

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 08/19/2020
NAME OF PROVIDER OF SUPPLIER ACCORDIUS HEALTH AT WILSON		STREET ADDRESS, CITY, STATE, ZIP 1804 FOREST HILLS ROAD W WILSON, NC 27893	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interview and review of the facility's infection control and COVID-19 policies, the facility failed to conduct the complete COVID-19 screening process for 1 of 1 visitor upon entry to the facility. Findings included: A review of the facility 's COVID-19 Policy and Plan for Facilities dated 5/26/2020 stated all vendors, providers, and visitors permitted into the building were to follow all screening processes: sign in and out on the facility log, check visitor 's temperature, ask screening questions and use hand hygiene at entrance and exit. On 08/18/2020 at 7:55 am, the receptionist unlocked the front door of the facility and permitted a surveyor to enter the building. When the surveyor entered the building, the receptionist sprayed the entrance floor mat with a bottle labeled disinfectant and asked the surveyor to use hand sanitizer. The receptionist instructed the surveyor to proceed to the front desk. The receptionist recorded the surveyor 's temperature and escorted the surveyor to the facility conference room. On 8/18/2020 at 8:01 am, the surveyor conducted the entrance conference with the Director of Nursing in the facility conference room and proceeded with the facility tour. On 8/18/2020 at 8:50 am, the receptionist stopped the surveyor in the main hallway and stated, I need you to come back. I forgot to ask your screening questions. The surveyor returned to the front desk. The receptionist asked the surveyor the COVID 19 screening questions. On 8/18/20 at 8:51am, the receptionist stated just forgot to ask the questions as the reason the screening questions were not asked when the surveyor entered the building. On 8/18/20 at 10:40 am during an interview, the Director of Nursing stated the facility 's policy was for the screener to complete all aspects of the COVID-19 screening process for all visitors. On 8/18/20 at 10:42 am, an interview was conducted with the administrator. The administrator stated all visitors were to be screened using the entire screening process for COVID-19.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.