STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

116 LANE DRIVE
THE GRAYBRIER NURS & RETIREMENT CT
TRINITY, NC  27370

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 000 INITIAL COMMENTS
A complaint investigation survey was conducted
7/1/19 through 7/2/19. 14 total allegations were
unsubstantiated. Event ID# 3CL211

F 585 Grievances
CFR(s): 483.10(j)(1)-(4)

§483.10(j) Grievances.
§483.10(j)(1) The resident has the right to voice
grievances to the facility or other agency or entity
that hears grievances without discrimination or
reprisal and without fear of discrimination or
reprisal. Such grievances include those with
respect to care and treatment which has been
furnished as well as that which has not been
furnished, the behavior of staff and of other
residents, and other concerns regarding their LTC
group stay.

§483.10(j)(2) The resident has the right to and the
facility must make prompt efforts by the facility to
resolve grievances the resident may have, in
accordance with this paragraph.

§483.10(j)(3) The facility must make information
on how to file a grievance or complaint available
to the resident.

§483.10(j)(4) The facility must establish a
grievance policy to ensure the prompt resolution
of all grievances regarding the residents' rights
contained in this paragraph. Upon request, the
provider must give a copy of the grievance policy
to the resident. The grievance policy must
include:
(i) Notifying resident individually or through
postings in prominent locations throughout the
facility of the right to file grievances orally

Electronically Signed
07/12/2019

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.
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**A. BUILDING** ________________

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<th>ID</th>
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**B. WING** ________________

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**STATEMENT OF DEFICIENCIES**

**NAME OF PROVIDER OR SUPPLIER**

THE GRAYBRIER NURS & RETIREMENT CT

**STREET ADDRESS, CITY, STATE, ZIP CODE**

116 LANE DRIVE
TRINITY, NC 27370

**DATE SURVEY COMPLETED**

07/02/2019

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<th>ID</th>
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<tbody>
<tr>
<td>Event ID: 3CL211</td>
<td>Facility ID: 953491</td>
<td>If continuation sheet Page 2 of 5</td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

**COMPLETION DATE**
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<td>summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide a written grievance response summary for 2 (Resident #1 and Resident #3) of 2 residents reviewed for grievances. The findings included: 1. Resident #1 was admitted on 1/17/19 with cumulative diagnoses of Orthostatic Hypotension and Acute Renal Failure, a history of falls, Anorexia and Anxiety. Review of Resident #1’s 14 day Minimum Data Set dated 1/30/19 indicated he was cognitively intact and exhibited no behaviors. He was coded for extensive staff assistance with his activities of daily living except for supervision while eating.</td>
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Both residents referenced in the 2567 have grievance resolutions mailed to them by July 12, 2019. All completed grievances for the current quarter have a written decision either hand-delivered, mailed, or both. All pending grievances will have a written decision either hand-delivered, mailed, or both, once complete. Moving forward, all grievances will have a written decision hand-delivered, mailed, or both, once complete. This process will continue indefinitely, unless regulations change making this process unnecessary.

The facility has edited the "Grievance FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 3CL211 Facility ID: 953491 If continuation sheet Page 3 of 5"
Review of the facility grievance logs indicated Resident #1's Responsible Party (RP) issued a grievance dated 2/6/19 and on 2/11/19. Both grievance forms indicated the RP was updated and she did not request a copy of the grievance.

In a telephone interview on 7/2/19 at 10:06 AM, the RP stated she did not recall being offered a copy of the grievances she wrote in February 2019, but she did know that she did not receive a written response to her grievances.

In an interview on 7/2/19 at 12:12 PM, the Social Worker stated the facility did not provide a written grievance response summary unless it was requested by the person completing the grievance.

In an interview on 7/2/19 at 4:30 PM, the Administrator stated it was his expectation that the facility adheres to the regulatory guidelines and provide a written grievance response summary to the person completing a grievance.

2) Resident #3 was admitted to the facility on 11/8/12. His diagnoses included cerebral palsy, congestive heart failure, epilepsy and dysphagia (difficulty swallowing).

The Annual Minimum Data Set (MDS) dated 3/31/19 indicated he had impaired cognition and required extensive to total assistance with all his activities of daily living.

A Facility Concern/Grievance Reporting Form had been filed by Resident #3's Responsible Party (RP) on 3/21/19. The form indicated the RP was updated via the telephone regarding the Policy, "Grievance Notification Posting," and the "Concern/Grievance Reporting Form" to align with the code of federal regulations, specifically stating that all grievances will receive a facility response in writing regarding grievance resolution or attempted grievance resolution. The Grievance Official will be responsible for ensuring grievances are mailed, hand-delivered, or distributed to all residents and/or resident representatives when a grievance is resolved or attempted to be resolved by the facility. The facility created a "Written Grievance Decision" form that will serve as the written communication to be issued to residents and/or the resident representative.

The grievance log has been updated to indicate that grievance resolution notification is given to residents and/or resident representatives once a grievance is resolved or attempted to be resolved. Results of the grievance log, specific to delivering a written response to grievances will be reported at the Quarterly Quality Assurance meetings for the remainder of the year.

The facility alleges full compliance with the alleged deficient practice on July 12, 2019.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

THE GRAYBRIER NURS & RETIREMENT CT

**STREET ADDRESS, CITY, STATE, ZIP CODE**

116 LANE DRIVE
TRINITY, NC 27370

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<tr>
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<td>Continued From page 4 grievance on 3/27/19 and a copy was not requested. A phone call was placed to the RP on 7/1/19 at 2:26pm with a request for a return call. A return call was not received from the RP. In an interview on 7/2/19 at 12:12 PM, the Social Worker stated the facility did not provide a written grievance response summary unless it was requested by the person filing the grievance. In an interview on 7/2/19 at 4:30 PM, the Administrator stated it was his expectation that the facility adheres to the regulatory guidelines and provide a written grievance response summary to the person filing the grievance.</td>
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