

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441		8/25/15	

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

TITLE

(X6) DATE

Electronically Signed

08/25/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff and resident interview, the facility failed to use Centers for Disease Control guidelines in selecting residents for cohorting (room sharing) for 1 of 1 resident ' s sharing a room with a resident on contact isolation precautions (Resident #2), failed to have an infection control policy that outlined criteria for cohorting residents with a clostridium difficile (C-diff) infection, and failed to include 2 of 2 residents re-admitted with C-diff (Resident #2 and #9) on the monthly infection control log used for infection control surveillance . The findings included:</p> <p>According to the " Guide to preventing Clostridium-Difficile Infections, dated February 2013 and published by APIC (Association for Professionals in Infection Control and Epidemiology: in regards to cohorting residents with C-diff in a skilled nursing facility " Although a private room with attached room is ideal, this arrangement is not common in most skilled nursing facilities. When considering roommates, select someone who is not taking antibiotics and is not compromised to the point of being susceptible to infection. "</p> <p>Clarification from the North Carolina Statewide Program for Infection Control and Epidemiology (SPICE) on 8/5/15 revealed:</p> <p>For C-diff, a private room with an attached bathroom is preferred.</p> <p>For Cohorting:</p> <ol style="list-style-type: none"> 1) Another resident with an active C-diff infection 2) A resident not currently on antibiotics and is not compromised to the point of being susceptible to infections (no open wounds, indwelling devices, or co-morbid conditions that are 	F 441	<p>PINE Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Pine Ridge Health and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F441</p> <p>#1</p> <p>On 7/16/15 Resident #2 was admitted to the hospital with complaints of chest pain. On 7/17/15 Resident #9 remained in room 114 A and tested negative for C diff. On 7/18/15 @ 1543, Resident #9 was discharged to the hospital. On 7/18/15 @ 1500, Resident #2 was readmitted to the facility in RM 114 B with no new diagnosis noted. On 7/18/15 @ 2241 Resident #2 was</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	<p>Continued From page 2 immunocompromising)</p> <p>1. Resident # 2 was admitted 4/10/14 into room 104 B. On 12/26/14 Resident #2 was transferred to room 114 B where she remained through her facility stay. Resident #2 was last readmitted to the facility on 7/21/15 into room 114 B. The cumulative diagnoses for Resident #2 included end stage renal disease post a failed kidney transplant, diabetes, lower limb amputation, diverticulosis of the colon and chronic systolic heart failure. She also had a colostomy, was on dialysis, and had a fecal transplant in December 2015 for recurrent clostridium difficile (c-diff) infection. According to a facility Action Report (showing resident room assignments throughout their stay), during the period from 7/5/15 - 7/17/15, Resident #2 had a roommate (Resident #9) who was in room 114 A. The Hospital Discharge Summary for resident #9 dated 7/5/15 revealed Resident #9 had a diagnoses of c-diff on discharge from the hospital. The Physician 's Orders and Medication Administration record reveled Resident #9 received antibiotic treatment for c-diff from 7/5/14 to 7/12/14. Review of the Medical Record for Resident #2 revealed she was discharged from the facility on 7/18/15 and readmitted on 7/24/15 into room 114 B. Review of the Hospital Discharge Summary dated 7/24/15 revealed Resident #2 was readmitted with a diagnoses of clostridium difficile. During interview with Resident #2 on 8/3/15 at 9:20 AM, she said than in July, the facility moved Resident #9 into room 114 and they became roommates. She added that facility staff and put a contact precautions sign on the door but did not tell her (Resident #2) what the precautions were</p>	F 441	<p>re-admitted to the hospital. On 7/20/15, both resident remained in the hospital. The administrator, DON and ADON determined upon readmission to the facility, Resident #2 and Resident #9 would not live in the same room. The administrator, DON and ADON determined whoever was readmitted first, between Resident #2 and Resident #9, would have first choice of returning to room 114. On 7/20/15, the housekeeping supervisor ensured the deep cleaning of room 114 to include beds, toilet, bedside commode, waste baskets, sink and changing of privacy curtains. 7/21/15, Resident #2 was readmitted to the facility to room 114 bed B, with a diagnosis of c-diff. Resident was provided clean colostomy supplies, a clean basin, toiletries and hand wipes to ensure containment of infectious organisms to include c-diff. Contact precautions initiated for this resident. On 7/24/15, Resident #9 was readmitted to the facility to room 103 bed A with a diagnosis of non-infectious gastroenteritis and colitis, chronic kidney disease, and unspecified gout. On 7/26/15, Resident #9 was discharged to the hospital.</p> <p>Resident #2 and Resident #9 resided in room 114 from 7/5/15 thru 7/16/15. Resident #9 had an active c-diff infection. Contact precautions were initiated and bedside commode was made available for resident #9, however this resident was primarily incontinent in brief. Resident #2</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	Continued From page 3 for. However, she said that Resident #9 told her (date unknown) that Resident #9 had a diagnoses of C-diff. Resident #2 went on to say when she found out about the C-diff diagnoses that she (Resident #2) asked not to be put in a room with someone with C-diff due to her history of recurrent C-diff infections and because she had a past fecal transplant to treat recurrent C-diff. She stated she spoke to the Administrator about it but facility staff would not listen and told her that the resident who complains was the one who needs to move. Interview with the Nurse Practitioner (NP) at 11 AM on 8/4/15 revealed that Resident #2 had multiple co-morbidities and had recently been referred for palliative care. The NP indicated that given Resident #2 ' s history of repeat clostridium difficile infections, she showed evidence of being susceptible to this infection and therefore should not have been placed with a roommate ho had an active clostridium difficile infection. Interview with the Assistant Director of Nursing/Infection Control Nurse (ADON) on 8/4/15 at 1:24 PM revealed she was uncertain what had gone into the decision to have Resident #2 and Resident #9 share a room when Resident #9 had a diagnoses of active C-diff. The ADON she had been on vacation at the time but that she was aware that both Resident #2 and Resident #3 had shared a room in the past and liked each other, so she thought that may have been the reason. The ADON also indicated that because both residents were compromised in terms of having multiple comorbidities that it was appropriate to have them share a room when only one resident had a diagnoses of C-diff. She did not feel Resident #2 ' s history of recurrent C-diff infection or other conditions should have ruled her out from sharing a room with a resident who	F 441	has a colostomy. The handwashing sink is located in the room for staff and resident handwashing. #2 On 8/3/15 a 100% Infection Control audit was completed by the DON and ADON. The 100% audit reviewed residents with an active infection and their roommates to identify the residents, roommates were not compromised. No negative findings were noted as a result of the audit. On 8/4/15, the administrator appointed the DON, or the ADON in the DON, s absence oversight of resident room placement when the resident has an active infection, to avoid cohorting residents as described in F 441. On 8/4/15, the administrator in serviced the admissions staff regarding DON or ADON in the absence of the DON oversight of resident room placement to avoid cohorting residents, as described in F 441. On 8/4/15, QI nurse reviewed Monthly Infection Log for July 2015, to ensure accuracy. Addendum noted to include Resident #2 on July 2015 Monthly Infection Log, for active c-diff infection. On 8/25/15 a 100% audit of August 2015 Monthly Infection Log, reviewed by Administrator to ensure all residents with an active infections are documented on the log. On 8/25/15 1 on 1 in service with the ADON/Infection Control nurse on complete and accurate documentation of all residents infections on the Monthly Infection Log, completed by the Administrator		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	<p>Continued From page 4</p> <p>had active C-diff since Resident #9 was cognitively intact and was given a commode to use instead of the room ' s shared toilet. Interview with Nurse #1 on 8/4/15 at 2 PM revealed she was the admitting Nurse for Resident #9 on 7/5/15. She stated that the decision on what room residents would be admitted to was already made before any resident entered the facility. She believed the decision was made by a Nurse Supervisor and the Admissions Coordinator. Nurse #1 added that she was not concerned about Resident #2 sharing a room with Resident #9, who had C-diff, because Nurse #1 had initiated contact precautions and set the room up with the contact precautions sign and personal protective equipment. She added that she provided a bedside commode for Resident #9 and educated her to use the commode and wash her hands. Interview with the Administrator on 8/4/15 at 3 PM revealed that she did not know who signed off on the room assignment for Resident #9 as that paperwork had been shredded.</p> <p>2. Review of the facility document titled Clostridium Difficile (C. difficile), dated 8/2005, revealed the document did not contain guidelines for excluding residents who were susceptible to infection (immunocompromised/open ports of entry) from sharing a room with a resident who had clostridium difficult infection.</p> <p>Review of the facility document titled Standard and Transmission-Based Precautions dated 8/2005 revealed that for Contact Precautions " A private room is preferred. However, if a private room is not available residents with the same infection may be cohorted. Consideration should be given to the epidemiological pattern of a</p>	F 441	<p>#3</p> <p>On 7/15/15 a 100% in service was initiated by the Staff Development Facilitator (SDF) for 100% RNs, LPNs, and CNAs. The in service covered handwashing specifically related to transmission of infection. On 8/1/2015 the in-service was 100% completed. On 8/3/15 handwashing audits were initiated by the DON, ADON, QI nurse, Staff Facilitator and Consultant. Handwashing audits were documented on a Resident Care Audit Tool. Any staff not properly demonstrating handwashing was immediately retrained by the auditor. On 8/4/15 a 100% in service was initiated by the ADON and SDF for 100% RNs, LPNs, and CNAs regarding regulatory tag F 441 ¿Cohorting Residents¿ and ¿Transmission Precautions¿. The in-service will be completed by 8/10/15. No RN, LPN, or CNA will be allowed to complete a shift without completing the F441 in-service. On 8/4/15, the administrator appointed the DON, or the ADON in the DON¿s absence oversight of resident room placement when the resident has an active infection, to avoid cohorting residents as described in F 441. On 8/4/15, the administrator in serviced the admissions staff regarding DON or ADON in the absence of the DON oversight of resident room placement to avoid ¿cohorting residents¿ as described in F</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	<p>Continued From page 5</p> <p>microorganism and the resident population when determining room placement. "</p> <p>Interview with the Assistant Director of Nursing/Infection Control Practitioner (ADON) on 8/4/15 at 9 AM revealed that the above policies were corporate policies. She acknowledged that the above policies did not contain information regarding excluding residents susceptible to infection from sharing a room with a resident who had clostridium difficile infection. She also indicated that she was not aware of any discrepancies between the facility policy and the Centers of Disease Control guidelines</p> <p>3. Resident #9 was readmitted on 7/5/15 with a diagnoses of Clostridium Difficile (c-diff) and pneumonia, according to the Hospital Discharge Summary dated 7/5/15.</p> <p>Resident #2 was readmitted to the facility on 7/24/15 with a diagnoses of Clostridium Difficile (c-diff) according to the Hospital Discharge Summary dated 7/24/15.</p> <p>Review of the Infection Control Log for July, 2015 revealed that neither Resident #2 or Resident #9 were listed on the log as having a clostridium difficile infection in July, 2015.</p> <p>During interview with the Assistant Director of Nursing/Infection Control Practitioner (ADON) on 8/4/15 at 9 AM she indicated that she should have recorded these infections on the Infection Control Log for July 2015 for surveillance purposed. She stated it was an oversight that these two infections were not included in the log for tracking and monitoring purposes. She said she believed they were missed because these</p>	F 441	<p>441.</p> <p>The Infection Control Policy that outlines criteria for cohorting residents with c-diff was revised 8/24/15 according to CDC guidelines and acceptable standards of practice. The updated policy now includes Consideration for Resident Placement which states ¿Residents with a potential or active infection will be considered for placement in a semi-private room, with attached bathroom. If a private room is not available, residents will be considered for placement in a semi-private room. Considerations for placement in a semi-private room will include:</p> <ul style="list-style-type: none"> ¿ Placing resident in room with resident that is not taking antibiotics ¿ Placing resident in room with resident that is not susceptible to infections in general ¿ Placing resident in room with resident that does not have open wounds, tubes, immunosuppression or terminal illness and disease. <p>Additional considerations include:</p> <ul style="list-style-type: none"> ¿ Cohorting resident with a resident with the same potential or active infection in the same room ¿ Placing a resident with a roommate that does not use the bathroom ¿ Placing a resident in a room closest to the bathroom ¿ Having the non-clostridium difficile infection resident roommate use a bedside commode¿ <p>#4 Beginning on 8/5/15, the Resident</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	Continued From page 6 residents were readmitted with these infections and somehow they were missed.	F 441	Placement QI monitoring tool will be utilized by the Administrator to monitor proper placement of residents with active infections to prevent improper cohorting of residents. The Resident Placement tool will be utilized by the Administrator five times weekly x 4 weeks, weekly x 4 weeks and monthly for six months. Any negative findings will be addressed immediately by Administrator, corrective actions will be documented on the Resident Placement Tool. Beginning on 8/5/15, the Administrator, or ADON in the administrator's absence, will review and initial the completed Resident Placement QI monitoring tool monthly for six months. The results of the Resident Placement audits will be presented by the ADON and/or Administrator and reviewed by the QI committee monthly for six months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, recommendations for monitoring, and continued compliance. ADON/Infection Control nurse will log all resident infection on the Monthly Infection Log to include community acquired infections. DON/Administrator will review the progress of documentation on the Monthly Infection Log five times weekly x 4 weeks, weekly x 4 weeks, and monthly for six months. Beginning 9/1/15, the DON and/or Administrator will review and initial the completed Monthly Infection Log for six months. The Monthly Infection Log will be presented by the ADON and reviewed by the QI committee		

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

PRINTED: 09/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/04/2015
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(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	
F 441	Continued From page 7	F 441	monthly for six months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, recommendations for monitoring, and continued compliance.		