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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): A. JACK WATSON JR #1201662		
Address: AUGUSTA CORRECTIONAL CENTER, 1821 ESTATINE VALLEY RD		
City: CRAIGSVILLE	State: VA	Zip Code: 24430
Email address: NONE		
Primary Telephone: () NONE	Secondary Telephone: () NONE	
Best time(s) to contact you (please check all that apply): BY TELEPHONE		
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Date you filed the complaint: 3/7/2016		

Section 2. Nursing Home Information

Facility Name: SUNNY ACRES NURSING HOME		
Address: PO BOX 67		
City: FORK	State: SC	Zip Code: 29543
Telephone Number: (843) 464-6212		

Section 3. Resident Information

Resident Name (first and last): SARA WATSON	Date of Birth: 9/1/1931 <i>AT home 26th</i>
Your Relationship to the Resident: DAUGHTER	
<input type="checkbox"/> Resident (self) <input checked="" type="checkbox"/> Family Member (Spouse/Child/Parent) <input type="checkbox"/> Friend <input type="checkbox"/> Present or former nursing home employee <input type="checkbox"/> Ombudsman <input type="checkbox"/> Quality Improvement Organization <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Media <input type="checkbox"/> Anonymous <input type="checkbox"/> Legal representative/guardian/power of attorney <input type="checkbox"/> Other, please explain: _____	
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 STATUTING
 ABOUT MAY 2015

B. Name and title of the nursing home staff person to whom the complaint was reported:

UNKNOWN. ALL ADDRESSED TO MEDICAL ADMINISTRATOR

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 DRUGS 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

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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 ~~STEN~~ 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
LEGAL RIGHTS AS ONLY CHILD OR AS HOLDER OF MOM'S POA

Audrel Jack Watson Jr
AUDREL JACK WATSON JR

3/7/16