 was putting drugs into the residents' food. The DON confirmed she did not submit the initial report to the State Agency regarding the allegation of alleged abuse. The 24-Hour Initial Report and 5-Day	

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

TITLE

(X6) DATE

Electronically Signed

08/24/2022

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 607	<p>Continued From page 1</p> <p>written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. The facility will have written procedures that include the reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a) Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or b) Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury."</p> <p>During an interview on 08/18/22 at 10:05 AM, the Director of Nursing (DON) reported the facility currently had no active abuse investigations and there had been none since April 2022.</p> <p>During follow-up interviews on 08/18/22 at 1:15 PM and 2:15 PM, the DON recalled on Monday or Tuesday of last week, she received a phone call from law enforcement informing her a gentleman had called to report Dietary Manager #1 was putting drugs into the residents' food. The DON added on that Tuesday, the gentleman also repeatedly called the facility from 6:00 AM until approximately 7:30 PM telling facility staff the same thing that was reported to law enforcement. The DON confirmed she did not submit the initial report to the State Agency regarding the allegation of alleged abuse involving Dietary Manager #1 and explained they knew the allegation was unfounded. In addition, the DON stated at the time, she didn't perceive it as an actual accusation, therefore reportable, because the police were already involved when she was</p>	F 607	<p>Working Report for stated incident was submitted to the State Agency on 8/18/22 by the Director of Nursing (DON).</p> <p>2. Current facility residents are at risk of being affected by the deficient practice. Regional Director of Clinical Services (RDCS) conducted an audit of all grievances from 6/1/22-8/19/22 to identify any areas of reportable concerns. No further areas of concern identified. Completed: 8/19/22</p> <p>3. The measures that have been put into place to ensure the deficient practice does not recur, are as follows: On 8-19-22, the RDCS re-educated the Administrator and DON on the CMS Abuse, Neglect, &amp; Exploitation PowerPoint Training including identification of abuse allegations &amp; reporting timeline requirements, as well as the facility Abuse, Neglect and Exploitation policy and timely reporting to State Agencies. On 8-18-22, the RDCS re-educated the Staff Development Coordinator (SDC) on the facility Abuse Policy and expectation of providing Abuse education to facility and agency staff during the orientation process. On 8-18-22 to 8-19-22, the SDC re-educated all facility and agency staff on the facility Abuse, Neglect and Exploitation Policy including identification of abuse allegations &amp; reporting timeline requirements. Newly hired facility and agency staff will receive Abuse, Neglect and Exploitation Policy education upon hire and prior to first shift worked. The Administrator and /or DON will report</p>		

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F 607	Continued From page 2 notified.  During a joint interview with the DON on 08/18/22 at 2:15 PM, the Regional Director of Clinical Operations (RDCO) stated law enforcement also informed the DON the gentleman who made the accusation against Dietary Manager #1 was well-known to them with a history of making these types of false allegations. The RDCO stated since the allegation of abuse was made, even if unfounded, they should have followed the facility's abuse policy and submitted the required forms to the State Agency.	F 607	violations to NC State Agency immediately but no later than 2 hours if the allegation involves abuse. Results of investigation will be submitted within 5 working days of the incident. Completed: 8/19/22  4. The Regional Director of Operations or Regional Director of Clinical Services will audit all facility allegations of abuse for timely state agency reporting 3 x a week for 4 weeks, then 1 time weekly for 8 weeks. The Administrator or Regional Director of Nursing will complete abuse questionnaires with 5 current staff members to verify understanding of identifying and reporting of abuse weekly for 12 weeks. The facility will monitor its corrective actions to ensure that the deficient practice is corrected and will not recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement Committee. Data will be brought by Administrator to review in Quality Assurance Performance Improvement meetings and changes will be made to the plan as necessary to maintain compliance with Abuse Policy and Reporting.  5. Completion Date: 8/19/2022	