

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/09/2017
NAME OF PROVIDER OR SUPPLIER ANSON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET WADESBORO, NC 28170		
(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 163 SS=B	<p>483.10(d)(1)(2)(4)(5) RIGHT TO CHOOSE A PERSONAL PHYSICIAN</p> <p>(d)(1) The physician must be licensed to practice, and</p> <p>(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.</p> <p>(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.</p> <p>(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and facility staff and resident interviews the facility failed to notify and provide the resident or their representative information that their facility attending physician had resigned and was being replaced in 5 of 5 residents (Resident #5, #9, #10, #11, and #12).</p> <p>The findings included: A review of the facility ' s consent agreement for</p>	F 163	<p>F163 – RIGHT TO CHOOSE A PERSONAL PHYSICIAN</p> <p>Preparation and or execution of this plan does not constitute admission or agreement by the Provider of the truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan is</p>	8/21/17	

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

TITLE

(X6) DATE

Electronically Signed

08/21/2017

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 163	<p>Continued From page 1</p> <p>provision of chronic care management (blank form, no date) revealed the previous provider ' s name for consent to the Provider providing services to the resident.</p> <p>On 2/9/17 at 10:46 am a resident ' s family member reported that the facility resident physician had changed without notifying the family. The facility had not provided the family the opportunity to choose another physician.</p> <p>On 8/9/17 at 10:15 am an interview was conducted with Resident #11. The resident stated that she was not notified that there was a facility resident physician change and would like to know who was the new physician.</p> <p>On 8/9/17 at 10:22 am an interview was conducted with Resident #9 and 10. Both residents stated that they were not informed there was a facility resident physician change and asked who was the new physician and when did the change take place.</p> <p>On 8/9/17 at 10:31 am an interview was conducted with Resident #12. The resident stated that he was not informed that there was a facility resident physician change.</p> <p>On 8/9/17 at 11:10 am an interview was conducted with Social Work (SW). SW stated that the residents signed a consent agreement to be treated by one of the two named attending physicians when first admitted to the facility. Another agreement was not provided when the attending physician resigned and new a physician was hired. The new physician was hired 2/1/17. SW stated that the residents and/or their representatives were not informed of an attending</p>	F 163	<p>prepared and executed solely because it is required by the provisions of State and Federal law.</p> <p>Resident or Resident Representative of (#5, #9, #10, #11 and #12) received a letter from the Administrator and Social Worker on August 18, 2017 notifying them of the physician change effective February 1, 2017 and their right as a resident/representative to choose a personal physician.</p> <p>All active residents and/or representatives received a letter from the Administrator and Social Worker on August 18, 2017 notifying them of the physician change effective February 1, 2017 and their right to choose a physician of choice.</p> <p>The Social Worker and the Administrator were in-serviced by the Regional Manager of Operations on August 18, 2017 regarding F163- RIGHT TO CHOOSE A PERSONAL PHYSICIAN.</p> <p>All contracts were audited by the Director of Nursing and Administrator between August 9, 2017 and August 18, 2017 to ensure no other physician changes has occurred within the past six months.</p> <p>All corrective actions were completed on 8/18/17. Moving forward, in order to provide Quality Assurance, any physician changes will be presented in QAPI Meetings prior to a change. This presentation will be inclusive of a checklist ensuring notification of the change to</p>		

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

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F 163	Continued From page 2 physician change to date. On 8/9/17 at 5:15 pm an interview was conducted with the Administrator, Director of Nursing (DON), and Social Work (SW). The DON and SW both stated that the residents who were oriented or the resident ' s representative were not informed of the attending physician change of February 1, 2017. The DON stated that the only notification of who the attending physician would be was provided on admission.	F 163	residents/representatives and their right to choose a personal physician has been completed.	