CENTERS	FOR MEDICARE & MEDICAID SERVICES			A FURW			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
			A. BUILDING:	COMPLETE:			
		345383	B. WING	8/7/2015			
	OVIDER OR SUPPLIER H PINES REHABILITATION AND NURSING	STREET ADDRESS 620 JOHNS RO LAURINBURG					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	CIES					
F 406	483.45(a) PROVIDE/OBTAIN SPECIA	LIZED REHAB	SERVICES				
	If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.						
	This REQUIREMENT is not met as evidenced by: Based on record review and interview, after a significant change Minimum Data Set Assessment (MDS), the facility failed to submit a Preadmission Admission Screening and Resident Review (PASRR) to the State authorized agency. (Resident #107)						
	The findings included:						
	Resident # 107 was originally admitted to the facility on 6/7/11, with diagnoses including Mental Disorder, Schizoaffective disorder, Dementia with behavioral disturbance, Depressive Disorder and Episodic Mood Disorder.						
	According to a Significant Change Minimum Data Set Assessment (MDS) dated 3/31/15, Resident #107 had a significant change in the area of Wandering, Presence and Frequency with no behaviors exhibited compared to a Quarterly Minimum Data Set (MDS) dated 1/6/15, with Wandering, Presence and Frequency occurring 1 to 3 days. The Significant Change Minimum Data Set Assessment (MDS) dated 3/31/15, Section G Functional Status, noted a decline in the areas of dressing, eating, toileting, personal hygiene (total assistance), and bathing (total assistance) Resident #107 required extensive assistance to total assistance in those areas. In comparison the Quarterly Minimum Data Set (MDS) dated 1/6/15 revealed Resident #107 required limited assistance in the areas of dressing, eating (independent with set up) toileting, personal hygiene, and bathing (supervision).						
	Review of the Pasrr II letter read in part:						
	"Pasrr level II determination notification Date: 6/5/11 Must ID: 463569 Pasrr #: 2011156415B No expiration date						
	Placement determination: Nursing facility program participation."						
	During an interview on 08/06/2015 at 12:47 PM, the MDS Coordinator revealed that Resident						

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

The above isolated deficiencies pose no actual harm to the residents

031099 Event ID: WY9O11 If continuation sheet 1 of 2

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:		
		345383	B. WING	8/7/2015		
		STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	CIES				
F 406	not walking quite as often. She stated the appetite started declining, she was not expected that Resident #107's display January, 2015 was 153 pounds and her viewealed that Resident #107 had stopped a decline in Resident #107's behavior, so to be very sociable, which was one of the During an interview on 8/6/15 at 4:23 Pl Resident #107's PASRR for review since During an interview on 8/7/15 at 10:45 A	#107 used to walk with her wheelchair in front of her. She stated that she started noticing Resident #107 was not walking quite as often. She stated that Resident #107 started receiving Speech Therapy because her appetite started declining, she was not eating as much and she had a problem with swallowing. The MDS Coordinator said that Resident #107s diet was not changed. She revealed that Resident #107s weight in January, 2015 was 153 pounds and her weight in March was 139 pounds and it was trending back up. She revealed that Resident #107 had stopped exit seeking behavior. The MDS Coordinator reported that there was a decline in Resident #107s behavior, socialization and weight flucuation. She stated that Resident #107 used to be very sociable, which was one of the reasons for the significant change. During an interview on 8/6/15 at 4:23 PM the facility Social Worker stated that she had not submitted Resident #107s PASRR for review since she had a significant change. During an interview on 8/7/15 at 10:45 AM, the facility Administrator revealed that moving forward her expectation would be there is a scheduled significant change the PASRR II will be renewed.				