

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

PRINTED: 02/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/04/2023
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WILSON			STREET ADDRESS, CITY, STATE, ZIP CODE 1804 FOREST HILLS ROAD W 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 compliant investigaton survey was conducted on 1/04/23. Event # IIL211. Intake NC00196450 was investigated. 1 of the 2 allegations were substantiated.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to carry out orders consistent with the physician's written order by failing to provide a daily dressing change for 1 of 1 residents reviewed (Resident #1) for dressing change. The findings included: Resident #1 was readmitted to the facility on 11/2/22 after hospitalization for altered mental status and sepsis secondary to UTI with diagnoses that included osteomyelitis of vertebra, sacral and sacrococcygeal region, acquired absences of left and right leg above knee, myocardial infarction, dysphagia, protein-calorie malnutrition, diabetes mellitus, major depressive disorder, osteoporosis, lymphedema, rheumatoid arthritis, and history of COVID-19.	F 684	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction prepared and/or executed solely because it is required by state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents. F684 Quality of Care CFR(s): 483.25 The following corrective action(s) have been put into place for all residents	1/24/23	

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

TITLE

(X6) DATE

Electronically Signed

01/20/2023

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 684	<p>Continued From page 1</p> <p>A review of the quarterly Minimum Data Set dated 11/08/22 documented Resident #1 as cognitively intact and able to communicate her needs. She was assessed as having lower extremities impairment on both sides.</p> <p>A review of the physician's order for Resident #1, dated 11/24/22 revealed an order for left Above Knee Amputation (AKA) treatment: clean with Wound Cleanser (WC), pat dry, apply Santyl, cover with gauze, apply calcium alginate with silver, cover with an absorbent dressing and wrap with elastic gauze and Elastic Bandage for gentle compression daily and PRN (as needed) every day shift for wound care.</p> <p>A review of the Treatment Administration Record (TAR) for December 2022 conducted on 1/04/23 revealed an order for the left AKA dressing change as ordered. However, the dressing change was not documented as applied on 12/18/22. Further review of the December MAR revealed there was no documentation on 12/18/22 the dressing change had been provided.</p> <p>In an interview on 1/04/23 at 11:20 AM Nurse #1 revealed on Sunday, 12/18/22 there were 2 nurses on the hall. She indicated she was unable to provide any dressing changes, but she made sure all her residents received their medications.</p> <p>In an interview on 1/04/23 at 12:55 PM the Director of Nursing (DON) he indicated any resident with physician orders for a dressing change should receive their treatment as ordered.</p> <p>On 1/04/23 at 3:14 PM the Administrator indicated it a resident had an order for a daily dressing change she would expect staff to</p>	F 684	<p>including those who have been affected by the alleged deficient practice.</p> <ol style="list-style-type: none"> 1. Resident #1 is currently receiving wound care per physician's order. The facility is unable to correct the omission of the treatment on 12/18/22. 2. Residents with wound care orders have been identified as having the potential to be affected. Wound care orders been reviewed by the Director of Nursing (DON) or Senior DON to establish a baseline for providing treatments and documentation. 3. Licensed Nurses have been educated by the DON or Assistant DON on providing wound care per physician's order and documenting the care provided. No Licensed Nurse will be permitted to work after 1/20/23 without first receiving the education on providing wound care per physician's order. 4. The DON and ADON will perform monitoring of wound care treatments to assure that wound treatments are being completed and according to physician's orders. Audits for 3 months will be completed by the DON or ADON to include five times a week for one week, then weekly for one month, and then monthly for two months on five separate residents with MD orders for wound care to assure ongoing compliance with wound care treatments. Monthly for three months the DON will present the audits to the Quality Assurance and Performance Improvement Committee. (QAPIC) The QAPIC will review the audits and make recommendations to assure compliance is sustained ongoing. 		

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F 684	Continued From page 2 provide the dressing change as the physician ordered.	F 684	5. The facility will be in compliance on 1/24/23.		