STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345354	A. BUILDING _____ B. WING _____	C 02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEY GROVE NURSING AND REHABILITATION CENTER	728 PINEY GROVE ROAD KERNERSVILLE, NC 27284

(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
E 000	Initial Comments An unannounced recertification survey was conducted on 2/21/22 to 2/24/22. The facility was found in compliance with CFR 483.73, Emergency Preparedness. Event ID# BR0T11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/21/22 through 02/24/22. Event ID# BROT11. 1 of the 12 complaint allegations was substantiated resulting in a deficiency.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		3/24/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/07/2022

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F 550	Continued From page 1 residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to provide a dignified dining experience by standing while providing assistance with feeding for 1 of 5 residents (Resident #123) reviewed for assistance with dining. Findings included: Resident #123 was admitted to the facility on 2/15/22 with diagnoses that included, in part, dementia and gastro-esophageal reflux disease. The admission Minimum Data Set assessment dated 2/22/22 was in progress. The assessment revealed Resident #123 had severely impaired cognition. The baseline care plan dated 2/15/22 indicated	F 550	Without admitting or conceding either the existence or scope or severity of the deficiencies, Piney Grove Nursing and Rehab Center submits this plan of correction in order to be in compliance with the regulations. F550 Resident #123 is being assisted with all meals with aides and/or nurses sitting to aid with meals. Other residents having the potential to be affected: Residents within the facility requiring assistance with meals have documentation in the electronic health record showing the resident's need for	

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F 550	Continued From page 2 the resident needed assistance with eating. On 2/21/22 at 12:40 PM Resident #123 was observed in her bed in an upright seated position. She was being fed by Nurse Aide (NA) #1. The meal tray was located on the overbed table at the foot of the resident's bed. NA #1 was observed as she walked to the foot of Resident #123's bed, scooped up a serving of food, then walked back to the head of the bed where the resident was, stood above eye level of Resident #123 and fed her. NA #1 then returned to the meal tray and obtained another scoop of food and walked back to the resident and fed her. NA #1 continued to walk back and forth with each bite of food and stood above eye level of Resident #123 for the duration of the meal while she fed the resident. At 12:58 PM Resident #123 indicated she was finished eating and NA #1 removed the lunch tray from the overbed table and exited the room. An interview was completed with NA #1 on 2/21/22 at 12:59 PM, during which she stated Resident #123 had confusion and needed to be fed her meal. She said she typically stood up when she fed residents, including Resident #123. NA #1 shared the facility hadn't specifically educated staff whether they should be seated or stand when they fed a resident. The Staff Development Coordinator (SDC) was interviewed on 2/24/22 at 9:10 AM. She explained staff were to be seated in a chair when they fed a resident. She stated staff positioning during meals was covered in the nurse aide skills training. The SDC added NA #1 was from a nurse staffing agency and although the SDC hadn't done skills training with the nurse aide, she expected agency staff to know the "right things to	F 550	assistance with meals provided by the nursing department. All care plans and/or care guides were updated showing the resident's need for assistance with meals, completion by March 9, 2022. Measurements or systemic changes: The appropriate staff were in-services by the Administrator, Director of Nursing, and/or SDC on the regulation of Resident Rights and promoting quality of life for residents. This in-service began 2/24/2022 and concluded 3/9/2022 with the nursing department. The in-service included information regarding, but not limited to, documentation, communication with residents during meals, sitting while assisting during meals, notification to supervisor with meal percentages. Monitoring of compliance will be demonstrated by the Director of Nursing, Assistance Director of Nursing, and/or Unit Manager through the weekly quality assurance meeting with an audit tracking tool ensuring compliance with individual tool on each resident requiring assistance. Monitoring to ensure the deficient practice does not reoccur: The Director of Nursing will monitor for this practice in the quality assurance each month for the next three (3) months ensuring compliance. Findings will be reported in the monthly quality assurance committee meeting and then randomly thereafter.	

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F 550	Continued From page 3 do with resident care." During an interview with the Administrator on 2/24/22 at 2:43 PM, she said NA #1 was new to the facility and did not know why she stood when she fed Resident #123. She explained staff were to be seated when they provided assistance to a resident during meals.	F 550		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and record reviews the facility failed to provide activities based on individual interest to include 1:1 activities for 1 of 1 sampled for activities (Resident # 59). Findings included: Resident #59 was admitted to the facility on 5/10/2021 and readmitted on 1/29/2022 with diagnoses that included obstructive pulmonary disease, presence of a cardiac pacemaker, peripheral vascular disease, and acquired absence of the right leg.	F 679	F679 Resident #59 care plan has been updated/revised as of March 7,2022, and 1:1 activity has been provided for the resident effective February 28,2022. Other residents having the potential to be affected: Residents with the facility requiring 1:1 activity documentation in their electronic health record showing their need for 1:1 activity by the Activities department. All care plans and/or care guides were updated by the Activity Director showing	3/24/22

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F 679	Continued From page 4 The Admission Minimum Data Set (MDS) assessment dated 2/2/2022 revealed Resident #59 had cognitive impairment for decision making and required extensive assistance of staff for activities of daily living with transfers, locomotion, bed mobility and dressing. A review of the comprehensive care plan dated 2/18/2022 revealed a focused area for activities that read, Resident #59 can make his own choice of whether or not he would like to participate in group activities. Resident #59 will participate in 1:1 activity with the activities staff a couple of times a week to engage in mental stimulation. Resident #59 will be able to identify at least 2 activities that he would like to participate in whether it be in the room, 1:1 or out of the room. If he can identify 1:1 activities that he would like then he will be offered those a couple of times a week. Interventions included: Arrange for the activity aide to visit and encourage Resident #59 to observe or participate in an activity out of the room so that he can be social with other residents. Assist Resident #59 in planning his own leisure time activities and remind him that his wife comes to visit which will help with his being mentally stimulated and engage in conversation. Sustain contact with Resident #59 by visiting in the room frequently and remind him that 1:1 activities are also an option. An observation was conducted of Resident #59 on 2/21/22 at 10:18 AM lying in bed with his eyes shut, without a book, magazine, or music. There was no item for entertainment on the nightstand. An interview was conducted with Resident #59 on 2/21/22 at 10:29 AM and he stated he gets bored	F 679	their need for 1:1 activity with completion by March 9, 2022. Measurements or systemic changes: The Activity Director and Activity Assistant was in-serviced by the Administrator, MDS Certified Coordinator, and/or SDC on the regulation of Activities Meet Interest/Needs Each Resident. This in-service began 2/25/2022 and concluded 3/9/2022 with the Activity Department. The in-service included information, but not limited to documentation, communication with residents during activities, updating care plans, and preferences. Monitoring of compliance will be reviewed through the weekly quality assurance meeting with an audit 1:1 activity log showing weekly 1:1 activities provided to residents for (4) weeks, then (1) one time a month thereafter. Monitoring to ensure deficient practice does not reoccur: The Activity Director and/or Administrator will monitor this practice in the quality assurance meeting each month for the next (3) months ensuring compliance. Findings will be reported in the monthly quality assurance committee meeting and then randomly thereafter.	

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F 679	Continued From page 5	F 679		

sitting in this room.

An observation was conducted on 2/22/22 at 3:23 PM of Resident #59 and he was lying in bed with no books, magazines, or items for entertainment, staring at the wardrobe with no music and no television.

An observation was conducted on 2/23/22 at 11:19 AM of Resident #59 lying in bed sleeping.

An interview was conducted on 2/23/2022 at 2:11 PM with the Activities Director and she revealed that she had been out of the facility from 2/15/2022 through 2/21/2022 and during this time the Assistant Activities Director was managing all activities programs and the one-on-one activities that took place in the facility. She revealed that documentation of one-on-one activities had not been completed during the past few months.

An interview was conducted on 2/23/2022 at 2:31 PM with the Assistant Activities Director and she revealed she managed the activities that had been conducted from 2/15/2021 through 2/23/2022 and these activities did not include any one-on-one activities with Resident #59. She added that she had not documented any one-on-one activities for any residents for the last few months.

An interview was conducted with the Administrator on 2/23/2022 at 2:54 PM and she revealed she was unaware Resident #59 had not received 1:1 activities over the last week, per his care plan, and she planned to meet with the Activities Director to provide education regarding 1:1 documentation and participation and this would be conducted immediately.

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