PRINTED: 02/12/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345370	B. WING		C 01/13/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374	01/13/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 000		stion began 12/31/15. In to gather more information.	F 00	0	
F 223 SS=J	On 1/6/16 SA identification began on 12/27/15 with two other staff person witness did not intermit immediately report; in not completed for the law enforcement was survey was conducted immediate jeopardy an acceptable credit 483.13(b), 483.13(c) ABUSE/INVOLUNTATION The resident has the sexual, physical, and punishment, and involved the sexual physical abuse, control or physical abuse.	ed that Immediate jeopardy when a staff person witnessed ins each slap a resident; the wene; the witness did not immediate assessment was experience resident or other residents; is not notified. Extended ed 1/12/16 and 1/13/16. It was removed on 1/7/16 after allegation was validated. (1)(i) FREE FROM MRY SECLUSION right to be free from verbal, it mental abuse, corporal coluntary seclusion. use verbal, mental, sexual, proporal punishment, or	F 22	3	1/14/16
	by: Based on medical reresident interviews the resident 's right to be for 1 of 1 Residents. Immediate jeopardy Resident # 1 was slate assistants. Immediate 1/7/16 when an access was provided. The fiscope and severity of	T is not met as evidenced ecord review, staff and ne facility failed to protect a e free from physical abuse (#1). began on 12/27/15 when		F223 To insure the safety of resident (1), To Charge Nurse (1) was informed of an abuse allegation on 12-27-15 around 9:45am to 10:15am. The Charge Nur (1) went resident (1) room and complete a skin assessment on 12-27-15 at 12:32Pm. This skin assessment show some redness but no markings or brut	rse eted wed
LABORATORY	I DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE

Electronically Signed 01/28/2016

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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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OIVIB	NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION	, ,	DATE SURVEY COMPLETED
		345370	B. WING			C
NAME OF D	ROVIDER OR SUPPLIER	040070		STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	01/13/2016
NAIVIE OF PI	ROVIDER OR SUPPLIER				_	
PINEHURS	ST HEALTHCARE & REH	IAB		300 BLAKE BOULEVARD		
				PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 223	Continued From page	<u>.</u> 1	F 2	23		
	· -		' 2	on the face area identified in t	ho abusa	
	that is not immediate	ut into place are effective		allegation. The Charge Nurse		
		hts to be free from abuse.		the RN supervisor around 3:0		
	Findings included:	nts to be free from abuse.		abuse allegation at that time t		
	Resident #1 was adm	nitted on 4/23/15 with		Supervisor removed the CNA		
	diagnosis including he			the building and suspended the		
		se, and anxiety disorder.		investigation was completed.		
		ım Data Set Assessment		supervisor went to the room a	it 3pm to	
	10/22/15 revealed that	at the resident was		perform an interview and skin	assessment	
		rstood others. The resident		on the resident (1), during the	interview	
	_	a score of 3 on the Brief		the RN supervisor ask the ide		
		tatus (BIMS). BIMS is a		resident if anyone had slappe		
	brief snapshot of how			comment was NO. The RN su	-	
		y at the moment. A BIMS		performed another skin asses		
		es that the resident had		resident⊡s (1) facial area and		
	-	ry and recall of events. The		to identified any markings or t	-	
		s not displaying physical		this time the RN supervisor of		
	behavioral symptoms	avior such as threatening or		Director of Nursing. The Director of Nursing contacted the Admini		
	screaming during the	_		3:05pm on 12-27-15. The Dir		
		v revealed a care plan goal		Nursing submitted a 24 hour i		
	12/17/15 which stated			28-15 at 11:12am. The Direct	•	
		se behavior through next		Nursing performed an intervie		
		included, approach resident		assessment to the facial area		
	warmly and positively	, talk with resident in calm		in the abuse allegation at 9:45	5am on 12-	
	voice when behavior	is disruptive.		28-2015. During this interview	w the	
		ent written on 12/27/15 by		resident (1) denied any abuse		
		.) #1 revealed, " I (NA #1),		no noted bruising or marks or		
	went into (Resident #	•		area in the abuse allegation.		
		ident #1) was already fussy		Responsible Party for the res		
		roceeding into his room. I		notified by the Director of Nur	-	
		perform ADL (activity of		29-15 at 4pm concerning the		
		sident #1) started to fuss at		allegation. The Medical Direct		
		et him dressed, Resident #1 g me pathetic and all other		notified on 12-31-15 at 7:30 a resident (1) needed a physica		
		ed his hand and slapped me		examination. The Medical Di		
		en proceeded to go get my		performed the evaluation that		
		break. " The statement		around 9am. The Medical Di	_	

revealed that she requested that 2 other nursing

old skin tears but did not note anything

INTERLEMON OF DEPOLISHORS IN PROVIDER OR SUPPLIER 345370 345370 35TREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINETHURST, NC 28374 SIRRET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINETHURST, NC 28374 SOLUTION OF STATE ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINETHURST, NC 28374 PINETHURST, NC 28374 F223 Continued From page 2 assistants help her get the resident ready. The statement continued, "Once inside the room, (Resident #1) continued to be combative. I was in the room but did not proceed getting him ready. NA #3 dressed him since he was more calmer at the moment. NA #2 helped but morely observed. Once finished, he was pushed down to activities and 1 did report to (nurse supervisor) about the situation that had occurred. "During interview with (NA) #1 at 4:20 pm on 1231/15 she stated," Resident #1 was basisally given care by NA #3 when they returned to the room. She said, "No one touched him but NA #3 when we went back to the room." NA #3 in concluded that the resident flow acame up and Left the room." NA #3 freported that Resident #1 in him her when she first attempted to give him morning care. She stated, "It wasn't even a purposeful hit. He was already in a rant, his hand came up and Left the room." NA #3 freported that Resident #1 in him was already in a rant, his hand came up and Left the room." NA #3 freported that Resident #1 in him was already in a rant, his hand came up and Left the room." NA #3 freported that Resident #1 in him was already in a rant, his hand came up and Left the room." NA #4 freported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was no abuse. NA #1 reported that Resident #1 in the was not abuse. NA #1 reported that Resident #1 in the resident (NA #1 that she would help and went down the hall with h	OLIVILIY	O T OIT MEDIO, TILE &	- OLIVIOLO				CIVID INC	7. 0000 0001
NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB STREET ADDRESS, CITY. STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374 PROPINEHURST, NC 28374 FROUEDS AND OR CORRECTION GRACH DESCRIPTIVATION FOR PERCENCIES GRACH DESCRIPTIVATION SHOULD BE CAME FROM TAKE GRACH DESCRIPTIVATION SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVATION SHOULD BE CAME FROM TAKE GRACH DESCRIPTIVATION SHOULD BE CAME FROM TAKE GRACH DESCRIPTIVATION SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH DESCRIPTIVE SHOULD BE CAME FROM THE PREFIX TAKE GRACH THE PREFIX THE PREFIX TAKE GRACH THE PREFIX THE PREFI			` '	` ′				
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STREET ADDRESS. CITY, STATE, JP CODE 309 BLAKE BOULEVARD PINEHURST, NC 28374 PINEHURST, NC 28374 PINEHURST, NC 28374 PROPRIETE TAG PROVIDER'S PLAN OF CORRECTION			345370	B. WING			l	
PINEHURST, NC 28374 PAUL PROVIDER'S PLAN OF CORRECTION	NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PRICE SUMMARY STATEMENT OF DEFICIENCIES PRICE	DINELLID	ST HEALTHCARE & REL	IAD		30	00 BLAKE BOULEVARD		
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assistants help her get the resident ready. The statement continued, "Once inside the room, (Resident #1) continued to be combative. I was in the room but did not proceed getting him ready. NA #3 dressed him since he was more calmer at the moment. NA #2 helped but morely observed. Once finished, he was pushed down to activities and I did report to (nurse supervisor) about the situation that had occurred." During interview with (NA) #1 at 4:20 pm on 12/31/15 she stated, "Resident #1 was agitated during breakfast. As I was getting ready to do activity of daily living care, he hit me in my face." NA #1 reported that Resident #1 was astically given care by NA #3 when they returned to the room. She said, "No one touched him but NA #3 when we went back to the room." NA #1 further stated that the resident had calmed down and that there was no abuse. NA #1 reported that Resident #1 in the rwhen she first attempted to give him morning care. She stated, "It wasn't even a purposeful hit. He was already in a rant, his hand came up and I left the room." Interview with NA#2 at 3:25 pm on 12/31/15 revealed that she saw NA #1 coming down the hall. NA #1 was upset about (Resident #1). "I said what's wrong? She said (Resident #1) is getting on my damn nerves." NA #2 said she told NA #1 that she would help and went down the hall with her. NA #2 reported that (Resident #1) is getting on the side of the bed with NA #1 on one side and NA #3 on the other side. NA #2 said she saw NA #1 swing and hit (Resident #1) in the face. Then NA #2 swung on the other side. She	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
and put on his shoes and went out of the room. NA #2 reported that NA#1 and #3 were saying a part time and as needed staff were in serviced on combative and agitated		assistants help her go statement continued, (Resident #1) continued in the room but did not NA #3 dressed him sit the moment. NA #2 h Once finished, he wa and I did report to (not situation that had occoding interview with 12/31/15 she stated, during breakfast. As activity of daily living NA #1 reported that sand asked two other #1 reported that Resicare by NA #3 when she said, "No one to we went back to the room that the resident had was no abuse. NA # hit her when she first morning care. She signature with NA#2 arevealed that she saw hall. NA #1 was upses said what's wrong? Sigetting on my damn row NA #1 that she would with her. NA #2 repositing on the side of the saw NA #1 swing and face. Then NA #3 swistated that she helpe and put on his shoes	et the resident ready. The "Once inside the room, led to be combative. I was of proceed getting him ready. Ince he was more calmer at elped but morely observed. Is pushed down to activities larse supervisor) about the furred. " (NA) #1 at 4:20 pm on "Resident #1 was agitated I was getting ready to do care, he hit me in my face. " The went to get the nurse NAs to come help her. NA dent #1 was basically given they returned to the room. The buched him but NA #3 when froom." NA #1 further stated calmed down and that there I reported that Resident #1 attempted to give him tated, "It wasn't even a s already in a rant, his hand the room." at 3:25 pm on 12/31/15 of NA #1 coming down the tet about (Resident #1). "I she said (Resident #1) is fiverves." NA #2 said she told I help and went down the hall red that (Resident #1) was the bed with NA #1 on one the other side. NA #2 said she I hit (Resident #1) in the rung on the other side. She d (Resident #1) stand up and went out of the room.	F	223	about bruising or markings to the facial area. The Responsible Party for the resident (1) requested that the resident sent out to the ER for c/o left shoulder pain. The Responsible Party signed the resident out and arrived at Moore Regional ER at 3:59pm on 1-1-16. The Responsible Party explained to the MD duty that the resident (1) was assaulted some of the staff at the facility about a week ago. The MD ordered x-rays and notified DSS. There were no acute fractures noted. The MD will send all x-rays to DSS by 1-6-16. Resident (1) returned to the facility at 7:45pm on 1-16 with no acute changes. CNA (1) that was involved in abuse allegation was terminated on 12-30-15. CNA (2) returned to work on 12-30-15, she was not assigned to the resident (1) and was forbidden by the Director of Nursing to in contact with the resident (1). CNA (3) was terminated on 1-6-16 due to the abuse allegation substantiated. A policing report was filed on 1-6-16 in regards to this abuse allegation, Police officer from the Pinehurst Police Department interviewed resident (1) and interviewe all parties involved. The Police Report number is 2016000181. The Police Report number is 2016000181. The Police off hand delivered his findings on 1/7/16 on his investigation that concluded there we not enough evidence to prove that an assault did occur and he closed the cast The 5 day investigation was completed and submitted by Director of Nursing on 12-30-15 at 3:37pm. 100% of full time, part time and as needed staff were in	e e e on d by I t s be m d d fice f vas se.	

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				<u>OMB NO. 0938-0391</u>	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345370	B. WING			C	
NAME OF D	ROVIDER OR SUPPLIER	040070		STREET ADDRESS, CITY, STATE, ZIP	CODE	01/13/2016	
NAME OF PI	ROVIDER OR SUPPLIER				CODE		
PINEHUR	ST HEALTHCARE & REH	IAB		300 BLAKE BOULEVARD PINEHURST, NC 28374			
0411.1=	CLIMMA DV CT	ATEMENT OF DEFICIENCIES			E CORRECTION	0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA	DATE.	
F 223	Continued From page	۵.3		223			
1 220	· -				7 10 hv tha		
		. NA #2 said that she did		residents from 1-1-16 to 1	•		
		o nursing assistants outside		Director of Nursing and Ro	-		
	of the facility. Review of the written	statement by NA #2		Nursing Supervisors. The was seen by Nurse Psych		16	
		g, "NA #1 was coming down		to see if there are any inte		10	
		s nursing station saying she		help with the identified res			
		and go home. I asked her		behaviors. The intervention			
		e said that (Resident #1)		recommended were to rec		t l	
	_	ımn nerves. We was at		(1) if agitated and be care			
	nursing station then N	IA#3 came up and we all		touching resident (1) arou	nd the wrist,		
	went to (Resident #1)	's room. He was very		when resident (1) is touch	ed around the	e	
	agitated sitting on the	side of the bed. NA #1 and		wrist area it can cause hin	n to be more		
	, ,	him (Resident #1) verbally.		agitated. The resident (1)	-		
	_	t side of (Resident #1)		have two people in the roo		eis	
		e was putting his shirt on		being performed. These in			
		e left side. (Resident #1)		have been added to the re	, ,		
		s towards both of them		Kardex and care plan on	-		
		an girls. NA #1 hit (Resident		Director of Nursing. All Cl	_		
		right side, then he swung		the Kardex before each shaperform care on residents			
	_	nim in the face on his left pants and shoes on and		resident will be continued			
		his chair then I left the		by the Nurse Psychiatrist.			
	room."	This chair there i left the		were involved in this abus		inat	
		phone interview with NA #2		have been terminated and	•		
		she stated that she was		from coming on the facility			
	standing right in front	of (Resident #1) in the			3		
		#1 was on her left side and		For those residents having	g the potentia	I to	
	NA #3 was on her rigi	ht side. She stated that NA		the affected by the same a			
	#1 hit (Resident #1) ii	n the face and NA#3 was in		practice:			
	a boxing stance wher	n she hit the resident. NA #2					
		nt #1) was swinging but she		Resident (1) still resides in	-		
		her NA #1 or #3. NA #2		alleged employees involve			
		#1 and #2 to stop. NA #2		allegation have been term			
		the incident to the nurse #1		been disciplined. Resider		peen	
	about an hour later.			interviewed by psychiatry	-		
		tement written by nurse aide		emotional distress from th		d	
		around 8:30, 9:00am another		none has been noted. Res			
	CNA (certified nursing	g assistant) came to me		continues to have behavio	ors but all staf	†	

which was (NA#1) and asked for help. (NA #2)

and new hires have and will be educated

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		345370	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	0.0070		ς.	TREET ADDRESS, CITY, STATE, ZIP CODE	01	/13/2016
NAME OF FI	NOVIDER OR SUFFLIER						
PINEHUR	ST HEALTHCARE & RI	ЕНАВ			00 BLAKE BOULEVARD		
				P	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 223	Continued From pa	ae 4	F	223			
				-20	on how to deal with residents with		
		hallway and followed NA #1 #1 's) room. Upon entering			behavior issues. With all interventions	in	
	· ·	om (Resident #1) already was			place resident (1) is comfortable and s		
	,	nbative. (Resident #1) was			at the facility.	aic	
		and kicking at (NA #1), so she			Pinehurst Healthcare & Rehabilitation		
	• • • •	#2 was just standing at the			Center performs background checks o	n	
		and started talking to			all potential employees before hiring th		
		rst he started swinging and			The Administrator reviews all		
	· ,	my hands up and told			backgrounds to insure there is no abus	se	
	(Resident #1) that t	hat kind of behavior would not			or criminal charge that could lead to		
	be tolerated. And to	old him he wouldn ' t lie for			abuse. If the background check report	iS	
		(Resident #1) looked at me			any criminal items that could be consid	ler	
		n told (Resident #1 to let ' s			abusive, the individual is never hired.		
		othes on and he said okay. I			abuse policy covers what types of abu		
		nts on, (NA #1) was still in the			who to report abuse to, to report abuse		
		ding there. (NA#2) then tried			immediately when notified or when you)	
		gotten (Resident #1) calm and			see abuse, notify family immediately,		
		on. Once (Resident #1) was			notify MD immediately and remove the	!	
		out of the room and to church			alleged persons from the facility		
		orted to the nurse that he was			immediately.		
	being combative."	12/31/15 at 3:36 pm with NA			100% active, part time and as needed staff were educated from 1-1-16 thru 1	6	
	•	at on Sunday 12/27/15 around			16 on how to deal with combative and	-0-	
	·	o her you better come down			agitated residents by the Director of		
		sident #1) was being			Nursing and Registered Nursing		
	,	as we walked to the door he			Supervisors. 1st step is try to figure or	ut	
		tive. He was waving his			what is making the resident agitated, 2		
	•	ands in mine and said you			see if you can redirect the resident aw		
		. I told him that he needed to			from what is making them combative of	-	
	put his clothes on a	nd get dressed for the day. I			agitated. 3rd if you are unable to calm		
	said will you do tha	t for me? He calmed down, I			person, go get someone else and let tl	nem	
	put his clothes on."	NA #3 reported that no one			try to calm the resident, 4th always tak	.e	
		m. " I told them (NA#1 and			your time and speak clearly and slowly		
		it." The NA stated that when			the resident, and 5th always be kind a	nd	
		itated she put her hands up			respectful . Resident□s rights were		
		e several times. She said she			included in the in service on 1-6-16 that		
	· ·	esident #1) before and he can			included the resident always has the ri	-	
	-	IA #3 reported that NA #1 was			to refuse service. The two CNAs that		
	standing behind he	r, NA #2 was at the door and			were involved in this abuse allegation		

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						(c I
		345370	B. WING			l	13/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				30	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	НАВ		Р	INEHURST, NC 28374		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 223	Continued From page	e 5	F:	223			
		ting on the side of the bed			were terminated. The terminations we	re	
		the room. She reported that			completed by 1-6-16.		
	the resident was ups				All employees are educated on the		
		erview at 4:52 pm on 1/5/16			company abuse policy on hire date, at		
		urse assigned to the resident			each alleged incident of abuse or negle	ect	
		the incident) she reported			and annually by the Director of Nursing		
		about the incident when			a Registered Nursing Supervisor.	•	
	she went in to give R	esident #1 his morning			The Social Worker contacted all		
	medication. She said			responsible parties of residents that			
	at that time but was r	not red at all when she went			cannot speak for themselves to inquire	of	
	in with the nurse sup-	ervisor. Nurse #1 reported			any concerns or changes in resident□s	3	
	that Resident # 1 was	s a very confused resident.			behavior that could indicate possible		
	She said she saw Re	•			abuse on 1-6-15. These interviews		
	I .	way when she asked him if			included those residents that the two		
	someone hit him. Nu				accused CNAs were assigned &		
	I .	eah, there were two of them			performed care on. There were no		
	· ·	and pointed to NA #2. The			concerns voiced by responsible parties	ί,	
		hat when she went to talk to			no report of any behaviors or physical	•	
	mumbling and a little	nurse supervisor he was			signs reported by any of the responsible parties.	E	
	_	ent written by Nurse #1			The Nursing staff completed skin audit	2	
	(nurse assigned to th	<u>-</u>			for injuries of unknown origin for 100%		
		ne following, "CNA #2			residents, this includes 100% of reside		
	1	e #1) that this morning			that the two accused CNAs were		
	'	n another CNA (certified			assigned and performed care on. The	se	
	nursing assistant) as	•			skin audits were completed from 1-1-1		
		2 stated while she was in			1-7-16 by licensed nursing staff. No		
	'	vith (NA #1 and NA #3), the			injuries of unknown origin were found		
	1 -	e stood on either side of the			The Social Worker, Admissions		
		assisting place his pants on			Coordinator, Director of Nursing and		
	him, one CNA (NA#1) slapped resident in his			Clinical Supervisors asked all residents	3	
		ly after (NA#3) slapped him			capable of being interviewed if they ha		
		stated both CNA's were			ever felt mistreated by a staff member	of	
		ecome more agitated and			the facility, this included all residents		
	-	vith resident and he said			including the ones that were cared for		
	I .	his room and they hit him,			accused CNA□s that were named in the		
	I .	eack, then he pointed to NA			abuse allegation. All residents interview		
		ere, but she was the one			denied feeling mistreated by any meml		
	that helped me." Res	ident did not have any marks			of the staff. All interviews were comple	ted	

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR NC). 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
							2
		345370	B. WING _			01/	13/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINEULID	ST HEALTHCARE & REH	IAR		30	00 BLAKE BOULEVARD		
PINEHUK	SI HEALIHOARE & REF	IAD		Ρ	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
					DEFICIENCY)		
F 223	at that time." During telephone inte supervisor on 1/6/16 she saw the resident 12/27/15. She said the	erview with the nursing at 2:32 pm she stated that around 3:30 pm on Sunday nat when she went to the	F 2	223	on 1-6-16 at 8pm. To ensure that this alleged deficient practice does not recur, the following measures have been put into place.		
	him up. She asked Rand he said no. The who witnessed it reports the superviolent to and that he talks stuff. The nurse supervisor worked with the nursi the abuse (NA #2) for to be outstanding. During interview with 2:50 pm the resident.	asleep and she had to wake Resident #1 if anyone hit him supervisor said that the girl orted the incident at shift sor said that she has not have any lucid moments if that doesn't make sense. Treported that she has ng assistant who reported if 8 years and only know her Resident #1 on 12/31/15 at said that someone hit him is and that he hit them back.			Nursing staff will complete skin audits weekly for a 100% of residents in the facility which will be reviewed by the Clinical Supervisors. The Clinical Supervisors will be monitoring these weekly skin assessments for any signs abuse or neglect. The Clinical Supervi will sign off on each skin assessment a being monitored and completed. If about neglect is suspected the clinical supervisor will bring results of skin aud the Director of Nursing or Administrator and the Police will be notified by Administrator or Director of Nursing	sor as use lit to	
	The resident stated s regarding who she was anywhere, she went a angry. "Resident #1 couple days ago. Review of the Director statement revealed, Sunday December 27	he (the resident was unclear as) doesn't belong here or away. He stated, "I was so I said this happened a			immediately. An investigation will star immediately and Pinehurst Healthcare Rehabilitation Center abuse policy and protocols will be followed. The Social Worker, Activities Coordinated Admissions Coordinator will interval alert & oriented residents or responsible parties of non-alert residents weekly for 6 weeks, 10 interviews more	& I ator iew	
	resident during morni living care). When I December 28, 2015 I assessment on reside no evidence of any broon resident. I also as remembered at any thim or hitting him and Interview with the Direction of the property of the	ng ADL (activity of daily arrived at facility on Monday went and did a skin ent at 9:30 am. There was ruising or red marks noted sked the resident if he ime anyone being mean to			for 6 months and 10 interviews quarter thereafter. During this interview proce if any allegation of abuse or neglect is made, it will be brought immediately to Administrator or Director of Nursing. Administrator or Director of Nursing wi follow Pinehurst Healthcare & Rehabilitation abuse policy protocol.	the	

to see the resident on Monday and the resident

to make sure that these solutions are

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		E SURVEY MPLETED
		345370	B. WING		0.	C 1/13/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		1/13/2016
				300 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	IAB		PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 223	said that she asked thappen yesterday that about?" The resident reported that NA #2 vand that she had no dregarding the nursing Telephone interview on 1/6/16 at 10:51 and was alert and oriente further stated that so resident is more alert. The administrator was jeopardy on 1/6/16 at Credible Allegation: To insure the safety of Charge Nurse was in allegation on 12-27-110:15am. The Charge identified resident 's assessment on 12-27 assessment showed markings or bruising the abuse allegation. the RN supervisor and allegation at that time removed the CNAs (I building and suspending was completed. The room at 3 pm to perform assessment on the identified resident if anyone has "NO." The RN sanother skin assessing facial area and was uparkings or bruising.	ness or bruising. The DON the resident, "Did anything at you need to tell me t said no. The DON worked every other weekend complaints from residents assistant. with the Director of Nurses in revealed that the resident d to person. The DON metimes in the mornings the s notified of immediate 4:45 pm. of the identified resident, The formed of an abuse 5 around 9:45am to the Nurse went to the room and completed a skin 7-15 at 12:32pm. This skin some redness but no on the face area identified in The Charge Nurse notified bund 3:00pm of the abuse the RN Supervisor NA # 1 and NA # 3) from the fied them until investigation RN supervisor went to the orm an interview and skin lentified resident, during the tervisor ask the identified d slapped him, his comment supervisor performed ment on identified resident 's unable to identified any	F 2	sustained, The Clinical Super responsible for bringing resul audits to our monthly quality meeting. The Social Worker was urance meeting monthly. Will be reviewed by our quality committee in our monthly quassurance meeting.	ts of skin assurance will bring all uality All Results y assurance	

	SURVEY
	PLETED
	С
345370 B. WING 01	/13/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
300 BLAKE BOULEVARD	
PINEHURST HEALTHCARE & REHAB PINEHURST, NC 28374	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 223 Director of Nursing contacted the Administrator at 3:05 pm on 12-27-15. The Director of Nursing submitted a 24 hour report on 12-28-15 at 11:12 am. The Director of Nursing performed an interview and a skin assessment to the facial area identified in the abuse allegation at 9:45 am on 12-28-2015. During this interview the lidentified resident denied any abuse and were no noted bruising or marks on the facial area in the abuse allegation. The Responsible Party for the identified resident was notified by the Director of Nursing on 12-29-15 at 4 pm concerning the abuse allegation. The Medical Director was notified on 12-31-15 at 7:30 am that identified resident needed a physical examination. The Medical Director performed the evaluation that morning around 9 am. The Medical Director noted old skin tears but did not note anything about bruising or markings to the facial area. The Responsible Party for the identified resident requested that the resident be sent out to the emergency room for complaints of left shoulder pain. The Responsible Party signed the resident out and arrived at the emergency room at 3:59 pm on 1-1-16. The Responsible Party signed the resident was assaulted by some of the staff at the facility about a week ago. The physician ordered x-rays and notified Department of Social Services. There were no acute fractures noted. The physician will send all x-rays to Department of Social Services by 1-6-16. Resident returned to the facility at 7-45 pm on 1-1-116 with no acute changes. CNA 1 (NA # 1) that was involved in abuse allegation was terminated on 12-30-15 for accepting money from a family member to wash the resident 's clothes and she never returned to Work. CNA 2 (NA # 2) returned to two facility at 7-45 pm on 1-1-16 over the condition of the same and she never returned to work. CNA 2 (NA # 2) returned to work. CNA 2	

STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 50.25	_		,	2
		345370	B. WING				13/2016
NAME OF PROVIDER	OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHURST HEA	I TUCADE & DEL	1AB		3	00 BLAKE BOULEVARD		
PINEHUKSI HEA	LINCARE & REI	IAD		P	PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
forbid conta 2) wa allega on 1-6 Police interv Report office invest enough occur invest Direct 100% service from was sifther identification interv redirect touch is tour to be have perfort to the 16. A each reside contir Psych were termining facility.	ct with the identical sterminated on tition substantial 3-16 in regards a interviewed ideiving all partiest number is 20-15 hand delivered igation that corp and he closed igation was corpor of Nursing of full time, pared on combativity 1-1-16 to 1-7-16 een by Nurse Fee are any intervised resident if aging resident around the more agitated. It wo people in the more agitated. It wo people in the med. These interesident is shown to shift to see how ents. The identification interesident interesiden	ctor of Nursing to be in tified resident. CNA 2 (NA # 1-6-16 due to the abuse ted. A police report was filed to this abuse allegation, entified resident and will be as involved. The Police 16000181. The Police 16000181. The Police 161000181. The Police 161000181. The Police 177/16 of his actuded there was not crove that an assault did the case. The 5 day impleted and submitted by in 12-30-15 at 3:37 pm. In time and PRN staff were in the and agitated residents and agitated resident 20 cycliatrist on 1-7-16 to see wentions to help with the behaviors. The interest area it can cause him and the wrist, when resident the wrist area it can cause him are room when care is being erventions have been added and the waste of the Kardex before to perform care on the field resident will be tored by the Nurse NAs (NA # 1 and # 3) that abuse allegation have been anned from coming on the alleged deficient practice:	F	223			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
							0
		345370	B. WING _			01/	13/2016
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
DINEHIID	ST HEALTHCARE & REH	AR		3	00 BLAKE BOULEVARD		
FINEHUK	SI HEALINGARE & REH	AB		P	PINEHURST, NC 28374		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
TAG	REGULATORT OR I	SC IDENTIFTING INFORMATION)	TAG		DEFICIENCY)	VIE .	
F 223	Continued From page	e 10	F	223			
		des in facility, all alleged					
		n abuse allegation have					
	been terminated or ha	•					
		terviewed by psychiatry for					
		s from the incident and none					
		dent continues to have					
		and new hires have and will to deal with behavior issues.					
	With all interventions						
		e and safe at the facility.					
		s background checks on all					
	•	pefore hiring them. The					
		all backgrounds to insure					
		riminal charge that could					
		background check reports					
		at could be consider abusive,					
	the individual is never	hired. The abuse policy					
	covers what types of	abuse, who to report abuse					
		mediately when notified or					
		notify family immediately,					
		diately and remove the					
		the facility immediately.					
		t time and as needed staff					
		-1-16 thru 1-6-16 on how to					
		ind agitated residents. 1st					
	step is try to figure ou						
	resident away from w	see if you can redirect the					
		. 3rd if you are unable to					
	_	et someone else and let					
		esident, 4th always take					
		clearly and slowly to the					
		ays be kind and respectful .					
		re included in the in service					
	_	ed the resident always has					
		vice. The two CNAs (NA#					
	1 and # 3) that were i	· · · · · · · · · · · · · · · · · · ·					
		nated. The terminations					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345370	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 300 BLAKE BOULEVARD PINEHURST, NC 28374		1/13/2016
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 223	abuse policy on hi incident of abuse of the Social W parties of resident themselves to inquin resident 's behapossible abuse on included those resident themselves to inquin resident 's behapossible abuse on included those resident themselves of the CNAs (NAs) were there were no comparties, no report signs reported by the Nursing sinjuries of unknow this includes 100% accused CNAs (Nand performed care completed from 1-unknown origin were the Social W Director of Nursing asked all residents they had ever felt the facility, this incones that were call the facility, this incones that were call and #3) that allegation. All residents they had ever felt the facility, this incones that were call the facility ones that were call allegation. All residents were considered by any interviews were considered by any interview	y 1-6-16. Is are educated on the company of the educated annually. It is that cannot speak for the contacted all responsible is that cannot speak for the contacted indicate in the education of	F 2	223		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	\ /	E SURVEY PLETED
		345370	B. WING _		1	C / 13/2016
	ROVIDER OR SUPPLIER	АВ		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374		713/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 223 F 226 SS=J	nursing staff, houseke maintenance, transpo activities, social work 1/7/16 on the abuse p initiated if abuse was 483.13(c) DEVELOP/ ABUSE/NEGLECT, E	nursing staff, unlicensed beging, dietary, ortation, administrative staff, er) had been in-serviced by bolicy and procedures to be observed/suspected. IMPLMENT ETC POLICIES elop and implement written es that prohibit and abuse of residents	F 2			1/14/16
	by: Based on staff intervine record review it was of failed to operationalize procedures in the are physical abuse was wireporting physical abuse implemented, identificated assessing a resident, other residents could reporting (notifying later policy did not empowel law enforcement for 11 Immediate jeopardy by Resident # 1 was slag assistants and staff wimmediately report. I removed on 1/7/16 will allegation was provided at a lower scope and	as of intervening when vitnessed, immediately use so that protection could tification (immediately immediately assessing if have been affected, w enforcement). The abuse er any staff person to notify of 1 residents (#1). usegan on 12/27/15 when		To insure the safety of the resider The Charge Nurse was informed abuse allegation on 12-27-15 aro 9:45am to 10:15am. The Charge (1) went to the resident (1) roo completed a skin assessment on 15 at 12:32Pm. This skin assess showed some redness but no ma bruising on the face area identifie abuse allegation. The Charge Nunotified the RN supervisor around of the abuse allegation at that tim Supervisor removed the CNAs (1 the building and suspended them investigation was completed. The supervisor went to the resident sroom at 3pm to perform an intervi	of an ound a Nurse om and 12-27- ament arkings or ed in the curse (1) d 3:00pm ne the RN ,3) from a until e RN s (1)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		1 ,	c
		345370	B. WING				13/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	10.2010
				30	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	IAB		P	INEHURST, NC 28374		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD E		COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	AIE	DATE
F 226	Continued From page	e 13	F	226			
	minimal harm, that is	not immediate jeopardy) to			skin assessment on the resident (1),		
		stems put into place are			during the interview the RN supervisor	•	
		sident rights to be free from			ask the identified resident if anyone ha		
		icies are operationalized.			slapped him, his comment was NO. TI		
	Findings included:				RN supervisor performed another skin		
		guidelines for investigating			assessment on resident (1) facial area		
	allegations of resider				and was unable to identified any mark	ings	
	misappropriation of p				or bruising. At this time the RN		
	_	(undated), "Notify the			supervisor contacted the Director of		
		encies as required, Call			Nursing. The Director of Nursing		
	Director of Operation	_			contacted the Administrator at 3:05pm	on	
	notification of the dep				12-27-15. The Director of Nursing	-	
	,	tive services. The policy			submitted a 24 hour report on 12-28-1	5 at	
	stated, "Notification of				11:12am. The Director of Nursing performed an interview and a skin		
	Operations."	e approval of the Director of			assessment to the facial area identifie	d in	
		abuse policy revealed:			the abuse allegation at 9:45am on 12-		
	_	neglect or misappropriation			2015. During this interview the reside		
		of unknown origin must be			denied any abuse and were no noted	(')	
	investigated thorough				bruising or marks on the facial area in	the	
		of the policy includes the			abuse allegation. The Responsible Pa		
	following,				for the resident (1) was notified by the	•	
	Notify the Admin	istrator and Director of			Director of Nursing on 12-29-15 at 4pr	n	
	Nursing immediately.				concerning the abuse allegation. The		
		Ops. (Operations), in regards			Medical Director was notified on 12-31	-15	
		OSS/APS (Department of			at 7:30 am that resident (1) needed a		
	Social Service/Adult				physical examination. The Medical		
		w Enforcement Agencies			Director performed the evaluation that		
		of the Director of Ops.			morning around 9am. The Medical	. 4	
		luded miscellaneous points			Director noted old skin tears but did no		
	-	ortion of the policy stated, if			note anything about bruising or marking	-	
	•	use has not been reported			to the facial area. The Responsible Pa	arty	
	timely to the facility:	sess if abuse could have			for the resident (1) requested that the resident be sent out to the ER for c/o I	oft	
	occurred in the buildi				shoulder pain. The Responsible Party		
		;, and document resident			signed the resident (1) out and arrived		
		s as necessary (one hall, or			Moore Regional ER at 3:59pm on 1-1-		
	entire facility), as app	- ·			The Responsible Party explained to the		
	, , ac upp		1		i iii iii ii	-	

Resident #1 was admitted on 4/23/15 with

MD on duty that the resident (1) was

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR NC). 0 <u>938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
		0.45070	D MINO				C
		345370	B. WING _			01/	13/2016
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHURS	ST HEALTHCARE & REH	IAB			00 BLAKE BOULEVARD		
				P	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page	. 1.1		200			
F 220	Continued From page		F 4	226			
		eart failure, dementia,			assaulted by some of the staff at the		
		se, and anxiety disorder.			facility about a week ago. The MD		
	10/22/15 revealed that	Im Data Set Assessment			ordered x-rays and notified DSS. There were no acute fractures noted. The MI		
		rstood others. The resident			will send all x-rays to DSS by 1-6-16.	J	
		a score of 3 on the Brief			Resident (1) returned to the facility at		
	_	tatus (BIMS). BIMS is a			7:45pm on 1-1-16 with no acute chang	e s	
	brief snapshot of how				CNA (1) that was involved in abuse	00.	
	-	y at the moment. A BIMS			allegation was terminated on 12-30-15		
		es that the resident had			CNA (3) returned to work on 12-30-15,		
	problems with memor	ry and recall of events. The			she was not assigned to the resident (1)	
		s not displaying physical			and was forbidden by the Director of	,	
	behavioral symptoms	. He was coded as			Nursing to be in contact with the reside	nt	
	displaying verbal beh	avior such as threatening or			(1). CNA (3) was terminated on 1-6-16		
	screaming during the				due to the abuse allegation being		
		v revealed a care plan goal			substantiated. A police report was filed		
	12/17/15 which stated				1-6-16 in regards to this abuse allegation		
		se behavior through next			a police officer from the Pinehurst Police		
		included, approach resident			Department interviewed resident (1) ar	ıd	
		r, talk with resident in calm			interviewed all parties involved. The		
	voice when behavior				Police Report number is 2016000181.		
		ent written on 12/27/15 by			The police officer hand delivered his	4	
) #1 revealed, "I (NA #1),			findings on 1/7/16 of his investigation the		
	went into (Resident #	ident #1) was already fussy			concluded there was not enough evide to prove that an assault occurred and h		
	,	roceeding into his room. I			closed the case. The 5 day investigation		
		perform ADL (activity of			was completed and submitted by Direct		
		sident #1) started to fuss at			of Nursing on 12-30-15 at 3:37pm. 100		
	, , ,	et him dressed, Resident #1			of full time, part time and as needed st		
		g me pathetic and all other			were in serviced on combative and		
		ed his hand and slapped me			agitated residents from 1-1-16 to 1-7-1	6	
		en proceeded to go get my			by the Director of Nursing and Register		
	nurse but she was on	break. " The statement			Nursing Supervisors. The resident (1)		
	revealed that she req	uested that 2 other nursing			was seen by Nurse Psychiatrist on 1-7	-16	
		et the resident ready. The			to see if there are any interventions to		
		" Once inside the room,			help with the resident□s (1) behaviors.		
		ed to be combative. I was			The interventions that she recommend		
	in the room but did no	ot proceed getting him ready.			were to redirect resident if agitated and	l be	

NA #3 dressed him since he was more calmer at

careful when touching resident around the

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR M	<i>).</i> 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345370	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	0-70070			REET ADDRESS, CITY, STATE, ZIP CODE	01/	/13/2016
NAME OF PI	ROVIDER OR SUPPLIER				, , ,		
PINEHURS	ST HEALTHCARE & REH	IAB			BLAKE BOULEVARD		
				PIN	EHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page	<u>.</u> 15		226			
. 220	· -		' '		wrist when resident is touched around	tho	
		elped but morely observed.			wrist, when resident is touched around	tne	
		s pushed down to activities rse supervisor) about the			wrist area it can cause him to be more		
	situation that had occ				agitated. The resident (1) will always have two people in the room when car	a ic	
		(NA) #1 at 4:20 pm on			being performed. These interventions	C 13	
		" Resident #1 was agitated			have been added to the resident (1)	1	
		I was getting ready to do			Kardex and care plan on 1-7-16 by the		
	_	care, he hit me in my face. "			Director of Nursing. All CNAs must go		
		he went to get the nurse			the Kardex before each shift to see ho		
		NAs to come help her. NA			perform care on residents. The reside	nt	
	#1 reported that Resi	dent #1 was basically given			(1) will continued to be monitored by the	ie	
	care by NA #3 when t	they returned to the room.			Nurse Psychiatrist. Both CNA (1, 3) th	at	
	She said, "No one to	ouched him but NA #3 when			were involved in this abuse allegation		
	we went back to the r	oom." NA #1 further stated			have been terminated and are banned		
		calmed down and that there			from coming on the facility grounds.		
		1 reported that Resident #1					
		attempted to give him			For those residents having the potential		
	_	ated, "It wasn't even a			the affected by the same alleged defici	ent	
	* *	s already in a rant, his hand			practice:		
	came up and I left the				B: 1 (11 11 0 B 1 1 11 11 11		
	Review of the written				Pinehurst Healthcare & Rehabilitation	4_	
		g, "NA #1 was coming down			Center Abuse Policy: states all residen		
		s nursing station saying she and go home. I asked her			also have the right to be free from vert or physical abuse or other mistreatmer		
		e said that (Resident #1)			by other residents and staff. Incidents		
	_	imn nerves. We was at			aggressive, sexual, or abusive behavior		
		NA#3 came up and we all			by one resident toward another resident		
	_	's room. He was very			staff member toward a resident. This	101	
		side of the bed. NA #1 and			must be reported immediately to the		
		him (Resident #1) verbally.			supervisor and the resident must be		
		at side of (Resident #1)			protected from harm.		
	_	e was putting his shirt on			•		
		e left side. (Resident #1)			Pinehurst Healthcare & Rehabilitation]]
		s towards both of them			Center performs background checks o	n	
		an girls. NA #1 hit (Resident			all potential employees before hiring th		
	#1) in the face on his	right side, then he swung			The Administrator reviews all		
	again and NA #3 hit h	nim in the face on his left			backgrounds to insure there is no abus	se	
	side. I helped put his	pants and shoes on and			or criminal charge that could lead to		

made sure he was in his chair then I left the

abuse. If the background check reports

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	
				_			
		345370	B. WING _			01/ ⁻	13/2016
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				30	00 BLAKE BOULEVARD		
PINEHURS	ST HEALTHCARE & REH	IAB		Р	INEHURST, NC 28374		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 226	Continued From page	<u> 16</u>		226			
	room."	, 10	' '		any ariminal itama that sould be consid	٥.	
		at 3:25 pm on 12/31/15			any criminal items that could be consid abusive, the individual is never hired.	eı	
		v NA #1 coming down the			abusive, the individual is never filled.		
		et about (Resident #1). "I			The Director of Nursing and Administra	tor	
		She said (Resident #1) is			were educated on 1-6-16 by the Nursin		
		nerves." NA #2 said she told			Consultant from Triad Medical Services	-	
		help and went down the hall			Inc. on the company abuse policy, the		
		rted that (Resident #1) was			Elder Justice Act and reporting abuse t	o	
	sitting on the side of t	he bed with NA #1 on one			the state agency and police immediate		
	side and NA #3 on the	e other side. NA #2 said she			when notified.		
	saw NA #1 swing and	I hit (Resident #1) in the					
	face. Then NA #3 sw	rung on the other side. She			100% active, part time and as needed		
	•	d (Resident #1) stand up			staff were educated from 1-1-16 thru 1	-6-	
		and went out of the room.			16 by the Director of Nursing, Clinical		
	•	IA#1 and #3 were saying a			Supervisors and Administrator. The		
		. NA #2 said that she did			in-service covered the company ☐s abu		
		o nursing assistants outside			policy, what types of abuse, who to rep	ort	
	of the facility.	phone interview with NA #2			the abuse to and to report the abuse	v to	
	-	she stated that she was			immediately when told or seen and how identify signs and symptoms of abuse to		
		of (Resident #1) in the			nonverbal resident. The steps that we	.0	
		#1 was on her left side and			take to report, protect and prevent abus	se	
		ht side. She stated that NA			in the facility. The in-service included t		
		n the face and NA#3 was in			the medical director, responsible party		
	,	she hit the resident. NA #2			and Administrator of the building must	ре	
		nt #1) was swinging but she			informed immediately when abuse is		
		her NA #1 or #3. NA #2			reported. 100% full time, part time and		
	said that she told NA	#1 and #2 to stop. NA #2			PRN staff were educated on the elder		
	•	the incident to the nurse #1			justice act and received a copy to revie	w	
	about an hour later.				and keep on 1-6-15 by Administrator,		
		tement written by nurse aide			Director of Nursing, Social Worker and		
		around 8:30, 9:00am another			Clinical Supervisors.		
		g assistant) (NA) came to			1000/ gotive part time and as needed		
) and asked for help. (NA ne hallway and followed NA			100% active, part time and as needed staff were educated from 1-1-16 thru 1-	-6-	
	#1 and into (Resident				16 on how to deal with combative and	- - -	
		's) room (Resident #1)			agitated residents by the Director of		
	- ·	ud and combative. (Resident			Nursing, Administrator and Registered		
	-	ringing and kicking at (NA			Nursing Supervisors. 1st step is try to		
ORM CMS-256	7(02-99) Previous Versions Obs		1	Fac		ation sheet	Page 17 of 28

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CENTERS FOR MEDICARE & M		MEDICAID SERVICES			<u>OIV</u>	OMB NO. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	(X3	o) DATE SURVEY COMPLETED	
		345370	B. WING _			C 01/13/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE I	01/13/2016	
NAME OF T	TOVIDER OR OUT FIELD			300 BLAKE BOULEVARD	DL		
PINEHUR	ST HEALTHCARE & REH	IAB		PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 226	Continued From page	<u>.</u> 17	F 2	226			
1 220			Γ 2				
	#1), so she stepped b			figure out what is making the			
		I stepped in and started		agitated, 2nd see if you can			
	talking to (Resident #	•		resident away from what is n			
		again. I put my hands up) that that kind of behavior		combative or agitated. 3rd if unable to calm the person, g	-		
	,	d. And told him he wouldn't		someone else and let them t	-		
		im. (Resident #1) looked at		resident, 4th always take you	-		
	-	en told (Resident #1 to let '		speak clearly and slowly to the			
		thes on and he said okay. I		and 5th always be kind and i			
		s on, (NA #1) was still in the		Resident □s rights were inclu			
		ig there. (NA#2) then tried		in-service on 1-6-16 that incl			
	-	tten (Resident #1) calm and		resident always has the right			
		. Once (Resident #1) was		service.			
	. •	ut of the room and to church					
	(activities) and report	ed to the nurse that he was		The Social Worker, Admission	ons		
	being combative."			Coordinator, Director of Nurs	sing and		
	During interview on 1	2/31/15 at 3:36 pm with NA		Clinical Supervisors asked a	II residents		
	#3, she reported that	on Sunday 12/27/15 around		capable of being interviewed	l if they had		
	9/9:30 NA #1 said to	her you better come down		ever felt mistreated by a staf	f member of		
	and stated that (Resid	dent #1) was being		the facility, this included all re	esidents		
		we walked to the door he		including the ones that were	•		
		e. He was waving his		accused CNA□s that were n			
		ds in mine and said you		abuse allegation All resider			
		told him that he needed to		interviewed denied feeling m	-		
	'	d get dressed for the day. I		any member of the staff. All			
	-	or me? He calmed down, I		were completed on 1-6-16 at	t 8pm.		
	-	NA #3 reported that no one					
		. " I told them (NA#1 and		A Resident Council Meeting			
	' .	t." The NA stated that when		conducted Thursday, Januar		_ 	
		ated she put her hands up		the Activities Director. The r		•	
		several times. She said she		reminded of their rights to be			
		sident #1) before and he can		abuse, different types of abu	ise and now		
		.#3 reported that NA #1 was NA #2 was at the door and		and who to report it to.			
				The Social Worker contacted	d all		
		ting on the side of the bed					
	•	the room. She reported that		responsible parties of reside			
	the resident was upse			cannot speak for themselves	-		
	neview of the statem	ent written by Nurse #1		any concerns or changes in	เธรเนยเไเ⊔ร		

(nurse assigned to the resident's hall on

behavior that could indicate possible

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			0	MB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(2	(3) DATE SURVEY COMPLETED
		345370	B. WING _			C 01/13/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	01/13/2010
	10115211 011 001 1 21211			300 BLAKE BOULEVARD	0052	
PINEHUR	ST HEALTHCARE & REH	AB		PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 226	around 9:45-10:15 ar nursing assistant) ask (Resident #1). NA #2 (Resident #1) room we two cna's listed above resident as she was a him, one CNA (NA#1 face, then immediate as well. NA #2 also so causing resident to be combative. I spoke we "two women were in but that he hit them bo #2 saying she was the that time." During telephone into with the Nurse #1 (nuter is hall at the time of the that she did not know she went in to give Remedication. She said at that time but was not in with the nurse super that Resident #1 was She said she saw Rewheelchair in the hall someone hit him. Nuter Resident #1 said "Yebut she helped me" nurse further stated the	e following, "CNA #2 e #1) that this morning n another CNA (certified ked her to help with e stated while she was in with (NA #1 and NA #3), the e stood on either side of the e assisting place his pants on e) slapped resident in his y after (NA#3) slapped him etated both CNA's were ecome more agitated and with resident and he said his room and they hit him, eack, then he pointed to NA ere, but she was the one ident did not have any marks erview at 4:52 pm on 1/5/16 erse assigned to the resident he incident) she reported about the incident when esident #1 his morning I that his face was a little red ot red at all when she went ervisor. Nurse #1 reported a very confused resident. sident #1 up in his way when she asked him if	F 2		nterviews that the two gned & were no onsible parties, sor physical he responsible ted skin audits igin for 100% or 20% of resident As were care on. These ed from 1-1-16 known origin ed on the hire date, at abuse or neglector of Nursing rvisor. If the abuse was a admitted there ag her ciplined on the ninated due to policy and	s do de la companya d
	supervisor on 1/6/16	out of it. rview with the nursing at 2:32 pm she stated that around 3:30 pm on Sunday		To ensure that this allege practice does not recur, the	d deficient	

12/27/15. She said that when she went to the

measures will be put into place. The

OLIVILIV	OT OIL WILDIO, WE G	MEDIO/ (ID OLITATIOLO					2. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BOILD			,	С
		345370	B. WING				13/2016
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
DINEULID	ET HEALTHCARE & REL	IAD		3(00 BLAKE BOULEVARD		
PINEHUK	ST HEALTHCARE & REF	IAD		Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page		F	226			
		asleep and she had to wake			Social Worker will in-service all		
	1	Resident #1 if anyone hit him			employees on Pinehurst Healthcare &		
		supervisor said that the girl			Rehabilitation Center abuse policy, eld		
		orted the incident at shift			justice act and how to calm and work v		
		sor said that she has not			agitated resident. In-services will be he	310	
		have any lucid moments f that doesn't make sense.			monthly for 6 months and quarterly thereafter. The Human Resource Dire	ctor	
		reported that she has			will in-service all new hires on Pinehur		
		ho reported the abuse (NA			Health Care & Rehabilitation Center	λ.	
	#2) for 8 years and or				abuse policy, elder justice act and how	to	
	outstanding.	,			care for an agitated resident. The Clin		
	Review of the Directo	or of Nurses (DON)			Supervisors and DON will in-service al		
		" It was reported to me on			staff on Pinehurst Healthcare &		
		7, 2015 at around 3pm that 2			Rehabilitation Center abuse policy afte	r	
	CNA's (Certified Nurs	sing Assistant) slapped a			any alleged abuse occurrence. All		
	resident during morni	ng ADL (activity of daily			in-services will include that verbal, sex	ual,	
	living care). When I	arrived at facility on Monday			mental, or physical abuse, neglect, or		
	December 28, 2015 I				mistreatment of residents to include		
		ent at 9:30 am. There was			involuntary seclusion or corporal		
		ruising or red marks noted			punishment, and/or misappropriation o		
		sked the resident if he			residents□ property by staff will not be		
		ime anyone being mean to			tolerated. It is every employee□s		
	him or hitting him and				responsibility to immediately report any		
		ector of Nurses (DON) on			incident of resident abuse or suspected		
	_ ·	revealed that she went down			resident abuse to his or her supervisor	•	
		n Monday and the resident ness or bruising. The DON			The supervisor and/or employee must	or	
	_	he resident, "Did anything			report immediately to the Administrator Director of Nursing who will immediate		
	happen yesterday tha				notify law enforcement.	y	
	,	t said no. Interview with the			The Activities Director will educate		
		A #1 and #3 were taken off			residents in Resident Council meeting		
		he investigation. Per the			monthly for 12 months on Residents		
		ninated due to an unrelated			Rights, Elder Justice Act and what type	es	
		s observed working on			of abuse and who to report abuse to.		
	1	. The DON reported that no			·		
	I .	een interviewed regarding			In order to monitor our performance an	ıd	
	mistreatment during t	he abuse investigation.			to make sure that these interventions a	ire	
		with the Director of Nurses			sustained, The Social Worker will bring	ı all	
	on 1/6/16 at 10:51 an	n revealed that the resident			in-service records to our Quality		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345370	B. WING _			01/	13/2016
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINELLID	THEATTHOADE & DEL	AB		3	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REH	АВ		P	PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	further stated that sor resident is more alert the police were not no abuse after discussio	d to person. The DON metimes in the mornings the . The DON said that that otified of the allegation of n with the administrator.	F2	226	Assurance meeting monthly. The Activities Director will bring resident council records to our Quality Assurance meeting monthly. All results will be reviewed by our quality assurance	ce	
	During interview with 2:50 pm the resident on the hand 2-3 times. The resident stated si regarding who she wa anywhere, she went a angry. "Resident #1 couple days ago. During telephone inte administrator on 1/6/1 administrator reported the DON and the regi supervisor. The RN si markings on the resident did not notify the policiphysical evidence or Review of a statement administrator (undate is a long term resident	Resident #1 on 12/31/15 at said that someone hit him and that he hit them back. The (the resident was unclear as) doesn't belong here or away. He stated, "I was so said this happened a rview with the facility 6 at 10:55 am the did that he was in contact with stered nurse (RN) supervisor could not find any lent's face. Two nurses the with no markings and he see because there was no			reviewed by our quality assurance committee in our monthly quality assurance meeting		
	#1) suffers from multi- includes, Heart Failur atrial fibrillation and d Resident is alert and able to make his need (Certified Nursing Ass brought an incident to 12-27-15 around 10al accusing two CNAs of face. Due to the seve charge nurse went do assessment on the re	ple diagnoses which e, stage 4 sacral region, ementia with behaviors. oriented X 1. Resident is ds know (known). A CNA sistant) on the east wing the charge nurse on m. This incident was f slapping a resident in the erity of this incident, the own and performed a skin					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		3) DATE SURVEY COMPLETED	
			7 50125	_		(2	
		345370	B. WING			01/	13/2016	
	ROVIDER OR SUPPLIER	НАВ		3	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BLAKE BOULEVARD PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 226	the incident. The charsupervisor to perform (Resident #1) and she bruising or red marks incident report. The the resident and she had hit him today and The two accused CN statement before the hitting (Resident #1). (Resident #1) was contracted the pool of the pool of the pool of the performed an intervience of the performed an intervience of the provided by the accurrence of the pool of the provided by the accurrence of the pool of the performed and intervience of the performance of the performed and intervience of the performance of the perf	d to the area addressed in arge nurse had the RN a skin assessment on e was unable to find any to to the areas noted in the RN Supervisor interviewed asked resident if anyone d (Resident #1) stated no. As were asked to write a sy left and both CNAs denied They did state that substitute and he hit them but nother CNA to perform care a DON performed a skin 3-2015 at 9:30 am and was bruising or red areas to the eximited incident report. She with the resident and the ember anyone being mean to ased on the information ser, the accused and the lowed, the administrator and there is not enough that this allegation. "s notified of immediate	F	226				
	Charge Nurse was in allegation on 12-27-1 am. The Charge Nur resident 's room and assessment on 12-27 assessment showed markings or bruising the abuse allegation.	5 around 9:45 am to 10:15 rse went to the identified completed a skin 7-15 at 12:32 pm. This skin some redness but no on the face area identified in The Charge Nurse notified ound 3:00 pm of the abuse						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD	_		Ι,	C
		345370	B. WING				13/2016
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
DINEHIID	ST HEALTHCARE & RE	HAR		3	00 BLAKE BOULEVARD		
FINEHUK	31 HEALTHOAKE & KE	ENAB		F	PINEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	building and susper was completed. The room at 3 pm to per assessment on the interview the RN suresident if anyone he was "NO." The RN another skin assess facial area and was markings or bruising supervisor contacted Director of Nursing of 3:05 pm on 12-27-1 submitted a 24 hour am. The Director of interview and a skin area identified in the on 12-28-2015. Duridentified resident of the noted bruising or material abuse allegation. To identified resident with Nursing on 12-29-19 abuse allegation. To notified on 12-31-15 resident needed a permorning around 9 anoted old skin tears about bruising or material Responsible Party for requested that the remergency room for pain. The Respons out and arrived at the pm on 1-1-16. The to the physician on the same assessment on the interview and a supplementation of the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16. The to the physician on the interview and arrived at the pm on 1-1-16.	(NA # 1 and NA # 3) from the ided them until investigation in the RN supervisor went to the form an interview and skin identified resident, during the pervisor ask the identified ad slapped him, his comment is supervisor performed in the Director of Parish and the Director of Nursing. The contacted the Administrator at 5. The Director of Nursing report on 12-28-15 at 11:12 if Nursing performed an assessment to the facial assessment to the facial assessment to the facial as abuse allegation at 9:45 amoring this interview the enied any abuse and were noten and assessment to the facial area in the he Responsible Party for the facial area in the he Medical Director was at 7:30 am that identified shysical examination. The formed the evaluation that in. The Medical Director but did not note anything arkings to the facial area. The or the identified resident esident be sent out to the recomplaints of left shoulder ible Party signed the resident emergency room at 3:59. Responsible Party explained duty that the resident was of the staff at the facility about	F	226			

OLIVILIY	OT OIL MEDIO/ IILE &	MEDIO/ ND OLIVIOLO				<u> </u>	7. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
			7 50125			، ا	С
		345370	B. WING				13/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	13/2010
				3	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REH	IAB			PINEHURST, NC 28374		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	-	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 226	Continued From page	e 23	F	226			
		sician ordered x-rays and					
		of Social Services. There					
	-	es noted. The physician will					
		partment of Social Services					
		returned to the facility at					
	7:45 pm on 1-1-16 wi	ith no acute changes. CNA 1					
		olved in abuse allegation					
		2-30-15 for accepting money					
		r to wash the resident's					
		er returned to work. CNA 2					
		work on 12-30-15, she was					
		dentified resident and was ctor of Nursing to be in					
		tified resident. CNA 2 (NA #					
		1-6-16 due to the abuse					
	,	stantiated. A police report					
		regards to this abuse					
		fficer interviewed identified					
	resident and will be in	nterviewing all parties					
	involved. The Police	Report number is					
		olice officer hand delivered					
	_	of his investigation that					
		not enough evidence to					
	•	did occur and he closed the					
	_	stigation was completed and					
		r of Nursing on 12-30-15 at I time, part time and as					
	•	serviced on combative and					
		m 1-1-16 to 1-7-16. The					
		s seen by Nurse Psychiatrist					
		ere are any interventions to					
		d resident 's behaviors.					
		t she recommended were to					
	redirect resident if ag	itated and be careful when					
		und the wrist, when resident					
		e wrist area it can cause him					
	_	The resident will always					
		ne room when care is being					
	performed. These into	erventions have been added					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
					С
		345370	B. WING _		01/13/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
DINELLID	ST HEALTHCARE & REH	IAD		300 BLAKE BOULEVARD	
FINEHUK	OI HEALTHCARE & REH	AD		PINEHURST, NC 28374	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 226	Continued From page	e 24	F 22	26	
	to the resident's Kard must go to the Karder how to perform care of resident will be contin Nurse Psychiatrist. B that were involved in been terminated and the facility grounds. For those residents h affected by the same The Abuse Policy have the right to be fr abuse or other mistre and staff. Incidents of abusive behavior by or resident or staff mem must be reported imm and the resident must The NH performs potential employees to Administrator reviews there is no abuse or of lead to abuse. If the any criminal items that the individual is never	ex and care plan. All CNAs a before each shift to see on residents. The identified used to be monitored by the both CNAs (NA # 1 and # 3) this abuse allegation have are banned from coming on aving the potential to the alleged deficient practice: y: states all residents also see from verbal or physical atment by other residents aggressive, sexual, or one resident toward another ber toward a resident. This hediately to the supervisor to be protected from harm. It is background checks on all before hiring them. The stall backgrounds to insure criminal charge that could background check reports at could be consider abusive,			
	were educated on 1-6 Consultant on the cor Elder Justice Act and agency and police im 100% active, par were educated from 1	-			
	Administrator. The ir company's abuse pol who to report the abu				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345370	B. WING			C 1/13/2016	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD		11/13/2016	
				300 BLAKE BOULEVARD			
PINEHUR	ST HEALTHCARE & REI	łAB		PINEHURST, NC 28374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO		(X5) COMPLETION DATE	
F 226	Continued From page	e 25	F 2	26			
F 226	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 2	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345370 B. WING		C 01/13/2016			
NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB				STREET ADDRESS, CITY, STATE, ZIP COI 300 BLAKE BOULEVARD PINEHURST, NC 28374		1/13/2010	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 226	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 2	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345370			I	IPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		B. WING _			C 01/13/2016		
NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB				STREET ADDRESS, CITY, STATE, ZIP COD 300 BLAKE BOULEVARD PINEHURST, NC 28374		71713/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 226	aggressive behavio abuse was observe facility staff had bee abuse policy and pr	ge 27 rs and actions to be taken if d and/or suspected. 100% of en in-serviced by 1/7/16 on the otocol which included inforcement in cases of	F 2	226			