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	345063	A. BUILDING _____ B. WING _____	C 06/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT WILSON	1804 FOREST HILLS ROAD W WILSON, NC 27893

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F 000	INITIAL COMMENTS An unannounced Complaint Investigation was conducted on 06/23/20 through 06/25/20. One out of seven complaint allegations was substantiated. Event ID# KFOG11.	F 000		
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §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. §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. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §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	F 585		7/7/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/06/2020

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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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;
(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

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F 585	Continued From page 2 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; (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 (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 record review, staff and resident interviews the facility failed to respond in writing to grievances submitted by three of three sampled residents (Resident #1, #4, #5) reviewed for facility response to grievances. Findings included: 1. Resident #1 was originally admitted to the facility on 3/3/20. Documentation on the most recent 5/27/20 quarterly minimum data set assessment revealed Resident #1 was cognitively intact with no moods or behaviors. An interview was conducted with Resident #1 on 6/24/20 at 11:30 AM. Resident #1 stated he reported concerns to the facility staff and he	F 585	F585 What measures did the facility put in place for the resident affected: On 7/1/2020 Resident #1, #2, and #3 were offered a copy of Facility grievance letter by Activity Director. What measures were put in place for residents having the potential to be affected: On 6/27/2020 all residents' concerns were reviewed by Social Worker for the past thirty days to ensure residents and/or the resident representative were issued a grievance letter written follow up for their stated grievance. Any residents that did not recall receiving	

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F 585	Continued From page 3 never received a written response regarding the outcome of his grievances. Resident #1 indicated he would like for the facility to listen to his concerns and give him a written response regarding attempts at a resolution. Review of the facility grievance log for April 2020 revealed Resident #1 lodged a grievance on 4/3/20 regarding the unprofessional appearance of a dietary aide. Review of the complaint/grievance report revealed the grievance made on 4/3/20 by Resident #1 was documented as communicated verbally to the facility social worker. Documentation on the same 4/3/20 grievance report revealed the investigation results were reported to the resident verbally on 4/6/20. An interview was conducted with the social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed, the facility would verbally notify the person or persons who had a concern, regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month. An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents.	F 585	a letter will be issued immediately by the Activity Director to be completed by 7/7/2020. Administrator initiated an in-service for the administrative staff on Grievance process and follow up: which included: When addressing resident concerns, you must include detailed information for resolution of concern to include a dated and time you received grievance. Investigation must be initiated immediately and followed with the Administrator within 24 hours to ensure all documentation and supporting documents are included. When grievances are closed Administrator must complete a letter in writing stating what was done to resolve the issue/concern. This letter needs to be mailed no more than 48 hours after receiving the grievances. If more time is needed to resolve any grievances, you must notify the Administrator and Social Worker; so follow up can be made to the family RR and/or resident. Residents will be encouraged to sign ever being offered or receiving facilities grievance letter. To be completed by 7/7/2020 What systems were put in place to prevent the deficient practice from reoccurring: The Administrator will appoint Admissions Coordinator, Director of Nursing, Activities Director, Medical Records, or Certified Dietary Manager to audit grievances utilizing the Grievance Audit tool weekly X 8 weeks then monthly X 1 month. Any negative findings will be corrected by the Social Worker and/or Administrator	

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F 585	Continued From page 4 The SW explained that he made a copy of the grievance response letter and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of confirming if the letters were received by the residents who had grievances. An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who was usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail. The activity director was interviewed on 6/24/20 at 2:15 PM. The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it. The SW provided a letter dated 5/1/20 addressed to Resident #1. Documentation in the letter to Resident #1 revealed how the 4/3/20 grievance was addressed by the facility. The letter was unsigned but the executive director's name and address were typed on the signature line. Resident #1 was interviewed on 6/24/20 at 2:37	F 585	immediately. How the facility will monitor systems put in place: The Social Worker will present a summary of audit findings at the monthly facility QAPI Meeting to ensure continued compliance Monthly X 3 months.	

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PM. Resident #1 was provided a copy of the grievance response letter dated 5/1/20 that was addressed Resident #1. Resident #1 stated he had not received any written documentation regarding the 4/3/20 grievance and he never seen the grievance response letter prior to the interview on 6/24/20.

The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive director/complaint coordinator acknowledged she could not confirm if Resident #1 refused to take the letter or that the grievance response letter was given to Resident #1.

2. Resident #4 was originally admitted to the facility on 6/2/17. Documentation on a 5/25/20 quarterly minimum data set assessment revealed Resident #4 was cognitively intact and had no moods or behaviors.

Resident #4 was interviewed on 6/24/20 at 1:15 PM. Resident #4 stated she never received any written documentation regarding the outcome of any of her grievances. Resident #4 acknowledged that not all grievances could be resolved but that she would like to at least know the facility made attempts to try to find a resolution.

Review of the facility grievance log for April 2020 revealed Resident #4 lodged a grievance on 4/13/20 regarding multiple issues some of which included television channel availability and room

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temperature.

Documentation on a complaint/grievance form dated 4/15/20 revealed Resident #4 communicated her concerns to the director of nursing verbally. The bottom of the form was signed as completed on 4/19/20 by the maintenance director. The documentation on the form did not indicate how or when the results of the grievance were communicated to Resident #4.

An interview was conducted with the facility social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed the facility would verbally notify the person or persons who had a concern regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month.

An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents. The SW explained that he made a copy of the grievance response letter and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of confirming if the letters were received by the residents who had grievances.

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An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM indicated that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail.

The activity director was interviewed on 6/24/20 at 2:15 PM. The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it.

The SW provided a letter dated 5/1/20 addressed to Resident #4. Documentation in the letter to Resident #4 revealed how the 4/13/20 grievance was addressed by the facility. The letter was unsigned but had the executive director's name and address typed on the signature line.

Resident #4 was interviewed again on 6/24/20 at 2:30 PM. Resident #4 was shown the letter addressed to her dated 5/1/20 revealing how her 4/13/20 grievance was attempted to be addressed. Resident #4 stated she had never seen the letter dated 5/1/20 regarding her grievance. Resident #4 further stated she always opens all her mail as soon as it comes to her.

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The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive director/complaint coordinator acknowledged she did have any way of confirming if Resident #4 received the follow up letter for the 4/13/20 grievance she lodged.

3. Resident #5 was readmitted to the facility on 11/16/19. Documentation on a quarterly minimum data set assessment dated 4/17/20 revealed Resident #5 was cognitively intact with no moods or behaviors.

Resident #5 was interviewed on 6/24/20 at 10:50 AM. Resident #5 related that he communicated grievances to staff members, but he was not sure if they were documented anywhere. Resident #5 stated he never saw anything on paper to acknowledge his grievances.

Review of the facility grievance log for February 2020 revealed Resident #5 lodged a concern or grievance on 2/14/20 regarding call light response and the provision of hot water for a bath.

Documentation on a complaint/grievance report dated 2/14/20 revealed the concerns of Resident #5 were verbally relayed to the social worker. The complaint/grievance form indicated the resident was verbally given the results of the attempt of a resolution and his dissatisfaction with the results on 2/23/20.

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An interview was conducted with the facility social worker (SW) on 6/24/20 at 12:02 PM. The SW revealed that after the grievance process was completed the facility would verbally notify the person or persons who had a concern regarding the investigation results and outcome. In addition, the SW indicated that a letter was sent to the person who lodged the grievance at the end of the month regarding the outcome of the grievance process. The SW indicated all the letters to both residents and family members were sent out on the same day at the end of the month.

An additional interview was conducted with the SW on 6/24/20 at 1:42 PM. The SW revealed that he wrote the response letters for grievances to the residents and then at the end of the month gave the letters to one of the three facility receptionists to be distributed to the residents. The SW explained that he made a copy of the grievance response letter given to the receptionists for the residents and he stapled it to the completed grievance form. The SW acknowledged he did not have any way of knowing if the letters were received by the residents who had grievances.

An interview was conducted with the assistant business office manager (ABOM) on 6/24/20 at 2:02 PM. The ABOM revealed that she was the person who usually given the response letters for the grievances for the residents at the end of each month. The ABOM stated she put the letters in envelopes with each resident's name on it. The ABOM indicated that the task of getting the letters in the envelopes usually was completed within the day of being given to her. She continued to

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explain that if she saw the resident to give them the envelope, she would give it to him or her, otherwise the letters were given to the activity director to distribute with the mail.

The activity director was interviewed on 6/24/20 at 2:15 PM. The activity director indicated she could not confirm if she distributed grievance response envelopes to any of the residents on a specific date. She stated she distributed the mail to the residents and assisted residents who required help in reading or understanding mail if they requested it.

The SW provided an undated letter addressed to Resident #5. Documentation in the letter to Resident #5 revealed how the 2/14/20 grievance was attempted to be addressed by the facility. The letter was unsigned but had the executive director's name and address typed on the signature line.

Resident #5 was interviewed again on 6/24/20 at 3:06 PM. Resident #5 was shown the undated grievance response letter regarding the concerns he had on 2/14/20. Resident #5 stated he had never received the undated grievance response letter and had not seen it prior to 6/24/20. Resident #5 was adamant he never received written responses to grievances he made at the facility.

The facility executive director/grievance coordinator was interviewed on 6/24/20 at 1:58 PM. She explained that the facility provided a letter for follow up on a grievance if a resident wanted one but that often the residents decline or refuse to take the written follow up letter regarding a grievance. The facility executive

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F 585	Continued From page 11 director/complaint coordinator acknowledged she did have any way of confirming if Resident #5 received the follow up letter for the 2/14/20 grievance he communicated to the social worker.	F 585		