

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

PRINTED: 11/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2022
NAME OF PROVIDER OR SUPPLIER WILSON REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893		
(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 A complaint investigation survey was conducted on 10/26/22. Event ID#35HO11. The following intakes were investigated NC00191588. Three of the 3 complaint allegations were not substantiated.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported 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 not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 609		11/13/22	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2022

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 609	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews and record review the facility failed to report an allegation of abuse to the State Agency within two hours of becoming aware of the allegation for 1 of 2 allegations of abuse reviewed (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 12/22/20 and most recently re-admitted on 10/18/22 with the following diagnoses: Acute and chronic respiratory failure with hypercapnia and hypoxia, acute on chronic systolic congestive heart failure, schizophrenia, and dependence on supplemental oxygen.</p> <p>Review of a quarterly Minimum Data Set assessment dated 09/06/22 revealed Resident #1 had intact cognition. She had verbal behavioral symptoms directed towards others (e.g. threatening others, screaming at others, cursing at others) and other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) daily. She required extensive to dependent care with activities of daily living. She received antipsychotic medication daily during the assessment look back period.</p> <p>Record review revealed the facility became aware of an allegation of abuse on 10/25/22 at 8:23 PM. Resident #1 alleged Nurse Aide #1 had squeezed her hand. An Initial Allegation Report for resident abuse was faxed to the State Agency at</p>	F 609	<p>F609 SS=D Reporting of Alleged Violations</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. Root Cause: Based on resident interview, staff interviews and record review, the facility failed to report an allegation of abuse to the State Agency within two hours of becoming aware of the allegation for 1 of 2 allegations of abuse reviewed (Resident #1).</p> <p>Resident(s) Affected by the Deficient Practice:</p> <p>The Facility Administrator submitted the initial allegation report from Resident #1 of abuse to the State Agency on 10/26/22. The Facility Administrator submitted the final investigation report, findings, interventions and care plan for Resident #1 to the State Surveyor and State Agency with no evidence to substantiate the allegation of abuse for Resident #1.</p>		

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F 609	<p>Continued From page 2</p> <p>919-733-3207 on 10/26/22 at 4:54 PM. Local law enforcement was notified of a reasonable suspicion of a crime on 10/26/22 at 3:55 PM, Report #22-004649. Nurse Aide #1 was suspended from employment on 10/26/22 pending the outcome of the investigation.</p> <p>During an interview with Resident #1 on 10/26/22 at 2:30 PM she stated a Nurse Aide the previous evening had squeezed her hand while providing care. She reported the Nursing Supervisor had made a report the evening before but no one from the facility had been in to talk to her about the incident. She stated she had been preparing to call the State to report she had been abused.</p> <p>During an interview with the Second Shift Nursing Supervisor on 10/26/22 at 2:49 PM she stated she was in the resident's room when Nurse Aide #1 touched the resident's hand. Nurse Aide #2 was also present. She reported Nurse Aide #1 reached to remove the resident's oxygen nasal cannula to enable them to change the resident's shirt when Resident #1 grabbed Nurse Aide #1's left hand. Nurse Aide #1 put her right hand on the resident's hand to free herself. Resident #1 began swinging her fists at Nurse Aide #1. She reported she instructed Nurse Aide #1 to step out of the room. She recalled Nurse Aide #1 never said a word during the interaction with the resident. She stated the resident started screaming, "that girl squeezed my hand." Herself and Nurse Aide #2 finished getting the resident ready for bed. She assessed the resident's hand and found no marks or redness on her hand. The Second Shift Nursing Supervisor commented she instructed both Nurse Aides to write a statement along with herself. She called the Director of Nursing and the Administrator. The Second Shift</p>	F 609	<p>Resident(s) with the Potential to be Affected by the Deficient Practice:</p> <p>All residents have the potential to be affected by the deficient practice. The Director of Nursing, and/or Designee completed a 100% Head to Toe Skin Assessment on all Residents by 11/13/2022. The Director of Nursing, and/or Designee completed a 100% resident abuse safety survey on all alert and oriented residents by 11/13/22. There were no additional observed deficient practices identified.</p> <p>Systemic Change:</p> <p>The Area Vice President educated the Administrator on the regulatory requirements and policy for timely reporting of abuse allegations on 11/07/22. The Administrator, Director of Nursing, or Designee will educate all employees on the regulatory requirements and policy for timely reporting allegations of abuse by 11/13/22. The Director of Nursing or Designee will educate any new employees on the regulatory requirement and policy during orientation.</p> <p>Monitoring:</p> <p>The Administrator and Director of Nursing will audit all investigation reports of abuse or neglect after the compliance date of 11/13/22 to monitor that all allegations are reported timely to the State Agency and ensure that the facility is meeting regulatory and policy requirements for the</p>		

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F 609	Continued From page 3 Nursing Supervisor stated the Administrator instructed her to get written statements. She placed the statements under the Director of Nursing's office door. In an interview with the facility Administrator on 10/26/22 at 3:02 PM she stated she had instructed the Second Shift Nursing Supervisor to have staff write statements and to update progress notes. She reported Resident #1 was known for making false statements and threatening to have staff fired or to call the State. She thought the issue was resolved as a concern and had not filed an initial report of alleged abuse to the State within two hours of the allegation.	F 609	deficient practice. The monitoring of this plan of correction will occur 5 times per week for 4 weeks, then weekly for 2 weeks, then monthly for 2 months. The Administrator will report the findings of the monitoring of the plan of correction to the Quality Assurance and Performance Improvement Committee monthly for 3 months and implement any changes to this corrective action as needed. The Facility alleges compliance for this deficient practice on 11/13/22.		