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

CENTERS FO	R MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345144	B. WING	1/31/2019			
NAME OF PROV	IDER OR SUPPLIER	STREET ADDRESS, C	TTY, STATE, ZIP CODE				
PINE RIDGE HEALTH AND REHABILITATION CENTER		706 PINEYWOOD ROAD THOMASVILLE, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 553	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3)						
	<ul> <li>§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: <ul> <li>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</li> <li>(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</li> <li>(iii) The right to be informed, in advance, of changes to the plan of care.</li> <li>(iv) The right to receive the services and/or items included in the plan of care.</li> <li>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</li> <li>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</li> <li>(i) Facilitate the inclusion of the resident and/or resident representative.</li> <li>(ii) Include an assessment of the resident's trengths and needs.</li> <li>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</li> </ul> This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, staff and resident interviews, the facility failed to invite two of two residents reviewed to their care plan meetings (Resident # 60 and Resident # 91).</li></ul>						
	Findings included: Resident # 60 was readmitted to the facility on 05/06/2017 with diagnoses that included disruptive mood dysregulation, depression, anxiety, unspecified psychosis, Bipolar disorder, insomnia and pseudobulbar affect.						
	An annual Minimum Data Set (MDS) dated 11/28/2018 revealed that Resident # 60 had significant cognitive impairment with clear speech and that it was very important to him to make his own decisions.						
	An interview was conducted with Resident # 60 on 01/29/2018 at 2:24 PM revealed that he had not been invited to attend a care plan meeting.						
	A review of the medical record of Resident # 60 revealed that there was no documentation that he had been invited to attend a care plan meeting.						
	Resident # 91 was admitted to the facility on 02/29/2016 and readmitted most recently admitted on 01/23/2019 with diagnoses that included Parkinson's disease, Lewy Body Dementia, anxiety and psychosis.						
	An annual MDS dated 12/19/2018 revealed the	nat Resident # 91 w	vas severely cognitively impaired and un	able			

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

The above isolated deficiencies pose no actual harm to the residents

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TATEMENT C	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY	
	TH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:	
OR SNFs AND NFs		345144	B. WING	1/31/2019	
NAME OF PROVIDER OR SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC		
) REFIX AG	SUMMARY STATEMENT OF DEFICIENC	IES			
F 553	Continued From Page 1				
	to make daily care decisions.				
	A review of Resident # 91's medical record revealed that there was no documentation that she had been invited to attend a care plan meeting.				
	On 01/31/2019 at 9:37 AM an interview was conducted with the social worker. The social worker revealed that she did not invite residents to care plan meetings if they had severe cognitive impairment or if the resident was confused at times. The social worker revealed that for those residents she sent a care plan meeting invitation to the resident's Responsible Party (RP) and if the RP attended it was the decision of the RP to have the resident present or not at the care plan meeting. The social worker stated that she did not document if a resident was invited or not.				
	An interview conducted with the facility administrator at 2:21 PM on 01/31/2019 revealed that the expectation was that all resident rights be followed and that all residents be invited to their care plan meetings as per state and federal rules and regulations.				

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