PRINTED: 05/18/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345370	B. WING _				C 17/2018	
	ROVIDER OR SUPPLIER	IAB		300 BL	T ADDRESS, CITY, STATE, ZIP CODE AKE BOULEVARD HURST, NC 28374	<u> </u>	11/2010	
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		FC	000				
		vas conducted from 4/10/18 - eopardy was identified at:						
	CFR 483.12 at tag F6 (J)	600 at a scope and severity						
	CFR 483.25 at tag F6	689 at scope and severity (J)						
	CFR 483.21 at tag F6	656 at scope and severity (J)						
	CFR 483.60 at tag F8	805 at scope and severity (J)						
	The tags F689 and Fo Quality of Care	600 constituted Substandard						
	Immediate jeopardy bremoved on 4/14/18	pegan on 3/1/18 and was						
F 600 SS=J	Free from Abuse and CFR(s): 483.12(a)(1)	•	F 6	500			4/25/18	
	Exploitation	m Abuse, Neglect, and						
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	involuntary seclusion and ical restraint not required to						
	§483.12(a) The facilit	y must-						
	physical abuse, corporation involuntary seclusion. This REQUIREMENT by:	; is not met as evidenced						
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE	

Electronically Signed 04/25/2018

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.

OLIVILIV	O T OIT MEDIO, TILE &	WEDIO/ ND CEITTIOEC				CIVID IVE	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 56.25	_		(2
		345370	B. WING			l	17/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHLIR	ST HEALTHCARE & REH	IΔR		30	00 BLAKE BOULEVARD		
1 IIVEITOR	ST TILALITIOANE & NEI			Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	a 1	-	600			
1 000	· ·		[000	Decident number 1 was readmitted to		
		iew, and Physician, Speech taff interviews, the facility			Resident number 1 was re-admitted to Pinehurst Healthcare and Rehabilitatio		
		necessary care and services			Center on 02/08/2018. He was admitted		
		phagia for 1 of 3 sampled			with being at risk for aspiration and	Ju	
	residents reviewed (F	•			choking from the hospital. Speech		
	(,			Therapy began to work with him on		
	Immediate jeopardy b	pegan on 3/1/18, when			02/08/2018 for oropharyngeal dysphag	ia.	
		nd unresponsive and was			Speech Therapy completed a bedside		
	transferred to the hos	spital and died. The cause of			dysphagia evaluation on 02/08/2018.	he	
		rest secondary to acute			bedside dysphagia evaluations showed	t	
	respiratory arrest with	n hypoxia and aspiration.			that the resident needed speech thera	ру	
					due to him being at risk for aspiration,		
		was removed on 4/14/18.			aspiration-related complications, choki		
	_	out of compliance at a lower			and re-hospitalization. Resident receiv		
		f "D" (no harm with the			speech therapy until 02/28/2018 when		
	immediate jeopardy)	n minimal harm that is not			was discharged from therapy. Speech therapy recommended restorative dinir		
	systems put into plac				upon discharge. During the resident	-	
	Systems put into plac	e die chechve.			hospital stay resident had an episode of		
	Findings included:				choking and was identified as being at		
	J				for aspiration. Resident⊡s care plan		
	Resident # 1 was orig	ginally admitted to the facility			failed to identify him being at risk for		
	_	le diagnoses including			aspiration and choking. Resident□s		
	Parkinson 's disease				Kardex listed him as independent in hi	6	
		ase. The significant change			ability to eat. Resident□s current diet		
		ata Set (MDS) assessment			order on 03/01/2018 was mechanical s		
	dated 1/21/18 indicat				with honey thick liquids, magic cup, cu	all	
	_	and he had no swallowing			rolls, Danish, bread, sandwiches into	4	
		sment further indicated that supervision/set up help with			fourths or 1-2 inch pieces, and no pear butter. On 03/01/2018 the dietary	iul	
		ot on mechanically altered			department provided Resident Number	· 1	
	diet.	2. Thousandany ditored			with his current diet of mechanical soft		
					with honey thick liquids, magic cup, cu		
	Review of Resident #	t1's hospital records			rolls, Danish, bread, sandwiches into		
		discharged to the hospital			fourths or 1-2 inch pieces, and no pear	nut	
	on 2/2/18 due to coug				butter. The dietary department utilizes		
					standard practice of a two-system chec		
		ge summary dated 2/8/18			which requires the cook to prepare the		
	was reviewed. The n	otes revealed that on 2/3/18,			plate and the aide will make sure that t	he	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
		345370	B. WING			C	
		345370	B. WING			04/17/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
PINEHUR	ST HEALTHCARE & F	REHAR		300 BLAKE BOULEVARD			
				PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
	•			,			
F 600	Continued From page	age 2	F 6	00			
	Resident #1 was "	near respiratory arrest		plate matches the food listed	on the tray		
		ing on chicken during dinner.		card prior to placing it in the s	erving cart.		
	Heimlich maneuve	r was performed by vigilant		When the tray cart arrives on	the hall the		
	nursing staff result	ed in expelling of food bolus".		person passing the trays will r	make sure		
	The diet discharge	instruction was "cardiac		that the food matches the diet	t order on		
	dysphagia diet with	n chopped meats and		the tray card before giving it to	o the		
	thickened liquids".			resident. If the tray card does	not match		
				the play the person serving th	e plate will		
		eadmitted back to facility on		take the plate back to the kitch	hen to be		
		agnosis of aspiration		corrected. The Administrator i			
	·	iet ordered on admission was		the certified nursing assistant			
		et with honey thick liquids and		04/12/2018 who states that or			
	speech therapy to	evaluate and treat.		she did not know about the 2	•		
				check. On 04/12/2018 the Di			
		plan was last updated on		Nursing, the Assistant Directo	-		
		as no care plan developed to		and the MDS Nurses re-educ			
	-	event choking/aspiration after		of staff on the two system che			
	readmission on 2/8	3/18.		trays. On 03/01/2018 Reside			
	Desident #41s Issue	lav (masidant sana svida) vva		to be unresponsive and C.P.F			
		lex (resident care guide) was dex indicated that Resident #1		initiated. Resident was discha	-		
		I soft diet with nectar thick		hospital on 03/01/2018. The r intubated. The CT of the hea			
		independent with eating. The		the resident had diffuse cereb			
	1 -	cate that Resident #1 needed		and diffuse infarct from diffuse			
		meals or was on restorative		injury, on 3/4/18 the resident			
	dining program.	medis of was on restorative		being extubated per family red			
	diffing programs			being extabated per farmly res	quoot.		
	The dietary notes	were reviewed. The last dietary		1. On 03/01/2018 there wer	e no other		
		30/18 indicating Resident #1's		concerns with mechanical sof			
		ith thin liquids. There were no		served and there is no reasor			
		dmission on 2/8/18.		he would be the only one on t			
				receive the wrong diet and the	•		
	The diet spreadsho	eet was reviewed. The menu		Manager reports she monitore			
		as beef tips with mushroom		prior to the end of her shift an			
	gravy for regular d	iet and ground beef with		adequate amounts of choppe			
		or mechanical soft diet.		pureed meat. The Dietary Ma			
				standard practice is to monito			
	The speech therap	oist notes were reviewed. The		line to ensure that the food for	rm is		
		t Resident #1 was evaluated		correct. The Dietary Manager	monitored		

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			A. BOILDI			,	С
		345370	B. WING) 17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	1772010
					00 BLAKE BOULEVARD		
PINEHURS	ST HEALTHCARE & REH	IAB			INEHURST, NC 28374		
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F 600	Continued From page	e 3	F	600			
	· -	eated for dysphagia from			the consistency and the amount of food	d	
		18. The resident was a high			available to ensure there is enough for		
	_	ation related complications			residents at that meal, there were 2 aid		
		ess and history of choking.			and a cook serving the meal on		
	Resident #1 was refe	, ,			03/01/2018 to ensure that all diets were	е	
		d/or staff supervision during			served appropriately. An audit was		
	meals. The recomme	ended diet was mechanical			completed by the Administrator on		
	soft diet with honey th	nick liquids.			supervised 2 residents in restorative to	1	
					make sure diets matched their tray. Al	I	
	The ST progress and	discharge summary dated			residents had their trays match their tra	ay	
		The notes revealed that			card on 04/12/2018. There were no		
		onsumed mechanical soft			supervised residents during meals.		
		airment, primarily non oral					
	nutrition, high risk of				2. The MDS Nurses and the Assistar		
		intake due to aspiration risk			Director of Nursing reviewed and revise		
		t loss, and trial oral intake			100% of care plans for all residents on		
		ngs due to impulsivity. He			04/11/2018. There were changes in at		
		on of both consistencies due			least one area for each resident s can		
		e. He was discharged as ent with restorative dining.			plan. The Director of Nursing in-servic the MDS Nurses and the Assistant	eu	
	long term care reside	int with restorative diffing.			Director of Nursing on Care plans		
	The nurse's notes da	ted 3/1/18 at 7:11 PM			addressing the residents current condition	lion	
		as sitting in room and staff			in all areas and if there is an acute	.1011	
		sat while resident ate. Staff			change in condition the care plan must	be	
	-	hen finished with meal and			reviewed and revised at that time and		
	then went back in and	d found resident slumped			time a care plan is reviewed and revise	. •	
		iter. His eyes opened, not			the Kardex for the resident will be upda		
	breathing or had no p	oulse. Placed resident on			and the new copy placed in the		
	the bed and writer sta	arted cardiopulmonary			resident □s room by the MDS Nurses o	'n	
		and crash cart brought in and			04/11/2018.		
		ag and oxygen at 6:10 PM.					
		ed under resident. West side			3. A 100 % in-service was completed	t	
		gency Medical Service			with all staff on making sure that food		
	•	arted working with resident			served to resident □s matches what is		
		obtain blood pressure and			the tray card prior to serving the food to)	
	heart beating. Trans	ported to hospital".			the resident by the MDS Nurses, the		
	The beautiful (1979)	and above all for D			Activity Director, and the Social Worke	r on	
		and physical for Resident #1			04/11/2018. The Dietary Manager		
	dated 3/1/18 were rev	viewea. The records	1		in-serviced 100% of dietary staff on		1

Facility ID: 923403

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PR	OVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COD			
				300 BLAKE BOULEVARD			
PINEHURS	T HEALTHCARE & RI	=HAB		PINEHURST, NC 28374			
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E 600	Continued From no	1	F.0				
	Continued From pa	-	F 6				
I .		ent #1 presented to the		special diets with return demo			
		ue to cardiac arrest. "Pt.		04/11/2018. A 100% in-service			
		nessed drinking cologne and		completed 04/11/2018 by Dire			
		ome sort of arrest. High		Nursing, The Administrator, T Worker, The Activity Director,			
I		onary resuscitation (CPR) was d. Pt. had a return of		Housekeeping Supervisor, the			
		ation (ROSC) in the field but		Manager, and the Therapy Ma	-		
		nother episode of arrest. He		neglect/abuse. The Director of	~		
		prought to the emergency		the Assistant Director of Nursi			
I .		ROSC was once again		MDS Nurses in □serviced all			
	•	sical examination revealed he		Staff on providing supervision	-		
		t upper field, the right middle		meals, cuing residents during			
	field, left upper field	and the left middle field. The		the signs and symptoms of ch	oking, and		
	chest x-ray showed	"subtle bibasilar infiltrates are		all staff were in-serviced on w	hat to do if		
	present and may be	e due to aspiration".		you see a resident eating or d	_		
				non-food item to include notifi			
	-	al result dated 3/2/18 revealed		assessment by the nurse on 4	1/13/18.		
I .		are noted and appear stable.		A			
	Findings are worrise	ome for pneumonia".		An audit tool that monitors tra			
	The gestroopterele	ry consult dated 3/3/19		matching what is on the plate			
		gy consult dated 3/2/18 d to place nasogastric tube		completed by the Administrati hall nurses during rounds	ve stall and		
I .	•	pass. Went back of throat		3 times a week for 4 weeks, b	i-weekly for		
I .	and ok to push but			4 weeks, monthly for 2 months			
		phagogastroduodenoscopy		into the Administrator for revie			
I .		that visualizes the upper part		are any issues			
	of the gastrointestin			with the trays they will be corr	ected as it is		
		ide in the morning if stable		identified.			
	and to try to place N	NGT".		The Administrator will bring the			
				the weekly QAPI Committee r	_		
I		ed 3/3/18 revealed food was		review of the audit tools week	ly for 8		
	found in the upper t	hird of the esophagus.		weeks and monthly for			
	-			2 months. The Monthly QAPI			
		rge summary dated 3/4/18		will review the minutes of the	-		
		EGD was performed on		meetings for 4 months to dete	rmine the		
		olus was found impacted in		continued need and			
I .	•	agus. The computerized can of head performed on		frequency of monitoring.	t the tray		
	TOTTOUTABLE (C. 1.) SC	an or ricau penollieu un	1	The Dietary Manager will aud	ı uı c uay		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_		(c	
		345370	B. WING _			04/	17/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DINELLID	ST HEALTHCARE & RE	ELIAD		30	00 BLAKE BOULEVARD			
PINEHUK	oi nealincare & Re	ENAD		P	INEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 600	brain injury. A decising Resident #1. He para PM. On 4/10/18 at 1:51 interviewed. The fathe/she went back to Resident #1's belone by Nurse #1 that NAW while the resident who back few minutes lather found the resident so the stated that she for dysphagia upon She indicated that rechicken at the hosp facility on soft diet who behavior and his meduring his readmiss impulsive and no deconce a day during lice.	PM, a family member was mily member stated that to the facility to pick up gings. She/he was informed A #1 stepped out of the room was eating and when she came iter to pick up the tray, she	F6	600	the plate 3 times a week for 4 weeks, bi-weekly for 4 weeks, and monthly for 2 months. The Audit will be turned the Administrator weekly for review. Any concerns will be addresse as they are identified. The Administrat will bring the audits to the weekly QAP meeting for review weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for months. The QAPI Committee will review the minutes from the weekly meeting at the monthly meeting for the continuedneed and frequency of monitoringfor 4 months. The Clinical Supervisor will monitor Ca plans and Kardex 3 times a week, Bi-weekly for 4 weeks, and monthly for months to ensure that they are being updated timely. The audits will be turne into the Administrator or the Director of Nursing weekly for review for 4 weeks, bi-weekly for 4 weeks, and monthly for months. The Administrator	re 2 d		
	was interviewed. Shead of the restorat that Resident #1 ref dining, he was on 1 RA #1 did not have #1 was refusing to compare of the refusion of the restoration of the restoratio	PM, Restorative Aide (RA) #1 he stated that she was the ive program. She indicated fused to go to restorative :1 with the staff during meals. documentation that Resident go to restorative dining. PM, Nurse Aide (NA) #1 was as assigned to Resident #1 on . She stated that she was			or the Director of Nursing will bring the audits to the weekly QAPI meetings for review weekly for 4 weeks, bi-week for 4 weeks, and monthly for 2 months. The monthly QAPI Committee will reviet the minutes of the weekly QAPI meeting for the continued need and frequency of monitoring for 4 months.	ly		

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	ROVIDER OR SUPPLIER	ЕНАВ		300 B	ET ADDRESS, CITY, STATE, ZIP CODE SLAKE BOULEVARD CHURST, NC 28374		04/11/2010	
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F 600	indicated that Nursi Resident #1 neede served the dinner to resident's room and finished eating. She was able to feed hid (not ground beef) of thick and thickened 80% of his food and not cough during the left the room with the proceeded to feed at that after 15 minuter resident's room to resident'	nission from the hospital. She e #1 informed her that d 1:1 during meals. She ray around 6 PM in the d stayed with him until he was ie indicated that the resident mself. He had chunks of beef in his tray about ¾ to an inch I liquids. He consumed about d 50% of his liquids. He did ie meal observation. NA #1 ine resident's tray and another resident. She stated as she went back to the remove the empty cups from if ound him slumped over to ot breathing. She went to get PM, the Dietary Manager red. She stated that Resident ical soft diet and honey thick d the menu on 3/1/18 as beef is in size) for regular diet and mechanical soft diet. She ed the food processor to grind fit diet. The DM was not able to fter the resident's readmission B/18. PM, Nurse #3 was tated that she had been ity for almost 3 months and int #1. He was independent did not need any supervision	F	600				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COM	(X3) DATE SURVEY COMPLETED		
345370 B. WING	C I/17/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374	·		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
Continued From page 7 working at the facility for 4 months and he remembered Resident #1. He was independent with eating with set up help only and he didn't need any supervision. On 4/10/18 at 5:32 PM, NA #2 was interviewed. NA #2 had been working at the facility for 2 years on second shift. She used the kardex to care for the resident. She indicated that she remembered Resident #1 and he was independent with eating with set up help only and he didn't need any supervision during meals. On 4/11/18 at 8:30 AM, the ST was again interviewed. She stated that she had referred Resident #1 to restorative dining. The ST was unable to remember the date of the referral and she could not find her referral form to nursing. She had talked to the Restorative Aide who indicated that the resident refused restorative dining. The ST indicated that she expected the staff to sit and to watch him while he eats when he refused to go to restorative dining. She attended the morning meetings with the department heads and she had shared with them her concerns with Resident #1 from therapy on 2/28/18 and she recommended to continue restorative dining. On 4/11/18 at 8:40 AM, MDS Nurse #1 was interviewed. The MDS Nurse indicated that she attended the morning meetings and the ST had discussed the need for supervision and restorative dining for Resident #1 four therapy on 2/28/18 and she recommended to continue restorative dining. On 4/11/18 at 8:40 AM, MDS Nurse #1 was interviewed. The MDS Nurse indicated that she attended the morning meetings and the ST had discussed the need for supervision and restorative dining for Resident #1 due to his risk for choking/aspiration. The MDS Nurse indicated that she distributed that she dicht get the chance to update his care			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
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F 600	Resident #1 was on a readmission on 2/8/1 times so a staff mem while he ate in his room. On 4/11/18 at 8:50 A #1 was interviewed. The facility to follow the ST regarding supervidiet as ordered. The didn't know if the food caused the resident's On 4/11/18 at 9:01 A She was assigned to She stated that Residenting and he never a dining. She brought every breakfast and I assigned to him. On 4/11/18 at 9:04 A interviewed. She stated through Friday on 7-3 restorative dining roof lunch. She indicated to restorative dining of date) and the ST was indicated that she did regarding restorative. On 4/11/18 at 10:10 A (DON) was interviewed attended the morning with the department I Resident #1 being hid due to his impulsiventic.	So Nurse indicated that restorative dining after his 8 but he refused to go at ber has to sit and watch him form. Moreover, the Physician of Resident He stated that he expected he recommendations of the sion with eating and to serve Physician stated that he do in his esophagus had a death. Moreover, NA # 3 was interviewed. Resident #1 on first shift. Hent #1 was on restorative refused to go to restorative thim to restorative dining	F6					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345370	B. WING _			C 04/17/2018	
	ROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374		4(11/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE	
F 600	dining and supervision been formally implem 3/1/18 when she information that Resident #1 had meals but she could in DON verified that Resident that Resident that Resident that she was busy passigned to Resident that she sat with the cardio pulmonary resinitiated. Emergency was called and when the CPR. Nurse #1 sher that she sat with the sat when the CPR. Nurse #1 indicated the restorative dining and (DON) informed them 1:1 during meals, but the date and time. On 4/12/18 at 12:34 Finterviewed. She stat 3/1/18, she checked staff has everything the enough food for soft of also stated that she in line but she did not of the control of t	Is, but these (restorative in during meals) had not dented or ordered. It was on smed Nurse #1 and the NAs to be supervised during not remember the time. The sident #1 was not on was on 1:1 with staff during. M, Nurse #1 was 1 stated that she was #1 on 3/1/18. She stated ssing medications (little after falled her to the resident's resident slumped over, not see. She called the code and suscitation (CPR) was Medical Services (EMS) they arrived they took over stated that NA #1 informed the resident during supper the eating she took the tray out. The tattle diet in the Director of Nursing in that Resident #1 needed she could not remember. PM, the DM was again the diet hat before she left on the make sure the dietary hey needed and they had diet and pureed diet. She formally observed the tray beserve the whole process.	F	500			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY LETED
		345370	B. WING _			04/	17/2018
	ROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP C 300 BLAKE BOULEVARD PINEHURST, NC 28374	;ODE	,	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 600	meat during dinner. It received an in-service 4/11/18 by checking the food consistency servindicated that she did prior to the in-service. On 4/11/18 at 2:32 PI Director of Nursing will Immediate jeopardy. It facility provided the foof Immediate jeopards. Resident number 1 with the resident had an elidentified as being at number 1 was re-adnithed the resident had an elidentified as being at number 1 was re-adnithed the resident had an elidentified as being at number 1 was for aspiration and choose the rapy repoint in the oral cavity a began to work with his oropharyngeal dysph completed a bedside 02/08/2018. The bedshowed that the residue to him being at riaspiration-related corre-hospitalization due placing large amount in his mouth at one till speech therapy until discharged from there	3/1/18, ½ to ¾ in size solid She indicated that she had a on the 2 way system on he dietary card against the yed on the tray. She n't know the 2 way system M, the Administrator and the ere informed of the On 4/13/18 at 7:00 PM, the ollowing credible allegation by removal: as hospitalized from 2/2/18 resident 's hospital stay, pisode of choking and was risk for aspiration. Resident hitted to Pinehurst bilitation Center on admitted with being at risk oking from the hospital. The different has and placed a whole dinner at one time. Speech Therapy m on 02/08/2018 for agia. Speech Therapy dysphagia evaluation lent needed speech therapy sk for aspiration, inplications, choking, and to his impulsive behavior of of food(such as a whole roll) me. Resident received 02/28/2018 when he was	F	500			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG		Ι,	C	
		345370	B. WING				17/2018	
NAME OF P	ROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODE	•		
DINEUUD	CT UEALTUCADE 9 DE	THAD		30	0 BLAKE BOULEVARD			
PINEHUK	ST HEALTHCARE & RE	ENAB		PI	NEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 600	therapy on 2/28/18 supervision. There that resident number supervision during he through 3/1/18. Residentify him being a choking. Resident independent in his a supervision during ediet order on 03/01/with honey thick liques Danish, bread, sand inch pieces, and no 03/01/2018 the dieta Resident Number 1 mechanical soft with cup, cut all rolls, Dafourths or 1-2 inch part The dietary department practice of a two-synthe cook to prepare make sure that the ponthe tray card pricart. When the tray person passing the food matches the dibefore giving it to the does not match the plate will take the placertified nursing assistates that on 03/01 the 2 system check of Nursing, the Assithe MDS Nurses residentials.	en he is discharged from due to the need of constant is no documentation to show at 1 received constant his meals from 2/8/2018 sident's care plan failed to a trisk for aspiration and is Kardex listed him as ability to eat when he needed eating. Resident's current 2018 was mechanical soft hids, magic cup, cut all rolls, dwiches into fourths or 1-2 in peanut butter. On any department provided with his current diet of in honey thick liquids, magic nish, bread, sandwiches into bieces, and no peanut butter. Hent utilizes the standard is the plate and the aide will plate matches the food listed for to placing it in the serving cart arrives on the hall the trays will make sure that the et order on the tray card tray the person serving the ate back to the kitchen to be inistrator interviewed the sistant on 04/12/2018 who //2018 she did not know about on 04/12/2018 the Director stant Director of Nursing, and reducated 100% of staff on ock for meal trays. The	F	600				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345370	B. WING			C 04/17/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 300 BLAKE BOULEVARD PINEHURST, NC 28374		94/1//2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 600	resident number 1 was The recommendation number 1 was not do implemented consists referral was not compon his discharge by the given to the Director the lack of implemented resident number 1. In not have resident number 1. In not have resident number 1. In the variety of the lack of implemented of the variety of the variety of the lack of implemented of the variety of var	morning meeting after as readmitted on 2/8/2018. In for restorative for resident one in writing and was not ently. A Restorative care obleted for resident number 1 the speech therapist and of Nursing which contributed tation of restorative for The Restorative Program did mber 1 's information for disupervised meals in written 8 Resident was noted to be P.R. was initiated. Resident e hospital on 03/01/2018 due the responsiveness. The withat Resident number 1 food impacted in the The Resident was fithe head showed the perebral edema and diffuse the proxic injury, on 3/4/18, the end showed the perebral edema and there were no other concerns diets being served and there we he would be the only one enthe wrong diet and the ports she monitored the meal	F 6	00			
	to ensure there is enemal, there were 2 a	the amount of food available ough for the residents at that ides and a cook serving the to ensure that all diets were					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
							C
		345370	B. WING			04/	17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHLIRS	ST HEALTHCARE & REH	ΔR		3	000 BLAKE BOULEVARD		
i iitziioitt	or the Alemoane a nem			P	PINEHURST, NC 28374		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	41E	5,2
			-				
F 600	Continued From page	<u>.</u> 13		600			
	. •	An audit was completed by	' '	000			
		supervised residents and 2					
	residents in restorativ						
		Il residents had their trays					
	match their tray card						
	material and a dara	011 0 11 12/20 10.					
	2. There were no of	ther residents on supervised					
	meals. An Audit was						
		2/2018 on the residents that					
	have been referred to	restorative dining from					
	therapy and there we	re no concerns with their					
	recommendations bei	ing followed. Restorative					
	dining has 2 residents	s that attend the restorative					
	dining program 2 mea	als a day and the certified					
	nursing assistants wil	I feed the 3rd meal each					
		at is identified as needing					
		eals will have a care plan					
	written addressing the	-					
		of Nursing, and / or the					
		Nursing, a Kardex placed in					
		OS Nurses, the Director of					
		Assistant Director of Nursing.					
		npleted a 100% in-service					
	with nursing staff on h						
		ange in a residents needs dent 's closet. The Kardex					
		r to care for changes on					
	•	ss Office Manager will bring					
		forms to morning meeting					
		ommendations. The Speech					
	therapist will bring all	·					
		pervision during meal time					
		ng for review. The Clinical				ſ	
		copy of the referrals so a					
		ten and the Kardex updated.				ſ	
		ative or supervision during				ſ	
		ressed in the care plan by				ĺ	
		morning meeting. The				ĺ	
		ill notify the Restorative					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345370	B. WING _			C 04/17/2018
	ROVIDER OR SUPPLIER ST HEALTHCARE & RE	нав		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374	<u>'</u>	· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	the restorative manaresident to the resto Clinical Nurses will use it in the resident 's of The week-end manaresident manaresident in the resident 's of The week-end manaresident information on week determine the need implement supervises require it. 3. The MDS Nurses Nursing reviewed and reviewed and residents on Of changes in at least of care plan. The Direct the MDS Nurses and Nursing on Care placurrent condition in a acute change in confereivewed and revise care plan is reviewed the resident will be uplaced in the resident Nurses on 04/11/20. 4. A 100 % in-services the food to the resident what is of the food to the resident Nursing Sure sometimes what is of the food to the resident Activity Director, and 04/11/2018. The Director Supervisor, the Dieta Supervisor su	aff of new referrals by giving ager the care plan to add the rative program and the update the Kardex and place closet for the nursing staff. Ager will review all hospital end admissions to for supervised dining and addining for those that and the Assistant Director of add revised 100% of care plans 4/11/2018. There were one area for each resident 's actor of Nursing in-serviced at the Assistant Director of ans addressing the residents all areas and if there is an addition the care plan must be do at that time and any time and any time and and revised the Kardex for apdated and the new copy and 's room by the MDS 18. The was completed with all that food served to resident 'not the tray card prior to serving ent by the MDS Nurses, the at the Social Worker on etary Manager in-serviced from special diets with return 1/11/2018. A 100% in-service 1/2018 by Director of strator, The Social Worker,	F 6			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345370	B. WING		C 04/17/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374	1 04/11/12010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 600	Director of Nursing, the Nursing, and the MDS Nursing Staff on proving meals, cuing resident and symptoms of choin-serviced on what to eating or drinking a notification and assess 4/13/18. The credible allegation	ne Assistant Director of S Nurses in -serviced all ding supervision during s during the meal, the signs king, and all staff were o do if you see a resident on-food item to include sement by the nurse on	F 60	0	
F 656	regarding providing significant symptoms of chose a resident eating to include notification nurse and the 2 ways card and food serve a abuse/neglect. In-set with dietary staff were received in-service or In-service records and non-licensed staff revin-service on abuse a was conducted on 4/7 lunch and residents with during meals were sumechanically soft diet the food served match	of the in-service records upervision during meals, g meals, observing signs king and what to do if you or drinking a non-food item and assessment by the system (checking the dietary are matching) and rvice records and interview e conducted and they had a special diet and tray line. d interview with	F 65	6	4/25/18
SS=J	CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The fac		F 65	0	4/25/18

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345370	B. WING				C 17/2018
	ROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 656	resident rights set for §483.10(c)(3), that in objectives and timeframedical, nursing, and needs that are identif assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483.2 (ii) Any services that under §483.24, §483. provided due to the reunder §483.10, including treatment under §483. (iii) Any specialized significant to the reunder §483.10 including the following of the PASAF rationale in the reside (iv) In consultation wit resident's represental (A) The resident's good desired outcomes. (B) The resident's prefuture discharge. Fact whether the resident's community was assessed in the resident's prefuture discharge plans in plan, as appropriate, requirements set fortis section.	sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's mental and psychosocial ided in the comprehensive aprehensive care plan must of the comprehensive care plan must o	F 65	56			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		E SURVEY PLETED
		345370	B. WING		0	C //17/2018
NAME OF P	ROVIDER OR SUPPLIER	0.00.0		STREET ADDRESS, CITY, STATE, ZIP CODE		111/2010
TO THE OT THE	TO VIDER OR GOTT EIER			300 BLAKE BOULEVARD	•	
PINEHUR	ST HEALTHCARE & REH	IAB		PINEHURST, NC 28374		
				·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656	Continued From page	e 17	F 6	56		
F 656	Based on record revinterviews, the facility plan to address care choking/aspiration resampled residents re (Resident #1). Residunresponsive right afthe hospital and died cardiac arrest secondarrest with hypoxia all Immediate jeopardy to Resident #1 was four transferred to the host Immediate jeopardy of The facility remains of scope and severity of potential for more that immediate jeopardy) systems put into place Findings included: Resident # 1 was origon 5/9/15 with multiple Parkinson's disease a cerebrovascular dise in status Minimum da dated 1/21/18 indicate cognition was intact a disorder. The assess Resident #1 needed	iew, observation and staff refailed to develop a care to prevent lated complications for 1 of 3 viewed with dysphagia ent #1 was found ter dinner and was sent to . The cause of death was dary to acute respiratory and aspiration. Degan on 3/1/18, when and unresponsive and was spital. Was removed on 4/14/18. But of compliance at a lower of "D" (no harm with the an minimal harm that is not to ensure monitoring e are effective. Iginally admitted to the facility de diagnoses including and history of ase. The significant change at a Set (MDS) assessment ded that Resident #1's and he had no swallowing sment further indicated that supervision/set up help with of on mechanically altered	F 69	Resident number 1 was hosping 2/2/18 to 2/8/18. During the resident had a of choking and was identified a risk for aspiration. Resident number 1 was re-admitted to Pinehurst Hand Rehabilitation Center on 00 He was admitted with a diagnoral aspiration pneumonia. Speech reported that resident has improbehaviors and placed a whole oral cavity at one time. He was with being at risk for aspiration choking from the hospital. Speech Therapy began to work with him 02/08/2018 for oropharyngeal speech Therapy completed a lidysphagia evaluation on 02/08 bedside dysphagia evaluations that the resident needed speed due to him being at risk for aspiration-related complication and re-hospitalization. Reside speech therapy until 02/28/201 was discharged from therapy. therapy recommended restoral continues on 2/27/2018 when discharged on 2/28/18. The Discharged on 2/28/18. The Discharged on 2/28/18 in the Discharged formusing a evening as a nursing intervention 2/22/18 the Restorative aide stresident number 1 refused to a restorative dining and continues on the restorative dining and co	esident san episode as being at umber 1 dealthcare (2/08/2018.) sis of a Therapy ulsive roll in the sadmitted and eech m on dysphagia. bedside (3/2018. The showed ch therapy piration, as, choking nt received (18 when he Speech tive dining he is irector of that supervised ive dining aides in the ion. On tates attend	
		discharged to the hospital		throughout his stay. Residenti plan failed to identify him being aspiration, choking, and needii	∃s care g at risk for	

PRINTED: 05/18/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE	SURVEY
			A. BOILDI	_		,	С
		345370	B. WING _			1	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINEHLID	ST HEALTHCARE & REI	JAR		30	00 BLAKE BOULEVARD		
FINEHOR	SI HEALIHOARE & REI	TAB		Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From pag	e 18	F	656			
		ge summary dated 2/8/18			supervised dining as directed by the		
		The notes revealed that on 2/3/18,			Director of Nursing and the		
	Resident #1 was "ne				Interdisciplinary team. Resident⊟s		
		g on chicken during dinner.			Kardex listed him as independent in hi	S	
		vas performed by vigilant			ability to eat when he needed supervis		
	nursing staff resulted	in expelling of food bolus".			during eating On 03/01/2018 Reside	nt	
	_	struction was "cardiac			was noted to be unresponsive after ea	ting	
	dysphagia diet with chopped meats and				dinner and C.P.R. was initiated. Resid	ent	
	thickened liquids".				was discharged to the hospital on		
					03/01/2018 due to an episode of		
		dmitted back to facility on			non-responsiveness. The hospital reco	irds	
	2/8/18 with new diag				shows that Resident Number 1 had a		
	· .	ordered on admission was with honey thick liquids and			large bolus of food impacted in the proximal esophagus. The Resident wa	c	
	speech therapy to ev				intubated. The CT of the head showed		
	specon incrapy to ev	aldate and treat.			the resident had diffuse cerebral edem		
	Resident #1's care of	lan was last updated on			and diffuse infarct from diffuse anoxic	u	
	-	no care plan developed after			injury, on 3/4/18, the resident died afte	r	
		/8/18 to address care to			being extubated per the family request		
		ration related complications.			Resident number 1 did not have his ca		
		·			plan revised due to Pinehurst Healthca	ıre	
	The nurse's notes da	ited 3/1/18 at 7:11 PM			and Rehab Center standing practice th	at	
		nt #1 was found slumped			once a resident is discharged for any		
		edical Service (EMS) was			reason we do not document in their ch	art	
	called and he was tra	ansported to the hospital.			until they return.		
	The beautiful to	and about all faul Door 1.1. 1.1.4			On 3/16/18 Pinehurst Healthcare and	4	
		and physical for Resident #1			Rehabilitation Center S QAPI Commit		
		riewed. The records revealed			reviewed the existing care plans to ide	пшту	
	room due to cardiac	sented to the emergency			if the care plans reflected the current condition of the resident. The QAPI tea	am	
		d he has rales in the right			identified that there were concerns with		
		middle field, left upper field			the care plans due to care plans not be		
		eld. The chest x-ray showed			reviewed and revised. The care plans	9	
		rates are present and may			were not being reviewed and revised b	υγ	
	be due to aspiration"				the MDS nurses. 100% of care plans	•	
	,				were reviewed by the MDS Nurses and	t	
	The EGD (Esophago			the Director of Nursing beginning on			
	procedure that visual	lizes the upper part of the			03/17/2018 until 04/12/2018.		
	l •	down to the duodenum)					

Facility ID: 923403

CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0936-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						(C
		345370	B. WING			04/	17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHUR	ST HEALTHCARE & REH	IAB			00 BLAKE BOULEVARD		
				Р	INEHURST, NC 28374		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFI	,	PROVIDER'S PLAN OF CORRECTION	:E	(X5) COMPLETION
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIATE		
					DEFICIENCY)		
E 050	0 " 15	40	_				
F 656			F (656	4 -		
		evealed food was found in			 There was no audit completed from 4/10/18 to 4/12/18 due to the 100% re 		
	the upper third of the	esopriagus.			and revision of all care plans for all	/iew	
	On 4/11/18 at 8:01 AI	M, MDS Nurse #2 was			residents being completed by the MDS	<u>,</u>	
		ted that she was updating all			Nurses and the Assistant Director of		
	I .	ans and she didn't get the			Nursing from 03/17/2018 to 04/12/201	В.	
		sident #1's care plan to			There was at least one area in every c		
	address care to preven			plan that required a correction. Recen	t		
	0 4/44/40 10 40 41	M MDO N			changes in the MDS Nurse position		
		M, MDS Nurse #1 was			helped cause the breakdown of the Ca		
		S Nurse indicated that she			Planning process. The MDS Nurses w review and revise each care plan ever		
	attended the morning meetings every morning Monday through Friday and the ST (Speech				time an MDS is completed. At each	1	
	Therapist) had discus	•			resident⊡s annual care plan the MDS		
	1	orative dining for Resident #1			Nurses will purge the care plan and wr	ite	
		king/aspiration. The MDS			a new care plan. Every time a care pl		
	Nurse indicated that s	she didn't get the chance to			is updated the Kardex will be updated	and	
	'	and his kardex to address			placed in the resident ☐s closet by the		
	care to prevent choki	ng/aspiration.			MDS Nurses.		
	On 4/11/18 at 10:10 A	AM, the Director of Nursing			2. The MDS Nurses and the Assistar	nt	
		ed. She stated that she			Director of Nursing reviewed and revis	ed	
		urses to develop a care plan			100% of care plans for all residents on		
	· ·	event choking/aspiration			04/12/2018. There were changes in a		
	related complication				least one area for each resident s car		
	I .	rom the hospital with history			plan. The Director of Nursing in-service	ed	
	of choking.				the MDS Nurses and the Assistant Director of Nursing on Care plans		
	On 4/11/18 at 2:32 PI	M, the Administrator and the			addressing the residents current condi	tion	
	Director of Nursing w				in all areas and if there is an acute		
	Immediate jeopardy.				change in condition the care plan mus	ı be	
					reviewed and revised at that time and	any	
		M, the facility provided the			time a care plan is reviewed and revise		
	following credible alle	egation of Immediate			the Kardex for the resident will be upda	ated	
	jeopardy removal:				and the new copy placed in the		
	Decident number 1	vae hoenitalized from 2/2/19			resident □s room by the MDS Nurses of 04/11/2018. A 100 % in-service was	πı	
		ras hospitalized from 2/2/18 resident's hospital stay the			completed with all staff on making sure	د	
		ode of choking and was			that food served to resident s matche		
	, 5 5		1	- 1	i alla recarde con real to recidential of material	-	1

PRINTED: 05/18/2018 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR M	<i>).</i> 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	` ′	SURVEY PLETED
		345370	B. WING				C / 17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0-	71772010
NAME OF T	TOVIDER OR OUT FIELD				00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REH	IAB			INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From page		F	656			
	_	risk for aspiration. Resident			what is on the tray card prior to serving		
	number 1 was re-adn				the food to the resident by the MDS		
	Healthcare and Reha				Nurses, the Activity Director, and the		
		admitted with a diagnosis of			Social Worker on 04/11/2018. The		
		. Speech Therapy reported			Dietary Manager in-serviced 100% of		
	•	ulsive behaviors and placed			dietary staff on special diets with return		
		I cavity at one time. He was			demonstration on 04/11/2018. A 100%		
		t risk for aspiration and			in-service was completed 04/11/2018 b	у	
		pital. Speech Therapy			Director of Nursing, The Administrator,		
	began to work with hi				The Social Worker, The Activity Director	И,	
		opharyngeal dysphagia. Speech Therapy The Housekeeping Supervisor, the purpleted a bedside dysphagia evaluation on Dietary Manager, and the Therapy					
		side dysphagia evaluations	Dietary Manager, and the Therapy Manager on neglect/abuse.				
		lent needed speech therapy			Manager on neglectrabuse.		
	due to him being at ri				An audit tool that monitors care plans		
	_	nplications, choking and			being updated with each MDS or for ar	ıv.	
		esident received speech			change will be completed by the clinical		
		018 when he was discharged			supervisor, the MDS nurses, the		
		h therapy recommended			Administrator or the Director of Nursing	1 3	
		tinues on 2/27/2018 when			times a week for 4 weeks,	, -	
	_	/28/18. The Director of			bi-weekly for 4 weeks, and monthly for	2	
		Nurses that Resident			months and turned into the Administrat		
		supervised when eating			or the Director of Nursing for review. If		
		dining program and certified			there are any issues with the care plan		
	nursing aides in the e				they will be corrected as the issue is		
	intervention. On 2/22	2/18 the Restorative aide			identified. The		
	states resident numb	er 1 refused to attend			Administrator will bring the tools to the		
	restorative dining and	I continued to do so			weekly QAPI Committee meeting for		
	throughout his stay.	Resident 's care plan failed			review of the audit tools weekly for 8		
	to identify him being a	at risk for aspiration,			weeks and monthly for		
	choking, and needing				2 months. The Monthly QAPI Committ	ee	
	directed by the Direct	_			will review the minutes of the weekly		
		. Resident's Kardex listed			meetings for 4 months to determine the	•	
		n his ability to eat when he			continued need and frequency of		
	needed supervision d	-			monitoring.		
	03/01/2018 Resident						
		ating dinner and C.P.R. was					
	initiated. Resident wa	as discharged to the hospital					

on 03/01/2018 due to an episode of

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345370	B. WING		04/17/2018		
	ROVIDER OR SUPPLIER ST HEALTHCARE & RE	НАВ	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374		,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION		
F 656	that Resident Number impacted in the prox Resident was intubated showed the resident and diffuse infarct from 3/4/18, the resident of per the family request not have his care plathealthcare and Rehatthat once a resident we do not document return. On 3/16/18, Pinehum Rehabilitation Center the existing care plathealthcare and reflected the current The QAPI team identification concerns with the canot being reviewed a were not being reviewed at the beginning on 03/17/2. 1. There was no aud 4/12/18 due to the 10 care plans for all resident must be modern to the modern of the Care Planning will review and revision of the Care Planning will review and revision modern of the care plan the annual care plan the	The hospital records shows er 1 had a large bolus of food imal esophagus. The ted. The CT of the head had diffuse cerebral edema om diffuse anoxic injury, on died after being extubated est. Resident number 1 did an revised due to Pinehurst ab Center standing practice is discharged for any reason in their chart until they st Healthcare and r's QAPI Committee reviewed and to identify if the care plans condition of the resident. It tified that there were are plans due to care plans and revised. The care plans wed and revised by the MDS re plans were reviewed by the	F 656				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONS		' '	E SURVEY IPLETED
		345370	B. WING			04	C I/17/2018
	ROVIDER OR SUPPLIER	EHAB		300 BLA	ADDRESS, CITY, STATE, ZIP CODE AKE BOULEVARD JRST, NC 28374	1 0-	#11/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 656	and placed in the re Nurses. 2. The MDS Nurse. Nursing reviewed at for all residents on 0 changes in at least care plan. The Directive MDS Nurses and Nursing on Care placurrent condition in acute change in correviewed and revise care plan is reviewed the resident will be placed in the resident will be placed in the resident Vurses on 04/11/20 completed with all served to resident card prior to serving the MDS Nurses, the Social Worker on 04 Manager in-serviced special diets with re 04/11/2018. A 1009 04/11/2018 by Director, The House	ted the Kardex will be updated esident's closet by the MDS as and the Assistant Director of and revised 100% of care plans 04/12/2018. There were one area for each resident's ector of Nursing in-serviced and the Assistant Director of ans addressing the residents all areas and if there is an addition the care plan must be ed at that time and any time a ed and revised the Kardex for updated and the new copy ant's room by the MDS at 18. A 100 % in-service was staff on making sure that food as matches what is on the tray of the food to the resident by the Activity Director, and the 4/11/2018. The Dietary at 100% of dietary staff on the tray of the food to the resident by the Activity Director, and the 4/11/2018. The Dietary at 100% of dietary staff on the tray of the food to the resident by the Activity Director, and the 4/11/2018. The Dietary at 100% of dietary staff on the tray of the food to the resident by the Activity Director, and the 4/11/2018. The Dietary at 100% of dietary staff on the tray of the food to the resident by the food to the food to the resident by the food to	F	656			
	at 11:35 AM as evid interviews and revie regarding revising a Kardex. Kardex and	tion was validated on 4/17/18 lenced by MDS Nurses ew of the in-service records and updating of care plans and d care plan were reviewed					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
		345370	B. WING _			C 04/17/2018	
	ROVIDER OR SUPPLIER	IAB	•	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689 SS=J	CFR(s): 483.25(d)(1) §483.25(d) Accidents The facility must ensi §483.25(d)(1) The re as free of accident ha §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by: Based on record rev Physician, Speech Tr interviews, the facility resident every meals Speech Therapist (S' residents reviewed w Resident #1 was four dinner and was sent The cause of death v to acute respiratory a aspiration. Immediate jeopardy I Resident #1 was four transferred to the hos Immediate jeopardy or potential for more that immediate jeopardy) systems put into place Findings included: Resident #1 was original.	are that - sident environment remains azards as is possible; and esident receives adequate stance devices to prevent is not met as evidenced iew, observation and herapist (ST) and staff failed to supervise a as recommended by the T) for 1 of 3 sampled ith dysphagia (Resident #1). Ind unresponsive right after to the hospital and died. It was cardiac arrest secondary werest with hypoxia and began on 3/1/18, when and unresponsive and was spital. was removed on 4/14/18. But of compliance at a lower f "D" (no harm with the an minimal harm that is not to ensure monitoring	F 6	Resident number 1 was hospit 2/2/18 to 2/8/18. During the re hospital stay, the resident had of choking and was identified a risk for aspiration. Resident nu re-admitted to Pinehurst Health Rehabilitation Center on 02/08 a diagnosis of aspiration pneur was admitted with being at risk aspiration and choking from the Speech therapy reported that rimpulsive behaviors and placed dinner roll in the oral cavity at a Speech Therapy began to worl on 02/08/2018 for oropharynge dysphagia. Speech Therapy c bedside dysphagia evaluation 02/08/2018. The bedside dyspevaluation showed that the res needed speech therapy due to at risk for aspiration, aspiration complications, choking, and re-hospitalization due to his im behavior of placing large amout food (such as a whole roll) in hi one time. Resident received stherapy until 02/28/2018 when	sident san episode as being at mber 1 was neare and /2018 with monia. He for e hospital. esident has da whole one time. It with him eal ompleted a on chagia ident him being perelated pulsive ant of s mouth at speech		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 501251	_		، ا	С	
		345370	B. WING				17/2018	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		2010	
				30	00 BLAKE BOULEVARD			
PINEHUR	ST HEALTHCARE & REF	IAB		Р	INEHURST, NC 28374			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 689	Continued From page	e 24	F	689				
	Parkinson's disease a				discharged from therapy. Speech thera	anv		
		ase. The significant change			recommended restorative dining	дру		
		ita Set (MDS) assessment			continues in a note on 2/27/18 when he	e is		
	dated 1/21/18 indicate				discharged from therapy on 2/28/18 du			
		and he had no swallowing			to the need of constant supervision.			
	_	sment further indicated that			There is no documentation to show that	t		
	Resident #1 needed	supervision/set up help only			resident number 1 received constant			
	with eating and he wa	as not on mechanically			supervision during his meals from			
	altered diet.				2/8/2018 through 3/1/18. Resident			
					number 1 was supervised by a certified			
	Review of Resident #1's hospital records				nursing assistant during his dinner mea			
		discharged to the hospital			on 3/1/18. The certified nursing assista	ant		
	on 2/2/18 due to coug	gh.			states she remained in the room			
	The beenitel dischare	to aumment dated 2/9/19			throughout the meal and there were no			
		ge summary dated 2/8/18 notes revealed that on 2/3/18,			signs of distress, complications, or universal signs of choking. The Directo	r of		
	Resident #1 was "nea				Nurses educated the hall nurses that	1 01		
		on chicken during dinner.			Resident number 1 should be supervis	ed		
		vas performed by vigilant			when he is eating using the restorative			
		in expelling of food bolus".			dining program for 2 meals a day and			
	_	struction was "cardiac			certified nursing aides in the evening a	s a		
	dysphagia diet with c				nursing intervention. The Director of			
	thickened liquids".				Nursing did not complete the education	ı on		
					an in-service form and does not			
	Resident #1 was read	dmitted back to facility on			remember the date. On 2/22/18 the			
	2/8/18 with new diagr	•			speech therapist documented in her no			
	•	ordered on admission was			that the restorative aides reported that			
		with honey thick liquids and			resident refused to participate in the			
	speech therapy to ev	aluate and treat.			restorative dining program. The			
	Desident #1's sere al	an was last undated an			interdisciplinary team made a verbal			
		an was last updated on o care plan developed after			recommendation for restorative and supervision during meals during morning	าต		
		/8/18 to address care to			meeting after resident number 1 was	ษ		
	prevent choking and				readmitted on 2/8/2018. The			
	complication.	aspiration rolated			recommendation for restorative for			
	- 211161134114111				resident number 1 was not done in writ	ina		
	Resident #1's kardex	(resident care guide) was			and was not implemented consistently.	•		
		mission to the facility on			Restorative care referral was not			
		indicated that Resident #1			completed for resident number 1 on his	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILDI	_		(
		345370	B. WING			1	17/2018
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINEULD	CT LIEALTHCARE & REL	IAD		30	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	IAB		Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page		F	689			
	The kardex did not in needed supervision d	up help only with eating. dicate that Resident #1 luring meals. notes were reviewed. The			discharge by the speech therapist and given to the Director of Nursing which contributed the lack of implementation restorative for resident number 1. The Restorative Program did not have resident		
	notes dated:	Treatment of swallowing			number 1 □s information for restorative dining and supervised meals in written form. On 03/01/2018 Resident was		
	dysfunction and or or	al function for feeding. d dysphagia therapy session			noted to be unresponsive and C.P.R. w initiated. Resident was discharged to t		
	during lunch meal of mechanical soft solid and nectar thick liquids (NTL). ST asked Pt several questions re: hospitalization and change of diet,				hospital on 03/01/2018 due to an episo on non-responsiveness. The hospital	de	
	patient did not respor	•			records show that Resident number 1 has a large bolus of food impacted in the proximal esophagus. The Resident wa		
	actively participate in	any type of communication. ultiple trials of soft solids			intubated. The CT of the head showed the resident had diffuse cerebral edema		
		ed MBS (modified barium ital stay, with overt aspiration			and diffuse infarct from diffuse anoxic injury, on 3/4/18, the resident died after	-	
	on thin liquids, transic Further therapy to ad	ent penetration of NTL. dress potential			being extubated per family request. 1. There were no other residents on		
	strengthening of airways of intake of thin liquid	ay closure to increase safety s".			supervised meals. An Audit was completed by the Administrator on 04/12/2018 on the residents that have		
	2/9/18 at 5:40 PM -"S up and verbal cues to	ST completed meal tray set			been referred to restorative dining from therapy and there were no concerns wi		
	masticate thoroughly	and take small sips. Pt acknowledge ST in any way.			their recommendations being followed. Restorative dining has 2 residents that		
	Pt quickly consumed	multiple bites of mechanical meats in succession, not			attend the restorative dining program 2 meals a day and the certified nursing		
	utilizing safe swallow	strategies. Patient then raw in rapid succession			assistants will feed the 3rd meal each of Any resident that is identified as needing	-	
	without adequately sv	wallowing the entire bolus. g /aspiration as there are			supervision during meals will have a caplan written addressing their needs by	ire	
	rattles in respiration of	during and after the swallow. ide maximum verbal and			MDS Nurses, the Director of Nursing, a / or the Assistant Director of Nursing, a	ınd	
	physical cues to remo	ove straw from patient ' s event however he quickly sted, wheeled away from			Kardex placed in their closet by the ME Nurses, the Director of Nursing, and /o the Assistant Director of Nursing. The	S	

<u> </u>	O TOTA INCEDIONATE OF	WEDIO/ ND OLIVIOLO				O 1111D 11	0.0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	l` ′	E SURVEY IPLETED
			7 50.25				С
		345370	B. WING			04	1/17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINELLID	OT 11541 THO 4 DE 0 DE	145		30	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	IAB		Р	INEHURST, NC 28374		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 689	Continued From page	e 26		689			
	ST".	20		003	MDS Nurses completed a 100%		
	31.				MDS Nurses completed a 100% in-service with nursing staff on Kardex		
	2/26/18 at 0:55 nm	(activity date 2/12/18) "Pt			being updated anytime there is a chan		
		nerapy during late afternoon			in a residents needs and placed in the		
		echanical soft solid. Pt			residents closet. The Kardex must be		
		not consume NTL due to			checked prior to care for changes on		
		ces. Pt eventually obliged,			04/13/18. The Business Office Manag	er	
	demonstrates mild need to throat clear following				will bring all intent to discharge forms		
		s not fully clear audible			morning meeting to review therapy		
		d soft solid snacks with			recommendations. The Speech therap	ist	
	deficits of oral or pha	ryngeal phase, however			will bring all written referrals for restora		
	consistency is very soft and moist".				care or supervision during meal time to)	
					the morning meeting for review. The		
	I .	(activity date 2/13/18) "Pt			Clinical Nurses will receive a copy of t		
		a therapy session during			referrals so a care plan may be writter		
		nical soft solid and NTL. On			and the Kardex updated. Any referral	for	
	I .	trated no significant deficits			restorative or supervision during meal		
		phase for intake of solid. Pt			time will be addressed in the care plan	-	
	I .	e NTL in rapid manner via			the clinical team after morning meeting].	
	_	nediate throat clear and wet			The Director of Nursing will notify the		
	1	ole /does not attempt to clear			Restorative Manager/ Nursing staff of		
	_	ear or cough as directed by			new referrals by giving the restorative		
	_	vare due to increased risk of			manager the care plan to add the	1	
	aspiration-related cor	Tiplications .			resident to the restorative program and the Clinical Nurses will update the Kar		
	2/15/18 at 0:26 DM	"Pt completed dysphagia			and place it in the resident s closet fo		
		ng lunch meal of mechanical			the nursing staff. The week-end mana		
	soft solid and NTL. F	~			will review all hospital information on	.901	
	I .	, ST educated patient on			week-end admissions to determine the	<u> </u>	
		ing prior sessions severely			need for supervised dining and implen		
	impacting safety of in				supervised dining for those that require		
	upgraded to premorb				,	-	
	' -	leficits. Similar to previous			2. The MDS Nurses and the Assista	nt	
	_	to consume entirely of meal			Director of Nursing revised and review		
		, large bites. Pt consumed a			100% of care plans and Kardex□s for		
		ST provided maximum cues			residents on 04/11/2018. There were		
		not. Pt consumed a cup of			changes in at least one area for each		
	NTL via cup rim without	out taking a break from			resident⊟s care plan and Kardex. The	•	
	consumption. Pt obs	erved to have significant wet			Director of Nursing in-serviced the MD	S	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С		
		345370	B. WING _			04	/17/2018	
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
				30	0 BLAKE BOULEVARD			
PINEHUR	ST HEALTHCARE & R	EHAB		PI	NEHURST, NC 28374			
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TAG	REGULATORY	DR LSC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)			
F 689	Continued From pa	age 27	F 6	589				
	aspiration following	intake. ST asked Pt multiple			Nurses and the Assistant Director of			
		eding habits, Pt does not			Nursing on 04/11/2018 on reviewing ar	nd		
		ated dietary department of			revising the care plan to reflect the			
	need to maintain s	trict restrictions and limit Pt			residents current condition in all areas,	if		
	ability to take leftor	ver food from dirty trays in the			there is an acute change in condition the	ne		
	dining room. Furth	er assessment of solids and			care plan must be reviewed and revise	d		
	liquids for safest in	take is necessary".			at that time. The Director of Nursing			
					in-serviced the MDS Nurses and the			
	2/18/18 at 8:22 PM	I -"Pt completed dysphagia			Assistant Director of Nursing that anyti	me		
	therapy session du	ring lunch meal of mechanical			the care plan is revised the Kardex mu	st		
	soft and NTL. On t	his date, Pt continue to			be revised and a new Kardex hung in t	he		
	_	icantly impulsive behavior for			resident □s room by the MDS Nurses of	n		
		eved honey thick liquids (HTL)			04/11/2018. A 100% in-service was			
	•	safety of intake as Pt does not			completed with all staff on making sure			
		or physical cues to cease rapid			that food served to the resident matche			
	· ·	NTL. NTL intake consistently			what is on the tray card prior to serving	l		
		ear, cough, and wet aspirations,			the food to the resident by the MDS			
		ot make attempts to clear			Nurses, the Activity Director, and the			
		. Pt consumed 6 ounce (oz.)			Social Worker on 04/11/2018. The			
	· ·	ar fashion at NTL but unable to			Dietary Manager in-serviced 100% of			
		te to consistency. Pt			dietary staff on special diets with return			
		/s (signs/symptoms) of			demonstration on 04/11/2018. A 100%			
		ke with psychiatry services			in-service was completed on 04/11/201	18		
		borate on best treatment rngraded Pt to HTL due to			by the Director of Nursing, the			
	••	ptoms of aspiration and			Administrator, the Social Worker, the Activity Director, the Housekeeping			
		endation that Pt will likely to			Supervisor, the Dietary Manager, and	·ho		
		tly impulsive behavior due to			Therapy Manager on Neglect/Abuse of			
		els and history of severe			04/11/2018. The Director of Nursing, t			
	alcoholism".	is and history of severe			Assistant Director of Nursing, and the			
	dioonolion .				MDS Nurses in-serviced all Nursing St	aff		
	2/19/18 at 9:21 PM	I -"Pt seen on this date for			on providing supervision during meals,			
		session in Pt private room with			cuing residents during the meal, the sign			
		educated sister on purpose of			and symptoms of choking, and what to	-		
	•	of aspiration/choking			if you see a resident eating or drinking			
		intaining optimal desire to			non-food item to include notification an			
		ids. ST educated family on			assessment by the nurse on 4/13/18.			
		pisodes secondary to			Diet orders will be reviewed during the			
		or awareness of risk and			clinical meeting going forward to ensur			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345370	B. WING _			l	C 17/2018
	ROVIDER OR SUPPLIER	АВ		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 689	agreement and good received. Family able performance, impulsing glass of HTL without is swallows to clear pote to physically remove demonstrated need to strong cough for apprention following intake of liquing mostly functional intain vegetable, mashed phowever family states diet downgrade versunecessary." 2/26/18 at 9:42 PM - seen on this date for in Pt room for lunch in meal, provided set up bedside table. Pt obside table. Pt obside table with the bound consumed all vegetable with the bound consumed all vegetable mastication and consumed all vegetable mastication amount of food place of previous sessions, in one drinking attemning ulps until the cup was wet respirations immediate does not produce condirected by ST"	king. Family verbalized understanding of education e to verbalize Pt typical vely consuming an entire raking breath or using dry ential residue. ST attempted Pt cup of HTL. Pt of clear throat and produce oximately 45 seconds uids. Pt demonstrated we of soft solid, cooked otatoes and sugar cookie, of they would pursue further is a feeding tube if activity date 2/20/18) "Pt dysphagia therapy session neal. ST arrived with Pt or Pt sitting in wheelchair at erved to consume bowl of what Pt lips, scooping in very large bites. Pt egetable without fully owing trials. ST attempted ut Pt would not cooperate getable into the oral cavity. Typical Pt consumed all of the HTL of, taking large consecutive is empty. Pt with audible ediately following intake. Pt	F6	689	that the care plan and kardex are update accordingly. The care plan and Kardex will be updated to show the need of supervision or restorative dining by the MDS Nurses as needed. An audit tool that monitors tray cards matching what is on the plate will be completed by the Administrative staff during rounds 3 times a week for 4 weeks, b-weekly for 4 weeks, month for 2 months, and turned into the Administrator for review. The Director of Nursing will review supervision of dinin by using a QI tool to monitor supervision restorative dining documentation 3 times a week for 4 weeks, bi-weekly for 4 weeks, and monthly for 2 months. Any identified concerns will be addressed a is identified. If there are any issues with the trays they will be corrected as it is identified. The Administrator will bring the tools to the weekly QAPI Committee meeting for review of the audit tools weekly for 8 weeks and monthly for 2 months. The Monthly QAPI Committee will review the minutes of the weekly meetings for 4 months to determine the continued need and frequency of monitoring.	ly of g on / es s it	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 00 BLAKE BOULEVARD PINEHURST, NC 28374		
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F 689	apple juice impulsivel and tactile cue to low from ST aggressively wheelchair, wheeled retrieved a half glass consumed it immedia manner. Pt cough im throat clear with obvic returned to room and lunch tray. Further the Pt attendance to rests safety if he chokes du 2/22/18 at 8:48 PM - therapy session durin mechanical soft solids cookies), pudding and entry. Pt originally stabed to eat snack and bed. ST educated Pt bed. ST assisted Pt in Once in safe sitting polemon cookies on tab inches to attempt to dimpulsively consumin cookies and shoved the ST attempting to physical ST cued Pt to spit out attempting to mastical would not. Once he is not stop. Pt throat clefollowing intake. ST which Pt consumed in restorative dining aided of aspiration on both stop.	Pt consumed HTL glass of y despite ST verbal cues er the glass. Pt pulled away. PT transferred self to the self to the bathroom and of water from the sink. Pt tely and in an impulsive mediately and continued to bus wet respirations. Pt consumed solids from erapy to address improving prative dining to improve uring meal". Pt seen for dysphagia g afternoon snack of (2 packs of Sugar free d HTL. Pt lying in bed on a tes he will not sit on edge of want ST to give all trials in on risk of consumption in into upright sitting position. Desition Pt given 3 small le, separated by several issuade him from g cookies. Pt picked up all hem into his mouth despite sically remove the cookies. Excess cookies while the such a large bolus. Pt began drinking TL, he dideared for 2-3 minutes provided cup of pudding, and 4 bites. ST educated eron strategies to reduce risk	F	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	(X	(X3) DATE SURVEY COMPLETED		
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F 689	2/28/18 at 8:52 PM - completed dysphagia during lunch meal of HTL. On this date, Pt areas including trans utensils and condime intake of solids and li provide education re: risks. Pt did not resp comprehend any edu HTL in large, consect following the straw. Facknowledge educati intake, he could be d Further therapy indicasefety".	(activity date 2/23/18) "Pt a session in Pt private room mechanical soft solid and significantly impulsive in all fer to wheelchair, use of ents on lunch tray as well quids. ST attempted to choking and aspiration ond to ST or appear to cation given. Pt consumed utive gulps resulting in cough	F6	89				
	therapy session on 2 during lunch meal of HTL." 2/26/18 at 9:14 PM -' Pt private room for lu solid and HTL. Pt ob bedside table for sev ST educated Pt on lik liquids through the st unsafe intake from th proceeded to pick up contents in several la began throat clearing but did not stop takin Following swallow of hard throat clear and the airway/pharynx. education re: safety of demonstrated no uncontents of the safety o	23/18 in Pt's private room mechanical soft solid and Pt completed lunch meal in nch meal of mechanical soft served to search for straw in eral minutes prior to intake. The selly inability to consume raw as well as history of e straw. Pt conceded and the cup and consume entire rge consecutive gulps. Pt during intake and swallow						

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(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COM	(X5) MPLETION DATE	
F 689	selection. Pt did not faucet of the bathroo 2/27/18 at 4:57 PM - therapy session durir soft solid and HTL in this date, Pt demons impulsivity, taking ap drinks at an appropriless concerned with seeking out next step educated Pt on improsignificantly improvin intake. ST recomme restorative dining to i intake". 2/28/18 at 5:00 PM - therapy session in reintake of mechanical date, Pt demonstrate of po intake, demons solids, however Pt of drinks of HTL. There of aspiration. Pt does throughout therapy session was solided to the service of the se	tional manner to given food retrieve water from the m on this date". "Pt completed dysphagia ng lunch meal of mechanical restorative dining room. On trate considerably improved propriate size bites and ate rate. Pt appears to be rapid rate of intake and of daily sequence. ST oved overall behavior g safety of by mouth (po) ands ongoing attendance in improve overall safety of po "Pt completed dysphagia astorative dining room for soft solids and HTL. On this a good improvement in safety strating no impulsive intake of oserved to take multiple large is no overt signs/symptoms a not respond to ST ession".	F 68				
	3/1/18 was reviewed end of goal status was consumes mechanic impairment, primarily of aspiration, requiredue to aspiration risk and trial oral intake vito impulsivity. Pt is at	d discharge summary dated . The notes revealed that the as not met as "Pt safely al soft exhibiting severe or non oral nutrition, high risk as supervision with oral intake and significant weight loss, ria therapeutic feedings due t risk of aspiration of both impulsivity of intake. Pt					

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F 689	F 689 Continued From page 32		F	689				
	discharged as long to restorative dining".	rm care resident with						
	revealed "resident wat took meal tray in and walked out of room withen went back in and over and came for with breathing or had no puthe bed and writer staresuscitation (CPR) a started using ambut be a started using a started	nd physical records for 1/18 were reviewed. The Resident #1 presented to due to cardiac arrest. "Pt. essed drinking cologne and me sort of arrest. High ediately initiated. Pt. had a scirculation (ROSC) in the had another episode of ated and brought to the nt where ROSC was once physical examination in the right upper field, the upper field and the left et x-ray showed "subtle et present and may be due to						
		result dated 3/2/18 revealed e noted and appear stable.						

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F 689	Findings are worrisor The gastroenterology revealed "attempted" (NGT) but unable to pand ok to push but ke Recommended Esop (EGD, a procedure the of the gastrointestina duodenum, at bedsid and to try to place Note The EGD result date found in the upper the The hospital discharge revealed that when E 3/3/18, large food both the proximal esophage tomography (CT) scataling and to try to place Note The Hospital discharge revealed that when E 3/3/18, large food both the proximal esophage tomography (CT) scataling and the proximal esophage to the proximal esopha	re for pneumonia". r consult dated 3/2/18 to place nasogastric tube cass. Went back of throat cept curling up. hagogastroduodenoscopy nat visualizes the upper part I tract down to the e in the morning if stable GT". d 3/3/18 revealed food was frd of the esophagus. ge summary dated 3/4/18 GD was performed on tus was found impacted in gus. The computerized on of head performed on the consistent with severe that consistent with anoxic on was made to subate patient. He was to take any spontaneous sed peacefully at 4:51 PM on PM, a lunch meal ducted in the restorative were two residents with the dietary cards matched with the dietary cards matched with and on their trays. Residents anical soft diet received	F 68			

· · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	LE CONSTRUCTION	COMPLETED		
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F 689	Resident #1's belond by Nurse #1 that Nawhile the resident with back few minutes later found the resident structured on 4/10/18 at 2:30. She stated that she for dysphagia upon She indicated that rehicken at the hosp facility on soft diet with behavior and mental his readmission of 2 and no desire to lead during lunch meal. meals because he lead of the restoral that Resident #1 redining, he was on 1	o the facility to pick up rigings. She/he was informed A #1 stepped out of the room ras eating and when she came rater to pick up the tray, she	F 68	,			
	On 4/10/18 at 3:50 interviewed. She w 3/1/18, second shift assigned to Reside time after his readn indicated that Nurse Resident #1 needer served the dinner to resident's room and meal. She indicate feed himself. He has	PM, Nurse Aide (NA) #1 was as assigned to Resident #1 on a. She stated that she was not #1 on 3/1/18 for the first hission from the hospital. She at #1 informed her that d 1:1 during meals. She ay around 6 PM in the all stayed with him the whole d that the resident was able to ad chunks of beef (not ground out 3/4 to an inch thick and					

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F 689	his food and 50% of during the meal obse eating, he turned arc drawer, took a bottle She noticed empty of would not allow her translated that she that she observed the cologne bottle. NA # resident's tray and president. She stated went back to the resempty cups from his slumped over to his She went to get Nurs On 4/10/18 at 5:27 Finterviewed. She stated working at the facility had known Resident with eating and he diduring meals. On 4/10/18 at 5:29 Finterviewed. She stated with eating with set uneed any supervision On 4/10/18 at 5:32 FNA #2 had been wor on second shift. She	e consumed about 80% of his liquids. He did not cough ervation. After he finished bund and opened his bedside of cologne and drank from it. ups inside his drawer and he to take them out. She bught she informed Nurse #2 the resident drinking from the 1 left the room with the roceeded to feed another 1 that after 15 minutes she ident's room to remove the drawer and she found him right side and not breathing. See #1. PM, Nurse #3 was that that she had been of for almost 3 months and #1. He was independent and not need any supervision of PM, Nurse #4 was that that she had been of for 4 months and he int #1. He was independent up help only and he didn't in during meals. PM, NA #2 was interviewed. King at the facility for 2 years used the kardex to care for	F	689			
	On 4/10/18 at 5:29 F interviewed. She sta working at the facility remembered Reside with eating with set uneed any supervision On 4/10/18 at 5:32 F NA #2 had been wor on second shift. She the resident. She increased in the resident #1 and he incr	ated that she had been of for 4 months and he int #1. He was independent up help only and he didn't in during meals. PM, NA #2 was interviewed. king at the facility for 2 years used the kardex to care for dicated that she remembered was independent with eating and he didn't need any					

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F 689	interviewed. She stath the resident's care ple chance to update Rekardex to address his following his readmis 2/08/18. On 4/11/18 at 8:30 A interviewed. She states Resident #1 to restor unable to remember she could not find he She had talked to the indicated that the residing. The ST indicastaff to sit and to wat room when he refuse She attended the modepartment heads ar her concerns with Resupervision during midischarged Resident and she recommended ining. On 4/11/18 at 8:40 A interviewed. The ME attended the morning discussed the need for restorative dining for for choking/aspiration. That Resident #1 was his readmission on 2.	M, MDS Nurse #2 was ted that she was updating all ans and she didn't get the sident #1's care plan and a risk for choking/aspiration sion to the facility on M, the ST was again ted that she had referred ative dining. The ST was the date of the referral and a referral form to nursing. Restorative Aide who ident refused restorative ated that she expected the ch him while he eats in his ad to go to restorative dining. The ST stated that she existent #1 the need for eals. The ST stated that she #1 from therapy on 2/28/18 and to continue restorative M, MDS Nurse #1 was DS Nurse indicated that she greetings and the ST had for supervision and Resident #1 due to his risk in. The MDS Nurse indicated to chance to update his care to address risk for The MDS Nurse indicated to on restorative dining after (8/18 but he refused to go at ber had to sit and watch him	F	589				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 689	#1 was interviewed. the facility to follow the ST regarding supervise. Physician stated that his esophagus had care on 4/11/18 at 9:01 All She was assigned to She stated that Residuining and he never redining. She brought levery breakfast and leassigned to him. On 4/11/18 at 9:04 All interviewed. She stated through Friday on 7-3 restorative dining rool lunch. She indicated to restorative dining rool lunch. She indicated to restorative dining of date) and the ST was indicated that she did regarding restorative. On 4/11/18 at 10:10 All (DON) was interviewed attended the morning department heads. She ing high risk for che impulsiveness/compube in restorative dining with meals, but these supervision during me implemented or order she informed Nurse #	M, the Physician of Resident He stated that he expected he recommendations of the sion with eating. The he didn't know if the food in haused the resident's death. M, NA # 3 was interviewed. Resident #1 on first shift. Hent #1 was on restorative her	F	689			
		nember the time. The DON					

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F 689	dining nor was on 1: to 3/1/18. On 4/11/18 at 1:30 Finterviewed. Nurse assigned to Residenthat she was busy poor of PM) when NA #1 croom. She found the breathing and no pulcardio pulmonary resinitiated. EMS (Emecalled and when the CPR. Nurse #1 statthat she sat with the when he finished ear Nurse #1 indicated the restorative dining and that Resident #1 nees she could not remend On 4/11/18 at 2:32 Find Director of Nursing with mediate jeopardy. On 4/13/18 at 7:00 Find following credible all jeopardy removal: Resident number 1 to 2/8/18. During the resident had an episidentified as being an number 1 was re-add Healthcare and Rehalted.	th #1 was not on restorative 1 with staff during meals prior PM, Nurse # 1 was #1 stated that she was t #1 on 3/1/18. She stated assing medications (little after called her to the resident's resident slumped over, not lese. She called the code and suscitation (CPR) was regency Medical Services)was y arrived they took over the ed that NA #1 informed her resident during supper and ting she took the tray out. hat the resident refused d the DON informed them eded 1:1 during meals, but haber the date and time. PM, the Administrator and the evere informed of the PM, the facility provided the egation of immediate was hospitalized from 2/2/18 e resident's hospital stay, the ode of choking and was t risk for aspiration. Resident mitted to Pinehurst abilitation Center on	F 6	89				
	identified as being a number 1 was re-ad Healthcare and Reh 02/08/2018 with a di pneumonia. He was	t risk for aspiration. Resident mitted to Pinehurst						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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PINEHUR	ST HEALTHCARE & RE	нав		P	PINEHURST, NC 28374		
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F 689	impulsive behaviors roll in the oral cavity began to work with horopharyngeal dysple completed a bedside 02/08/2018. The beshowed that the residue to him being at aspiration-related core-hospitalization duplacing large amoun in his mouth at one to speech therapy until discharged from their recommended restonate on 2/27/18 when therapy on 2/28/18 of supervision. There that resident number supervision during horough 3/1/18. Resident supervised by a cert his dinner meal on 3 assistant states she throughout the meal distress, complication choking. The Directon supervised when he restorative dining procertified nursing aide intervention. The Dicomplete the educat does not remember speech therapist docrestorative aides representative aides	and placed a whole dinner at one time. Speech Therapy in on 02/08/2018 for nagia. Speech Therapy et dysphagia evaluation on dside dysphagia evaluation dent needed speech therapy risk for aspiration, implications, choking, and et o his impulsive behavior of t of food(such as a whole roll) ime. Resident received 02/28/2018 when he was rapy. Speech therapy rative dining continues in a in he is discharged from the is discharged from the is discharged from the is discharged from the is meals from 2/8/2018 ident number 1 was iffed nursing assistant during 1/1/18. The certified nursing remained in the room and there were no signs of or of Nurses educated the hall the number 1 should be is eating using the orgam for 2 meals a day and the is eating using the orgam for 2 meals a day and the date. On 2/22/18 the cumented in her note that the orted that resident refused to torative dining program. The	F	689			

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F 689	during meals during resident number 1. The recommendad number 1 was not considered was discharged to the lack of implementation of implementation of th	for restorative and supervision and morning meeting after was readmitted on 2/8/2018. Ition for restorative for resident done in writing and was not sistently. A Restorative care completed for resident number 1 by the speech therapist and tor of Nursing which contributed tentation of restorative For and supervised meals in written 2018 Resident was noted to be C.P.R. was initiated. Resident the hospital on 03/01/2018 due on-responsiveness. The how that Resident number 1 of food impacted in the us. The Resident was and diffuse the energy of the head showed the se cerebral edema and diffuse the anoxic injury, on 3/4/18, the rebeing extubated per family other residents on supervised was completed by the 24/12/2018 on the residents that did to restorative dining from were no concerns with their being followed. Restorative that attend the restorative meals a day and the certified will feed the 3rd meal each that is identified as needing meals will have a care plan their needs by the MDS for of Nursing, and / or the	F	689			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345370	B. WING			04/	17/2018
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	their closet by the MI Nursing, and /or the MI Nursing, and /or the MI The MDS Nurses corwith nursing staff on anytime there is a chand placed in the resmust be checked price 04/13/18. The Busine all intent to discharge to review therapy rectherapist will bring all restorative care or sutto the morning meetin Nurses will receive a care plan may be writed Any referral for restormeal time will be added the clinical team after Director of Nursing with Manager/Nursing state restorative manager esident to the restorative manager with the restoration on week-determine the need for implement supervised require it. 2. The MDS Nurses Nursing revised and Kardex's for all returned to the restoration of the restoratio	Nursing, a Kardex placed in DS Nurses, the Director of Assistant Director of Nursing. Impleted a 100% in-service Kardex being updated ange in a residents needs ident's closet. The Kardex or to care for changes on ess Office Manager will bring forms to morning meeting ommendations. The Speech written referrals for apervision during meal time ang for review. The Clinical copy of the referrals so a atten and the Kardex updated. Frative or supervision during ressed in the care plan by a morning meeting. The still notify the Restorative eff of new referrals by giving ger the care plan to add the active program and the podate the Kardex and place set for the nursing staff. The will review all hospital	F	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER O		HAB		3	TREET ADDRESS, CITY, STATE, ZIP CODE 00 BLAKE BOULEVARD PINEHURST, NC 28374		
	EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
resident an acute be revise Director and the the care revised room by in-service sure that what is to the red Director The Die staff on 04/11/20 on 04/11 Administ Director Dietary Neglect Nursing the MDS providin resident sympton resident include on 4/13. The creat 11:35 interview regarding cuing resident sympton resident sympton resident include on 4/13.	e change in converse and revision of Nursing in Assistant Direct and a new Karthe MDS Nurse was completed food served on the tray cassident by the converse and a new Karthe MDS Nurse and the Social diets of Amanger, and the Social diets of Amanger, and Abuse on 04, the Assistant Solution of Choking a cating or dring the mass of choking a cating or dring the land of Amanger and the Social diets of Amanger, and the Assistant Solution of Choking a cating or dring the land of Choking a cating or dring the land of Choking a cating or dring the land of Amanger, and the land of Choking a cating or dring the land of Choking a cating or dring the land of Choking a cating or dring the land of Choking and the land of Choking a cating or dring the land of Choking a cating or dring the land of Choking and the land of Choking a cating or dring the land of Choking a cating	didition in all areas, if there is ondition the care plan must sed at that time. The inserviced the MDS Nurses ector of Nursing that anytime ed the Kardex must be ardex hung in the resident's urses on 04/11/2018. A 100% leted with all staff on making it to the resident matches ard prior to serving the food it MDS Nurses, the Activity stal Worker on 04/11/2018. In inserviced 100% of dietary with return demonstration on inservice was completed in Director of Nursing, the object of Nursing, the object of Nursing, the object of Nursing, and erviced all Nursing Staff on in during meals, cuing meal, the signs and grand what to do if you see a niking a non-food item to and assessment by the nurse on was validated on 4/17/18 enced by nursing staff of the in-service records supervision during meals, greals, observing signs obking and what to do if you	F	689			

PRINTED: 05/18/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345370	B. WING		C 04/17/2018		
NAME OF PROVIDER OR S		IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, NC 28374	1 04/11/2010		
PREFIX (EAC	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
nurse. An restorative 4/17/18 at who needs supervises	dining roo 12:35 PM, ed supervis	n was conducted in the m and main dining room on during lunch and residents ion during meals were	F 68		107110		
\$483.60(d Each residence of the facility scope and potential for immediate from the facility scope and the facilit	33.60(d)(3) Food and dent receive (3) Food and dent receive (3) Food p dividual need (3) Foo	es and the facility provides- repared in a form designed	F 80	Resident number1 was hospitalized fr 2/2/18 to 2/8/18. During the residents hospital stay, the resident had an epis of choking and was identified as being risk for aspiration. Resident number was re-admitted to Pinehurst Healthca and Rehabilitation Center on 02/08/20 with a diagnosis of aspiration pneumo Speech Therapy reported resident has impulsive behaviors and placed a whoroll in his mouth at one time. He was admitted with being at risk for aspiration and choking from the hospital. Speec Therapy began to work with him on 02/08/2018 for oropharyngeal dysphag Speech Therapy completed a bedside dysphagia evaluation on 02/08/2018. bedside dysphagia evaluation on 02/08/2018 bedside dysphagia evaluations showe that the resident needed speech thera due to him being at risk for aspiration, aspiration-related complications, chok and re-hospitalization due to his behar	sode g at 1 are p18 nia. s ole on h gia. e The ed		

Facility ID: 923403

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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				Р	INEHURST, NC 28374		
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F 805	Continued From page Findings included: Resident # 1 was orig on 5/9/15 with multipl Parkinson's disease a cerebrovascular disease in status Minimum da dated 1/21/18 indicate cognition was intact a disorder. The assess Resident #1 needed seating and he was no diet. Review of Resident # revealed that he was on 2/2/18 due to coug The hospital discharg was reviewed. The n Resident #1 was "nease secondary to choking Heimlich maneuver was not all the diet discharge insidysphagia diet with of thickened liquids". Resident #1 was reace 2/8/18 with new diagropneumonia. The diet mechanical soft diet was peech therapy to evan Resident #1's care place.	ginally admitted to the facility e diagnoses including and history of ase. The significant change ta Set (MDS) assessment ed that Resident #1's and he had no swallowing ament further indicated that supervision/set up help with at on mechanically altered 11's hospital records discharged to the hospital gh. 12's hospital records discharged to the hospital gh. 13's esummary dated 2/8/18 on the summary dated 2/8/18 on chicken during dinner. 14's prespiratory arrest on chicken during dinner. 15's performed by vigilant in expelling of food bolus." 15's truction was "cardiac hopped meats and dimitted back to facility on mosis of aspiration ordered on admission was with honey thick liquids and aluate and treat.		305	amounts of food. Resident received speech therapy until 02/28/2018 when was discharged from therapy. Speech therapy recommended restorative dinin continues in a note on 2/27/18 when he discharged from therapy due to his impulsive behaviors and placing a whole roll in his mouth at one time. The Direct of Nursing educated the hall nurses that resident number 1 should be supervise when he is eating using the restorative dining program and certified nursing assistants for the evening meal as a nursing intervention. Nursing staff monitored resident number 1 for the ne of cueing and signs of complications, distress, or universal signs of choking such as grabbing his throat as evidence by the Certified Nursing Assistant being instructed to supervise him during his meal by the Hall Nurse. The Certified Nursing Assistant stated to the Administrator that she was instructed to monitor resident for eating on 03/1/201 by the hall nurse. The Hall Nurse state to the Administrator that she told the Certified Nursing Assistant to monitor resident for eating during his meal on 03/01/2018. Resident number 1 schall contains a note that the Certified Nursing Assistant monitored resident during his meal on 03/01/2018. Resident scare plan failed to identify him being at risk faspiration and choking. Resident in his Kardex listed him as independent in his	he g g g tor t d ed g o 8 d rt ng g tor	
		no care plan developed after 8/18 to address care to aspiration related			ability to eat. Resident□s current diet order on 03/01/2018 was mechanical s with honey thick liquids, magic cup, cut rolls, Danish, bread, sandwiches cut int	all	

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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ST HEALTHCARE & REI	IAB		PINEHURST, NC 28374			
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Continued From pag	e 45	F 80		d no neanut		
reviewed. The karder	x indicated that Resident #1		butter. The Dietary Cook state 03/01/2018 the dietary departs provided a mechanical soft tra resident number 1. The dietary	es that on ment ny to y		
The dietary notes were reviewed. The last dietary note was dated 1/30/18 indicating the resident's diet was regular with thin liquids. There were no notes after his readmission on 2/8/18. The diet spreadsheet was reviewed. The menu for 3/1/18 dinner was beef tips with mushroom gravy for regular diet and ground beef with mushroom gravy for mechanical soft diet.			of a two-system check which r cook to prepare the plate and make sure that the plate matc listed on the tray card prior to	requires the the aide will hes the food placing it in		
			arrives on the hall the person trays will make sure that the for the diet order on the tray card giving it to the resident. If the	passing the cod matches before tray card		
discharge summary of The notes revealed to consumes mechanic impairment, primarily of aspiration, requiredue to aspiration risk and trial oral intake voto impulsivity. Pt is at consistencies due to	dated 3/1/18 was reviewed. hat patient (Pt) safely al soft exhibiting severe non oral nutrition, high risk s supervision with oral intake and significant weight loss, ia therapeutic feedings due trisk of aspiration of both impulsivity of intake. Pt		serving the plate will take the the kitchen to be corrected. The Manager monitored the tray ling consistency and the amount of food for special diets prior to hending on 03/01/2018. The didepartment was able to provid appropriate diet to all resident any other concerns. There is to believe that he was received diet. The Certified Nursing As states she remembered that he	plate back to the Dietary the for the of available ther shift dietary de the s without no reason d the wrong diesistant dis beef tips		
revealed that Reside over right after dinne pulmonary resuscitat he was sent to the horizontal history a revealed that Reside Emergency Departm	nt #1 was found slumped r in his room. Cardio ion (CPR) was initiated and ospital. and physical dated 3/1/18 nt #1 was presented to the ent (ED) due to cardiac		on 04/12/18 but she cannot re anything else that he had. The change from what she reported it is possible she is unable to recorrectly. The Dietary Managed 4/12/18 that she made sure the enough ground for all the mediates. There is no reason to be resident number 1 did not recorrect.	emember is is a ed earlier so remember er stated on ere was chanical soft elieve that eive his		
1	ROVIDER OR SUPPLIER ST HEALTHCARE & REH SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Resident #1's kardex reviewed. The kardex was on mechanical s liquids. The dietary notes we note was dated 1/30/ diet was regular with notes after his readm The diet spreadsheed for 3/1/18 dinner was gravy for regular diet mushroom gravy for The Speech Therapis discharge summary of The notes revealed ti consumes mechanica impairment, primarily of aspiration, required due to aspiration risk and trial oral intake v to impulsivity. Pt is at consistencies due to discharged as long te restorative dining. The nurse's notes da revealed that Reside over right after dinne pulmonary resuscitat he was sent to the ho The hospital history a revealed that Reside Emergency Departm	ROVIDER OR SUPPLIER ST HEALTHCARE & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 45 Resident #1's kardex (resident care guide) was reviewed. The kardex indicated that Resident #1 was on mechanical soft diet with nectar thick liquids. The dietary notes were reviewed. The last dietary note was dated 1/30/18 indicating the resident's diet was regular with thin liquids. There were no notes after his readmission on 2/8/18. The diet spreadsheet was reviewed. The menu for 3/1/18 dinner was beef tips with mushroom gravy for regular diet and ground beef with mushroom gravy for mechanical soft diet. The Speech Therapist (ST) progress and discharge summary dated 3/1/18 was reviewed. The notes revealed that patient (Pt) safely consumes mechanical soft exhibiting severe impairment, primarily non oral nutrition, high risk of aspiration, requires supervision with oral intake due to aspiration risk and significant weight loss, and trial oral intake via therapeutic feedings due to impulsivity. Pt is at risk of aspiration of both consistencies due to impulsivity of intake. Pt discharged as long term care resident with	ROVIDER OR SUPPLIER ST HEALTHCARE & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 45 Resident #1's kardex (resident care guide) was reviewed. The kardex indicated that Resident #1 was on mechanical soft diet with nectar thick liquids. The dietary notes were reviewed. The last dietary note was dated 1/30/18 indicating the resident's diet was regular with thin liquids. There were no notes after his readmission on 2/8/18. The diet spreadsheet was reviewed. 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The hospital history and physical dated 3/1/18 revealed that Resident #1 was presented to the Emergency Department (ED) due to cardiac	ROVIDER OR SUPPLIER ST HEALTHCARE & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 45 Resident #1's kardex (resident care guide) was reviewed. The kardex indicated that Resident #1 was on mechanical soft diet with nectar thick liquids. The dietary notes were reviewed. The last dietary note was dated 1/30/18 indicating the resident's diet was regular with thin liquids. There were no notes after his readmission on 2/8/18. The diet spreadsheet was reviewed. The menu for 3/1/18 dinner was beef tips with mushroom gravy for regular diet and ground beef with mushroom gravy for resident (ST) progress and discharge summary dated 3/1/18 was reviewed. The hore revealed that patient (P1) safely consumes mechanical soft exhibiting severe impairment, primarily non oral nutrition, high risk of aspiration, requires supervision with oral intake due to aspiration risk and significant weight loss, and trial oral intake via therapeutic feedings due to impulsivity. Pt is at risk of aspiration of both consistencies due to impulsivity of intake. Pt discharged as long term care resident with restorative dining. The notes revealed that Praepeutic feedings due to impulsivity. Pt is at risk of aspiration of both consistencies due to impulsivity of intake. Pt discharged as long term care resident with restorative dining. The notes revealed that praepeutic feedings due to impulsivity. Pt is at risk of aspiration of both consistencies due to impulsivity of intake. Pt discharged as long term care resident with restorative dining. The notes revealed that praepeutic feedings due to impulsivity of intake. Pt discharged as long term care resident with restorative dining. The hospital history and physical dated 3/1/18 revealed that Resident #1 was presented to the expect to correctly. The Dietary Manage monitored the tray card of the correctly repair was able to provice appropriate date to all resident with resident with resident provided a	ROVIDER OR SUPPLIER 3 STREATADDRESS, CITY, STATE, ZIP CODE 30 BLAKE BOULEVARD PINEHURST, NC 28374 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 45 Resident #1's kardex (resident care guide) was reviewed. The kardex indicated that Resident #1 was on mechanical soft diet with nectar thick liquids. The diet ary notes were reviewed. The last dietary notes were reviewed. The last dietary notes were reviewed. The resident's diet was regular with thin liquids. There were no notes after his readmission on 2/8/18. The diet spreadsheet was reviewed. 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The hospital history and physical dated 3/1/18 revealed that Resident #1 was presented to the Emergency Department (ED) due to cardiac	

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F 805	Continued From pag	e 46	F 8	305			
	Resident #1 had rale	s in the right and left upper			he had finished eating and took his tray	/	
		ne chest x-ray result showed			out of the room with her when he finish		
	subtle bibasilar infiltra	ates which might be due to			eating. Certified Nursing Assistant state	es	
	aspiration.				there were no complications, distress,	and	
					no universal signs of choking when she		
		ge summary dated 3/4/18			exited the room. Prior to exiting the room		
	revealed that when				the Certified Nursing Assistant states the		
	esophagogastroduod				Resident Number 1 was going through		
	-	lizes the upper part of the			drawers and actually attempted to clos	3	
	_	down to the duodenum) was , a large food bolus was			her hand in the drawer. The Certified Nursing Assistant states that she saw		
	found in the proximal				Resident Number 1 take a sip of		
	•	raphy (CT) scan of the head			something and she thought it was		
		revealed findings consistent			cologne. The Certified Nursing Assista	nt.	
	•	erebral edema consistent			stated to the hall nurse on 03/01/2018		
	with anoxic brain inju	ry. A decision was made to			that she saw Resident Number 1 take	а	
	extubate Resident #1	 He was extubated and 			sip of something out of his drawer and		
	passed away on 3/4/	18.			thought it was cologne. The Hall Nurs		
					was involved in doing C.P.R. and did n	ot	
	On 4/10/18 at 12:35				go check to see if the resident had		
		ducted in the restorative			cologne in his drawer. The Hall Nurse		
		were two residents with			asked her if she saw him drink it and the	-	
		echanically altered diet with e tray cards matched with			Certified Nursing Assistant told her she thought she did. The Hall Nurse report		
	•	od on their trays. Residents			to EMS that it was possible that Reside		
		anical soft diet received			Number 1 drank cologne on 03/01/201		
	ground meat on their				The Certified Nursing Assistant.	J.	
	g	,.			proceeded to feed another resident and	t	
	On 4/10/18 at 2:30 P	M, the ST was interviewed.			then returned to Resident Number 1 s		
	She stated that she s	started treating Resident #1			room to find him slumped over. The Ha	dl	
		nis readmission on 2/8/18.			Nurse states that from the time she told	t	
		sident choked on a piece of			the Certified Nursing Assistant to		
		al and was discharged to the			supervise Resident Number 1 during h	I S	
		th thickened liquids and she			meal to the time the Certified Nursing		
	expected the facility	to serve diet as ordered.			Assistant came to ask her to look at hir	n	
	On 4/40/40 -+ 2:50 D	M. Nurso Aido (NA) #4			was around 20 to 30 minutes. The	Iall	
		M, Nurse Aide (NA) #1 was			Certified Nursing Assistant stated the H	iali	
		s assigned to Resident #1 on She stated that on 3/1/18			Nurse told her to supervise resident number 1 during his evening meal. Th	е	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		345370	B. WING _			04/	17/2018
NAME OF PR	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 805	Continued From page	e 47	F	805			
	• •	igned to the resident after			Hall Nurse reports that she told the		
		the hospital. She served			Certified Nursing Assistant to supervise	ا	
		d 6 PM in the resident's			Resident Number 1 during his meal on		
		s of beef (not ground beef)			03/01/2018 because the Director of		
		an inch thick and thickened			Nursing had told the Nurses to supervis	se	
	•	d about 80% of his food and			him during meals for a nursing		
		e did not cough during the			intervention. The Hall Nurse states she	э	
		fter he finished eating, he			can t remember when she was told to		
		pened his bedside drawer,			supervise Resident Number 1 by the		
	took a bottle of cologi	ne and drank from it.			Director of Nursing. On 03/01/2018		
					Resident was noted to be unresponsive	•	
	On 4/10/18 at 5:45 Pl	M, the Dietary Manager			and C.P.R. was initiated. Resident was	3	
	(DM) was interviewed	d. She stated that Resident			discharged to the hospital on 03/01/20	18.	
	#1 was on mechanica	al soft diet and honey thick					
	liquids. She verified the	he menu on 3/1/18 as beef	Resident number 1 was readmitt			l t	
		size) for regular diet and	from the hospital on 02/08/2018 with				
		nechanical soft diet. She			being at risk for aspiration and choking		
		the food processor to grind			Speech Therapy worked with Resident		
	the meat for the soft of	diet.			number 1 from 02/08/2018 until discha	rge	
					from therapy on 02/28/2018 for		
		M, the Physician of Resident			oropharyngeal dysphagia. Resident		
		He stated that he expected			number1 had a diet order of Mechanica	al l	
	•	ne diet as ordered. The			Soft and nectar thick liquids on		
		he didn't know if the food in			02/08/2018. Resident number 1 had a		
	nis esopnagus nad ca	aused the resident's death.			diet of mechanical soft with honey liqui	as	
	On 4/44/40 at 40:40	ANA the Director of Nursing			on 02/16/2018. Resident had his diet		
		AM, the Director of Nursing			changed by the speech therapist to	ai a	
		ed. She stated that the ST			mechanical soft with honey liquids, may	ic l	
	•	meetings every morning			cup, cut all rolls, Danish, bread, sandwiches cut into fourths or 1 □ 2 inc	oh.	
		neads. She discussed				116	
		gh risk for choking/aspiration ess. His diet order was			pieces, and no peanut butter on 02/20/2018. Speech therapy complete	he	
	•	and she expected the dietary			a bedside dysphagia evaluation for	,u	
	department to serve t				resident number 1 on 02/08/2018 which	n	
	acpartment to serve t	and and as ordered.			showed that resident number one was		
	On 4/12/18 at 12:34 i	PM, the DM was again			risk for aspiration, aspiration-related	۵.	
		ted that before she left on			complications, choking, and		
		to make sure the dietary			re-hospitalization. Resident number 1		
		hey needed and they had			was on antibiotic therapy (Augmentin		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	\ , ,	(X3) DATE SURVEY COMPLETED	
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PINEHUR	ST HEALTHCARE & F	REHAB		PINEHURST, NC 28374			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PRÉFIX TAG	,	ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETION DATE	
F 805	Continued From page	age 48	F 8	305			
	enough food for so	oft and pureed diet. She also		875/125 mg 1 tab Q 12 hours	for 5 days)		
	stated that she no	rmally observed the tray line but		for possible aspiration from 0	2/08/2018 to		
	she did not observ	e the whole process.		02/12/2018. On 03/01/2018 F	Resident		
				number 1 received a tray with			
		PM, NA #1 was again		diet per his tray card from the	-		
		1 stated that Resident #1		Staff. The Dietary Manager m			
		on 3/1/18, ½ to ¾ inch in size		that there was enough ground			
		dinner. She indicated that she		the mechanical soft diets. Th	•		
		-service on the 2 way system		Cook states that he fixes all r			
		the cook prepare the tray		plates per the order on the tra	•		
	according to the tray/dietary card and nursing staff check the tray against the tray/dietary card			Dietary Manager □s standard monitor the tray line to ensure			
		· ·		food form is correct. A facilit			
	before serving and if there was a concern, the nursing staff would bring the tray back to the			Nursing Assistant. took Resid	-		
	kitchen to be corrected) on 4/11/18. She			1□s tray into his room on 03/			
		didn't know the 2 way system		supervised him while he ate			
		ice that she had to check the		behavior of placing large amo			
	tray and to compa	re the food served with the		in his mouth at the same time	e. The Hall		
	dietary card before	e serving the tray to the		Nurse told the Certified Nursi	ng Assistant		
	resident.			to supervise Resident Number	er 1 because		
				the Director of Nursing told th			
		PM, the Administrator and the		that he needed to be supervis			
		were informed of the		nursing intervention due to hi			
	immediate jeopard	y.		of putting large amounts of fo			
	0:- 4/40/40 -+ 7:00	DNA des fasilites associated the		mouth. The Hall Nurse state:			
		PM, the facility provided the		Certified Nursing Assistant to			
	jeopardy removal:	allegation of immediate		she supervised him during his			
	Jeopardy removal.			no complications. The Certific Assistant stated on 04/12/20	•		
	Resident number a	#1 was hospitalized from 2/2/18		remembered that his beef tip			
		the resident's hospital stay, the		were about ¿ to ¿ inch in size	-		
		pisode of choking and was		cannot remember anything el			
		at risk for aspiration.		had. She stayed in his room			
		1 was re-admitted to Pinehurst		finished eating and took his to			
	Healthcare and Re	ehabilitation Center on		room with her when he finished	•		
	02/08/2018 with a	diagnosis of aspiration		Certified Nursing Assistant re	ported there		
	pneumonia. Spee	ch Therapy reported resident		were no complications, distre	ss, and no		
		aviors and placed a whole roll		universal signs of choking wh			
	in his mouth at one	e time. He was admitted with		exited the room. Prior to exit	ing the room		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_		(
		345370	B. WING				17/2018
NAME OF P	ROVIDER OR SUPPLIER	1	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				30	00 BLAKE BOULEVARD		
PINEHUR	ST HEALTHCARE & REF	IAB		Р	INEHURST, NC 28374		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 805	Continued From page	e 49	F	805			
	· -	ation and choking from the			the Certified nursing Assistant reports t	hat	
		erapy began to work with him			Resident Number 1 was going through		
		pharyngeal dysphagia.			drawers and actually attempted to close		
		pleted a bedside dysphagia			her hand in the drawer. The Certified		
		2018. The bedside dysphagia			Nursing Assistant reported that she say	v	
		hat the resident needed			Resident Number 1 take a sip of		
	speech therapy due t	o him being at risk for			something and she thought it was		
	aspiration, aspiration	-related complications,			cologne. The Certified Nursing Assista	nt	
	choking and re-hospi	talization due to his behavior			reported it to the hall nurse on 03/01/20)18	
	of putting a whole roll	l in his mouth or large			that she saw Resident Number 1 take a	a	
		sident received speech			sip of something out of his drawer and		
		018 when he was discharged			thought it was cologne. The Hall Nurs		
		h therapy recommended			asked her if she saw him drink it and th		
	_	ntinues in a note on 2/27/18			Certified Nursing Assistant told her she		
	_	d from therapy due to his			thought she did. The Hall Nurse reporte		
		and placing a whole roll in his			to EMS that it was possible that Reside		
		ne Director of Nursing ses that resident number 1			Number 1 drank cologne on 03/01/201		
		when he is eating using the			The Certified Nursing assistant proceed to feed another resident and then return		
		gram and certified nursing			to Resident Number 1 s room to find h		
		ening meal as a nursing			slumped over. The Hall Nurse states th		
		ector of Nursing did not			from the time she told the Certified	iat	
		on on an in-service form and			Nursing Assistant to supervise Resider	nt	
		he date. The Certified			Number 1 during his meal to the time the		
	Nursing Assistant sta	ted to the Administrator that			Certified Nursing Assistant came to ask		
	-	monitor resident for eating			her to look at him was around 20 to 30		
		nall nurse. The Hall Nurse			minutes. The Hall Nurse reports that sh	ne	
	stated to the Adminis	trator that she told the			told the Certified Nursing Assistant to		
	Certified Nursing Ass	istant to monitor resident for			supervise Resident Number 1 during h	is	
	eating during his mea	al on 03/01/2018. Resident			meal on 03/01/2018 because the Direc	tor	
	number 1's chart con				of Nursing had told the Nurses to		
		istant monitored resident			supervise him during meals for a nursir	-	
		3/01/2018. Resident's care			intervention. The Hall Nurse states she		
	plan failed to identify	•			can t remember when she was told to		
		g. Resident's Kardex listed			supervise Resident Number 1 by the		
	-	n his ability to eat when he			Director of Nursing. When the certified		
		ed as supervised due to			nursing assistant left the room she took		
		's current diet order on			the tray with her and proceeded to assi		
	03/01/2018 was mecl	hanical soft with honey thick			another resident. The certified nursing		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	SURVEY
			A. BOILD	_		,	С
		345370	B. WING			04/	17/2018
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEHURST HEALTHCARE & REHAB				30	00 BLAKE BOULEVARD		
				Р	INEHURST, NC 28374		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 805	Continued From page	e 50	 F	805			
	· -	ut all rolls, Danish, bread,			assistant returned after she had finishe	h.	
		ourths or 1-2 inch pieces,			feeding another resident to find him	·u	
		. The Dietary Cook states			slumped over. An order was obtained t	'n	
	that on 03/01/2018 th				send Resident number 1 to the hospita		
		al soft tray to resident			on 03/01/2018 by the charge nurse. T		
	'	y department utilizes the			Family was notified by the charge nurs		
		a two-system check which			on 03/01/2018. A 100% audit was		
	-	prepare the plate and the			completed on 04/12/2018 by the Hall		
	aide will make sure th	nat the plate matches the			Nurses to ensure that all tray cards		
	food listed on the tray	card prior to placing it in the			matched the trays being served to the		
	serving cart. When the tray cart arrives on the				residents. The result showed that all to	ay	
		ng the trays will make sure			cards matched the resident□s trays be	ing	
		s the diet order on the tray			served on 04/12/2018. The Dietary		
		o the resident. If the tray			Manager and the Cook state that resid		
		the plate the person serving			was given the diet that is on his tray ca		
	-	plate back to the kitchen to			Dietary Manager re-educated dietary s	taff	
		etary Manager monitored			on the tray line on 04/12/18 and The	al	
	_	onsistency and the amount			Director of Nursing, the MDS Nurses, a	ina	
		special diets prior to her shift B. The dietary department			the Assistant Director of Nursing re-educated the nursing staff on the tra	N/	
	_	he appropriate diet to all			line process on 04/12/18. The certified	y	
		other concerns. There is			nursing assistant thinks that resident		
	_	that resident number 1 was			number 1 had beef tips that were 1/2/1	·	
		iet. The Certified Nursing			on an inch in size but can t remember	-	
	_	remembered that his beef			anything else about his meal on 03/01/		
		about 1/2 to ¾ inch in size			100% in-service was completed with		
		Iministrator but she cannot			nursing staff on the 2system tray line		
	remember anything e	else that he had. This is a			process on 04/12/18.		
	change from what sh	e reported earlier so it is			·		
	possible she is unable	e to remember correctly.			2. The MDS Nurses and the Assistar	ıt	
	The Dietary Manager	stated on 4/12/18 that she			Director of Nursing reviewed and revise		
	made sure there was	enough ground for all the			100% of care plans for all residents on		
		. There is no reason to			04/11/2018. There were changes in at		
		number 1 did not receive his			least one area for each resident□s car		
	_ ·	yed in his room until he had			plan. The Director of Nursing in-service	ed	
		ook his tray out of the room			the MDS Nurses and the Assistant		
	with her when he finis	-			Director of Nursing on Care plans		
	Nursing Assistant sta				addressing the residents current condi	iion	
	complications, distres	ss, and no universal signs of			in all areas and if there is an acute		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MIMDED:		CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
			A. BOILD			,	С	
		345370	B. WING				17/2018	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE			
PINEHURST HEALTHCARE & REHAB					00 BLAKE BOULEVARD			
				Р	INEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 805	Continued From page	e 51	F	805				
	· -	ited the room. Prior to		000	change in condition the care plan must	t he		
	_	Certified Nursing Assistant			reviewed and revised at that time and			
	_	Number 1 was going through			time a care plan is reviewed and revise	-		
		ally attempted to close her			the Kardex for the resident will be upda			
		The Certified Nursing			and the new copy placed in the			
	Assistant stated to the	e hall nurse on 03/01/2018			resident □s room by the MDS Nurses of	n		
	that she saw Resider	nt Number 1 take a sip of			04/11/2018.			
		drawer and thought it was						
		urse was involved in doing			3. A 100 % in-service was complete	d		
	C.P.R. and did not go check to see if the resident				with all staff on making sure that food			
	had cologne in his drawer. The Hall Nurse asked				served to resident □s matches what is			
	her if she saw him drink it and the Certified Nursing Assistant told her she thought she did.				the tray card prior to serving the food to	o		
	_	ted to EMS that it was			the resident by the MDS Nurses, the Activity Director, and the Social Worke	ron		
	-	nt Number 1 drank cologne			04/11/2018. The Dietary Manager	1 011		
	'	Certified Nursing Assistant			in-serviced 100% of dietary staff on			
		nother resident and then			special diets with return demonstration	on		
	•	Number 1's room to find him			04/11/2018. A 100% in-service was			
		all Nurse states that from			completed 04/11/2018 by Director of			
	the time she told the	Certified Nursing Assistant			Nursing, The Administrator, The Socia	I		
	to supervise Residen	t Number 1 during his meal			Worker, The Activity Director, The			
	to the time the Certific	ed Nursing Assistant came			Housekeeping Supervisor, the Dietary			
		nim was around 20 to 30			Manager, and the Therapy Manager or	ก		
		d Nursing Assistant stated			neglect/abuse.			
		er to supervise resident						
	_	evening meal. The Hall			An audit tool that monitors tray cards			
	-	e told the Certified Nursing e Resident Number 1 during			matching what is on the plate will be completed 3 times a week for 4 weeks			
	•	18 because the Director of			bi-weekly for 4 weeks, monthly for	,		
		Nurses to supervise him			2 months, and turned into the			
	_	rsing intervention. The Hall			Administrator for review. If there are ar	าง		
	_	't remember when she was			issues with the trays they will be correct	•		
		ident Number 1 by the			as it is identified. The			
	•	On 03/01/2018 Resident			Administrator will bring the tools to the			
	_	sponsive and C.P.R. was			weekly QAPI Committee meeting for			
	initiated. Resident wa	as discharged to the hospital			review of the audit tools weekly for 8			
	on 03/01/2018. The r	esident was intubated. The			weeks and monthly for			
		ed the resident had diffuse			2 months. The Monthly QAPI Committ	tee		
	cerebral edema and	diffuse infarct from diffuse			will review the minutes of the weekly			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345370	B. WING				C
		343370	D. WING			04/	17/2018
NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB			30	TREET ADDRESS, CITY, STATE, ZIP CODE 00 BLAKE BOULEVARD INEHURST, NC 28374			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 805	1. A 100% audit was by the Hall Nurses to matched the trays be The result showed th resident 's trays bein The Dietary Manager resident was given the card. Dietary Manager resident was given the card. Dietary Manager on the tray line on 04 Nursing, the MDS Nursing, the MDS Nursing resorted was compled to the tray line process in-service was compled by the matches of the MDS Nurses Nursing reviewed and for all residents on 04 changes in at least of care plan. The Direct the MDS Nurses and Nursing on Care plan current condition in a acute change in concreviewed and revised the resident will be upplaced in the resident willess will be upplaced in the resident will be upplaced in the resi	in the resident died after family request. It completed on 04/12/2018 ensure that all tray cards ing served to the residents. at all tray cards matched the register of the died that is on his tray er re-educated dietary staff in it. It is and the Cook state that the died that is on his tray er re-educated dietary staff in it. It is and the Assistant endurated the nursing staff in it. It is and the Assistant Director of it. It is and if there is an it. It is and revised the Kardex for it. It is and revised the Kardex for it. It is room by the MDS It is an it.	F	305	meetings for 4 months to determine the continued need and frequency of monitoring. The Dietary Manager will audit the tray line to ensu that the tray cards match the plate 3 tin a week for 4 weeks, bi-weekly for 4 weeks, and monthly for 2 months. The Audit will be turned into the Administrator weekly for review Any concerns will be addressed as they are identified. The Administratorwill bring the audits to the weekly QAPI meeting for review weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for 2 months. The monthly QAPI Committee will review the minute from the weekly meeting at the monthly meeting for the continued need and frequency of monitoring for 4 months.	re mes .v.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
345370 B.		B. WING _			C 04/17/2018		
NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB				STREET ADDRESS, CITY, STATE, ZIP CO 300 BLAKE BOULEVARD PINEHURST, NC 28374	DDE	04/1//2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 805	in-serviced 100% of with return demonst 100% in-service was Director of Nursing, Worker, The Activity Supervisor, the Diet Therapy Manager of The credible allegat at 11:35 AM as evid records and nursing in-service on 2 way and the food serve of dietary staff interview tray line. An observe 4/17/18 at 12:35 PM	dietary staff on special diets ration on 04/11/2018. A s completed 04/11/2018 by The Administrator, The Social Director, The Housekeeping ary Manager, and the	F	305			