

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

PRINTED: 08/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2019
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370
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(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
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F 000	INITIAL COMMENTS	F 000		
F 585 SS=B	<p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§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.</p> <p>§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.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§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 facility of the right to file grievances orally</p>	F 585		7/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/12/2019
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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 correction is requisite to continued program participation.

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F 585	Continued From page 1 (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 include the date the grievance was received, a	F 585			

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F 585	<p>Continued From page 2</p> <p>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 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to provide a written grievance response summary for 2 (Resident #1 and Resident #3) of 2 residents reviewed for grievances. The findings included:</p> <p>1. Resident #1 was admitted on 1/17/19 with cumulative diagnoses of Orthostatic Hypotension and Acute Renal Failure, a history of falls, Anorexia and Anxiety.</p> <p>Review of Resident #1's 14 day Minimum Data Set dated 1/30/19 indicated he was cognitively intact and exhibited no behaviors. He was coded for extensive staff assistance with his activities of daily living except for supervision while eating.</p>	F 585	<p>Both residents referenced in the 2567 have grievance resolutions mailed to them by July 12, 2019.</p> <p>All completed grievances for the current quarter have a written decision either hand-delivered, mailed, or both. All pending grievances will have a written decision either hand-delivered, mailed, or both, once complete. Moving forward, all grievances will have a written decision hand-delivered, mailed, or both, once complete. This process will continue indefinitely, unless regulations change making this process unnecessary.</p> <p>The facility has edited the "Grievance</p>		

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F 585	<p>Continued From page 3</p> <p>Review of the facility grievance logs indicated Resident #1's Responsible Party (RP) issued a grievance dated 2/6/19 and on 2/11/19. Both grievance forms indicated the RP was updated and she did not request a copy of the grievance.</p> <p>In a telephone interview on 7/2/19 at 10:06 AM, the RP stated she did not recall being offered a copy of the grievances she wrote in February 2019, but she did know that she did not receive a written response to her grievances.</p> <p>In an interview on 7/2/19 at 12:12 PM, the Social Worker stated the facility did not provide a written grievance response summary unless it was requested by the person completing the grievance.</p> <p>In an interview on 7/2/19 at 4:30 PM, the Administrator stated it was his expectation that the facility adheres to the regulatory guidelines and provide a written grievance response summary to the person completing a grievance.</p> <p>2) Resident #3 was admitted to the facility on 11/8/12. His diagnoses included cerebral palsy, congestive heart failure, epilepsy and dysphagia (difficulty swallowing).</p> <p>The Annual Minimum Data Set (MDS) dated 3/31/19 indicated he had impaired cognition and required extensive to total assistance with all his activities of daily living.</p> <p>A Facility Concern/Grievance Reporting Form had been filed by Resident #3's Responsible Party (RP) on 3/21/19. The form indicated the RP was updated via the telephone regarding the</p>	F 585	<p>Policy," "Grievance Notification Posting," and the "Concern/Grievance Reporting Form" to align with the code of federal regulations, specifically stating that all grievances will receive a facility response in writing regarding grievance resolution or attempted grievance resolution. The Grievance Official will be responsible for ensuring grievances are mailed, hand-delivered, or distributed to all residents and/or resident representatives when a grievance is resolved or attempted to be resolved by the facility. The facility created a "Written Grievance Decision" form that will serve as the written communication to be issued to residents and/or the resident representative.</p> <p>The grievance log has been updated to indicate that grievance resolution notification is given to residents and/or resident representatives once a grievance is resolved or attempted to be resolved. Results of the grievance log, specific to delivering a written response to grievances will be reported at the Quarterly Quality Assurance meetings for the remainder of the year.</p> <p>The facility alleges full compliance with the alleged deficient practice on July 12, 2019.</p>		

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F 585	Continued From page 4 grievance on 3/27/19 and a copy was not requested. A phone call was placed to the RP on 7/1/19 at 2:26pm with a request for a return call. A return call was not received from the RP. In an interview on 7/2/19 at 12:12 PM, the Social Worker stated the facility did not provide a written grievance response summary unless it was requested by the person filing the grievance. In an interview on 7/2/19 at 4:30 PM, the Administrator stated it was his expectation that the facility adheres to the regulatory guidelines and provide a written grievance response summary to the person filing the grievance.	F 585			