

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345177	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/11/2021
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NAME OF PROVIDER OR SUPPLIER THE GREENS AT PINEHURST REHAB & LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 RATTLESNAKE TRAIL PINEHURST, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 842	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 842	<p>Continued From Page 1</p> <p>by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to maintain accurate medical records for 1 of 4 residents reviewed for pressure ulcers (Resident #85).</p> <p>The findings included:</p> <p>Resident #85 was admitted to the facility on 11/25/20 with multiple diagnoses that included dementia, atrial fibrillation, coronary artery disease and muscle weakness.</p> <p>Resident #85's physician orders, revealed an order dated 11/25/20 for weekly skin assessments every Monday on day shift (7:00 AM to 3:00 PM).</p> <p>The November 2020 Medication Administration Record (MAR) was reviewed and indicated a weekly skin assessment had been completed on 11/30/20.</p> <p>A review of Resident #85's electronic medical record revealed weekly skin assessments were completed and documented on 11/25/20 and 11/30/20.</p> <p>The admission Minimum Data Set (MDS) assessment dated 12/1/20 indicated Resident #85 had severe cognitive impairment. He required extensive assistance from staff for bed mobility, was incontinent of bowel and bladder, and was at risk for pressure ulcers. The assessment further revealed he had no pressure ulcers or other skin conditions present.</p> <p>The December 2020 MAR was reviewed and indicated a weekly skin assessment had been completed on 12/7/20, 12/14/20, 12/21/20 and 12/28/20.</p> <p>A review of the electronic medical record for Resident #85 revealed weekly skin assessments were completed and documented on 12/28/20.</p> <p>The January 2021 MAR was reviewed and indicated a weekly skin assessment had been completed on 1/3/21, 1/11/21, 1/18/21 and 1/25/21.</p> <p>Review of Resident #85's electronic medical record revealed weekly skin assessments were completed and documented on 1/11/21 and 1/25/21.</p> <p>A phone interview occurred with Nurse #3 on 3/11/21 at 11:00 AM who had indicated a skin assessment had been completed on 12/7/20, 12/21/20, 1/4/21 and 1/18/21. She stated she completed the skin assessments as ordered but failed to document the findings of the assessments in the electronic medical record.</p>
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