DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/17/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
345383		B. WING			C 08/07/2015		
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER				62	TREET ADDRESS, CITY, STATE, ZIP CODE 20 JOHNS ROAD AURINBURG, NC 28352		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENT	NITIAL COMMENTS		000			
F 372 SS=E	this complaint investigation to the Event ID #WY9O11 483.35(i)(3) DISPOPROPERLY	ciencies cited as a result of stigation survey of 8/7/15. Intake # NC00108677. SE GARBAGE & REFUSE spose of garbage and refuse	F 3	372			8/21/15
	by: Based on observatifacility failed to ensitive dumpster were make sure the area kept clean and free The findings included The dumpster area initial tour on 8/4/15 gloves were observed the ground between On 8/5/15 at 8:27 A observed. Outside on the cement pad paper and 5 cardboobserved on the ground between On 8/6/15 at 8:09 A observed. The left observed opened a on the ground behing the enclosed dump disposable gloves a were observed on the ground behing the served on the ground behing the enclosed dump disposable gloves a were observed on the ground behing the served on the ground behing the ser	was observed during the at 10:54 AM. Four disposable red on the ground behind the disposable gloves were on the 2 dumpsters. M the dumpster area was the enclosed dumpster area 6 disposable gloves, straw and food boxes were bund. M the dumpster area was dumpster, left side door was not one disposable glove was not the right dumpster. Outside ster area on the cement pad 3 and more cardboard pieces he ground. Directly behind the tout 4 disposable gloves were			Scottish Pines Rehabilitation and Nacknowledges receipt of the Statem Deficiency and proposes the plan of correction to the extent that the sur of findings is factually correct and in to maintain compliance with application rules and the provision of quality caresidents. The below response to the Statemed Deficiency and plan of correction dedenote agreement with the citation Scottish Pines Rehabilitation and Nather than the facility reserves the right to subdocumentation to refute the stated deficiency through informal appeals procedures and/or other administrategal proceedings. F 372 DISPOSE GARBAGE & REFPROPERLY 1) On 8/7/2015, facility Director of Environmental Management Service (EMS) cleaned the dumpster area as ensured that all disposable gloves,	nent of of of mmary of order able are to ent of oes not by lursing. Omit	
ABORATORY	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITLE	_	(X6) DATE

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

TITLE

Electronically Signed

08/21/2015

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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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
SCOTTISH PINES REHABILITATION AND NURSING CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 372 Continued From page 1 On 8/7/15 at 8:23 AM the dumpster area was observed. Both dumpster doors on the left side of each dumpster was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (COMPLE) DATE DEFICIENCY) F 372 F 372 F 372 On 8/7/15 at 8:23 AM the dumpster area was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. F 372 On 8/12/2015, all environmental and facility services employees were			345383	B. WING				
Continued From page 1 Continued From page 1 On 8/7/15 at 8:23 AM the dumpster area was observed. Both dumpster doors on the left side of each dumpster was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. LAURINBURG, NC 28352 ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFRENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DATE PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTIO	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII	P CODE	00/0	172010
F 372 Continued From page 1 On 8/7/15 at 8:23 AM the dumpster area was observed. Both dumpster was observed of each dumpster was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. F 372 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 372 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 372 papers and cardboard food boxes were disposed of properly and ensured surrounding area was free of debris. 2) On 8/12/2015, all environmental and facility services employees were								
On 8/7/15 at 8:23 AM the dumpster area was observed. Both dumpster doors on the left side of each dumpster was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. papers and cardboard food boxes were disposed of properly and ensured surrounding area was free of debris. 2) On 8/12/2015, all environmental and facility services employees were	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	TIVE ACTION SHOULD BE COMPLETIC DATE		
8/7/15 at 10:06 AM he stated that his staff knew to close the dumpster doors. The Chef Manager indicated he would contact environment services to clean up the area immediately. During an interview with the Environmental Management Services (EMS) Manager on 8/7/15 at 10:19 AM he stated that he expected when staff take out the trash they should remove their disposable gloves put them into the dumpster and close the doors. Beginning on 8/12/2015, facility maintenance assistant or designee will patrol the dumpster area three times per day. The first round in the morning, second round before lunch and the final round at the end of the day. See attachment B. Beginning on 8/12/2015, facility maintenance assistant or designee will ensure that dumpster area is swept and hose down at a minimum of once a week with ¿Suma Dock (dumpster cleaner). See attachment C-1-C-3. Con 8/14/2015, all dietary employees were e-in-serviced by facility registered dietician on the proper waste disposal process. See attachment D. On 8/17/2015, facility posting placed at employee on transce/exit to remind all employees to assist in keeping facility lot clean and to discard of disposable gloves in proper trash dispenser (and not on the ground). See attachment E. Provionmental Management Services ((EMS) on ensuring that all dumpster doors are closed after each use and to check all areas of the parking lot	F 372	On 8/7/15 at 8:23 and observed. Both during an interview 8/7/15 at 10:06 AM to close the dumps indicated he would to clean up the are During an interview Management Servat 10:19 AM he statsff take out the tridisposable gloves	AM the dumpster area was impster doors on the left side was observed open and 2 were on the ground between with the Chef Manager on the stated that his staff knew ster doors. The Chef Manager contact environment services a immediately. It with the Environmental ices (EMS) Manager on 8/7/15 ated that he expected when rash they should remove their put them into the dumpster	F3	papers and cardboard for disposed of properly and surrounding area was free 2) On 8/12/2015, all environmental services employee re-in-serviced by facility Environmental Manageme (EMS) on ensuring that all doors are closed after eacheck all areas of the parensure that they are free times. See attachment A. 3) Beginning on 8/12/20 maintenance assistant or patrol the dumpster area day. The first round in the second round before lund round at the end of the dattachment B. 4) Beginning on 8/12/20 maintenance assistant or ensure that dumpster are hose down at a minimum with ¿Suma Dock¿ (dum See attachment C.1-C.3. 5) On 8/14/2015, all diet were re-in-serviced by fact dietician on the proper was process. See attachment 6) On 8/17/2015, facility at employee to assist in ke clean and to discard of die in proper trash dispenser ground). See attachment 7) Results of plan and a discussed during morning	od boxes we ensured e of debris. vironmental es were Director of ent Service II dumpster ch use and rking lot to of debris at 1-A.2. 15, facility designee we three times e morning, ch and the fiay. See 15, facility designee we a is swept at of once a very entry employed ility register disposate disposate disposate to remind esposable glat (and not or the Eudits will be gradministration of the suddits will be gradministration of the suddits will be gradministration.	and es to t all will and week er). /ees ered al aced all ty lot loves n the	

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F 372	Continued From pa	ge 2	F3	followed by: 8) Results of audits and coplan will be discussed and mecorded x 4 months during monthly QAPI meeting, with to plan made as needed, foley) Results of audits and coplan will be discussed and mecorded quarterly x 3 quartefacility; a quarterly QAPI commeeting, with adjustments to as needed followed by: 10) Should revisions be necessary appropriate staff will be re-indon pool or appropriate designed and monitoring steps to begin against to begin against the comment of th	ninutes the facility; adjustment lowed by: mpliance w ninutes ers during th mittee o plan made essary, -serviced b e. I require	s s ith ne	