DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB	NO. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTI			TE SURVEY MPLETED
		345293	B. WING				C 0/12/2017
NAME OF PI	ROVIDER OR SUPPLIER		T	STREET A	DDRESS, CITY, STATE, ZIP CODE		0/12/2017
				HIGHWAY	Y 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET	Γ, NC 28345		
(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 CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00			
	A complaint investiga from 10/10/17 throug Past-noncompliance						
	CFR 483.12 at tag F2 severity (J)	223 and F226 at a scope and					
	The tags F223 and F Quality of Care.	226 constituted Substandard					
F 223 SS=J		•	F 2	23			11/1/17
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	involuntary seclusion and ical restraint not required to					
	abuse, corporal punis seclusion;	must- mental, sexual, or physical shment, or involuntary is not met as evidenced					
	Based on medical re staff interviews, the fa one sampled residen altercation, NA#1 hit arm with her hand.	cord review, resident and acility failed to protect one of ts from harm. During an Resident #1 in the left upper The findings included:			t noncompliance: no plan of ection required.		
	Resident #1 was adm	hitted to the facility 5/10/16.					
	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	1	TITLE		(X6) DATE 11/02/2017

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.

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT O	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345293	B. WING _				C 12/2017
NAME OF PF	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
				HIG	HWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HA	MLET, NC 28345		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 223	disorder, suicidal idea affective disorder. A Quarterly Minimum 10/2/17 indicated Res intact. No behaviors assessment. Residen with bed mobility, tran room, ambulation in ti one or two times, sup and off the unit, exter personal hygiene and bathing, Balance was was able to stabilize w moving from seated to turning around and fa while walking, moving surface to surface tra range of motion for up extremities. An Incident/ Investiga Police Department da stated the crime/ incid assault and battery by physical injury. Weap was Resident #1. Offer (NA) #1. Narrative sta 10/6/2017 at 7:52 AM received a call in refe Cheraw Road. Upon	s included major depressive ations, anxiety and bipolar Data Set (MDS) dated sident #1 was cognitively were noted on the nt #1 required supervision nsfers, ambulation in the he corridor only occurred vervision with locomotion on nsive assistance with toilet , I total dependence with s impaired but resident #1 without staff assistance for o standing position, walking, icing the opposite direction g on and off the toilet and nsfers. No impairment with oper and/or lower ation Report from the (name) ated 10/6/17 at 7:51 AM dent was simple assault, y striking the victim causing bon used was hand. Victim ender was Nursing Assistant ated the following: On I, (name) Police Department rence to an assault at 769 his arrival, the police officer	F 2	223	DEFICIENCY		
	#1 and Resident #1 h resulting in Resident = in the arm. At that tin and spoke with Resid himself and NA #1 ha	itness) who advised that NA ad gotten into an altercation #1 getting physically struck ne, the officer went inside lent #1 who advised that id gotten into several ne incident had started					

Facility ID: 923021

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	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		IO. 0938-03 TE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	l` í	3	· · ·	MPLETED	
						С	
		345293	B. WING		1	0/12/2017	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETIO DATE	
F 223	Continued From pag	e 2	F 22	3			
		Resident #1 stated that,					
		nent, he went to the front					
	-	near the entrance. He					
		#1 came back around into					
		e gave him a mean look to					
		not look at him in that way.					
		she went crazy and began to					
	•	uck him in the top part of his d the witness stories were					
		other in explaining the					
		er investigation, it was					
		e of the nursing assistant					
	was (offender/ suspe	ect) and that she was from an					
		was staying at 769 Cheraw					
		ior to the officer 's arrival.					
		ed to both parties involved					
		alf of Resident #1 due to his					
	, ,	vehicle to proceed to the					
		The police officer called the sed that the officer could					
	•	ts on the behalf of Resident					
		Same were obtained in					
	reference to the assa						
		rgency Room record dated					
		ent states that he feels					
		ation with CNA (certified Richmond Pines. Feels like					
	o ,	ie. She jumped on me					
		history significant for					
		olar disorder, depression.					
		e got into an altercation with					
		ulted him but also stated he					
		to it. He provided very little					
		ed he tried to press charges					
		nst him. When asked if he					
	any injuries. He stat	s, he stated "No" and denied					

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		CONSTRUCTION	(X3) DATE COMF	SURVEY
		345293	B. WING _				C 1 2/2017
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345				
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 223	anxiety worsened so evaluation. Psychiati agitation, behavioral The patient was nerv Benadryl (antihistamii (antihistamine). At the to be discharged to the follow-up. He denied the incident that had A review of the 24 ho 9:45 AM stated Reside and hit him. A statement from NA stated she assisted N when Resident #1 wa around 6:45 AM. Re "was done with her a see to it she 's off my Both NA #4 and NA # would go to the Admii previously. On 10/10/17 at 9:40 / conducted with NA # working on the back 10/6/17. NA #4 said 102 with a breakfast commotion in the hal and you could hear of came to the opening Resident #1 in his wh station and there was surrounding NA #1 the was shouting and sor lungs. NA #4 said it we try and contain NA #	he decided to come in for ric/ behavioral: negative for problem and suicidal ideas. ous/ anxious. He was given ne) and Atarax hat time, it was safe for him he facility with outpatient l any trauma or injury from occurred 10/6/17. Thur report dated 10/6/17 at dent #1 alleged NA #1 yelled #4 dated 10/6/17 (no time) IA #3 in the shower room as given a shower on 10/6/17 sident #1 told them that he nd her snide comments. I'II y hall. She 's out of here." #3 thought he meant he nistrator as he had done AM, an interview was 4. She stated she was half of 100 hall (112-116) on she had walked into room tray when she heard a lway. It had gotten so loud urse words flying. NA #4 of 100 hall and could see heelchair beside the nursing	F2	223			

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	S FOR MEDICARE &		() (Q)			O. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	· · ·	E SURVEY IPLETED
			A. DOILDING			С
		345293	B. WING		1	0/12/2017
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
			1	HIGHWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE	1	HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 223	Continued From pag	e 4	F 223	3		
	between NA #1 and I	Resident #1.				
	A statement from Nu	ran #1 dated 10/6/17 at 9:20				
	A statement from Nurse #1 dated 10/6/17 at 8:30 AM stated shortly after clocking in, Resident #1					
		s wheelchair. As he began				
		f the earlier morning to Nurse				
		1, NA #1 and several other				
	employees came wa	lking down the hallway.				
		Resident #1 with her back to				
	the employees. She					
		ne resident spoke first to NA				
		around but NA #1 swung				
		dent #1 and called him a				
	•••	whim on his upper arm. The				
	struggling with NA #1	each other. Employees were				
		Resident #1. Nurse #1				
		ent who was upset saying				
		" Nurse #1 directed Nurse				
		ve the employees remove				
		ing. This interaction began				
		vas removed from the				
	building by 7:55 AM.					
	On 10/10/17 at 11:30) AM, an interview was				
		e #1. She stated she met				
		me clock when she clocked				
		as facing towards the front				
		Nurse #1 had her back to				
	the front door. He pu	lled up and just looked at				
	her not saying anythi	ng. She asked him if he				
		no. He started to tell Nurse				
		ed before she got there. He				
		his knee because a nursing				
	assistant went to hit	him or some threat had been				
	made and he hurt his	s knee when he stood up.				
	made and he hurt his Resident #1 told Nur					

Facility ID: 923021

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STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		10. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,	G		MPLETED
		0.45000				С
		345293	B. WING			0/12/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD HIGHWAY 177 S BOX 1489	E	
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345		
(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)	I SHOULD BE	(X5) COMPLETIO DATE
F 223 Continued From page 5 several staff members including NA #1 were walking towards the nursing station and the next thing Nurse #1 knew, NA #1 screams (profanity), swung with her left hand and hit Resident #1 on his left upper arm. Nurse #1 stated NA #1 's fingers were not open but not clenched in a fist. At that point, the staff grabbed her, Nurse #1 jumped in front of Resident #1 and yelled for Nurse #2 to call 911. Resident #1 had moved his chair closer to the nursing station telling NA #1 she was going to jail. NA #1 was still fighting, kicking, swinging and trying to get away from the staff holding her and trying to get to Resident #1 again. That was when Resident #1 stood up fror his wheelchair. Nurse #1 told him he needed to sit down and he took ½ step with one foot, then sat back down. Staff pulled NA #1 out of the building. The whole episode lasted about 5 minutes.		s including NA #1 were hursing station and the next NA #1 screams (profanity), and and hit Resident #1 on urse #1 stated NA #1 ' s h but not clenched in a fist. f grabbed her, Nurse #1 sident #1 and yelled for Resident #1 had moved his rsing station telling NA #1 NA #1 was still fighting, I trying to get away from the trying to get to Resident #1 en Resident #1 stood up from e #1 told him he needed to ½ step with one foot, then pulled NA #1 out of the	F 2	23		
	stated she was thread badly that morning by her out as she was w start her work. He saft was cursing the sche business to the super and as NA #1 was pa started yelling and cu saying that she was s hall. He proceeded to hit NA #1 so she left to to calm down. When building to go back to was looking straight a while he was talking to looking at me with the	#1 dated 10/6/17 (no time) tened and cussed out very a Resident #1. He cussed alking on to the 200 hall to t at the top of 200 hall and duler out for telling his rvisor in charge at the time assing by, Resident #1 rrsing at NA #1 crazy like and supposed to be on a certain to stand up like he wanted to the hall and walked outside she came back in the the hall, she stated she ahead. Resident #1 said, to the nurse "why are you the side eye". NA #1 stated ing. Resident #1 kept				

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					IO. 0938-039
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í			TE SURVEY MPLETED
	345293	B. WING		1	C 0/12/2017
ROVIDER OR SUPPLIER		- I	STREET ADDRESS, CITY, STATE, ZIP CODE		
D PINES HEALTHCARE	AND REHABILITATION CENTE				
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETIO DATE
reached for Resident because she was put down the hall. She w to calm herself down the third time he had up on her" like he was stood up, he pushed On 10/10/17 at 12:29 was conducted with 1 on 200 hall showing 9 Resident #1 was givi who to get up. One fell and she went bac heard Resident #1 sa hall, the resident wou had told NA #1 to go she was coming up tf #1 at the top of 200 f said she passed NA 9 Resident #1 began c #1. NA #1 said she g stood up like he want telling her to calm do outside. NA #1 said returned into the built hallway talking to Nu was walking past and attention. Resident # kept saying stuff to h when she tried to "ge Resident #1 said she she hit him. NA #1 sai #3 grabbed her and t building. NA #1 sai	t #1 but did not touch him lled back and was taken vent outside where she tried . The statement said it was cussed her out and "stood unted to hit her. When he her and then sat back down. PM, a telephone interview NA #1. She stated she was someone who to get up and ng the girls instructions on e of the residents on 400 hall ck to help. NA #1 said he ay if NA #1 had been on 400 uld not have fallen. NA #2 to 200 hall. NA #1 said, as he hall, she heard Resident hall cursing NA #2. NA #1 #2 and went on 200 hall. ursing and hollering at NA got upset and Resident #1 ted to hit her. Staff were wn and they took her she calmed down and ding. Resident #1 was in the rse #1. NA #1 stated she d paying Resident #1 no #1 said something to her and er. NA #1 said that was et at him". NA #1 said e hit him but she denied that aid NA #2, NA #3 and Nurse took her outside of the d the police came to the time, she had left the	F 22	3		
	S FOR MEDICARE & DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER D PINES HEALTHCARE SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag reached for Resident because she was pu down the hall. She v to calm herself down the third time he had up on her" like he was stood up, he pushed On 10/10/17 at 12:29 was conducted with 1 on 200 hall showing Resident #1 was givi who to get up. One fell and she went bac heard Resident #1 sa hall, the resident wou had told NA #1 to go she was coming up t #1 at the top of 200 H said she passed NA Resident #1 began c #1. NA #1 said she go stood up like he wan telling her to calm do outside. NA #1 said returned into the buil hallway talking to Nu was walking past and attention. Resident #1 said she hit him. NA #1 said she hit him. NA #1 said she hit him. NA #1 said building. NA #1 said building. NA #1 said building. NA #1 said building. NA #1 said	S FOR MEDICARE & MEDICAID SERVICES DF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	S FOR MEDICARE & MEDICAID SERVICES DF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPI A. BUILDING 345293 B. WING	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDERSUPPLIER/CLA (X2) MULTIPLE CONSTRUCTION A BUILDING	precences (*1) PROVIDER/SUPPLIER DC2 MULTIPLE CONSTRUCTION 0.90 CO add233 B. WING

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	S FOR MEDICARE &						NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		NSTRUCTION	· · ·	ATE SURVEY OMPLETED
			A. BUILDIN	NG			С
		345293	B. WING				
	ROVIDER OR SUPPLIER	0.0200			ET ADDRESS, CITY, STATE, ZIP CODE	I	10/12/2017
					IWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			ILET, NC 28345		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	<	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETIC
F 223	Continued From pag	e 7	F 2	23			
		facility to the smoking area		20			
		her cousin could get her					
		ce came back a second time,					
		and took her to the police					
	station but no charge	es were filed. NA #1 stated					
	she had reached her	breaking point and again					
	stated she did not ma	ake any physical contact with					
	Resident #1.						
	A statement from NA	#2 stated she was sitting in					
		20 AM when resident #1					
	came to the door and told her "he wanted NA #1						
		he wasn 't supposed to be					
		NA #2 told him NA #1 was					
	not supposed to be in	n his room. He said he didn '					
		e wanted her off the hall. NA					
		II and switched NA #1 from					
		NA #2 was talking to Nurse					
		oing on with Resident #1,					
	-	b behind NA #2 and asked					
		y) was she telling his d him that she was telling her					
		ad told it to her. Then he					
		going on and on. As he was					
		ed up 200 hall and he said					
	something to her and	d called her a (profanity). NA					
	#1 got upset and told	him she was tired of his					
	(profanity). Resident	t #1 then stood up and told					
		A #1 went towards him, she					
		and taken down the hall.					
		cursing and carrying on. NA					
		le to calm down. When they					
		ng, NA #1, Nurse #3 and NA ne nursing station. Resident					
		tween the Director of Nurse '					
		num Data Set (MDS) office					
		Resident #1 said something					
	-	walking by. NA #1 then said					
		waiking by. INAT I uter salu					

Facility ID: 923021

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CENTERS FOR M		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 11/21/2017 1 APPROVED). 0938-0391
STATEMENT OF DEFICIEN AND PLAN OF CORRECTI	NCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	IPLE CONSTRUCTION	-	(X3) DATE COMPI	SURVEY LETED
		345293	B. WING		_	(10/	C 12/2017
NAME OF PROVIDER OF	R SUPPLIER	·		STREET ADDRESS, CITY, S	STATE, ZIP CODE		
		AND REHABILITATION CENTE		HIGHWAY 177 S BOX 148	9		
				HAMLET, NC 28345			
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 223 Continu	ed From page	e 8	F 2	23			
went to	swing but Nu	rse #3 grabbed her and NA Resident #1 ' s left shoulder.					
conduct office an her offic (profanit allowed come in wait to t situation her to su on 200 h #2 was was doin halls be administ Residen her why she told her busi what she hall and (profanit she was maybe t Residen said to N outside room to NA #2 s NA #1 to #1 that t going to allowed	ed with NA #. ound 7:15 AM e and stated ty) hall. NA # to work the h his room. N. alk to the Direct and then de herself. NA witch with the hall. NA #1 w talking to Nur ng as far as s cause Nurse trative nurse f the the table of the she was tellin him once he ness and she e was doing. when residen ty) right there to tred of him. wo other peo the the table of the and Resident eat breakfast tated she were o calm her do the Director o cancel her a to be at the fit	AM, an interview was 2. She said she was in her A and Resident #1 came into he wanted NA #1 off that 2 told him NA #1 was all and just not allowed to A #2 said she was going to ector of Nursing about the cided she would handle the #2 went to NA #1 and told nursing assistant who was vent from 400 to 200 hall. NA se #2 telling her what she witching the staff on the #2 was the only in the building at the time. behind NA #2 and asked ng his business. She said brought it to her, he made it a had to let Nurse #2 know NA #1 was coming up 200 ht #1 saw her, he said "that ." NA #1 told Resident #1 NA #2, Nurse #3 and ple grabbed NA #1. but of his chair, stood up and on". Nurse #3 took NA #1 c #1 went on to the dining t. 					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 11/21/2017 FORM APPROVED MB NO. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í	PLE CONSTRUCTION		3) DATE SURVEY COMPLETED	
		345293	B. WING		_	C 10/12/2017	
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	B PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 223	#1 about what happe not remember Reside said something and N Nurse #3 grabbed NA contact to Resident # was hollering and scr up from his wheelcha the door and she did building at all. NA #2 hand touched him, Re police and Nurse #2 of A statement from Nur a code green was cal started in the room w Resident #1 came up him fall. The door to closed immediately. the room, Nurse #2 n medication cart and N about a the statemen when he went to NA # came up behind NA # to be telling nothing a explain to Nurse #2 w that time, NA #1 came happened, cussing fre #2 took NA #1 down 2 On 10/10/17 at 10:49 conducted with Nurse assisted with a reside the rooms on 400 hal the room, she went to medication cart. She telling her about Resi conversation regardir	lent #1 was talking to Nurse ned. NA #2 stated she could ent #1 's exact words but he VA #1 went to swing at him. A #1. NA #1 did make 1 's left shoulder. NA #1 eaming. Resident #1 stood ir. Nurse #3 took NA #1 out not come back in the stated as soon as NA #1 's esident #1 said call the called the police. se #2 dated 10/6/17 stated led to 400 hall, As Nurse #2 here the resident had fallen, the hall saying NA #1 let the resident room was When Nurse #2 came out of het NA #2 at the 200 hall NA #2 was telling Nurse #2 t that Resident #1 had said #2 's office. Resident #1 #2 and started telling her not ibout him. NA #2 tried to vhat had been said. About e up and the explosion om both. Nurse #3 and NA 200 hall. AM, an interview was e #2. She stated she had ent who had fallen in one of 1. When she came out of o 200 hall and was at the met NA #2 and NA #2 was	F 2	23			

Facility ID: 923021

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COMF	E SURVEY PLETED
		345293	B. WING				C / 12/2017
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		н	TREET ADDRESS, CITY, STATE, ZIP CODE IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 223	Nurse #2 because sh administrative staff in #2 didn ' t get a chan wanted to tell her beco behind NA #2 and wa could finish talking, N When NA #1 got to th hall meet near the nu Resident #1 both star that time, Nurse #3 cc grabbed her to keep 1 Nurse #3 took NA #1 stated she thought th building. Nurse #2 st and Resident #1 talki Then Nurse #2 saw N and Nurse #1 began said to call 911. Nurse police to the facility b #1 were yelling and s situation escalated at out of the building an not come back in the in his wheelchair nea office. Nurse #2 state stand up the first time that was the only time standing up from his A statement from Nur she was counting the and heard arguing on looked up and saw R cursing at the schedu should not spread his facility. NA #2 stated business. She contin	told him she had to tell we was the only the building at the time. NA ce to tell Nurse #2 what she cause he had come up as screaming. Before NA #2 IA #1 came up the hallway. he end where 400 and 200 rsing station, NA #1 and ted yelling at each other. By ame up behind NA #1 and her away from Resident #1. down the hallway. Nurse #2 ey took NA #1 out of the tated she then saw Nurse #1 ng near the time clock. NA #1 come in the side door yelling and screaming and se #2 called 911 to get the ecause Resident #1 and NA creaming again. The that time. They took NA#1 d, to her knowledge, she did building. Resident #1 was r the Director of Nursing ed she saw Resident #1 e at the nursing station and e she remembered him	F	223			

Facility ID: 923021

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/21/20 FORM APPROVE OMB NO. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345293	B. WING		C 10/12/2017
NAME OF PR	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CC	
				HIGHWAY 177 S BOX 1489	
RICHMON	D PINES HEALTHCARE	EAND REHABILITATION CENTE		HAMLET, NC 28345	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION TE APPROPRIATE DATE
F 223	Continued From pag	je 11	F 22	23	
		n cursing her and saying how			
		#1 began to argue back with			
		proceeded to stand up and			
		e pointing at her. At that point			
	Nurse #3 went over	and grabbed NA #1 holding			
		n. Nurse #3 escorted NA #1			
		returning to the building, NA			
		d Nurse #3 walked into the			
		Nurse #1 and Resident #1			
	-	As they walked past,			
		with NA #1. Resident #1 bal back and forth started			
	-	ain escorted NA #1 out of the			
	building.				
		5 AM, an interview was			
		e #3. She stated she was at			
	•	ounting narcotics with Nurse			
		One of the aides came and code green because one of			
		the floor (400 hall). When			
		e hall, she saw Resident #1			
		all towards the nursing station			
	-	ere on the hall, he wouldn ' t			
		heir fault that he fell. Nurse			
	#3 stated she heard	the comment in passing but			
		ock of it because the nursing			
		e hall at the time the resident			
		to the medication cart to			
	•	otics. As they were counting			
		remembered seeing Resident nursing station to 200 hall			
		lking to Nurse #2. Nurse #3			
		en NA #2 and Resident #1.			
		der and cursing and told NA			
		what she was doing as he			
		^{#2} began to ignore him and			
		ne person she was talking to.			
	-	ed to curse at NA #2. Nurse			

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					IO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		DNSTRUCTION		TE SURVEY MPLETED
		345293	B. WING			C 10/12/2017	
NAME OF PI	ROVIDER OR SUPPLIER	•		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			HWAY 177 S BOX 1489 MLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
F 223	Continued From page	e 12	F	223			
	#3 stated she did not #1 's direction. Whe she heard Resident # By that time, both NA yelling and cursing at telling Resident #1 sh she was not bothering each other profane na Resident #1 she was (profanity). Resident pointing at her and th other. When he stoo him. Nurse #3 stated she because NA #1 was	see NA #1 walk in resident n Nurse #3 looked back up, f1 call NA #1 a (profanity). #1 and Resident #1 were t each other. NA #1 was ne was not on his hall and g him. They started calling ames and NA #1 told not messing with his #1 stood up and he was ney were yelling at each d up, NA #1 went towards					
	she grabbed NA #1 fr trying to get Nurse #3 then bear hugged NA down because they v could calm her down. 200 hall. Nurse #3 w and around the corne was visually upset, sa	away from her. Nurse #3 away from her. Nurse #3 a #1 and tried to calm her vere related she thought she . All this happened at top of ralked NA #1 down 200 hall er to calm her down. She aying she was getting tired of s, threatening us and could					
	not take it anymore. outside to calm down then came back in to counting narcotics. O came to Nurse #3 an had said he was goin way or the other. Sh	Nurse #3 suggested she go Nurse #3 took her out and the building to complete One of the shower aides d told her that Resident #1 ig to get rid of NA #1 one he said she told somebody					
	NA #2 about the conv calmer at that time. If back inside but did te Resident #1 was talk	Nurse #3 went outside to tell versation and NA #1 seemed Nurse #3 said she came II NA #1 and NA #2 that ing to Nurse #1. They were on. NA #2, NA#1 and Nurse					

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CENTER	S FOR MEDICARE &	ND HUMAN SERVICES MEDICAID SERVICES			OMB N	RM APPROVI IO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED	
		345293	B. WING		1	C 0/12/2017
NAME OF PR	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP COD)E	
RICHMON	D PINES HEALTHCARE	E AND REHABILITATION CENTE		HGHWAY 177 S BOX 1489 HAMLET, NC 28345		
		TATEMENT OF DEFICIENCIES	I		PRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 223	Continued From page	ae 13	F 223			
	#3 were going to get	t NA #1 ' s belongings. Nurse				
		t visualize the next blow up.				
		gain. This time, Nurse #3 pulled her out of the doors.				
		did not see any physical				
	contact on either par					
	A statement from NA	A #3 dated 10/6/17 stated she				
		re in the shower room and he				
		o do everything to get NA #1				
	him until he called h	NA #1 didn ' t say anything to				
		wung at him and NA #3				
		Resident #1 stood up.				
	On 10/10/17 at 12:1	6 PM, an interview was				
		 She stated she was giving 				
		er around 6:45 AM and he				
		b get that (profanity) out of this				
		e he got out of the shower, p towels form the shower				
		een anybody up front to tell				
		#1 had said. NA #3 was in				
	the shower room on	200 hall when she heard a				
		unable to see what happened				
		meone in the shower at the				
		came out of the shower,				
		e out so she went to get a cup ent to the smoking area and				
		ere there also. All three came				
		g together. Resident #1 and				
		e hallway. When NA #1, NA				
		ed them in the hall near the				
		office, Resident #1 called NA				
) and NA #1 swung at				
		said she grabbed NA #1 and				
	-	#1 from her and took her out #3 stated she didn ' t know if				
	NA #1 made direct of	TO STALEU SHE UIUH I KHUW II				

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				PRINTED: 11/21/2013 FORM APPROVED OMB NO. 0938-039
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345293	B. WING		C 10/12/2017
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		N OF CORRECTION (X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE IENCY)
F 223	Continued From page	e 14	F 2	223	
	nurse 's station. Res NA #2 (scheduler) ar walked by, they start walked toward Resid walked NA #1 walked minutes later, Reside #1. NA #1 walked ar started arguing and c up and NA #1 walked ar started arguing and c up and NA #1 walked On 10/11/17 at 7:57 / conducted with Nurse counting narcotics wi They were on the 100 station. She heard R NA #2 and Nurse #2. loudly and yelling, cu she was not sure whi and did not know wha first. Resident #1 an cursing back and fort towards Resident #1 an stood up from his wh #4 stated she did not stood up from his wh #4 stated they began and she remembered Resident #1 near the NA #1 came around a yelling and cursing ag that time. She stated physical contact beca view of the altercation	rse #4 stated she was at the ident #1 was talking loudly to ad Nurse #2. When NA #1 ed arguing and NA #1 ent #1. NA #2 and Nurse #3 d KS outside. Around 20 ent #1 was talking to Nurse ound the corner and they cursing. Resident #1 stood d past him and out the door. AM, an interview was e #4. She stated she was th Nurse #5 on 10/6/17. 0 hall side of the nurse ' s Resident #1 talking loudly to . Resident #1 was talking irrsing at NA #2. She stated ich side NA #1 came from o said what to each other d NA #1 began yelling and th and she was walking . There were other people and took her outside. Nurse remember if Resident #1 eelchair at that time. Nurse i counting narcotics again d Nurse "1 was talking to e Director of Nursing office. the corner and they started gain. Resident #1 stood up d she did not observe any ause she was not in direct n.			
	time) stated she was	counting and heard loud d 200 hall and saw NA #2			

Facility ID: 923021

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	MENT OF HEALTH AN	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COMF	SURVEY LETED
		345293	B. WING _				C 12/2017
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE			IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 223	and Nurse #2 talking. his chair yelling and c names loudly. NA #2 talking with an admini would be with him in a cursing and yelling. N resumed counting nai commotion. Resident threats at NA #1. The the hall. On 10/11/17 at 10:05 twice to contact Nurse was no longer valid. On 10/10/17 at 8:44 <i>A</i> conducted with Resid Friday morning aroun found out that NA#1 w the 3rd or 4th time. F not work on his side w break or was not on th and NA#1 could not w problem previously ar his assignment. Resi NA#2 and told her he hall. NA#1 wasn 't of working the opposite have been working wi nursing assistant took Resident #1 stated he grabbed some chang area at the front door, the nurse 's station to Nurse #2. She was ta #1 wanting to get NA much trouble it was c	Resident #1 was sitting in sussing and calling NA #2 responded that she was strative nurse and she a minute. He continued Nurse #5 stated she rcotics and heard even more #1 was standing up yelling en staff removed NA #1 from AM, attempts were made e #5. The phone number AM, an interview was ent #1. He stated it was d 7:30-8:00 AM. He had vas working on his hall for tesident #1 stated she could when the other aide took a he schedule because he work together. They had a hd she had been taken off dent #1 said he went to didn ' t want NA#1 on his n his assignment but was side of the hall so would ith him when the other	F 2	223			

Facility ID: 923021

If continuation sheet Page 16 of 55

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	(X3) DATE SU COMPLET	
					С	
		345293	B. WING		10/12	/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIO DATE
F 223	other patients and stu talking to manageme told her that was fine front of a bunch of pe back to Resident #1	uff. NA #2 stated she was ont and Resident #1 said he but not to talk about him in cople. NA #2 turned her and he got mad. He raised	F 22	23		
	around the corner an not know what he sai NA #2. NA #1 got in her to stay out of it. I words with both of th and cursing at each of	About that time, NA #1 came d Resident #1 stated he did id but he was still talking to the conversation and he told Resident #1 and NA #1 had em shouting, name calling other. Resident #1 stated				
	swinging her arms ar get to him. He said s contact but was sayir (profanity) me up. Sh from him at the time.	w, she became a windmill nd kicking her feet trying to she did not make physical ng she was going to ne was about 3 feet away NA#1 was crying and k her to a room down 200				
	hall on the left hand s tried to come back ou #1 was talking junk to Resident #1 again.	side of the hall. Then NA #1 ut talking junk and Resident				
	the hallway near the around 9:00 AM (not her what happened.	e was talking to Nurse #1 in Director of Nurse ' s office sure of time) and was telling Nurse #1 said she would call ng. NA #1 came around the				
	corner from the dinin her face and her fists eyes at resident #1 a eyes at him. NA #1 h	g room with mean look on balled. She kind of cut her ind he told her not to cut her hit Resident #1 in the head,				
	stated Nurse #1 was	s and chair. Resident #1 a witness to the event. He nything else to her except				

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	<u>IO. 0938-03</u> TE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G	CON	MPLETED
		245222				С
		345293				0/12/2017
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489		ATE, ZIP CODE	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE IEFICIENCY)	(X5) COMPLETIO DATE
F 223	Continued From page	e 17	F 2	23		
	he had no other phys	ical injuries				
	On 10/10/17 at 3:01 F					
	conducted with the Director of Nursing (DON) and the Administrator. She stated she received a					
		:47 AM and 7:57 AM from				
	•	formed that a staff member				
		. She told me there was				
		ne calling 911. The DON				
		staff member had been Iding and she was told yes				
		ok. The DON stated she				
		tor immediately after getting				
		her that a staff member				
		and that the staff member				
		om the building and the				
		Administrator added that				
		she was enroute to the ned the police were at the				
		tated the police were at the				
	÷	ved. She was told the staff				
	member who had ass	aulted the resident had				
		s car and she had left the				
	•	stated around 9:00 AM, both				
		rator went to Resident #1				
		1 did not complain of any				
		e assessment. Resident #1				
	explained to them that	at both of them (resident #1,				
		I altercations and "went at				
		verbal arguing and cursing				
		I state his left knee would				
		because he stood up at the . The DON asked him if he				
		ospital and he declined.				
		called the physician at 9:22				
	AM and began the inv					
	/ with and begun the int	vesugation.				

Facility ID: 923021

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 MAPPROVED D. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345293	B. WING _				C 1 2/2017	
NAME OF P	ROVIDER OR SUPPLIER	l		STREET ADDRESS, C	CITY, STATE, ZIP CODE			
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 283				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOU EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 223	At 8:50 AM, they rece gave them to Adminis Administrator and DC At 9:22 AM, the facilit Director and conduct Resident #1 's room called the agency that informed them of the between Resident #1 On 10/11/17 at 8:30 / was conducted with t (name) Police Depart call 10/6/17. He state officer responded to a occurred at Richmon they arrived, the fema facility. He spoke to Nurse #1. Nurse #1 (NA #1) and Residen the hallway and NA # police officer stated F surface scratches on the interview, Reside appeared angry-was he was talking to the the situation. The po arrested when she re later in the morning b He stated both partie out against each othe both parties and it wa that no charges woul The corrective action dated 10/7/17 was as	eived several statements and strator. At 9:00 AM, the DN assessed Resident #1. ty spoke to the Medical ed an interview with mate. At 9:35 AM, the facility at employed NA #1 and situation that had occurred and NA #1. AM, a telephone interview he police officer from the tment who responded to the ed he and another police a 911 call that an assault had d Pines. He stated, when ale aggressor had left the Resident #1 and spoke to stated the nursing assistant t #1 got into an argument in #1 had hit Resident #1. The Resident #1 had a few his left upper arm. During nt #1 was agitated and not yelling but, by the way officer, he was upset over blice officer stated NA #1 was eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s were going to file warrants eturned to the facility area but no charges were filed. s decided on both parties d be filed.	F 2	223				

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		ND HUMAN SERVICES MEDICAID SERVICES					INTED: 11/21/201 FORM APPROVE IB NO. 0938-039
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION) DATE SURVEY COMPLETED
		345293	B. WING _				C 10/12/2017
NAME OF PR	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
				HIGH	WAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMI	LET, NC 28345		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 223	assistant and one oth Resident #1 stated th stay on the hall. Res	accused agency nursing her agency nursing assistant. he nursing assistants should hident #1 has ongoing	F 2	23			
	physician and psychi The two agency nurs engage Resident #1	care planned for iors, and treated by the atric services for behaviors. ing assistants did not and instead the staff nurse f nurse re-assigned another					
	nursing assistant to F of the shift.	Resident #1 for the duration					
	was walking in the ha interaction with Resid up and made a state towards the accused						
	nurse removed the a immediately from the practical nurse and fa	ency licensed practical ccused agency staff facility. The agency licensed acility scheduler escorted the sing assistant back into the					
	(DON), not knowing to not at the facility. Inst improvement (QI) nu	the director of nursing the director of nursing was tead, the quality rse was entering the facility net her on the administrative					
	hall. Immediately up assistant entering the Resident #1 used pro	on the agency nursing					
	Resident #1, who wa swung at Resident # Resident #1 ' s upper	s sitting in a wheelchair, and 1. The agency staff struck r left arm with an open hand. staff was immediately					
		cility a second time by the r and agency staff nurse.					

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TATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCT	ION		10. 0938-039 TE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G		CO	MPLETED
			5.14/11/0			С	
		345293	B. WING			1	0/12/2017
NAME OF PF	OVIDER OR SUPPLIER				ESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 HAMLET, NC			
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX		PROVIDER'S PLAN OF CORR ACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETIO DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CRU	DSS-REFERENCED TO THE AF DEFICIENCY)	PROPRIATE	
F 223	Continued From page	- 20	F 22	23			
		the director of nursing	1 22	20			
	(DON). The DON no						
		ing the resident and facility					
		d 911 at 8:00 AM. The city					
		d interviewed Resident #1.					
		staff left the facility to					
		nty magistrate. The accused					
		id the city police returned					
		used to the magistrate. On					
		alled and verbally notified via					
		1 's nurse practitioner.					
	•	e DON spoke via telephone					
		/sician/facility medical					
		ers were received from the					
		physician. On 10/06/17 in					
		ON called the psychiatric					
		within 30 minutes the					
		ctitioner was in the facility					
		ent #1 related to ongoing					
	behaviors. On 10/06	•••					
		24 hour report for allegation					
	of abuse/suspicion of						
		Personnel Registry. On					
		ssessed Resident #1 for					
		o signs of injury noted.					
		lan to manage the resident					
	behavior in the facility						
		N permanently removing the					
		sing assistant from the					
	•	registered nurse/QI nurse 's					
	daily support through						
	÷ .	-to-1 staff assignment to					
) psychiatric services, 5) /ork (MSW) social worker					
		/ork (MSW) social worker					
		eelings, 6) the DON will					
	with tangible interven	an to provide Resident #1					

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	MEDICAID SERVICES				RM APPROVED IO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
	345293	B. WING		10	C D/12/2017
NAME OF PROVIDER OR SUPPLIER		- I	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
RICHMOND PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489		
	-		HAMLET, NC 28345		-
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
accused agency staff from the Richmond Pi scheduler and agency while the QI nurse wa and facility treatment On 10/06/17 at approx QI nurse, and corpora- identified the root cau agency nursing assist allowed back into the interaction on 10/06/1 hit? Because the age resident. Why did the hit the resident? Beca swung at the resident nursing assistant swir Because the assistan agency nursing assist verbal interaction with there a verbal interact Because the nursing a in for an interview. W assistant being broug Because there was ar Because there was ar the employee should the facility. The facilit nursing assistant need drug tested. On 10/06/17 at approx facility administrator a agency that the accus be allowed to work at	ximately 7:55 AM, the was removed permanently ines facility by the facility y licensed practical nurse as assessing the resident nurse called 911. ximately 8:16 AM, the DON, ate clinical director had use of the problem: the tant should not have been facility after the first verbal 7. Why did the resident get ency nursing assistant ause the nursing assistant ause the nursing assistant to the resident? t was upset. Why was the tant upset? Because of a the resident. Why was tion with the resident? assistant was being brought //y was the agency nursing ht in for an interview? n earlier verbal altercation. n earlier verbal altercation, not been allowed back into ty staff thought the agency ded to be interviewed and to the staffing sed agency staff would not	F 22	3		

Facility ID: 923021

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DEPARTMENT OF HEALTH AND HUMAN SERVICES							MAPPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES	_			OMB NC	0. 0938-0391
-	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BOILDI	<u> </u>		,	с
		345293	B. WING			10/	12/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			IIGHWAY 177 S BOX 1489		
04015					IAMLET, NC 28345 PROVIDER'S PLAN OF CORRECTION		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	DED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 223	Continued From page	200					
1 225	Continued From page	iews were completed at 1:40		223			
		esulted in no concerns					
	On 10/06/17. beginnir	ng at approximately 11:00					
	AM, the treatment nu	rse and floor nurses					
		rviewable residents who are te or who are disoriented.					
	On 10/06/17, the bod	y audits were completed.					
	-	s of all non-interviewable					
	abuse.	no identified bodily signs of					
		N completed a review of all					
	nurse progress notes	for the time period of 06/17 for any incidents of					
	, United States and St	cidents of abuse/neglect					
	were identified during the DON.	the progress note review by					
	The processes that le	ad to the deficiency cited:					
	To address the proces						
	-	vhy it escalated to a physical performed at root cause					
	· · ·	use analysis using "5 Whys"					
	determined: 1) the pl	nysical abuse would not					
		accused agency nursing n allowed to re-enter the					
		verbal altercation, 2) if the					
	facility and agency sta	aff would have recognized					
		cation as a problem with the and 3) the importance of					
	· · ·	lect. It was determined that					
	the facility needed to	train staff on: abuse neglect					
	policies and procedur	es, prevention of ication of abuse/neglect,					
	protecting the residen	-					
	protecting the staff fro						

If continuation sheet Page 23 of 55

	-	ID HUMAN SERVICES				FORM	M APPROVED	
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLI	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _		COMP	PLETED	
		345293	B. WING				C 12/2017	
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489					
				ŀ	HAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
	Continued From page immediately reporting On 10/06/17, the regi the department leade abuse/neglect, includ On 10/06/17, the staff in-servicing for all sta training included the of the types of abuse/neglect abuse/neglect immed completed on 10/10/1 worked. No staff wor the abuse neglect in-servicing for all sta included what burn of in-service covered the burn out, what to do w the supervisor know w early signs of burn ou supervisor when a co symptoms of burn ou completed on 10/10/1 worked. No staff wor the burn-out in-servic On 10/06/17, the DOI the nurses to knowing assistants are at all ti abuse/neglect in-serv in-service, and about assignments. On 10/ nursing assistant mee review the in-services	 SC IDENTIFYING INFORMATION) 2.23 a abuse/neglect. onal vice president trained rs regarding the policy for ing reporting requirements. a facilitator initiated ff on abuse/neglect. The definition of abuse/neglect, eglect, and reporting liately. The in-service was 17 for all staff who have ked until they had received service. a facilitator initiated ff on burn-out. The training ut is. The burn out e signs and symptoms of when feeling frustrated, to let when experiencing/feeling it, and to report to a -worker shows signs and t. The in-service was 17 for all staff who have ked until they had received e. N called a staff meeting with g where the nursing mes, about the ice, about the burn out correct staffing 06/17, the DON called a eting at the nurse station to s, offer clarification and 	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE	
	The DON encourage	allegation of abuse/neglect. I the facility staff to anagement when they see						

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DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & ME					FORM	APPROVED 0. 0938-0391
	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	345293	B. WING				
NAME OF PROVIDER OR SUPPLIER		•	STF	REET ADDRESS, CITY, STATE, ZIP CODE		
RICHMOND PINES HEALTHCARE AN	ND REHABILITATION CENTE			GHWAY 177 S BOX 1489 MLET, NC 28345		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
 staff the management to problems is healthy and the DON. The DON and more discussions about out will help prevent futu potential for burn out. How systems will be more coccurrence: The facility social worked interviewable residents regarding verbal and ph any allegations have repidentified areas of concere be reported to the Admin nursing (DON) immedia Charge nurses will compassessments on resider unable to speak for ther of abuse/neglect. The field weekl no signs or symptoms of present. All identified areas investigate. The staff facilitator and/(QI) nurse will continue for all staff monthly for the employees hired will recover working with residents. 	ght. The DON assured the eam that talking about d that the staff can come to d staff agreed that having t abuse/neglect and burn ure conflict escalation and onitored to prevent er will interview all weekly for 8 weeks hysical abuse to ensure ported and addressed. All ern related to abuse will inistrator and/or director of ately to investigate. uplete head-to-toe nts who are disoriented or mselves to check for signs head-to-toe assessments ly for 8 weeks to ensure of abuse/neglect are treas of concern related to eported immediately by the ator and/or DON to /or quality improvement abuse/neglect in services two months and all new ceive this training before	F 2	223			

		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345293	B. WING _				C 1 2/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE				GHWAY 177 S BOX 1489 AMLET, NC 28345		
	CLIMMADY CT	ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION		(1/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	[(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 223	Continued From page	e 25	F 2	23			
	that any areas of con			20			
		vestigated and reported as					
		ministrator and/or DON will					
	who are disoriented of	e assessments of residents					
		e that any suspicions of					
	abuse/neglect are inv	vestigated as appropriate.					
	The administrator D	ON, QI nurse, and minimum					
	data set (MDS) nurse						
		urn out by 1) reviewing audit					
		staff meetings, 3) creating ceptance of self-reporting,					
		facility and agency staff					
		in-services, 5) easy access					
		n resources names and					
	-	n advocate, 6) the payroll payroll hours for excessive					
		I-outs, 7) the staff scheduler					
	will monitor the staffir	ng schedule for overtime and					
		the administrator and DON crease in disciplinary actions.					
	Quality Assurance ar	bught to the monthly facility					
	-	meeting for review by the					
	interdisciplinary team	l.					
		ninistrator, DON and facility					
		an impromptu Quality					
	,	ecutive Committee meeting the facility four point plan					
		ect and monitoring tools.					
	The monthly QI Exec	utive Committee will review					
	all audit tool results, i	results of interviews, and					
		each step of the plan, to					
		and processes remain in /e. The administrator is					
L							

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/21/20 FORM APPROV OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345293	B. WING _		C 10/12/2017
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION (X5) E ACTION SHOULD BE COMPLETIC TO THE APPROPRIATE DATE DATE
F 223 F 226 SS=J	10/12/17, the plan of which included the re- facility staff. Interview unlicensed staff (facil revealed they were re- abuse/ neglect policie prevention of abuse/ abuse/ neglect, prote abuse/ neglect, prote abuse/ neglect, prote and immediately repor- review of the monitor completed 100% of re- 10/6/17, 100% of bod were unable to be inter- staff, including facility the abuse and burn on DEVELOP/IMPLMEN POLICIES CFR(s): 483.12(b)(1)- 483.12 (b) The facility must of written policies and p (1) Prohibit and preve- exploitation of resider resident property, (2) Establish policies investigate any such	menting this plan of ecutive Committee on process on 10/11/17 and correction was reviewed -education of agency and ws with licensed and ity and agency staff) etrained in the areas of es and procedures, neglect, identification of cting the resident from cting the staff from burn out orting abuse/ neglect. A ing tools revealed the facility esident interviews on ly audits of residents who erviewed on 10/6/17. All and agency staff, received out in-service on 10/6/17. IT ABUSE/NEGLECT, ETC -(3), 483.95(c)(1)-(3) develop and implement rocedures that: ent abuse, neglect, and nts and misappropriation of and procedures to	F 2		11/2/17

Facility ID: 923021

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345293	B. WING			C 10/1	2/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
			ID	PROVIDER'S PLAN OF			(XE)
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		TION SHOULD BE THE APPROPRIATE	E	(X5) COMPLETION DATE		
F 226	Continued From page	27	F 2	26			
	483.95						
	(c) Abuse, neglect, ar the freedom from abu requirements in § 483	nd exploitation. In addition to use, neglect, and exploitation 3.12, facilities must also air staff that at a minimum					
		onstitute abuse, neglect, appropriation of resident at § 483.12.					
		reporting incidents of abuse, or the misappropriation of					
	prevention. This REQUIREMENT by: Based on medical re- staff interviews, it was failed to follow their al for abuse prohibition f after a verbal altercat a staff member. After #1 was allowed to cor and a second altercat	agement and resident abuse is not met as evidenced cord review, resident and s determined that the facility buse policy and procedures for protecting a resident ion between a resident and r the verbal altercation, NA me back into the building tion between Resident #1 NA #1 making physical #1		Past noncompliance: no p correction required.	ılan of		
	of resident property p was reviewed. The p in part "The facility wi to identify inappropria	: neglect or misappropriation olicy last revised 3/10/17 olicy under Prevention read Il provide supervision to staff ite behaviors, such as using rough handling, ignoring					

If continuation sheet Page 28 of 55

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 345293 B. WING C NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/12/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 HAMLET, NC 28345		-	ND HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
345293 B. WING 10/12/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,		CONSTRUCTION	COMPLETED	
RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			345293	B. WING				-
RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE HAMLET, NC 28345	NAME OF P	PROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	RICHMON	ND PINES HEALTHCARE	AND REHABILITATION CENTE					
		(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
F 226 Continued From page 28 F 226 residents while giving care or directing residents who need tolleting assistance to urine or defecate in bed." The policy under Protection read in part The facility shall take whatever steps are necessary to prevent further acts of abuse, neglect, misappropriation of property, drug diversion, or fraud while the investigation is in progress. Employees accused of being directly involved in allegations of abuse, neglect, exploitation, or misappropriation of property will be suspended inmediately from duty pending the outcome of the investigation." Resident #1 was admitted to the facility 5/10/16. Cumulative diagnoses included major depressive disorder, suicidal ideations, anxiety and bipolar affective disorder. A Quarterly Minimum Data Set (MDS) dated 10/2/17 indicated Resident #1 required supervision with bed mobility, transfers, ambulation in the room, ambulation in the corridor only occurred one or two times, supervision mith locomotion on and off the unit, extensive assistance with bathing, Balance was impaired but resident #1 was able to stabilize without staff assistance for moving from seated to standing position, waking, turning around and facing the opposite direction while waking, moving on and off the toilet and surface to surface transfers. No impairment with range of motion for upper and/or lower extremities. An Incident/ Investigation Report from the (name) Police Department dated 10/6/17 at 7:51 AM state the crime incident was simple assult,	F 226	residents while giving who need toileting as in bed." The policy u "The facility shall take necessary to prevent neglect, misappropria diversion, or fraud wh progress. Employees involved in allegation exploitation, or misap be suspended immed outcome of the invest Resident #1 was adm Cumulative diagnose disorder, suicidal idea affective disorder. A Quarterly Minimum 10/2/17 indicated Res intact. No behaviors assessment. Reside with bed mobility, trar room, ambulation in t one or two times, sup and off the unit, exter personal hygiene and bathing, Balance wa was able to stabilize moving from seated t turning around and fa while walking, moving surface to surface tra range of motion for u extremities. An Incident/ Investiga Police Department da	g care or directing residents asistance to urine or defecate inder Protection read in part e whatever steps are further acts of abuse, ation of property, drug hile the investigation is in s accused of being directly s of abuse, neglect, opropriation of property will diately from duty pending the tigation." hitted to the facility 5/10/16. is included major depressive ations, anxiety and bipolar to Data Set (MDS) dated sident #1 was cognitively were noted on the nt #1 required supervision nsfers, ambulation in the the corridor only occurred pervision with locomotion on nsive assistance with toilet , d total dependence with s impaired but resident #1 without staff assistance for to standing position, walking, acing the opposite direction g on and off the toilet and unsfers. No impairment with pper and/or lower	F	226			

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TATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	IO. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		C	
		345293	B. WING		1	0/12/2017
NAME OF PR	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COL	DE	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE	-	HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 226	Continued From page	e 29	F 226			
	physical injury. Wear was Resident #1. Off (NA) #1. Narrative st 10/6/2017 at 7:52 AW received a call in refe nursing home. Upon Nurse #1 (witness) w Resident #1 had gotte resulting in Resident #1 and spoke with Resid himself and the nursin several arguments ar started earlier that mo that, after the initial an hallway of the facility stated that when NA # the front hallway, she which he told her to n He then stated that sh swing at him and stru left arm. Both his and consistent with each of incident. Upon further determined the name suspect) and that she agency. She was wo and had left prior to th Warrants were advise and obtained on beha inability to get into a w magistrate 's office.	#1 getting physically struck ne, the officer went inside lent #1 who advised that ng assistant had gotten into nd that the incident had orning. Resident #1 stated rgument, he went to the front near the entrance. He #1 came back around into a gave him a mean look to not look at him in that way. he went crazy and began to ick him in the top part of his d the witness stories were other in explaining the er investigation, it was a of the CNA was (offender/ e was from an outside irking at the nursing home				
	#1 due to the issue. Streference to the assa	Same were obtained in ult.				

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. 0938-0391 SURVEY .ETED 2 12/2017
(X5) COMPLETION DATE

Facility ID: 923021

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/21/201 FORM APPROVEI OMB NO. 0938-039	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345293	B. WING		C 10/12/2017	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
DICUMON				HIGHWAY 177 S BOX 1489		
RICHINON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE	
F 226	Continued From page	e 31	F 22	26		
	was tired of his (profa stood up and told her towards him, she was down the hall. Resid carrying on. NA #2 to down. When they re- Nurse #3 and NA #2 station. Resident #1 Director of Nurse ' s of Set (MDS) office talki #1 said something to by. NA #1 then said of resident #1. She v grabbed her and NA Resident #1. She v grabbed her and NA Resident #1 ' s left sh On 10/10/17 at 10:25 conducted with NA #2 office around 7:15 AM her office and stated (profanity) hall. NA # allowed to work the h come in his room. NA wait to talk to the Dires situation and then de situation herself. NA her to switch with the on 200 hall. NA #1 w #2 was talking to Nur was doing as far as s	anity). Resident #1 then to "come on". NA #1 went is grabbed by staff and taken ent #1 was still cursing and bok NA #1 outside to calm eentered the building, NA #1, walked towards the nursing was in the hall between the office and the Minimum Data ing to Nurse #1. Resident NA #1 as she was walking she was so (profanity) tired vent to swing but Nurse #3 #1 's hand barely hit noulder. 6 AM, an interview was 2. She said she was in her M and Resident #1 came into he wanted NA #1 off that 52 told him NA #1 was hall and just not allowed to A #2 said she was going to ector of Nursing about the cided she would handle the #2 went to NA #1 and told e nursing assistant who was vent from 400 to 200 hall. NA se #2 telling her what she witching the staff on the				
	Resident #1 came up	in the building at the time. behind NA #2 and asked ng his business. She said				
	she told him once he her business and she what she was doing. hall and when resider	brought it to her, he made it had to let Nurse #2 know NA #1 was coming up 200 nt #1 saw her, he said "that				
EORM CMS 256	(profanity) right there	." NA #1 told Resident #1		Facility ID: 022021		

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345293 B. WING				C 1 2/2017		
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 10,	
RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE					GHWAY 177 S BOX 1489 MLET, NC 28345		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	maybe two other peo Resident #1 jumped of said to NA #1 "come outside and Resident room to eat breakfast NA #2 stated she wer NA #1 to calm her do #1 that the Director of going to cancel her a allowed to be at the fr NA #1 to get her stuff in the door and Reside #1 about what happe not remember Reside said something and N Nurse #3 grabbed NA contact to Resident # was hollering and scr up from his wheelchat the door and she did building at all. NA #2 hand touched him, Re police and Nurse #1 of A statement from Nur AM stated shortly after approached her in his reporting incidents of #1 concerning NA # employees came wal Nurse #1 was facing the employees. She remember whether th #1 or the other way a around towards Resid (profanity) and struck	NA #2, Nurse #3 and ple grabbed NA #1. but of his chair, stood up and on". Nurse #3 took NA #1 #1 went on to the dining #1 went on to the dining #1 went on to the dining t. In outside and stayed with wn. She said she told NA f Nursing was probably md she wasn 't going to be acility anymore. NA #2 told f together. They came back lent #1 was talking to Nurse ned. NA #2 stated she could ent #1 's exact words but he NA #1 went to swing at him. A #1. NA #1 did make #1 's left shoulder. NA #1 reaming. Resident #1 stood hir. Nurse #3 took NA #1 out not come back in the # stated as soon as NA #1 's esident #1 said call the called the police. rse #1 dated 10/6/17 at 8:30 er clocking in, Resident #1 s wheelchair. As he began the earlier morning to Nurse 1, NA #1 and several other king down the hallway. Resident #1 with her back to	F	226			

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MI II T		ONSTRUCTION		10. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	· ,			· · /	MPLETED
							С
		345293	B. WING			10/12/2017	
NAME OF PI	ROVIDER OR SUPPLIER	I		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
				HIG	HWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HA	MLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
E 226	Continued From non	- 22					
F 226	Continued From page		F 2	226			
	struggling with NA #1						
	000	Resident #1. Nurse #1 ent who was upset saying					
		" Nurse #1 directed Nurse					
		ve the employees remove					
		ng. This interaction began					
	at 7:50 AM. NA #1 w	•					
	building by 7:55 AM.						
		AM, an interview was					
		e #1. She stated she met					
		ne clock when she clocked as facing towards the front					
		Nurse #1 had her back to					
		illed up and just looked at					
		ng. She asked him if he					
		o. He started to tell Nurse					
		ed before she got there/ He					
	told her he had hurt h	nis knee because a nursing					
		nim or some threat had been					
		knee when he stood up.					
		se #1 that NA #1 had cussed					
		m a (profanity). The time					
		nd 7:50AM. At that point, s including NA #1 were					
		nursing station and the next					
		NA #1 screams (profanity),					
	•	and and hit Resident #1 on					
		urse #1 stated NA #1 's					
		n but not clenched in a fist.					
		f grabbed her, Nurse #1					
	· ·	sident #1 and yelled for					
		Resident #1 had moved his					
		rsing station telling NA #1					
		Na #1 was still fighting, I trying to get away from the					
		trying to get to Resident #1					
	-	en Resident #1 stood up from					
	syden inde was will						1

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING				C / 12/2017
NAME OF P	ROVIDER OR SUPPLIER	•		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE				IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 226	sit down and he took sat back down. Staff building. The whole e minutes. A statement from NA noted) stated she was very badly that mornin cussed her out as she hall to start her work. and was cursing the se business to the super and as NA #1 was par started yelling and cur saying that she was se hall. He proceeded to hit NA #1 so she left to to calm down. When building to go back to was looking straight a while he was talking to looking at me with the she did not say anyth talking and cussing N reached for Resident because she was pul down the hall. She we to calm herself down. the third time he had up on her" like he was stood up, he pushed On 10/10/17 at 12:29 was conducted with N on 200 hall showing se Resident #1 was givin who to get up. One fell and she went bac	¹ / ₂ step with one foot, then pulled NA #1 out of the episode lasted about 5 #1 dated 10/6/17 (no time s threatened and cussed out ng by Resident #1. He e was walking on to the 200 He sat at the top of 200 hall scheduler out for telling his visor in charge at the time	F	226			

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DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE 8				PRINTED: 11/21/20 FORM APPROVE OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345293	B. WING		C 10/12/2017	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
RICHMOND PINES HEALTHCARI	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLETION E APPROPRIATE DATE	
had told NA #1 to go she was coming up #1 at the top of 200 said she passed NA Resident #1 began of #1. NA #1 said she stood up like he war telling her to calm do outside. NA #1 said returned into the bui hallway talking to Nu was walking past an attention. Resident kept saying stuff to h when she tried to "g Resident #1 said shi she hit him. NA #1 said building. NA #1 said building but, the first building but, the first building but, the first building and had go When she went to th there had been no c she went back to the across the street so belongings. The poli put her in handcuffs station but no charg she had reached he stated she did not m Resident #1. On 10/10/17 at 8:44 conducted with Resi Friday morning arou found out that NA#1 the 3rd or 4th time.	ge 35 uld not have fallen. NA #2 to 200 hall. NA #1 said, as the hall, she heard Resident hall cursing NA #2. NA #1 #2 and went on 200 hall. cursing and hollering at NA got upset and Resident #1 the do hit her. Staff were own and they took her she calmed down and lding. Resident #1 was in the urse #1. NA #1 stated she d paying Resident #1 no #1 said something to her and her. NA #1 said that was et at him". NA #1 said e hit him but she denied that said NA #2, NA #3 and Nurse took her outside of the time, she had left the he to the police station. he police station, they said harges filed. NA #1 stated e facility to the smoking area her cousin could get her ce came back a second time, and took her to the police es were filed. NA #1 stated r breaking point and again ake any physical contact with AM, an interview was dent #1. He stated it was nd 7:30-8:00 AM. He had was working on his hall for Resident #1 stated she could when the other aide took a	F 226			

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	S FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	PLE CONSTRUCTION		TE SURVEY MPLETED
		245202	B. WING			С
		345293	B. WING			0/12/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	ALE, ZIP CODE	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETIC DATE
F 226	Continued From pag	e 36	F 22	26		
1 220	10		F 24	20		
		the schedule because he				
		work together. They had a				
		nd she had been taken off ident #1 said he went to				
		e didn ' t want NA#1 on his				
		on his assignment but was				
		side of the hall so would				
		vith him when the other				
	nursing assistant too					
	Resident #1 stated h	e went to his room and				
	grabbed some chang	ge to get a drink in the lounge				
		. He said he saw NA#2 at				
	the nurse 's station t	op of 200 hall talking to				
		alking to her about Resident				
	#1 wanting to get NA	#1 off his hall and how				
	much trouble it was o	causing. Resident #1 asked				
	her to please stop tal	lking about him in front of				
	other patients and st	uff. NA #2 stated she was				
	talking to manageme	ent and Resident #1 said he				
		but not to talk about him in				
		eople. NA #2 turned her				
		and he got mad. He raised				
		About that time, NA #1 came				
		d Resident #1 stated he did				
		id but he was still talking to				
	-	the conversation and he told Resident #1 and NA #1 had				
		em shouting, name calling				
		other. Resident #1 stated				
	-	ew, she became a windmill				
		nd kicking her feet trying to				
		she did not make physical				
	contact but was sayi					
		ne was about 3 feet away				
	-	NA#1 was crying and				
		k her to a room down 200				
	•	side of the hall. Then NA #1				
	triad to come book of	ut talking junk and Resident				

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	-					FORM	MAPPROVED
							0.0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		ECONSTRUCTION	(X3) DATE COMP	PLETED
			A. BUILD	ING _			с
		345293	B. WING				12/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	-
				H	IIGHWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		ŀ	IAMLET, NC 28345		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
IAG					DEFICIENCY)		
F 226	Continued From page	e 37	F	226			
	#1 was talking junk to	oo. NA #1 tried to hit					
	-	Staff took her down the hall					
	again. He thought sh	e remained in the building.					
	Resident #1 stated he	e was talking to Nurse #1 in					
		Director of Nurse 's office					
		sure of time) and was telling					
		Nurse #1 said she would call					
	the Director of Nursin	g. NA #1 came around the					
		g room with mean look on					
		balled. She kind of cut her					
		nd he told her not to cut her					
	•	it Resident #1 in the head, and chair. Resident #1					
		a witness to the event. He					
		hything else to her except					
		Resident #1 said he only					
		his left upper arm. He said					
	he had no other phys	ical injuries.					
	A nursing note dated	10/6/17 at 9:01AM indicated					
		essed for injury via head to					
	toe assessment with						
		AM, an interview was					
		#3. She stated she was at					
	-	unting narcotics with Nurse					
		One of the aides came and					
		code green because one of the floor (400 hall). When					
		hall, she saw Resident #1					
		I towards the nursing station					
	•	ere on the hall, he wouldn ' t					
		eir fault that he fell. Nurse #3					
	stated she heard the	comment in passing but					
		ck of it because the nursing					
		hall at the time the resident					
		o the medication cart to					
	tinish counting narcot	ics. As they were counting					

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SIALEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN OI	CORRECTION	IDENTIFICATION NUMBER:	· ,		CON	IPLETED
		245202	B. WING			С
	ROVIDER OR SUPPLIER	345293		TREET ADDRESS, CITY, STATE, ZIP CODE		0/12/2017
	NOVIDEIX OIX 3011 EIEIX			IIGHWAY 177 S BOX 1489		
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		IAMLET, NC 28345		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 226	narcotics, Nurse #3 re #1 come across the r where NA #2 was talk heard arguing betwee Resident #1 got loude #2 she did not know w pointed at her. Resid because he did not w hall in addition to mak #1 let a resident fall. and resumed talking talking to. Resident # #2. Nurse #3 stated fail in resident #1 's direct looked back up, she f #1 a (profanity). By th Resident #1 were yel other. NA #1 was tell on his hall and she w started calling each of #1 told Resident #1 s (profanity). Resident pointing at her and th other. When he stood him. Nurse #3 stated she w because NA #1 was s with her arms saying she grabbed NA #1 fr trying to get Nurse #3 then bear hugged NA down because they w could calm her down.	emembered seeing Resident hursing station to 200 hall king to Nurse #2. Nurse #3 en NA #2 and Resident #1. er and cursing and told NA what she was doing as he lent #1 was fussing at NA #2 vant NA #1 anywhere on his king the statement that NA Na #2 began to ignore him to the person she was #1 continued to curse at NA she did not see NA #1 walk ction. When Nurse #3 heard Resident #1 call NA hat time, both Na #1 and ling and cursing at each ling Resident #1 she was not as not bothering him. They other profane names and NA he was not messing with his #1 stood up and he was ey were yelling at each d up, NA #1 went towards	F 226	DEFICIENCY)		

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	S FOR MEDICARE &						<u>B NO. 0938-03</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		STRUCTION	· · · ·	DATE SURVEY COMPLETED
			A. BUILDIN	G			С
		345293	B. WING			10/12/201	
NAME OF PR	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CC	DE	10/12/2011
				HIGHW	AY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLE	ET, NC 28345		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIC DATE
F 226	Continued From page	o 20		20			
F 220			F 22	26			
		n. Nurse #3 took her out and					
		the building to complete One of the shower aides					
	U U	Id told her that Resident #1					
		ng to get rid of NA #1 one					
		he said she told somebody					
		Nurse #3 went outside to tell					
		versation and NA #1 seemed					
		Nurse #3 said she came					
		ell NA #1 and NA #2 that					
		ing to Nurse #1. They were					
		ion. NA #2, NA#1 and Nurse					
	-	NA #1 's belongings. Nurse					
		t visualize the next blow up.					
		gain. This time, Nurse #3					
		bulled her out of the doors.					
		did not see any physical					
	contact on either part						
		PM, an interview was					
		Pirector of Nursing (DON) and					
		he stated she received a					
	P	7:47 AM and 7:57 AM from					
		formed that a staff member					
		. She told me there was					
	-	ne calling 911. The DON					
		staff member had been					
		ilding and she was told yes					
		ok. The DON stated she					
		tor immediately after getting					
	-	d her that a staff member					
		and that the staff member					
		om the building and the					
		e Administrator added that					
		she was enroute to the					
	-	med the police were at the					
	pullaina. The DON s	tated the police were at the					1
	-	ved. She was told the staff					

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345293	B. WING		C 10/12/2017
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP C	•
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLE THE APPROPRIATE DATE
F 226	borrowed someone ' premises. The DON she and the Administ and assessed him for noted and Resident # pain at the time of the explained to them tha NA #1) got into verba each other' meaning at each other. He did probably start hurting time of the altercation needed to go to the h The DON stated she AM and began the inter The DON continued that 8:50 AM, they rece gave them to Administ Administrator and DO At 9:22 AM, the facilit Director and conductor Resident #1 ' s room called the agency that informed them of the between Resident #1 On 10/11/17 at 8:30 A was conducted with t (name) Police Depart call 10/6/17. He state officer responded to a occurred at the nursin they arrived, the fema facility. He spoke to I Nurse #1. Nurse #1	s car and she had left the stated around 9:00 AM, both rator went to Resident #1 rinjuries. No injuries were 41 did not complain of any e assessment. Resident #1 at both of them (resident #1, 1 altercations and "went at verbal arguing and cursing d state his left knee would because he stood up at the n. The DON asked him if he rospital and he declined. called the physician at 9:22 vestigation. To state what happened next: eived several statements and strator. At 9:00 AM, the DN assessed Resident #1. ty spoke to the Medical ed an interview with mate. At 9:35 AM, the facility at employed NA #1 and situation that had occurred and NA #1. AM, a telephone interview he police officer from the tment who responded to the ed he and another police a 911 call that an assault had ng home. He stated, when ale aggressor had left the Resident #1 and spoke to stated the nursing assistant t #1 got into an argument in	F 2	26	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/21/2017 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í			(X3) DATE COMP	SURVEY PLETED
		345293	B. WING				C 12/2017
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 226	surface scratches on the interview, Resider appeared angry-was he was talking to the the situation. The pol arrested when she re- later in the morning b He stated both parties out against each othe both parties and it wa that no charges would The corrective action dated 10/7/17 was as On 09/17/17, nursing charge nurse that Res profanity towards the assistant and one oth Resident #1 stated th stay on the hall. Resi behavioral issues, is of demonstrating behavion physician and psychia The two agency nursi engage Resident #1 a intervened. The staff nursing assistant to R of the shift. On 10/06/17, the accu- was walking in the ha interaction with Resid up and made a stater towards the accused agency staff used pro Resident #1. The age nurse removed the accused	his left upper arm. During ht #1 was agitated and not yelling but, by the way officer, he was upset over lice officer stated NA #1 was turned to the facility area ut no charges were filed. Is were going to file warrants for past non-compliance follows: assistants reported to the sident #1 was using accused agency nursing assistant. e nursing assistants should ident #1 has ongoing care planned for iors, and treated by the atric services for behaviors. ng assistants did not and instead the staff nurse nurse re-assigned another tesident #1 for the duration used agency staff employee II and had a verbal ent #1. Resident #1 stood nent and used profanity agency staff. The accused ifanity in return towards ency licensed practical	F	226			

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		MEDICAID SERVICES					IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		CONSTRUCTION	· · ·	E SURVEY IPLETED
							С
		345293	B. WING			10/12/201	
NAME OF PI	ROVIDER OR SUPPLIER	•		STF	REET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			GHWAY 177 S BOX 1489 MLET, NC 28345		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
F 226	Continued From page	e 42	F 2	226			
	accused agency nurs facility to speak with t (DON), not knowing t not at the facility. Inst improvement (QI) nur where Resident #1 m hall. Immediately up assistant entering the Resident #1 used pro staff again. The accu Resident #1, who wa swung at Resident #1 Resident #1 's upper The accused agency removed from the fac facility staff scheduler The QI nurse notified (DON). The DON no QI nurse was assess treatment nurse calle	rse was entering the facility bet her on the administrative on the agency nursing a administrative hall, ofanity towards the agency sed agency staff walked by s sitting in a wheelchair, and 1. The agency staff struck left arm with an open hand. staff was immediately sility a second time by the r and agency staff nurse. the director of nursing tified the administrator. The ing the resident and facility d 911 at 8:00 AM. The city d interviewed Resident #1.					
	waited off campus an and escorted the acc 10/06/17, the DON ca telephone Resident # Later on 10/06/17, the to Resident #1 's phy director. No new ord nurse practitioner or p the afternoon, the DC	nty magistrate. The accused ad the city police returned used to the magistrate. On alled and verbally notified via et 's nurse practitioner. e DON spoke via telephone ysician/facility medical ers were received from the physician. On 10/06/17 in DN called the psychiatric					
	psychiatric nurse prac and assessed Reside behaviors. On 10/06	24 hour report for allegation					

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	S FOR MEDICARE &					NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION		TE SURVEY MPLETED
		345293	B. WING		1	C 0/12/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 226	Continued From page	e 43	F 226			
	Carolina Health Care 10/06/17, the DON as	Personnel Registry. On ssessed Resident #1 for o signs of injury noted.				
 	behavior in the facility administrator and DO accused agency nurs staffing roster, 2) the daily support through encouragement, 3) 1- assist Resident #1, 4 Master ' s in Social W meetings to discuss f work with the physicia with tangible interven On 10/06/17 at appro accused agency staff from the Richmond P scheduler and agency	N permanently removing the registered nurse/QI nurse 's conversation and -to-1 staff assignment to) psychiatric services, 5) /ork (MSW) social worker eelings, 6) the DON will an to provide Resident #1 tions for skin and pain relief. eximately 7:55 AM, the was removed permanently ines facility by the facility y licensed practical nurse				
	and facility treatment On 10/06/17 at appro QI nurse, and corpora	as assessing the resident nurse called 911. eximately 8:16 AM, the DON, ate clinical director had use of the problem: the				
	agency nursing assis allowed back into the interaction on 10/06/1 hit? Because the age resident. Why did the	tant should not have been facility after the first verbal 17. Why did the resident get ency nursing assistant hit the e agency nursing assistant rause the nursing assistant				
	swung at the resident nursing assistant swin Because the assistan	t. Why was the agency nging to hit the resident? It was upset. Why was the tant upset? Because of a				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345293	B. WING				C 12/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE			IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 226	Because the nursing a in for an interview. We assistant being broug Because there was an Because there was an the employee should the facility. The facilit nursing assistant need drug tested. On 10/06/17 at appro- facility administrator a agency that the accuss be allowed to work at On 10/06/17 at 10:45 initiated abuse intervi- residents. The intervi- PM. The interviews me expressed by intervier On 10/06/17, beginnin AM, the treatment nur- assessed all non-inter- unable to communica On 10/06/17, the body The 100% body audit residents resulted in mabuse. On 10/06/17, the DOM nurse progress notes 09/22/17 through 10/0 abuse/neglect. No indo- were identified during the DON.	assistant was being brought /hy was the agency nursing ht in for an interview? n earlier verbal altercation, not been allowed back into ty staff thought the agency ded to be interviewed and eximately 9:37 AM, the and DON notified the staffing sed agency staff would not the facility. AM, the social worker ews for all interviewable ews were completed at 1:40 esulted in no concerns wable residents. ng at approximately 11:00 rse and floor nurses rviewable residents who are te or who are disoriented. y audits were completed. s of all non-interviewable no identified bodily signs of N completed a review of all	F	226			

Facility ID: 923021

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	-	ND HUMAN SERVICES				FORM	M APPROVED
STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLI	E CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _			PLETED
		345293	B. WING				C / 12/2017
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			HIGHWAY 177 S BOX 1489		
					HAMLET, NC 28345		
(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
	Continued From page To address the process deficiency cited and we altercation the facility analysis. The root can determined: 1) the ph have happened if the assistant had not bees facility after the initial facility and agency stat the initial verbal alteror potential to escalate, preventing abuse/neg the facility needed to policies and procedur abuse/neglect, identif protecting the resider protecting the resider protecting the staff from immediately reporting On 10/06/17, the regi the department leade abuse/neglect, includ On 10/06/17, the staff in-servicing for all stat training included the of the types of abuse/neg abuse/neglect immed completed on 10/10/1 worked. No staff wor the abuse neglect in-service covered the burn out, what to do we	LSC IDENTIFYING INFORMATION) a 45 see 45 sses that lead to the why it escalated to a physical performed at root cause ause analysis using "5 Whys" hysical abuse would not accused agency nursing en allowed to re-enter the verbal altercation, 2) if the aff would have recognized cation as a problem with the and 3) the importance of glect. It was determined that train staff on: abuse neglect res, prevention of fication of abuse/neglect, on burn out, and g abuse/neglect. tonal vice president trained ers regarding the policy for ling reporting requirements. If facilitator initiated aff on abuse/neglect. The definition of abuse/neglect, eglect, and reporting liately. The in-service was 17 for all staff who have ted until they had received service. If facilitator initiated aff on burn-out. The training ut is. The burn out e signs and symptoms of when feeling frustrated, to let	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
		when experiencing/feeling					

Facility ID: 923021

If continuation sheet Page 46 of 55

	-	ID HUMAN SERVICES				FORM	APPROVED
		MEDICAID SERVICES	(X2) MULT	IPI F	CONSTRUCTION	(X3) DATE	0. 0938-0391 SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	, <i>'</i>				PLETED
							с
		345293	B. WING			10/	12/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		н	IGHWAY 177 S BOX 1489		
				н	AMLET, NC 28345		
(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. DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page supervisor when a co symptoms of burn our completed on 10/10/1 worked. No staff wor the burn-out in-servic On 10/06/17, the DOI the nurses to knowing assistants are at all ti abuse/neglect in-serv in-service, and about assignments. On 10/ nursing assistant mere review the in-services support regarding the The DON encouraged communicate with mare something that is not staff the managemen	e 46 -worker shows signs and t. The in-service was 17 for all staff who have ked until they had received e. N called a staff meeting with g where the nursing mes, about the vice, about the burn out correct staffing '06/17, the DON called a eting at the nurse station to s, offer clarification and a allegation of abuse/neglect.		226			
	discussions about ab help prevent future co potential for burn out. How systems will be reoccurrence: The facility social wor interviewable residen regarding verbal and any allegations have identified areas of con	monitored to prevent ker will interview all ts weekly for 8 weeks physical abuse to ensure reported and addressed. All ncern related to abuse will ministrator and/or director of diately to investigate.					

Facility ID: 923021

If continuation sheet Page 47 of 55

		ND HUMAN SERVICES MEDICAID SERVICES				FC	ITED: 11/21/2017 ORM APPROVED NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION		OMPLETED
		345293	B. WING				C 10/12/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	I	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			HIGHWAY 177 S BOX 1489		
				ŀ	HAMLET, NC 28345		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 226	Continued From page	o 47	F	226			
		dents who are disoriented or		220			
		nemselves to check for signs					
		e head-to-toe assessments					
		ekly for 8 weeks to ensure					
		s of abuse/neglect are					
		d areas of concern related to reported immediately by the					
	nurses to the adminis						
	investigate.						
	The staff facilitator ar	nd/or quality improvement					
		ue abuse/neglect in services					
		or two months and all new					
		receive this training before					
	working with resident	S.					
	The administrator and	d/or DON will review all alert					
		t interviews weekly for 8					
		rviews are completed and					
	that any areas of con	vestigated and reported as					
		ministrator and/or DON will					
		e assessments of residents					
	who are disoriented of	•					
		e that any suspicions of					
	abuse/neglect are inv	vestigated as appropriate.					
	The administrator, D	ON, QI nurse, and minimum					
	data set (MDS) nurse	e leadership team are					
	-	urn out by 1) reviewing audit					
		staff meetings, 3) creating					
		ceptance of self-reporting, facility and agency staff					
	, e	in-services, 5) easy access					
		n resources names and					
	phone numbers as a	n advocate, 6) the payroll					
		payroll hours for excessive					
		Il-outs, 7) the staff scheduler					
	will monitor the staffir	ng schedule for overtime and					

Facility ID: 923021

If continuation sheet Page 48 of 55

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 11/21/2017 1 APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED C	
		345293	B. WING _					_ 12/2017
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGH	ET ADDRESS, CITY, STATE, ZIP CO IWAY 177 S BOX 1489 ILET, NC 28345	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD B		(X5) COMPLETION DATE
F 226	will monitor for an inc All findings will be bro Quality Assurance an Improvement (QAPI) interdisciplinary team On 10/06/17, the adm medical director had Improvement (QI) Ex- to specifically review related to abuse/negl The monthly QI Exec all audit tool results, r facility progress with validate the systems place and are effective responsible for implet correction and QI Exec recommendations. As part of the validati 10/12/17, the plan of including the re-educ with licensed and unl agency staff) reveale areas of abuse/ negl prevention of abuse/ abuse/ neglect, prote abuse/ neglect, prote and immediately repor review of the monitor completed 100% of re 10/6/17, 100% of boo were unable to be int	the administrator and DON rease in disciplinary actions.	F 2	226				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE		
		345293	B. WING				C 12/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE			HGHWAY 177 S BOX 1489 HAMLET, NC 28345			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 285 SS=D	PASRR REQUIREME CFR(s): 483.20(e)(k)((e) Coordination. A facility must coordir pre-admission screer (PASARR) program u of this part to the may avoid duplicative testi includes: (1) Incorporating the in PASARR level II dete evaluation report into care planning, and tra (2) Referring all level with newly evident or disorder, intellectual of condition for level II re significant change in a (k) Preadmission Screen mental disorder and in disability. (1) A nursing facility re January 1, 1989, any (i) Mental disorder as (i) of this section, unle authority has determini independent physical performed by a person	ENTS FOR MI & MR (1)-(4) hate assessments with the hing and resident review under Medicaid in subpart C kimum extent practicable to ing and effort. Coordination recommendations from the rmination and the PASARR a resident's assessment, ansitions of care. II residents and all residents possible serious mental disability, or a related esident review upon a status assessment. eening for individuals with a ndividuals with intellectual nust not admit, on or after new residents with: defined in paragraph (k)(3) ess the State mental health		285	DEFICIENCY)	ATE	11/1/17	
	condition of the indivi	the physical and mental dual, the individual requires provided by a nursing facility;						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES							
CENTERS FOR MEDICARE 8 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARM (X4) ID SUMMARY S PREFIX (EACH DEFICIEN TAG Continued From page (B) If the individual r services, whether th specialized services (ii) Intellectual disability (iii) Intellectual disability authority has determ (A) That, because o condition of the individual r services, whether th specialized services (i) Intellectual disability authority has determ (A) That, because o condition of the individual r services, whether th specialized services and (B) If the individual r services, whether th specialized services (2) Exceptions. For (i) The preadmission paragraph(k)(1) of th for determinations ir to a nursing facility of being admitted to th transferred for care (ii) The State may cl		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		COM	(X3) DATE SURVEY COMPLETED	
		345293	B. WING				
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOUL	TION SHOULD BE CO THE APPROPRIATE		
F 285	TERS FOR MEDICARE & MEDICAID SERVICES ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293 OF PROVIDER OR SUPPLIER MOND PINES HEALTHCARE AND REHABILITATION CENTE ID FIX G SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 285 Continued From page 50 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;		F 28	85			
	services, whether the	individual requires					
	 specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; 						
	services, whether the	CARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) astop (X1) PROVIDER/SUPPLIER/CLIA (X2) astop (X1) PROVIDER/SUPPLIER/CLIA (X2) astop (X1) PROVIDER/SUPPLIER (X2) astop (X1) PROVIDER/SUPPLIER (X2) astop (X1) PROVIDER/SUPPLIER (X2) astop (X1) PROVIDER/SUPPLIER/CLIA (X2) astop (X2) (X1) astop					
	S FOR MEDICARE & MEDICAID SERVICES F DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293 OVIDER OR SUPPLIER D PINES HEALTHCARE AND REHABILITATION CENT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 50 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facilit and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. (2) Exceptions. For purposes of this section- (i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmissio to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admissior to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at th hospital,	urposes of this section-					
	paragraph(k)(1) of this for determinations in t to a nursing facility of being admitted to the	s section need not provide the case of the readmission an individual who, after nursing facility, was	AN SERVICES ONE PORMATION OF CORRECTION NUMBER: UPUERSUPUERSCUA THEIRCATION NUMBER: 022 MULTIPLE CONSTRUCTION A BUILDING C 345293 B. WING C 345293 B. WING C HABILITATION CENTE HABILITATION CENTE HABILITATION CENTE HABILITATION CENTE DEFICIENCIES ID PREFIX CASHS CROSS-REFLEXED OF DEFICIENCIES CONSTRUCTION IS (CACH CORRECTIVE ACTION MOULD BE CROSS-REFLEXED TO DE APPROPRIATE DEFICIENCY) F 285 F 2				
	preadmission screeni paragraph (k)(1) of th	ng program under is section to the admission			COMPLETED C 10/12/2017		
	hospital after receiving						
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 5 Continued From page 50 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. (2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the						

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/21/2017 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		345293	B. WING		10/12/2017
NAME OF PI	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		IIGHWAY 177 S BOX 1489 IAMLET, NC 28345	
(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 DEFICIENCY)	BE COMPLETION
F 285	the hospital, and (C) Whose attending before admission to the is likely to require less facility services. (3) Definition. For pur- (i) An individual is con- disorder if the individual disorder defined in 48 (ii) An individual is co- intellectual disability and or is a person with an described in 435.1010 (k)(4) A nursing facility mental health authority disability authority, as significant change in a condition of a resident intellectual disability for This REQUIREMENT by: Based on medical re- interview, the facility for Preadmission Screent	e individual received care in physician has certified, he facility that the individual s than 30 days of nursing rposes of this section- nsidered to have a mental ual has a serious mental 33.102(b)(1). nsidered to have an f the individual has an as defined in §483.102(b)(3) related condition as 0 of this chapter. ty must notify the state ty or state intellectual s applicable, promptly after a the mental or physical it who has mental illness or for resident review. is not met as evidenced cord review and staff failed to coordinate with the ing and Resident Review	F 285	Ftag 285 Four Point Plan Criteria Richmond Pines Healthcare and	
	one of one sampled r screening (Resident # Resident #1 was adm Cumulative diagnose	r reevaluation of their ntinued stay at the facility for esidents with a level two #1). The findings included: hitted to the facility 5/10/16. s included major depressive ations, anxiety and bipolar		Rehabilitation Center acknowledges receipt of the Statement of Deficiencie and proposes this Plan of Correction t the extent that the summary of finding factually correct and in order to mainta compliance with applicable rules and provisions of quality of care of residen The Plan of Correction is submitted as	o s is ain ts.

Facility ID: 923021

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM): 11/21/20 [.] 1 APPROVE). 0938-039	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED C	
		345293	B. WING			。 12/2017	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	Ē		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 285	Continued From page	e 52	F 285				
	affective disorder.			written allegation of compliance	ce.		
	10/2/17 indicated Res intact with a Brief Inte (BIMS) of 15. No beh assessment A review of Resident	Data Set (MDS) dated sident #1 was cognitively erview for Mental Status haviors were noted on the #1 ' s PASRR dated 5/16/17 R level II code F and the		Richmond Pines Healthcare a Rehabilitation Centers respons Statement of Deficiencies doe denote agreement with the Sta Deficiencies nor does it consti admission that any deficiency Further, Richmond Pines Heal Rehabilitation Center reserves	se to this is not atement of tute an is accurate. Ithcare and		
	determination indicted was appropriate for a The authorization coo timeframes/ restriction	les and corresponding ns for North Carolina is "30, 60, 90 day limited		refute any of the deficiencies of Statement of Deficiencies thro Informal Dispute Resolution, for appeal procedure and/or any of administrative or legal proceed The position of Richmond Pin Healthcare and Rehabilitation	ough ormal other ding nes		
	conducted with the Se she had been employ 20, 2017. The Social out yesterday (10/10/ for the PASRR level I she did not know who renewals prior to her	PM, an interview was ocial Worker. She stated yed at the facility since July Worker stated she found 17) that she was responsible I renewals. She indicated was responsible for the employment. The Social her first social worker job		regarding the process that lead deficiency was staff failed to for established facility policy and related to Preadmission Scree Resident Review Program (PA program requirements by failin coordinate with PASARR for re- of their PASRR level II.	d to this bllow protocol ening and ASRR) ng to		
	and she had not had II. She said it was no On 10/11/17 at 12:37	any training on PASRR level t covered in her orientation. PM, an interview was		What measures did the facility for the resident affected: On 10/11/17 the admissions d requested for resident # 1 to h	irector ave a		
	did not know who was	dministrator who stated she s responsible for monitoring RR level II but she would		screening for PASARR renewa Medicaid Uniform Screening F (MUST). On 10/12/17 resident screened by a Licensed Profe Counselor from MUST and PA	Program t # 1 was ssional		
	On 10/12/17 at 11:15 conducted with the Li Counselor from the M			evaluation was completed. Th for Resident #1 evaluation res Level II status.	e findings		

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-		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/21/2017 FORM APPROVED OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345293	B. WING		C 10/12/2017
NAME OF PROVIDER (AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
Progra Reside years a reques for the nursing Counse 8:00AN come o stated and, ba docum skilled On 10/ conduc social v level 2	nt #1 since his ago. She indic t from the facil PASRR renew services. The elor said she re 10/12/17 and but to complete she would con ased on multip entation and o nursing would 12/17 at 3:52F the with the A worker was res	the stated she had seen a admission to the facility two ated her agency received a ity on 10/11/17 at 10:36AM val for continued skilled e Licensed Professional eceived the request at d it was assigned for her to the PASRR review. She inplete the PASRR evaluation le interviews and bservation, that continued be recommended. PM, an interview was dministrator who stated the sponsible for the PASRR cted the PASRR level II to be	F 285	 What measures were put in place for residents having the potential to be affected: On 10/11/17 a 100% audit was comp for all residents with a level II PASRF ensure there were no expired PASRF the facility admissions nurse with no Level II expired PASRRS. What systems were put in place to prevent the deficient practice from reoccurring: On 10/11/17 the Social Worker was in-serviced by the admission director related to PASRR levels and the nee level II PASRR is to be reevaluated a indicated. How the facility will monitor systems place: On 10/11/17 the social worker began auditing level II PASRR is using the PASRR audit tool to ensure there we expired PASRR is and request for screening has been completed as necessary. This audit will be complet weekly x 12 weeks on going conduct the admissions nurse. The admission nurse will present all findings at the monthly QI committee meeting for three months. The QI committee will review the monthly for three months for identification of tren actions taken, and to determine the r for and/or frequency of continued monitoring, and make recommendati for monitoring for continued compliant. 	leted to RS by other d for as put in re no ed ed by ds, heed ons

Facility ID: 923021

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 11/2 FORM APPF OMB NO. 0938	ROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVE COMPLETED C	
		345293	B. WING		10/12/20 1	17
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP C HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(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 (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMP HE APPROPRIATE DA	X5) PLETION ATE
F 285	Continued From page	≥ 54	F 28		ON will present dations of the e quarterly r further	
	7(02-99) Previous Versions Obs	olete Event ID·KM		Facility ID: 923021	If continuation sheet Page	

Event ID: KM2611

Facility ID: 923021

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