

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345384	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/9/2017
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NAME OF PROVIDER OR SUPPLIER PRUITTHEATH-FARMVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4351 SOUTH MAIN STREET FARMVILLE, NC
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F 166	<p>483.10(j)(2)-(4) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>(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.</p> <p>(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>(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:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the 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;</p> <p>(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;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(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;</p> <p>(v) Ensuring that all written grievance decisions 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;</p> <p>(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</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 166	<p>Continued From Page 1</p> <p>any of these residents' rights within its area of responsibility; and</p> <p>(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 observation, staff and family interview and record review, the facility failed to provide a written resolution to a grievance filed by a resident's family member in May 2017 (Resident #14). Findings included:</p> <p>A review of the medical record revealed Resident #14 was admitted 10/29/2007 and re- admitted 10/7/2010 with diagnoses of muscle weakness, dementia without behaviors, dysphagia (difficulty swallowing), and a contracture.</p> <p>The quarterly Minimum Data Set (MDS) dated 2/27/2017 noted Resident #14 to be severely impaired for cognition and needed total assistance for all Activities of Daily Living (ADLs) with the physical assist of one to two persons. The MDS noted no behaviors.</p> <p>A review of the facility grievance logs revealed a grievance for Resident #14 filed by the Responsible Party (RP) on 5/5/2017. The facility investigation of the grievance indicated the concern was a missing thermometer in Resident #14's room. The investigation noted the room was searched and the thermometer was not found. The resolution indicated the facility reimbursed the RP for the purchase of a new thermometer.</p> <p>On 6/8/2017 at 5:00 PM in an interview, the Administrator stated the written resolution to the grievance filed by the RP was not available to him. The Social Worker Designee stated the former administrator completed the documentation and present staff were unaware of the location.</p> <p>On 6/8/2017 at 5:30 PM, the RP stated, in an interview, she had not received a written resolution to the grievance.</p> <p>The Administrator stated, on 6/8/2017 at 5:35 PM, his expectation was the written resolution to the grievances would be given to the person who filed the grievance.</p>
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