STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
345105			B. WING			07/14/2015	
NAME OF PROVIDER OR SUPPLIER				ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHE	EALTH-HIGH POINT				330 N MAIN STREET IGH POINT, NC 27265		
(X4) ID	SUMMARY ST		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 253 SS=E			F	253			8/11/15
					This time line investigation and plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do no constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely becau- it is required by the provision of the state and federal law in order to remove substantial noncompliance. It also demonstrates our good faith and desire continue to improve the quality of care and services to our residents.	on not the use te	
	revealed the toilet to feces all around the r base of the toilet.	blic bathroom on 7/13/15 at 5:15 am, d the toilet to have a large amount of Il around the rim of the toilet and inside the the toilet. ervation on the 100 hall public			IMMEDIATE ACTION The toilets were immediately audited b the Environmental Services Director ar the Administrator.	-	
	bathroom/shower roo revealed feces cover The floor remained lin wet.	om on 7/13/15 at 5:35 am, ed toilet paper on the floor. ttered with trash and was			METHOD TO IDENTIFY OTHERS 100% bathroom audits for all residents the facility were completed by the Environmental Services Director and th Administrator on 7/14/15. The bathroo	ne	
	An observation on the opposite side of the 100 hall public bathroom on 7/13/15 at 5:45 am,				audit included all shared bathrooms	••	

Electronically Signed

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.

08/06/2015

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345105 NAME OF PROVIDER OR SUPPLIER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		A. BUILDING		с		
		B. WING			07/14/2015	
			STREET ADDRESS, CITY, STATE, ZI		0//14/2015	
				3830 N MAIN STREET	OODE	
PRUITTHE	ALTH-HIGH POINT			HIGH POINT, NC 27265		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN (EACH CORRECTIVE A		(X5) COMPLETION
TAG REGULATORY O		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED T DEFICIE		DATE
F 253	Continued From page	e 1	F 25	33		
	revealed feces aroun	d the rim of the toilet and		between two resident roo	oms, all private	
	inside the base of the	e toilet.		bathrooms and ¿commu	•	
				in the hallways shared by		
	An observation on the	e 100 hall public		without bathrooms in the	ir rooms.	
	bathroom/shower roo	om on 7/13/15 at 6:00 am,		Environmental Services	Director conducts	
	revealed feces covered	ed toilet paper on the floor.		rounds on all the residen	t bathrooms on	
	The floor remained lit	tered with trash and was		all three shifts.		
	wet. The opposite sid	de of the 100 hall public				
	bathroom was observ	ed and noted to have feces		SYSTEMIC CHANGES		
	around the rim of the	toilet and inside the base of		1. All Environmental Se	ervices staff will	
	the toilet.			be educated on maintaining a home	like environment	
	An observation on the	e 100 hall public		by maintaining the		
		om on 7/13/15 at 6:18 am,		cleanliness of toilets	s by 8/11/15.	
	revealed feces covered	ed toilet paper on the floor.		2. All C.N.A.s will be e	ducated by the	
	The floor remained lit wet.	tered with trash and was		DHS on maintaining a ho like environment by		
				cleanliness of toilets whe	en	
	An observation on the			soiled by 8/11/15.		
		om on 7/13/15 at 6:45 am,		3. All Nurses will be ed	•	
		es covered toilet paper had		DHS on maintaining a ho		
		ever the floor was still wet		like environment by		
		a. Also noted at this time		cleanliness of toilets whe	en	
		pled up in the shower chair.		soiled by 8/11/15.		
		on the opposite side of the		4. Education on mainta	aining a home like	
		n the rim of the toilet and		environment will be		
	around the inside bas	se of the toilet.		conducted with new		
	D · · · · ·			5. The Environmental	Services Director	
	During an interview with NA # 1 on 7/13/15 at			will audit resident	all there are 1.10	
	6:12 am, revealed the			bathrooms daily on		
	housekeeping on 11-7 shift. They take out the trash and clean up messes on this shift for			and forward the results to		
				the QAPI Committe	•	
		d common areas. The NA #		recommendations and fo	-	
	1 further added she d			6. The Administrator w		
		e trash out and that the		bathroom audits daily for		
		oes that. NA #1 said that		the prior day and di	scuss any	
	nousekeeping staff ca	ame in about 5 or 6:00 am.		challenges.		
		vith Housekeeper # 1 (7-3		7. Environmental Ser C.N.A.s, and Nurses who		

Facility ID: 923250

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345105 NAME OF PROVIDER OR SUPPLIER		(X2) MULTIP	· · /	(X3) DATE SURVEY COMPLETED		
		A. BUILDING			с	
		B. WING			07/14/2015	
			STREET ADDRESS, CITY, STATE, ZIP CODE	07/14/2015		
				3830 N MAIN STREET		
PRUITTHEALTH-HIGH POINT				HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
		_				
F 253			F 25			
		7/13/15 for the 300 Hall,		not been educated on mai	ntaining a	
		ponsibilites included taking		homelike environment by		
		e resident's room, cleaning		maintaining the cleanlines		
		ommon areas as well as the		bathrooms will be removed from		
	resident ' s room.			the schedule on 8/11/15 1	1:59PM.	
		vith Housekeeper #2 (7-3		MONITORING PROCESS		
		7/13/15 for the 100 hall,		The Administrator and Environm	nontol	
		sibilities included cleaning the ing out the trash, and		The Administrator and Environr Services Director will ensure ba		
		athrooms/shower rooms.		audits are completed daily M-F.		
		asked if the bathroom on		supervisor and/or weekend clin		
	-	n clean yet. She replied, "I		manager on duty will monitor or		
		is time, the toilet on the		Saturdays and Sunday and pro		
		100 hall was noted to be		Environmental Services Directo		
		ound the rim and inside the				
	base of the toilet.			Environmental Services Directo	or and/or	
				Administrator manager will mor		
	During an interview v	vith Housekeeper #3 (7-3		compliance occurrence daily fo		
		on 7/13/15 at 8:20 am,		then weekly for 4 weeks, unless		
		ibilities was to take out the		recommended otherwise by Qu		
	trash and put trash b			assurance performance improv	•	
	containers, cleaning	the two restrooms across		committee.		
	from the nurses station	on, cleaning and mopping				
	resident's rooms and	bathrooms.		Results of the audits of the hom	ne like	
				environment of the resident bat		
		e public bathroom on 7/13/15		will be presented in QAPI by the		
		posite side of the 100 hall at		Environmental Services Directo	or	
		o have feces and urine on				
		nd inside the base of the		Any recommendations made by		
	toilet.			team regarding maintaining a h environment of resident bathroo		
	During an interview v	vith the Housekeeping		carried out		
	-	5 at 11:40 am, revealed that				
	his responsibility was					
	housekeepers to ens	-				
	assignments were do					
	-	no housekeeping staff on the				
		ervisor added that the laundry				

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If continuation sheet Page 3 of 5

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 07/14/2015		
		345105						
NAME OF PROVIDER OR SUPPLIER			•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PRUITTH	EALTH-HIGH POINT				3830 N MAIN STREET HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 253	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (floor tech) person who works the night shift should clean the bathrooms through out the night shift. The supervisor reported that there are three housekeepers on the day shift (7-3) and two houskeeeping staff on the second shift. (3-11) During an observation of Resident #6 's room at 10:15 am on 7/13/15, revealed the commode and toilet seat are both dirty with urine and feces. During an observation at 12:35 pm on 7/13/15, the commode and toilet seat remain dirty with feces and urine in the same soiled areas. During an observation at 2:15 pm on 7/13/15, revealed that the commode and toilet seat remained dirty with the same urine and feces in the same soiled areas. During an interview with Housekeeper #3 at 3:15pm on 7/13/15, revealed Resdient #6 's bathroom remained dirty with feces and urine on the commode and the toilet in the same soiled places. The housekeeper reported he was going to "go over it again". During an observation at 7:35 am on 7/14/15, in Resident #6 's bathroom it was noted there was urine and feces on the commode and the toilet in the same soiled places. During an observation at 10:30 am on 7/14/15, in Resident #6 's bathroom it was noted there was urine and feces on the commode and the toilet in the same soiled places.		F	253				

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PRINTED: 09/08/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 09/08/2015 1 APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY LETED	
345105		B. WING			-	C 07/14/2015		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STA	TE, ZIP CODE	•••	
PRUITTHI	EALTH-HIGH POINT				830 N MAIN STREET IIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 253	EALTH-HIGH POINT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	253				

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