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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345406 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/14/2024 |
| NAME OF PROVIDER OR SUPPLIER Accordius Health and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 38 Carters Road Gatesville, NC 27938 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41772</p> <p>Based on record review and interviews with resident and staff, the facility failed to ensure the resident's right to file a grievance and receive written notification of the decision regarding the grievance investigation for 4 of 5 residents reviewed for the grievance process. (Resident #17, Resident #9, Resident #22, and Resident #21)</p> <p>The findings included:</p> <p>Review of the facility policy dated 3/8/22 titled Grievance Policy read in part: 7. The facility must ensure that all written grievance decisions include the date the grievance was received, a summary statement of the resident ' s grievance, the steps taken to investigate the grievance, a summary of the pertinent finding or conclusions regarding the residents ' concerns, a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken by the facility, and the date the written decision was issued.</p> <p>1. Resident #17 was admitted to the facility on [DATE].</p> <p>A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #17 was cognitively intact.</p> <p>Review of a grievance filed since the last standard survey on 5/11/23 revealed Resident #17 had filed a grievance on 8/16/23. The 8/16/23 grievance revealed Resident #17 expressed concerns about receiving pork despite her saying she does not eat pork.</p> <p>An interview was conducted with Resident #17 on 8/13/24 at 2:00 PM and she explained she had not received a written resolution regarding the outcomes of the grievance she had reported and had not been told verbally. Resident #17 reported that she still received pork on her meal tray.</p> <p>During an interview with the Administrator on 8/14/24 at 10:56 AM he stated he was responsible for coordinating the grievance process. He indicated grievances were reviewed each morning with the interdisciplinary team during morning meetings. He stated the grievances were dispersed to the corresponding department and resolution completed within 72 hours. The Administrator further stated the grievances came back to the interdisciplinary team and were reviewed by the grievance officer. The grievance outcome was given to the person who filed the grievance in writing but was sometimes provided verbally. He revealed he told Resident #17 verbally of the grievance outcome.</p> <p>(continued on next page)</p> |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2. Resident #9 was admitted to the facility on [DATE].</p> <p>A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #9 was cognitively intact.</p> <p>Review of the grievances filed since the last standard survey on 5/11/23 revealed Resident #9 had filed a grievance on 8/2/23. The 8/2/23 grievance revealed Resident #9 had an issue with her bed not being made.</p> <p>An interview was conducted with Resident #9 on 8/13/24 at 2:22 PM and she explained she had not received a written resolution regarding the outcomes of the grievance she had reported and had not been told verbally.</p> <p>During an interview with the Administrator on 8/14/24 at 10:56 AM he stated he was responsible for coordinating the grievance process. He indicated grievances were reviewed each morning with the interdisciplinary team during morning meetings. He stated the grievances were dispersed to the corresponding department and resolution completed within 72 hours. The Administrator further stated the grievances came back to the interdisciplinary team and were reviewed by the grievance officer. The grievance outcome was given to the person who filed the grievance in writing but was sometimes provided verbally. He revealed he told Resident #9 verbally of the grievance outcome.</p> <p>3. Resident #22 was admitted to the facility on [DATE].</p> <p>A review of the most recent annual MDS dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of the grievances filed since the last standard survey on 5/11/23 revealed Resident #22 had filed 8 grievances with the facility on 7/9/23, 9/25/23, 11/15/23, 12/7/23, 12/28/23, 1/3/24, 5/6/24, 5/8/24, 7/19/24. Review of the 7/9/23 grievance revealed Resident #22 complained of cold food. The 9/25/23 grievance expressed by Resident #22 was related to an argument with another resident in the dining room. The grievance shared on 11/15/23 was regarding the Administrator ' s action when delivering her groceries. Review of the grievance initiated on 12/7/23 revealed Resident #22 had a disagreement with another resident. The 12/28/23 grievance expressed by Resident #22 was related to a pair of missing pants and socks. The grievance shared on 1/3/24 was regarding dietary staff when Resident #22 asked for an alternate meal. Review of the grievance dated 5/6/24 revealed Resident #22 she was still missing pants and food. The 5/8/24 grievance expressed by Resident #22 was related to her not being able to open the door to her room while in the wheelchair, requesting another bedside table, and remove boxes from the floor. The grievance shared on 7/19/24 was regarding staff not putting creams and lotions on resident legs and not hanging up clothing.</p> <p>An interview was conducted with Resident #22 on 8/12/24 at 11:40 AM and she explained she had not received a written resolution regarding the outcomes of the grievances she had reported and had not been told verbally.</p> <p>(continued on next page)</p> | | |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview with the Administrator on 8/14/24 at 10:56 AM he stated he was responsible for coordinating the grievance process. He indicated grievances were reviewed each morning with the interdisciplinary team during morning meetings. He stated the grievances were dispersed to the corresponding department and resolution completed within 72 hours. The Administrator further stated the grievances came back to the interdisciplinary team and were reviewed by the grievance officer. The grievance outcome was given to the person who filed the grievance in writing but was sometimes provided verbally. He revealed he told Resident #22 verbally of the grievance outcomes.</p> <p>4. Resident #21 was admitted to the facility on [DATE].</p> <p>A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of a grievance filed since the last standard survey revealed Resident #21 had filed a grievance on 7/12/23. Review of the 7/12/23 grievance revealed Resident #21 had missing money.</p> <p>An interview was conducted with Resident #21 on 8/13/24 at 9:32 AM and she explained she had not received a written resolution regarding the outcomes of the grievances she had reported and had not been told verbally.</p> <p>During an interview with the Administrator on 8/14/24 at 10:56 AM he stated he was responsible for coordinating the grievance process. He indicated grievances were reviewed each morning with the interdisciplinary team during morning meetings. He stated the grievances were dispersed to the corresponding department and resolution completed within 72 hours. The Administrator further stated the grievances came back to the interdisciplinary team and were reviewed by the grievance officer. The grievance outcome was given to the person who filed the grievance in writing but was sometimes provided verbally. He revealed he told Resident #21 verbally of the grievance outcome.</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41772</p> <p>Based on observations, record review, resident and staff interview the facility failed to maintain an effective pest control program as evidenced by the presence of flies on 2 of 5 Hallways that affected resident rooms 117, 118, 121, 122, and 123.</p> <p>The findings included:</p> <p>Review of the pest control receipt for 6/28/24 read: inspected and treated select areas with a focus on kitchen. Performed exterior rodent services, checked accessible bait stations and replaced bait as needed. No rodent or insect activity was noted during inspection and/or service. There was no mention of a fly program service.</p> <p>Review of the pest control receipt for 7/31/24 read: inspected and treated select areas. Performed exterior rodent services, checked accessible bait stations and replaced bait as needed. No rodent or insect activity was noted during inspection and/or service. There was no mention of a fly program service.</p> <p>a. An observation of a resident in room [ROOM NUMBER] was conducted on 08/12/24 at 09:32 AM. There were flies noted in the room that landed on the bed, the bedside table and the resident ' s hand.</p> <p>b. An observation of a resident in room [ROOM NUMBER] was conducted on 08/12/24 10:12 AM. There were flies noted in the room that landed on the bed, on the resident ' s leg and the bedside table.</p> <p>An observation of a resident in room [ROOM NUMBER] was conducted on 8/14/24 at 10:36 AM. There were flies noted on the bedside table, on the cup of orange juice on the bedside table, and on the cup of coffee on the bedside table.</p> <p>An observation of a resident in room [ROOM NUMBER] was conducted on 8/14/24 at 12:53 AM. There were flies in the room that landed on the bed, urinary drainage bag tubing and resident ' s foot.</p> <p>c. An observation of a resident in room [ROOM NUMBER] was conducted on 08/12/24 at 10:50 AM. There were flies noted in the room that landed on the bed, on the resident ' s lap and the bedside table. The resident stated he had issues with flies and had purchased a fly swatter which he was holding.</p> <p>d. An observation of a resident in room [ROOM NUMBER] was conducted on 08/12/24 11:08 AM. There were flies noted in the room that landed on the bed and the bedside table.</p> <p>e. An observation was conducted on 08/12/24 at 02:15 PM. There were flies in the room, on the resident ' s chest and on the arm rest of the wheelchair the resident was sitting in.</p> <p>An observation was conducted on 08/13/24 at 10:55 AM. There were flies noted in the room on the resident ' s chest and the resident's bed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview was conducted with NA #1 on 8/12/24 at 2:40 PM. NA #1 stated she was a full-time employee at the facility and worked on the hallway where rooms 116, 117, 121 were located. NA #1 stated that there were insect lights on the wall in the hallway and a door blower over the exit door to help with flies.</p> <p>During a resident council meeting held on 8/13/24 at 2:00 PM, the council reported that they had been having issues with flies and had mentioned it to the Administrator.</p> <p>An interview was conducted with the Maintenance Director on 8/14/24 at 9:13 AM. The Maintenance Director stated that the Pest Control Technician comes to the facility on ce a month. The Maintenance Director stated he provided the fly program service and the number of flies in the facility depended on the weather. He explained that the facility had insect lights on the hallway walls and door blowers over the C Hall (Rooms 114 to 121) and D Hall (Rooms 122 -126) exit doors. The D Hall exit door lead out to the smoking gazebo which resident entered and exited multiple times each day. The Maintenance Director stated the glue boards in the insect lights were checked every month and changed every three months or sooner if needed. The Maintenance Director stated he sprays fly spray around the outside of the kitchen back door and the outside exit doors daily but is unable to use the fly spray inside the facility due to some residents being sensitive to the chemicals.</p> <p>The Administrator was interviewed on 8/14/24 at 10:56 AM. The Administrator stated the Pest Control Technician comes to the facility on ce a month to inspect and treat selected areas of the facility. The Administrator stated he felt that the facility had insect lights and door blowers to help with the flies. The Administrator stated the Maintenance Director was responsible for the maintenance of the hallway insect lights and he was unaware of any issues with the equipment.</p> | | |