#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
345378		B. WING_	B. WNG		06/16/2016				
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE				
PRUITTHEALTH-ROCKINGHAM				804 SOUTH LONG DRIVE					
1 1013 1112	ALIII-ROOKIIIOIIAIN			ROCKINGHAM, NC 28379					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS		FC	000	PASARR II Level II Assessment corrected #5 to reflect PASARR Level II coded on Mini Set and submitted by RN Case Mix Coordinate on 7/8/16.	mum Data			
	complaint investigatio	cited as a result of the n survey of 6/16/16. Event			All current Level II PASARR residents will be by RN Case Mix Coordinator by 7/13/16 to ve	- 1	70		
F 278 SS=D				278	is coded accurately on Minimum Data Set asso Review of any new Level II PASARRs will be and validated for accurate coding on assessme	ssment. discussed			
	The assessment must accurately reflect the resident's status.				standup meeting from Social Services Director admissions, RN Director of Health Services/R Director of Health Services for current residen Case Mix Coordinator for the accurate coding	N Assistant t and RN			
	A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.				assessments starting 7/8/16 to ensure accurate Minimum Data Set Assessment.  RN Case Mix Coordinator/Social Service Dire	ctor inserv	ced		
	A registered nurse mu assessment is comple	ist sign and certify that the eted.			by RN Clinical Reimbursement Consultant on for accurate coding in relation to PASARR sec of the Minimum Data Set Assessment. Findings of compliance of accurate coding of l	tion A 150	0		
	Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.				Level II assessments will be conducted by RN Coordinator 5xweekly for 4 weeks; then week weeks; then monthly for 3 months. Tracking a of the effectiveness of the education and system	Case Mix ly for 4 and trending	3		
	willfully and knowingly false statement in a re subject to a civil mone \$1,000 for each asses willfully and knowingly to certify a material ar	ey penalty of not more than sement; or an individual who values another individual and false statement in a is subject to a civil money an \$5,000 for each			will be reported to the QAPI meeting by the R Coordinator for recommendations and suggest change until substantial compliance is achieve 2. Behavior Assessment for resident #5 correct Case Mix Coordinator to reflect behaviors cod Minimum Data Set for resident and submitted Mix Coordinator to CMS on 7/8/16. All current behavior residents audited by RN C Coordinator/RN Director of Health Services by behavior is coded accurately on the assessmen discrepancies in coding will be corrected by R Coordinator and submitted to CMS by 7/13/16	ions for d. ded by RN ed on by RN Cas Case Mix y 7/13/16 to ts. Any N Case Mi	e verify		
	This REQUIREMENT by:	is not met as evidenced							

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

Administrator

(X6) DATE

1 8/16

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.

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PRUITHEALTH-ROCKINGHAM  PROCINCHMAM, 23278    SUMMARY STREMENT OF DEPICIENCIES GENERAL PROCESS AND SOUTH LONG DRIVE REGULATORY OR LISC IDENTIFYING INFORMATION)   PROCINCINGHAM, NO. 23278    FOR CONTINUED AND CONTINUED IN PROCESS AND CORRECTION (FACH CORRECTION)   PROCINCINGHAM, NO. 23278    FOR CONTINUED AND CONTINUED IN PROCESS AND CORRECTION (FACH CORRECTION)   PROCESS REFERENCED TO THE APPROPRIATE DEPICIENCY DEPICIENCY DEPICIENCY DEPICIENCY ON LISC IDENTIFYING INFORMATION)   PROCESS REFERENCED TO THE APPROPRIATE DEPICIENCY DEPICENCY DEP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION									
F 278  Based on observation, record review and interviews with staff, the facility falled to accurately code president (Resident #5 was admitted to the facility on 9/10/2016 with diagnoses which included hypertension, hyperiplidemia, Seizure disorder, Anxiety and Schizophrenia. The annual MDS (Minimum Data Set) dated 2/8/2016 indicated the resident is cognition as moderately impaired. The MDS did not indicate the resident Review (PASRR) (Recordinator about the residents at the facility receiving PASRR services. She added that it was her responsibility to notify the MDS coordinator about the residents at the facility receiving PASRR services. She added that the washing RASRR services. She added that the washing RASRR services. She added that the value of the services and the facility receiving PASRR services. She added that the value of the residents at the facility receiving PASRR services. She added that she will make sure next time she notifies the MDS coordinator about the residents at the facility receiving PASRR services. She added that she will make sure next time she notifies the MDS coordinator about the residents at the facility receiving PASRR services. She added that she will make sure next time she notifies the MDS coordinator about the residents at the facility receiving PASRR services. She added that she will make sure next time she notifies the MDS coordinator of Nursing (DON) was interviewed. She acknowledged the	345378		B. WING	B. WNG			06/16/2016			
PROUTHEALTH-ROCKINGHAM    PROVIDER'S   SUMMARY STATEMENT OF DEFICIENCIES   10   PREFIX   CAPH DEFICIENCY MUST BE PRECIDED BY FULL   17   PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETION OF THE SCHEMENT OF DEFICIENCY TANK   PREFIX TANK   PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETION OF THE SCHEMEN O	NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE				
AND SUMMARY STATEMENT OF DERICIENCIES (EACH DEPRICE NOTION IN PREFIX TAG SUMMARY STATEMENT OF DERICIENCIES (EACH DEPRICE NOTION SECOND EACH CORRECTION (EACH DEPRICE NOTION SECOND SECOND EACH DEPRICE NOTION SECOND SECON										
F 278  Continued From page 1  Based on observation, record review and interviews with stiff, the facility failed to accurately code behavioral symptoms(section E)on the Minimum Data Set (MIDS) for 1 of 1 sampled resident (Resident #97 for wandering behaviors on a comprehensive assessment.  Findings included:  1. A. Resident #5 was admitted to the facility on 9/10/2016 with diagnoses which included Hypertension, Hyperipidemia, Seizure disorder, Anxidoy and Schizophrenia. The annual MIDS (Milmum Data Set) dated 2/9/2016 idicated the resident the received processing and Resident the section A 1500 to accurate the resident received processing and Resident for accurate coding of behaviors assessment.  Findings included:  1. A. Resident #5 was admitted to the facility on 9/10/2016 with diagnoses which included they resident's cognition as moderately impaired. The MIDS (Milmum Data Set) dated 2/9/2016 idicated the resident received pASRR (Preadmission screening and Resident Review) level II services.  On 01/5/2016 at 10.00 AM, the MDS nurse was interviewed. She acknowledged that the resident makes are ceiving PASRR services.  On 6/15/2016 at 10.30 AM, the Social worker was interviewed. She reported that it was her responsibility to notify the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 10.30 AM, the Social worker was interviewed. She reported that it was her responsibility to notify the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 2:00 PM, the Director of Nursing (DON) was interviewed. She acknowledged the	PRUITTHE	ALTH-ROCKINGHAM			R	OCKINGHAM, NC 28379				
F 278  Continued From page 1  Based on observation, record review and interviews with stiff, the facility failed to accurately code Preadmission Screening and Resident Review (PASRR) (section A1500), failed to accurately code behavioral symptoms (section E)on the Minimum Data Set(MDS) for 1 of 1 sampled resident (Resident #87 for wandering behaviors on a comprehensive assessment.  Findings included:  1. A Resident #5 was admitted to the facility on 9/10/2016 with diagnoses which included Hypertension, Hyperfipidemia, Setzure disorder, Anxidoy and Schizophrenia. The annual MDS (Minimum Data Set) dated 2/9/2016 indicated the resident the received processing and Resident Review) level il services.  On 015/2016 at 10:00 AM, the MDS nurse was interviewed. She acknowledged that the visit may be noted that the was her responsibility to notifies the MDS coordinator about the resident was receiving PASRR services.  On 6/15/2016 at 10:30 AM, the Social worker was interviewed. She exported that it was her responsibility to notifies the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 10:30 AM, the Social worker was interviewed. She exported that it was her responsibility to notifies the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 10:30 AM, the Social worker was interviewed. She exchanged that the verified that the will make sure next time she notifies the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 2:00 PM, the Director of Nursing (DON) was interviewed. She acknowledged the	(X4) (D	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION	<u> </u>	/25\		
Based on observation, record review and Interviews with staff, the facility failed to accurately code Preadmission Screening and Resident Review(PASRR) (section A1500), failed to accurately code behavioral symptoms(section E)on the Minimum Data Set(MDS) for 1 of 1 sampled resident (Resident #5). The facility failed to accurately code behavioral symptoms(section E)on the Minimum Data Set(MDS) for 1 of 1 sampled resident (Resident #5). The facility failed to accurately code resident #97 for wandering behaviors on a comprehensive assessmen.  Findings included:  1. A. Resident # 5 was admitted to the facility on 9/10/2015 with diagnoses which included Hypertension, Hyperfipidemia, Seizure disorder, Anxiety and Schizophrenia. The annual MDS (Minimum Data Set) dated 2/9/2016 indicated the resident *s cognition as moderately impaired. The MDS did not indicate the resident received PASRR (Preadmission screening and Resident Review) level II services.  On 6/15/2016 at 10:00 AM, the MDS nurse was interviewed. She acknowledged that the resident was receiving PASRR services.  On 6/15/2016 at 10:30 AM, the Social worker was interviewed. She reported that it was her responsibility to notify the MDS coordinator about the residents at the facility receiving PASRR services.  On 6/15/2016 at 2:00 PM, the Director of Nursing (DON) was interviewed. She acknowledged the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI	BE	COMPLETION		
annual MDS dated 2/9/2016 should have coded the resident as receiving (PASRR) services. She	F 278	Based on observation interviews with staff, to accurately code Presented to accurately code be E) on the Minimum Dasampled resident (Resto accurately code resident (Resto accurately code resident) and the behaviors on a compression of the behaviors on a compression, Hyperl Anxiety and Schizoph (Minimum Data Set) or resident 's cognition MDS did not indicate PASRR (Preadmission of the behavior of	n, record review and the facility failed to admission Screening and SRR) (section A1500), failed thavioral symptoms(section ata Set(MDS) for 1 of 1 sident #5). The facility failed esident #97 for wandering rehensive assessmen.  The annual MDS dated 2/9/2016 indicated the as moderately impaired. The the resident received in screening and Resident tess.  O AM, the MDS nurse was nowledged that the resident of mental illness and it died on the MDS under se the resident was vices.  O AM, the Social worker was protect that it was her of the MDS coordinator about the cellity receiving PASRR that she will make sure next MDS coordinator about the y receiving PASRR services.  PM, the Director of Nursing ed. She acknowledged the 9/2016 should have coded	F	278	validated for accurate coding on assessment standup meeting by Social Service Director of Health Services/RN Assistant Director of Health Services/RN Assistant Director of Services/RN Case Mix Coordinator starting ensure accurate coding of Minimum Data Start RN Case Mix Coordinator/Social Service I inserviced by RN Clinical Reimbursement on 6/21/16 for accurate coding in relation to section E of the Minimum Data Set Assess Findings of compliance of accurate coding assessments will be conducted by RN Case Coordinator 5xweekly for 4 weeks; then weeks; then monthly for 3 months. Tract trending of the effectiveness of the education system changes will be reported to the QA by the RN Case Mix Coordinator for recontant and suggestions for changes until substantities achieved.  3. Wandering assessment for resident #97 RN Case Mix Coordinator to reflect remove coding from assessment and submitted by Coordinator to CMS on 7/8/16.  All current wandering residents audited by Director by 7/13/16 to verify wandering is accurately on the assessments. Review of wandering residents, by placement of sigm will be discussed and validated for accurate the assessment in weekly standup meeting Service Director/RN Director of Health Services/RN Coordinator starting 7/8/16 to ensure accurate of Minimum Data Set Assessment.  RN Case Mix Coordinator/Social Service I	nt in weekly r/RN Direct of Health g 7/8/16 to Set Assessm Director Coordinato oo behaviors ment. of behaviors ekly for king and on and PI meeting mendation ial complian corrected by ral of wande RN Case M Social Serv coded any new ia shield dev e coding on by Social rvices/RN Case Mix rate coding	ent. ce ce ring x		

Facility ID: 923337

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	CO TOTT MEDIOTION CO.	MEDIONID OFINATORO				OMP INC	<del>7. 0000-000 [</del>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		DATE SURVEY COMPLETED		
		345378	B. WNG			06/	16/2016		
NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-ROCKINGHAM				STREET ADDRESS, CITY, STATE, ZIP CODE  804 SOUTH LONG DRIVE  ROCKINGHAM, NC 28379					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL				(X5) COMPLETION DATE		
F 278	added her expectatio accurately code the MB. Resident # 5 was 9/10/2015 with diagnet Hypertension, Hyperl Anxiety and Schizoph (Minimum Data Set) or resident 's cognition MDS did not indicate behavioral problems on 6/15/2016 at 10:0 interviewed. She acked have a diagnosis exhibited behavioral problems schibited behavioral problems social worker.  On 6/15/2016 at 10:3 interviewed. She reportensibility to complementately MDS was madded the resident exhibited behavioral problems. Social worker.  On 6/15/2016 at 10:3 interviewed. She reportensibility to complementately MDS was madded the resident exhibited behavioral problems. On 6/15/2016 at 2:00 (DON) was interviewed unarterly MDS dated the resident as exhibited accurately MDS dated the resident as exhibited.	n was for MDS nurse to MDS information.  admitted to the facility on obses which included ipidemia, Seizure disorder, arenia. The quarterly MDS dated 5/9/2016 indicated the as moderately impaired. The the resident as having under section E.  O AM, the MDS nurse was nowledged that the resident of mental illness and problems daily. The MDS is should have been coded on on E that the resident had but it was missed by the  O AM, the Social worker was protect that it was her polete Section E and the ot coded accurately. She withbited behavioral problems cumented her behaviors in ottes.  PM, the Director of Nursing ed. She acknowledged the 5/9/2016 should have coded liting behavioral symptoms. Station was for MDS nurse to	F	278	on 6/21/16 for accurate coding in relation to w section E of the Minimum Data Set Assessmer Finding of compliance of accurate coding of w assessment will be conducted by RN Case Mix 5xweekly for 4 weeks; then weekly for 4 week for 3 months. Tracking and trending of the eff of the education and system changes will be re QAPI meeting by RN Case Mix Coordinator for recommendations and suggestions for changes substantial compliance is achieved.	nt. candering ca	1		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		DNSTRUCTION	(X3) DAT	E SURVEY PLETED
		345378	B. WING			06/16/2016	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-ROCKINGHAM				804 \$	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH LONG DRIVE CKINGHAM, NC 28379		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 278	Continued From pa	age 3	F	278			
	cumulative diagnos dementia. He was for wandering beha was last reviewed a Interventions includated device) to be notification of staff redirection as need A review of the fact 2016 to present inc. Resident #97. A relogs from January regarding Resident resident rooms.	ses of Parkinson's and initially care planned on 8/3/15 aviors with his care planned and updated 4/26/16. ded a wander guard (departure in placed on Resident #97, or wandering behaviors and					
	Social Services As the facility Social V indicated there was A review of the faci services notes fron documentation relainto unsafe places	and a review of Resident #97's sessment Form completed by Vorker (SW) dated 2/3/16 s no behavioral issues noted. Ility nursing notes and social n 4/1/16 to present included no ated Resident #97 wandering or into other resident rooms.					
	Resident #97 exhit 6 days of the 7 day wandering placed I dangerous place a others. The Social completed on 4/26 behavioral issues. In an interview on 6 Director of Nursing had a wander guar wanting to be with self-propel about the	bited wandering behaviors 4 to a look back period and his him at risk for getting to a nd intruding on the privacy of a Services Assessment Form 1/16 by the SW noted no 1/14/16 at 4:00 PM, the (DON) stated Resident #97 d in place for safety due to his his wife and his ability to the facility but he had made no the facility to her knowledge.					

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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE  804 SOUTH LONG DRIVE  ROCKINGHAM, NC 28379					
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F 278	She also stated she w #97 ever wandering in uninvited. The DON sunderstanding the SV and behavioral section in an observation on Resident #97 was pai was a wander guard of lower leg. After the accengaged and found to no signs of distress a or intrusive behaviors in an interview on 6/1 confirmed she was resocial Service Assess behavioral section of to include Resident #97 sannus SW agreed there was Resident #97 had extra tany time during the period. The SW stated 4/26/16 was not code in an interview on 6/1 Nursing Assistant (NA stated she had worke years. She stated she Resident #97. The N known Resident #97 facility but he had voic past but not in a very stated Resident #97 resident's rooms.  In an interview on 6/1 Administrator stated set	vas not aware of Resident nto other resident 's rooms stated it was her V completed the cognition ns of the MDS. 6/15/16 at 10:40 AM, rticipating in activities. There device noted to his right stivity, Resident #97 was be pleasant. He showed nd exhibited no wandering .  5/16 at 12:10 PM, the SW sponsible for completing the sment Form and the the MDS on each resident 97. The SW stated she record prior to completing hal MDS dated 4/26/16. The should make the modocumentation nibited wandering behaviors annual MDS assessment did the annual MDS dated	F	278				

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a h	Continued From page a Social Services MD ner expectation that the Resident #97 behavio	S coding problem and it was ne MDS accurately reflect	E.	278			