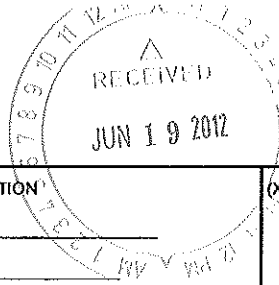


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility record review the facility failed to prevent the incontinent brief for 1 of 1 cognitively impaired resident (resident #109) from being exposed.</p> <p>Findings include:</p> <p>Resident #109 was admitted to the facility on 4/18/12 with a diagnosis of dementia and left above the knee amputation.</p> <p>Review of resident #109's minimum data set assessment dated 5/14/12 revealed he had severely impaired cognitive skills for daily decision making. He required one person physical assist for dressing and bed mobility and two person physical assist for transfers. He was coded as always incontinent of bowel and bladder.</p> <p>Resident #109's care plan did not address the resident being "hot natured" or exposing himself.</p> <p>On 6/4/12 at 3:20 PM resident #109 was observed from the hallway. He was seated in a chair in his room. The privacy curtains were not drawn. He had a shirt on but no pants and his entire lower body and incontinent brief was</p>	F 241	<p>Richmond Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Richmond Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Richmond Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sharon [Signature]</i>	TITLE Administrator	(X6) DATE 6-15-12
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 241	<p>Continued From page 1</p> <p>exposed. He made eye contact when spoken to but did not speak back and looked away. At 3:26 PM nurse #1 entered the room and covered the resident's lower body with a sheet and left the room.</p> <p>On 6/4/12 at 4:03 PM resident #109 was observed seated in a chair in his room uncovered from the waist down and his incontinent brief was exposed and visible from the hallway. The privacy curtains were not drawn.</p> <p>On 6/6/12 at 10:39 AM resident #109 was in bed, his entire lower body and incontinent brief was exposed and visible from the hallway. The privacy curtains were not drawn.</p> <p>On 6/6/12 at 12:50 PM resident #109 was seated in a chair in his room with a shirt on but no pants. The resident's entire right leg was exposed and visible from the hallway and from just inside the resident's doorway the right side of his incontinent brief was visible. There was a sheet pulled to his left side. The privacy curtains were not drawn</p> <p>On 6/6/12 at 12:55 PM NA #1 said that resident #109 did have pants but staff did not put them on him because his family had told her he was "hot natured" and staff just kept him covered with a sheet.</p> <p>On 6/6/12 at 1:00 PM nurse #1 indicated that resident #109 did not have pants. Nurse #1 went to the resident's closet and he did have pants in his closet.</p> <p>On 6/6/12 at 1:15 PM the Director of Nursing indicated her expectation was that resident #109</p>	F 241	<p>F 241</p> <p>On 6-6-2012 the DON assisted resident #109 with dressing into pants to ensure resident #109 was fully clothed and incontinent brief was not visible from the hallway.</p> <p>Resident #109's care plan and resident care guide was updated by the MDS nurse on 6/15/2012 to address the resident being "hot natured" and exposing himself.</p> <p>A 100% audit of all residents was completed on 6-13-12 by the Medical Records Director to ensure that all residents were fully clothed, covered, and/or privacy curtain drawn to prevent incontinent briefs from being visible from the hallway.</p> <p>The QI Nurse initiated an in-service starting on 6-13-2012 for all staff to ensure all residents are fully clothed, covered and/or privacy curtain drawn to prevent incontinent briefs from being visible from hallway.</p>	6-26-12
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2012
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 241	Continued From page 2 be fully clothed or covered at all times to prevent his incontinent brief from being visible. She stated she was not aware of him exposing himself.	F 241	The DON and/or QI Nurse will audit all residents to ensure that incontinent briefs are not visible from the hallway. The audit will be completed three times a week for four weeks then one time a week for 3 months utilizing a Brief Exposure QI Audit Tool. The Administrator will review the completed QI Audit Tools one time a week for four months to assure the monitoring is effective. The results of the QI audit tools will be submitted to the monthly Executive QI Committee for review, recommendations of monitoring, and continued compliance in this area.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2012

DECLARATION OF CONSTRUCTION
FORM APPROVED
OMB NO. 0988-0391
NOV 01 JUL 13 2012
06/28/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>DRW</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.	K 000	Richmond Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.	
K 012 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	Richmond Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Richmond Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.	
K 056 SS=E	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: facility could not provide documentation that waynes coating meets class A or B flame spread on walls in room 210. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in	K 056	K 012 The wall areas in room 210 did not meet the class A or B flame spread. The Maintenance Assistant ordered material for wall areas in 210 that meets flame – spread requirement on 7-11-12 and will apply when received. Maintenance Assistant completed 100% audit of all resident rooms to ensure that wall finish meet flame-spread requirements on 7-9-12. Any areas identified were corrected as appropriate.	8-12-12

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 7-11-12
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056	<p>Continued From page 1</p> <p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include:</p> <p>1. verify that patient bathrooms have full coverage from exiting sprinkler system. 2. tamper switches did not give audible/visual signal at fire alarm control panel when tested(riser room).</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p>	K 056	<p>The Maintenance Department was in serviced by the Administrator on 7-10-12 regarding documentation that wall finish in resident rooms must meet the flame-spread requirements.</p> <p>The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.</p> <p>K 056</p> <p>(1) The Maintenance Director has arranged for an outside contractor to install sprinkler heads in the shower stalls to ensure that areas have full coverage of sprinkler system</p> <p>The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.</p> <p>(2) The Maintenance Director had outside contractor to repair tamper switches on 6-28-12 to ensure that the audible\visual signal at fire alarm control panel is functioning correctly.</p> <p>The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.</p> <p>K 062</p> <p>The Maintenance Director has arranged for outside contractor to repair the #1 control valve to ensure the backflow preventer is functioning properly.</p>	8-12-12
K 062 SS=D	<p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p>	K 062	<p>The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.</p> <p>K 062</p> <p>The Maintenance Director has arranged for outside contractor to repair the #1 control valve to ensure the backflow preventer is functioning properly.</p>	8-12-12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 2 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: based on sprinkler documentation on 06/22/2012 backflow preventer failed on test.	K 062	The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.	
K 067 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: all return vents through out facility have excess lent on dampers linkage.	K 067	K 067 The Maintenance Assistant completed 100 % audit of all return vents in facility for excess lent on damper linkage. Any areas identified were corrected as appropriate. The Maintenance Department was in serviced by the Administrator on 7-10-12 regarding excess lent on damper linkage.	8-12-12
K 069 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings	K 069	The Maintenance Director and/or Maintenance Assistant will check random return vents weekly for four weeks and then monthly for two months utilizing a QI Audit Tool. The Administrator will review the completed audit tools 1 time weekly for four weeks and then monthly for two months to assure the monitoring is effective. The results of the audit will be submitted to the monthly Executive QI committee for review and continued compliance in this area.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2012
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 069	Continued From page 3. include: deep fat fryer does not provide protection from accidently ignition from adjacent to gas top stove. 42 CFR 483.70(a)	K 069	K 069 The splash guards for the deep fryer are being manufactured and will be installed upon completion by the Maintenance Director and/or Maintenance Assistant. (Splash guards for both sides and back of deep fryer.) The Quality Improvement Executive Committee will be made aware of this repair at the next monthly meeting to assure continued compliance in this area.	7-20-12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0202 B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS Surveyor: 27871 No LSC deficiencies noted at time of survey.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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