

~~10/23~~
1 of 4

Nursing Home Complaint Form

Section 1. Person Filling Out the Complaint Form If you wish to remain completely anonymous do not complete this Section. You may choose to remain completely anonymous; however, the State Survey Agency will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation.		
Name (first and last): <u>A. JACK WATSON JR #1201662</u>		
Address: <u>1821</u> <u>AUGUSTA CORRECTIONAL CENTER, 1821 ESTATINE VALLEY RD</u>		
City: <u>CRAIGSVILLE</u>	State: <u>VA</u>	Zip Code: <u>24430</u>
Email address: <u>NONE</u>		
Primary Telephone: <u>() NONE</u>	Secondary Telephone: <u>() NONE</u>	
Best time(s) to contact you (please check all that apply): <u>BY TELEPHONE</u> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Date you filed the complaint: <u>3/7/2016</u>		

Section 2. Nursing Home Information		
Facility Name: <u>SUNNY ACRES NURSING HOME</u>		
Address: <u>PO BOX 67</u>		
City: <u>FORK</u>	State: <u>SC</u>	Zip Code: <u>29543</u>
Telephone Number: <u>(843) 464-6212</u>		

Section 3. Resident Information	
Resident Name (first and last): <u>SARA WATSON</u>	Date of Birth: <u>9/1/1931</u> <u>ETHNIC 26th</u>
Your Relationship to the Resident: <u>ONLY SON & CHILD</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Resident (self) <input type="checkbox"/> Friend <input type="checkbox"/> Ombudsman <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Legal representative/guardian/power of attorney <input type="checkbox"/> Other, please explain: _____ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Family Member (Spouse/Child/Parent) <input type="checkbox"/> Present or former nursing home employee <input type="checkbox"/> Quality Improvement Organization <input type="checkbox"/> Media <input type="checkbox"/> Anonymous </div> </div>	
Is the Resident still in the nursing home? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Do not know	

Section 4. Complaint Information Please provide as much information as possible including the date, time, how often the concern has occurred, and the location where the concern occurred. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section. You may attach additional pages and reports to this form as needed.

Section 5. Reporting of the Complaint

Did you report this complaint to the nursing home staff?

☐ No

☒ Yes

If yes, please complete the items below:

A. Date the complaint was reported to the nursing home staff person:

____/____/____ NUMEROUS MAIL IN REQUEST STARTING
ABOUT MAY 2015

B. Name and title of the nursing home staff person to whom the complaint was reported: UNKNOWN. ALL ADDRESSED TO MEDICAL ADMINISTRATION

C. What action was taken by the nursing home?

NONE - COMPLETE IGNORING OF MY CONCERNS. NOT EVEN
ACKNOWLEDGEMENT OF RECEIPT OF MY LETTERS

Did you report this complaint or incident to any other agency? NO

☐ Long Term Care Ombudsman

☐ Law Enforcement Agency

☐ Adult Protective Services

☐ Attorney General

☐ Other Please list: _____

Section 6. Complaint Resolution

What do you think should happen in this situation?

- ① SUNNY ACRES SHOULD RESPOND IN LETTER TO ALL MY REQUESTS,
- ② SUNNY ACRES SHOULD PROVIDE ME WITH ALL DOCTORS',
REGULAR AND PSYCHIATRIC, NAMES + ADDRESSES FOR LAST 12 MONTHS
- ③ SUNNY ACRES SHOULD PROVIDE ME WITH COPIES OF CHARTS,
DOCTOR'S NOTATIONS, DIAGNOSIS, PROGNOSIS, AND LIST OF ALL
DOGS SHE IS AND HAS BEEN ON, ~~FOR~~ ALL FOR THE PAST 12 MONTHS

SEE ATTACHED

Names of any other person(s) or witness(es) involved in this complaint:

Name (first and last): MARY STUTTS - SISTER OF SARA WATSON

Contact Information if known: (843) 774-9044

Name (first and last): _____

Contact Information if known: ()

ATTACHMENT

3/11/16 4 of 4
3/9/16

(MA) SUNNYACRES NURSING HOME(SA) MEDICAL ADMINISTRATOR, ~~(MA)~~ REFUSES TO RESPOND TO MY NUMEROUS REQUESTS FOR INFO, (OVER THE COURSE OF ABOUT A YEAR) ABOUT MY MOM'S HEALTH AND WELLBEING. I AM THE ONLY CHILD AND IN ADDITION I HAVE BEEN GRANTED POA FOR/ BY MY MOTHER. SA HAS A CERTIFIED COPY OF THAT POA.

SA MED. ADM., TOLD MY AUNT (MY MOTHER'S SISTER) THAT SHE DID NOT HAVE THE TIME TO RESPOND TO ANY OF MY CORRESPONDENCE, EVEN THOUGH AS FAR BACK AS 7/17/15, (I HAVE A COPY), I STARTED SENDING WITH MY REQUEST A SASE (SELF ADDRESSED STAMPED ENVELOPE). THE MA EVEN REFUSES TO ACKNOWLEDGE RECEIPT OF MY LETTERS AND OBVIOUSLY 'JUST TRASHES MY SASES'. ALSO, I SENT 2 LETTERS TO MY MOM ADDRESSED TO SA MA, ASKING HER TO HAVE THOSE LETTERS READ PRIVATELY TO MY MOM. ^{SHE DID NOT} I HEARD FROM MY AUNT THAT THE LETTERS WERE GIVEN TO HER, ^(AUNT) BREACHING MOM'S AND MY PRIVACY.

SA MA REFUSES EVEN TO ~~even~~ PROVIDE ME WITH MOM'S ATTENDING DOCTOR'S NAME AND ADDRESSES AS DOES MY AUNT. MY CONCERNS - SA MA REFUSES TO: (1) CORRESPOND WITH ME EVEN THOUGH I'M THE ONLY CHILD AND HAVE A POA; (2) TO PROVIDE ME WITH MOM'S DOCTOR'S NAMES AND ADDRESSES INFO. (3) I'M EXTREMELY CONCERNED THAT MOM IS NOT RECEIVING HER PROPER MENTAL HEALTH DRUGS (WE'RE BOTH BI-POLAR). THE SYMPTOMS REPORTED BY MY AUNT INDICATE SHE IS NOT ON HER DRUGS.

JUST BECAUSE I'M IN PRISON, DOES NOT INVALIDATE MY LESAL RIGHTS AS ONLY CHILD OR AS HOLDER OF MOM'S POA

Anchel Jack Watson Jr
AUDREL JACK WATSON SR

3/7/16