

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345111	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Penick Village			STREET ADDRESS, CITY, STATE, ZIP CODE 401 East Rhode Island Avenue , Southern Pines, North Carolina, 28387	
(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 04/13/2026 through 04/16/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #22DA73-H1.	E0000		
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 04/13/2026 through 04/16/2026. Event ID#22DA73-H1. The following intake was investigated: 2563136. 1 of 1 complaint allegation did not result in deficiency.	F0000		
F0550 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 residents regardless of payment source.	F0550		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0550 SS = D	<p>Continued from page 1 §483.10(b) Exercise of Rights.</p> <p>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.</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, family member and staff interviews, the facility failed to maintain a resident's dignity by not placing a cover over her urine collection bag for 1 of 1 resident reviewed for dignity (Resident #21). A reasonable person would not want their urine visible to the public.</p> <p>The findings included:</p> <p>Resident #21 was readmitted to the facility on 8/12/25 with diagnoses that included retention of urine and neuromuscular dysfunction of bladder.</p> <p>Resident #21's quarterly Minimum Data Set (MDS) dated 1/26/26 revealed Resident #21 was severely cognitively impaired and coded as having an indwelling urinary catheter.</p> <p>An observation was completed on 4/15/26 at 11:27 AM of Resident #21 sitting in the Activity Room with other residents and staff (Life Enrichment/ Activity personnel). Resident #21's urine collection bag was observed without a cover in place. Her urine was observed at a level of 200 milliliters (ml) volume and yellow in color.</p> <p>An observation was completed on 4/15/26 at 3:22 PM of Resident #21 in the Activity Room during the 3:00 PM activity with the Chaplain, along with other residents. Resident #21 was observed in her wheelchair. Her urine collection bag remained exposed and uncovered which was visible through the glass windows from the hallway. Her urine was observed to be yellow in color.</p>	F0550		

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F0550 SS = D	<p>Continued from page 2</p> <p>An observation was completed on 4/15/26 at 3:50 PM of Resident #21 observed sitting in her wheelchair in the small dining area adjacent to the nurse's station. Other residents, staff, hospice staff and visitors were observed passing the small dining area or entering the small dining area during this time. Resident #21's urine collection bag was observed without a cover in place and yellow urine was visible from the hallway.</p> <p>A telephone interview with Resident #21's Family Member was conducted on 4/16/26 at 2:28 PM. She revealed Resident #21 would absolutely want her urine collection bag concealed with a cover when out of room and in activities.</p> <p>An interview with Nurse Aide (NA) #1 was completed on 4/15/26 at 4:00 PM and revealed she was assigned to Resident #21. NA #1 stated she assisted Resident #21 into her wheelchair with the assistance of another staff person due to Resident #21 being a mechanical lift transfer. NA #1 explained she was agency staff but had received training on urinary catheter care and maintaining a resident's dignity. NA #1 explained she would transfer the urine collection bag from the bed to the wheelchair and back as care was provided to Resident #21. NA #1 further stated she would inform her nurse of any concerns regarding the urinary catheter and the urine collection bag. NA #1 did not recall if Resident #21's urine collection bag had a cover in place on 4/15/26. NA #1 indicated she was not aware of where covers for urine collection bags were located and stated the nurse would take care of any catheter needs except for rendering care if the NA was not available.</p> <p>An interview was completed with Medication Aide #1 on 4/15/26 at 4:35 PM. Medication Aide #1 stated she had been trained for urinary catheter care and maintaining dignity for residents with urinary catheters. Medication Aide #1 expressed the training included ensuring urine collection bags had a cover in place or was placed in a dignity bag concealing the urine collection bag. She confirmed she overlooked the application of the cover for Resident #21 when she emptied the urine collection bag around 2:00 PM on 4/15/26. Medication Aide #1 explained she would normally empty the urine collection bag in the afternoon, make sure the anchor for the catheter remained in place, and check for any other issues. Then she would make sure the urine collection bag had a cover in place. Medication Aide #1 verbalized this was an oversight by not making sure Resident #21's urine collection bag had</p>	F0550		

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F0550 SS = D	Continued from page 3 a cover in place after completing the above tasks. An interview was completed with the Director of Nursing (DON) on 4/16/26 at 10:05 AM. She reported residents with urine collection bags should have covers in place unless care was being rendered. She confirmed that covers were available and staff have been trained in proper application. She was uncertain as to the reason why Resident #21 did not have a cover in place for her urinary catheter. On 04/16/26 at 3:33 PM an interview was conducted with the Administrator. She reported a dignity cover should be in place for all residents with urine collection bags. The Administrator was uncertain as to why Resident #21 did not have a cover in place.	F0550		
F0582 SS = D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility	F0582		

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F0582 SS = D	<p>Continued from page 4 must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide the CMS Skilled Nursing Facility Advanced Beneficiary Notice (SNF-ABN) prior to discharge from Medicare Part A skilled services for 1of 3 residents reviewed for the beneficiary protection notification review (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was readmitted on 1/24/26.</p> <p>A review of Resident #1's medical record revealed a CMS-10123 Notice of Medicare Non-Coverage (NOMNC) form was issued to Resident #1 which explained Medicare Part A coverage for skilled nursing and therapy services would end 3/26/26. The NOMNC was reviewed and signed by the Care Navigator, via telephone consent from the Responsible Party (RP) on 3/24/26. Resident #1 resided in the facility during the time the survey was conducted from 4/13/26 to 4/16/26.</p> <p>A review of Resident #1's medical record revealed a CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice (SNF-ABN) form was not provided to Resident #1 or Resident #1's RP.</p>	F0582		

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F0582 SS = D	Continued from page 5 On 4/16/26 at 3:02 PM an interview was conducted with the Care Navigator, who confirmed the CMS-10123 NOMNC form was issued to Resident #1 when Medicare Part A services were ending. The Care Navigator stated the CMS-10055 SNF-ABN for Resident #1 was not provided to Resident #1 or the RP. The Care Navigator further stated she was unaware that residents who remained in the facility after Medicare Part A coverage ends should receive a CMS-10055 SNF ABN. The Care Navigator communicated Resident #1 had 37 days left of Medicare Part A coverage. On 4/16/2026 at 3:35 PM an interview with the Administrator revealed the facility's process for SNF beneficiary notification for residents that remain in the facility required that both a NOMNC and SNF-ABN be accurately completed and provided, by the Care Navigator, to residents who remained in the facility. The Administrator confirmed Resident #1 should have received a CMS-10055 SNF-ABN form.	F0582		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by:	F0812		

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F0812 SS = D	<p>Continued from page 6</p> <p>Based on observation and staff interviews, the facility failed to ensure clean dishware was dry prior to stacking for 1 of 2 kitchen observations. Wet nesting has the potential for bacterial growth on dishware and could affect the food served to residents.</p> <p>The findings included:</p> <p>The initial tour of the kitchen occurred on 04/13/26 at 11:10 AM with the Dietary Manager and Director of Dietary. The initial observation of the dishware storage area revealed dishware that was ready for use, put away and stacked wet. The following clean dishes were observed wet and nesting: 3 metal 1/3 serving pans and 2 metal half serving pans were stacked upside down visibly wet with pooled water on the sides and water pooled around the rim.</p> <p>An interview with the Dietary Manager on 04/13/26 at 11:28 AM revealed dishware should be cleaned, dried thoroughly, and stored facing down to prevent wet nesting. The Dietary Manager stated wet nesting could cause bacteria to grow. The Dietary Manager was unable to identify which dietary staff was responsible for stacking the serving pans while wet.</p> <p>An interview was conducted with the Administrator on 4/13/26 at 4:20 PM. The Administrator indicated items should not be stored wet, as retained moisture could promote bacterial growth.</p>	F0812		