| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345332 | A. BUILDING _____ B. WING _____ | C 08/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILSON HEALTHCARE AND REHABILITATION CENTER** | **2501 DOWNING ST SW 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<br><br>A complaint investigation survey was conducted on 8/9/23. Event ID# OBDU11.<br>The following intake was investigated: NC00205679.<br><br>1 of the 1 complaint allegation did not result in deficiency. | F 000 | | |
| F 609 SS=D | Reporting of Alleged Violations<br>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§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.<br><br>§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 | F 609 | | 8/23/23 |

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

Electronically Signed | 08/23/2023

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| F 609 | Continued From page 1<br>appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview the facility failed to report a staff to resident abuse allegation to the state agency, Adult Protective Services, and law enforcement as required for 1 of 1 resident (Resident #1) reviewed for abuse.<br><br>Findings included:<br><br>Resident #1 was admitted to the facility on 4/24/23.<br><br>During an interview with Nurse #1 on 8/9/23 at 10:05 AM who stated she was working on 7/23/23 and observed Nurse Aide #1 (NA #1) hit Resident #1. She stated she ensured the resident was safe and NA #1 was off the hall and was not working with any residents. Nurse #1 stated she contacted the Staff Development Nurse at approximately 7:30 PM who stated she would contact the Administrator. Nurse #1 stated she told the Administrator she had witnessed NA #1 strike Resident #1.<br><br>An interview was conducted with the Administrator on 8/9/23 at 11:30 AM. He reported he was contacted by the Staff Development Nurse on 7/23/23 at 7:50 PM about potential abuse and immediately began an investigation. He reported he interviewed Nurse #1, NA #1, other staff on duty and residents. The Administrator indicated after he conducted the investigation, he determined the abuse was unsubstantiated. He finished his investigation on 7/23/23 at 9:15 PM. He reported he did not report the abuse allegation to the State because | F 609 | Please accept this Plan of Correction as Wilson Healthcare and Rehabilitation Centers credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by Federal and State laws, which requires an acceptable Plan of Correction as a condition of continued certification.<br><br>Resident # 1 did not have any ill effects from this grievance. Resident #1 was safe from any immediate danger. A full investigation was prompted immediately by the facility administrator when alerted to the grievance concern, and the full investigation did not reveal any wrongdoing. Resident # 1 was free from any physical and emotional injuries. State surveyor investigated the grievance on 8/9/2023 and determined that the grievance did not result in any deficiency. There were no willful acts of wrongdoing at all in this grievance.<br><br>All other residents were checked on immediately upon discovery of this grievance. No other residents were in harmed. Administrator to provide education to all staff on importance of reporting any abuse allegations promptly by 8/25/2023. All concerns were reviewed | |

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| F 609 | Continued From page 2<br>he determined no abuse had occurred. The Administrator stated Nurse #1 and NA #1 had a dispute over patient assignments the night before and he felt it was retaliation. He stated he consulted with the facility Nurse Consultant on 7/23/23 at approximately 9:30 PM, and they determined a report to the state agency, Adult Protective Services, and law enforcement was not necessary.<br><br>During an interview with the facility Nurse Consultant on 8/9/23 at 2:49 PM she stated she spoke with the Administrator and the Vice President of Operations on 7/23/23 at 9:30 PM, and they concluded reporting to the state agency, Adult Protective Services and law enforcement was not necessary because the Administrator completed the investigation within two hours and did not substantiate the allegations. | F 609 | for the past 6 months to ensure that any abuse allegations were reported promptly. A monitoring tool will be utilized and initiated by the facility's Administrator to ensure that when an allegation of abuse is mentioned all the proper steps are taken and if it is a reportable event it is reported in the proper time frame. Administrator to monitor weekly x 4 weeks and then monthly x 2 months to ensure allegations of abuse are reported timely.<br><br>The results of the audits will be discussed monthly at Quality Performance Improvement (QAPI) meeting for 3 months with any recommendations and continued education. The Administrator will be responsible for overall compliance. The QAPI committee will determine if additional monitoring is required past the initial three months, which will be reflected in QAPI minutes. | |