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

PRINTED: 12/17/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER THOMASVILLE. NC 27380 SUMMARY STATEMENT OF DEFICIENCIES THOMASVILLE. NC 27380 THOMASVILLE. NC 27380 PREFIX TAGS PREFIX TAGS ### COLLATORY OR LSC IDENTIFYING INFORMATION) F 309 S=D 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to administer pain medication as ordered by the physician for one of one residents reviewed for pain management (resident # 2). The findings included: Resident #2 was admitted to the facility on 7/15/14 with multiple diagnoses including a closed fracture of the femure, end stage dementia, pacemaker, atrial fibrillation and chronic fatigue syndrome. A review of the facility policy regarding starting of new medication orders dated 4/15/11 was conducted. The policy stated "All efforts should be made to start routine pain medications at the next scheduled dose." A review of the Minimum Data Set (MDS) dated 8/29/14 was conducted. Resident #2 was assessed as receiving scheduled and as needed pain medication rivers was assessed as being severely cognitively impaired. A review of the Physician 's Orders was ABORATORY DIRECTORS OR PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE TILE STREET ADDRESS, CITY, STATE, 2P CODE 766 PINEYWOOD ROAD THOMASVILLE, NC 27380 PROVIDERS PLAN OF CORRECTION SIGNAL PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE TILE STREET ADDRESS, CITY, STATE, 2P CODE 766 PINEYWOOD ROAD PREFIX THOMASVILLE, NC 27380 PROVIDERS PLAN OF CORRECTION SIGNAL PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE TILE TILE TILE TILE TILE TILE TO SEL 11/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/14 12/12/	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Electronically Signed

12/12/2014

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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Tunable to obtain a medication, one funder stated 1 — — I medication administration to include bain 1									
she did not inform hospice the facility was unable medication.							ie pain		
to obtain the morphine as prescribed for the Third shift nurses will check physician							ian		

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345144	B. WING	B. WING		C 11/25/2014		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 1/2	20/2014	
				70	06 PINEYWOOD ROAD			
PINE RIL	GE HEALTH AND RE	HABILITATION CENTER		Т	HOMASVILLE, NC 27360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Х	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	HOULD BE COMPLÉTION		
F 309	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F3	809	orders on designated halls for completed transcription of orders for the previous 24 hours. Administrative nurses (MDS, QI, SDC, and ADON) will receive physician orders each weekday morning from the ADON and/or DON for the preceding day or days. The administrative nurses (MDS QI, SDC, and ADON) will compare the physician order to the MAR for completior of order and availability of medications. The facility will implement a Pain Management QI Action Committee (DON, ADON, QI, and MDS) that will meet weekly x 4, twice monthly x 2 months and monthly based on recommendations of the Committee. 100% in service of licensed staff on the following policies, Starting new medication orders and Ordering Medications from the pharmacy as well as carrying out physician orders was completed 12/4/2014 by the ADON and DON 100% in service of licensed staff on pain management including negative outcomes and failure to provide care to maintain wellbeing was completed 12/4/14 by the ADON and DON. 100% in service of administrative nurses (MDS, QI, SDC, and ADON) on implementation of the QI Audit Tool was completed on 12/4/14 by the ADON and DON. The results of the audits will be forwarded to the Executive QI Committee by the			

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		345144	B. WING _		C 11/25/2014		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		23/2014	
PINE RIF	GE HEALTH AND RE	HABILITATION CENTER		706 PINEYWOOD ROAD			
I IIVE IXIE	OE HEALIN AND RE	HADILITATION OLIVILIN		THOMASVILLE, NC 27360			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
F 309	Continued From pa	nge 3	F 30	for potential trends for follow-to-deemed necessary and to det need for and/or the frequency continued monitoring.	ermine the		