

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

PRINTED: 10/28/2021  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/09/2021</b> |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ACCORDIUS HEALTH AT WILSON</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1804 FOREST HILLS ROAD W</b><br><b>WILSON, NC 27893</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<br><br>A complaint investigation survey was conducted from 9/7/21 through 9/9/21. Event ID UPTO11   | F 000   |   |                      |   |
| F 563<br>SS=D   | Right to Receive/Deny Visitors<br>CFR(s): 483.10(f)(4)(ii)-(v)<br><br>§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.<br>(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;<br>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;<br>(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and<br>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. | F 563   |   | 9/20/21              |   |

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

TITLE

(X6) DATE

Electronically Signed

09/25/2021

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 563   | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and family, staff and Hospice interviews the facility restricted the number of visitors for a resident who was actively dying during an end-of-life visitation for 1 of 1 resident reviewed for visitation. (Resident #1)</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 8/23/21 and expired in the facility on 9/4/21.</p> <p>A review of the resident care plan dated 8/24/21 revealed a focus on advanced directives. Resident #1 was a do not resuscitate (DNR) and was admitted under hospice services.</p> <p>The admission Minimum Data Set (MDS) dated 8/27/21 revealed Resident #1 was severely cognitively impaired and required assistance with all activities of daily living. The MDS also revealed Resident #1 was on hospice care while in the facility.</p> <p>On 9/7/21 at 11:10 AM an interview with conducted with the Director of Nursing (DON). He stated 20 family members showed up for visitation with Resident #1 on 9/3/21. He stated he asked the family to allow 5 family members in the room at one time while the other family members waited in the lobby. He stated he limited visitation in the room for infection control reasons and to maintain social distancing.</p> <p>An interview was conducted with the Resident #1's responsible party (RP) on 9/8/21 at 8:20 AM. The RP stated the DON would only allow 2 family members at a time but increased it to 5 on 9/3/21.</p> | F 563   | <p>F563 Right to Receive/Deny Visitation</p> <p>Resident #1 expired on 9/4/2021.</p> <p>No other residents found affected at this time.</p> <p>On 9/13/21 current residents were informed by the facility Social Worker and the Director of Nursing, the right to have visitation without any restrictions. Any negative findings were corrected by the Social Worker, Director of Nursing, and/or Administrator.</p> <p>Facility staff were re-educated by the Administrator or/designee on QSO-20-39 as it relates to compassionate care and end-of-life visitation. Per QSO-20-39, compassionate care visits, and visits required under federal disability rights law, will be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. However, to maintain core principles of infection control per the QSO, the facility will consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection control for individual residents as well as the entire facility.</p> |                      |   |

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| F 563   | <p>Continued From page 2</p> <p>She stated all the family members were able to see Resident #1, but they had to rotate so only 5 people were in the room. She stated Resident #1 had 3 brothers and nieces that wanted to be in the room while Resident #1 was dying. She stated the family was very close and she was disappointed the DON would only allow 5 family members to be in the room at a time.</p> <p>An interview was conducted on 9/8/21 at 10:55 AM with the Regional Director of Operations (RDO) for the facility. She stated she spoke with the DON and explained that he could not restrict visitation, but the visitors needed to follow the infection control guidelines.</p> <p>On 9/8/21 at 11:30 AM an interview with conducted with the Hospice Nurse. She stated the DON would only allow 2 family members at a time to visit with Resident #1 but after she talked with him, he increased it to 5 on 9/3/21. The Hospice Nurse stated all the family members were allowed to come to the facility and while 5 would visit with the Resident #1, the remainder sat in the lobby.</p> | F 563   | <p>On 9/13/2021, the Administrator began in-servicing the Social Worker, Director of Nursing, Dietary Manager, Director of Rehabilitation, Activity Director, Maintenance Director, Medical Records, Business Office Manager, and the Minimum Data Set Nurse on the importance of allowing current residents to have visitors without any restrictions, to include on the weekends. In-service will be completed by 9/20/2021. All new hires of the Interdisciplinary Team will be in-serviced during orientation.</p> <p>The Director of Nursing, Minimum Data Set Nurse, and/or Social Worker will audit 10% of visitations weekly x 4 weeks then 10% of visitations monthly x 3 months to ensure all residents were allowed to have visitors with no restrictions utilizing the Visitation Audit tool. The Director of Nursing and/or Administrator, will present the findings to the QI improvement committee monthly for review x 3 months.</p> |                      |   |
| F 661<br>SS=D   | <p>Discharge Summary<br/>CFR(s): 483.21(c)(2)(i)-(iv)</p> <p>§483.21(c)(2) Discharge Summary<br/>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:<br/>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.<br/>(ii) A final summary of the resident's status to</p>  | F 661   |  | 9/20/21              |   |

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| F 661   | <p>Continued From page 3</p> <p>include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews the facility failed to complete a recapitulation of stay for 1 of 1 resident reviewed for a planned discharge to another facility (Resident #2).</p> <p>Resident #2 was admitted to the facility on 6/3/21. The most recent minimum data set assessment, a discharge assessment dated 7/21/21 revealed she was assessed as having significant cognitive impairment.</p> <p>Resident #2 was discharged to another facility on 7/21/21. The closed record revealed the facility failed to complete a recapitulation of the resident 's stay.</p> <p>The discharge summary form for Resident #2 with an admission date of 6/3/21 did not have the</p> | F 661   | <p>F661</p> <p>Resident #1 was discharged on 7/21/21.</p> <p>On 9/13/2021, current resident's charts of the past 30 days, were audited by Director of Nursing, Administrator, and/or Social Worker; to ensure admission and discharge assessments, are being completed per facility's protocol. Any negative findings were corrected by the Director of Nursing, Unit Manager, and/or Social Worker.</p> |                      |   |

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| F 661   | <p>Continued From page 4</p> <p>summary of stay, transitional information, nursing summary, medication reconciliation or final disposition completed.</p> <p>During an interview on 9/8/21 at 2:39 PM the facility social worker stated he completed his section of the discharge summary for Resident #2. He stated he was not aware when the other members of the interdisciplinary team completed their sections of the discharge summary. The social worker indicated he was unaware of who completed the recapitulation of stay.</p> <p>Review of the facility physician ' s progress notes revealed no discharge summary which included all the components of the recapitulation of stay and a final summary of the resident ' s status at discharge.</p> <p>During an interview with the Director of Nursing on 9/7/21 at 3:30 PM stated the discharge summary should have been completed for Resident #2. He further indicated the physician should have completed a discharge note for Resident #2.</p> <p>During an interview with the facility ' s corporate Nurse Consultant on 9/8/21 at 4:00 PM she stated completion of the recapitulation of stay on the facility ' s discharge summary form is not required as the facility physician does a recapitulation of stay in his or her discharge note. She stated that the physician should have completed a discharge note for Resident #2.</p> | F 661   | <p>On 9/13/202, the Administrator began in-servicing the Social Worker, Director of Nursing, Director of Rehabilitation, Activity Director, and the Minimum Data Set Nurse on the importance of completing assessments, to include discharge assessments, and recapitulation of the residents' stay. In-Service will be completed by 9/20/2021. Any new hire of the Interdisciplinary Team will be in-serviced during orientation by the Director of Nursing and/or Staff Development Coordinator.</p> <p>The Director of Nursing, Minimum Data Set Nurse, and/or Social Worker will audit 10% of charts weekly x 4 weeks then 10% of charts monthly x 3 months to ensure admission and discharge assessments are being completed utilizing the Resident Assessment Audit tool. The Director of Nursing and/or Administrator, will present the findings to the QI improvement committee monthly for review x 3 months.</p> |                      |   |