

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

PRINTED: 08/16/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>706 PINEYWOOD ROAD</b> <b>THOMASVILLE, NC 27360</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An onsite complaint investigation was conducted from 6/20/19 through 6/20/19. One of ten complaint investigations were substantiated, failure to maintain a sanitary and orderly interior. Event ID#16ZL11.	F 000		
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are in good condition;  §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		7/20/19

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

TITLE

(X6) DATE

Electronically Signed

07/15/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a clean and functional environment as evidenced by failure to maintain two of two resident bathroom toilets leaked from the flush valve/flush connection and four of four sling lifts were observed to have a buildup of dust/debris (lifts 0, 1, 4, and XL).</p> <p>Findings included:</p> <p>1. Observations conducted during a round on 6/20/19, which started at 10:15 AM, revealed the toilets in rooms 508 and 521 were leaking. The toilets in the facility were commercial toilets, the toilets had no tanks, the water supply for the toilet was fed directly to the bowl through a flush valve and the flush connector. The toilet in room 508 was observed to have leaked when the flush valve was activated water was observed leaking from the flush connector pipe which connected the flush valve to the toilet bowl. The toilet in room 521 was observed to have had water around where the flush connector pipe connected to the top of the toilet bowl. Upon drying the water and flushing the toilet water was observed to have leaked out of the fittings on the flush connector pipe and at the fitting where the flush</p>	F 584	<p>Pine Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Pine Ridge Health and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F584</p> <p>The plan of correcting the specific</p>		

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F 584	<p>Continued From page 2 connector pipe met the toilet bowl.</p> <p>Observations were conducted in conjunction with an interview with the Maintenance Director (MD) during a round on 6/20/19, which started at 12:15 PM. The observations revealed the toilets in rooms 508 and 521 were leaking. The toilet in room 508 was observed to have leaked when the flush valve was activated water was observed leaking from the flush connector pipe which connected the flush valve to the toilet bowl. The toilet in room 521 was observed to have had water around where the flush connector pipe connected to the top of the toilet bowl. Upon drying the water and flushing the toilet water was observed to have leaked out of the fittings on the flush connector pipe and at the fitting where the flush connector pipe met the toilet bowl. The MD stated he was not aware the toilets in rooms 508 and 521 were leaking.</p> <p>Observations were conducted on 6/21/19 at approximately 11:20 AM, revealed the toilets in rooms 508 and 521 were leaking. The toilet in room 508 was observed to have leaked when the flush valve was activated water was observed leaking from the flush connector pipe which connected the flush valve to the toilet bowl. The toilet in room 521 was observed to have had water around where the flush connector pipe connected to the top of the toilet bowl. Upon drying the water and flushing the toilet water was observed to have leaked out of the fittings on the flush connector pipe and at the fitting where the flush connector pipe met the toilet bowl.</p> <p>During a family interview conducted on 6/21/19 at approximately 11:25 AM a family member of the resident of room 521 stated the toilet had been</p>	F 584	<p>deficiency</p> <p>On 6/22/19 the maintenance director repaired the toilets in rooms 508 and 521. On 6/21/19 the housekeeping director cleaned all mechanical lifts in the facility including the large mechanical lift.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On 7/12/19 the director of nursing (DON), assistant director of nursing (ADON), and the unit managers (UM) audited all toilets in the facility to ensure no leaks were present. No negative findings noted. On 6/21/19 the housekeeping director audited and cleaned all the mechanical lifts in the facility. On 6/22/19 all mechanical lifts were clean with no dust present.</p> <p>On 6/21/19 the housekeeping director initiated a mechanical lift cleaning schedule to ensure mechanical lifts are cleaned weekly so they are free of dust.</p> <p>Systemic Change</p> <p>On 7/15/19 the DON started an in-service for all staff, including agency, on notification of maintenance for broken, or malfunctioning equipment (including toilets). This in-service will be complete by 7/20/19. After 7/20/19, no staff will be allowed to work until in-service complete. This in-service was added to the orientation of new staff, including agency,</p>		

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F 584	<p>Continued From page 3</p> <p>leaking around where the pipe is at the back of the toilet and it had been leaking for a while.</p> <p>Observations were conducted on 6/22/19 at approximately 10:00 AM, revealed the toilets in rooms 508 and 521 were leaking. The toilet in room 508 was observed to have leaked when the flush valve was activated water was observed leaking from the flush connector pipe which connected the flush valve to the toilet bowl. The toilet in room 521 was observed to have had water around where the flush connector pipe connected to the top of the toilet bowl. Upon drying the water and flushing the toilet water was observed to have leaked out of the fittings on the flush connector pipe and at the fitting where the flush connector pipe met the toilet bowl.</p> <p>During a family interview conducted on 6/22/19 at approximately 10:05 AM a second family member of the resident of room 521 stated the toilet had been leaking around where the pipe is at the back of the toilet and it had been leaking for a while.</p> <p>An interview was conducted with the administrator on 6/22/19 at 11:00 AM. The Administrator stated it was her expectation for toilets to function properly and to meet the substantial compliance of federal and state regulations.</p> <p>2. An observation of a resident being transferred by a sling lift was conducted in conjunction with an interview of Nursing Assistant (NA #2) on 6/21/19 at 10:07 AM. The sling lift which was brought into the room to transfer the resident was observed to have had a heavy build-up of dust at the base and there was a shoe foot print in the dust. NA #2 stated she had not seen anyone</p>	F 584	<p>by the DON on 7/16/19.</p> <p>On 7/15/19 the DON started an in-service for nursing staff, including agency, on mechanical lift cleaning. The in-service included that mechanical lifts must be cleaned when soiled (visible dust), and per schedule. This in-service will be complete by 7/20/19. After 7/20/19, no nursing staff will be allowed to work until in-service is complete. This in-service was added to the orientation of new nursing staff, including agency, by the DON on 7/16/19.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The administrator, ADON, DON, social worker, maintenance director, will audit 5 toilets per week, including weekends, x 12 weeks to ensure they are functioning properly without leaks. This audit will be documented on the toilet audit tool. The administrator, ADON, DON, social worker, housekeeping director, and/or maintenance director will audit 5 mechanical lifts per week, including weekends, x 12 weeks to ensure mechanical lifts are clean (free of dust). This audit will be documented on the lift audit tool.</p> <p>The monthly QI committee will review the results of the toilet, and lift audit tools for 3</p>		

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F 584	<p>Continued From page 4</p> <p>clean the lifts and the lift which was to be used did not look clean. The NA pointed to spots on the lift arm and the sling bar where there was dust on the lift as well as the base and the lift motor cover.</p> <p>An interview was conducted on 6/21/19 at 10:25 AM with NA #3 and she stated housekeeping, or the NAs cleaned the lifts. She further stated if she were to clean a lift she would get the cleaning supplies from housekeeping to clean the lifts.</p> <p>An observation conducted on 6/21/19 at 10:45 AM revealed two sling lifts being stored in the dining room which had a build-up of dust on the base, cover for the motor for base-width adjustment, cover for the lift motor, and on the arm.</p> <p>An observation conducted on 6/21/19 at 10:59 AM revealed an XL sling lift in the 100 hall which had a build-up of dust on the base, cover for the motor for base-width adjustment, cover for the lift motor, and on the arm.</p> <p>An observation of a resident being transferred by a sling lift was conducted in conjunction with an interview of NA #4 on 6/21/19 at 11:03 AM. The lift which was used to transfer the resident was observed to have had a build-up of dust on the lift motor cover, the base, and had a sticker on the lift which labeled it as "1." NA #4 stated maintenance cleaned the lifts.</p> <p>An interview was conducted on 6/21/19 at 11:18 AM with NA #5 and she stated she would wipe off the lift if it were dirty. She further stated she was not sure if anyone else cleaned the lifts.</p>	F 584	<p>months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p>		

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F 584	<p>Continued From page 5</p> <p>An observation of sling lift "1" was conducted on 6/21/19 at 11:23 AM in the 500 hall/dementia shower. The lift was observed to have had a build-up of dust on the lift motor cover and the base.</p> <p>Observations conducted during a round on 6/21/19 at 1:56 PM revealed two sling lifts in the dining room. Further observation revealed one sling lift with the label "0." The lift labeled 0 was observed to have had a build-up of dust on the lift motor cover, the base, and the arm. The other sling lift in the dining room was an XL lift and it was observed to have had dust on the lift motor cover and base. A third sling lift was observed during the round which had a label of "4." The sling lift was observed to have had a heavy build-up of dust at the base and on the base width motor cover. There was a shoe foot print in the dust and there were spots on the lift arm and the sling bar. Sling lift 1 was discovered in the 500 hall/dementia unit shower room and was observed to have had a build-up of dust on the lift motor cover and the base.</p> <p>An interview was conducted on 6/21/19 at 2:09 PM with NA #6. NA #6 stated she had not seen anyone clean the lifts, but she thought housekeeping or maintenance was in charge of cleaning the lifts. She said if she saw a lift which needed to be cleaned she would housekeeping or maintenance know.</p> <p>An interview was conducted in conjunction with an observation on 6/21/19 at 2:21 PM with NA #7. She stated the sling lift XL looked a little dirty. She further stated she did not know who cleaned the lifts and had not observed the lifts being cleaned.</p>	F 584			

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F 584	Continued From page 6  An interview was conducted in conjunction with an observation on 6/21/19 at 3:20 PM with NA #8. She stated the base of sling lift 4 looked little dirty. An observation of sling lift 4 revealed had a heavy build-up of dust at the base and on the base width motor cover. There was a shoe foot print in the dust and there were spots on the lift arm and the sling bar. She further stated she did not know who cleaned the lifts and had not observed the lifts being cleaned. She stated if she were to clean a lift she would use a disinfectant wipe to clean the lift.  An interview was completed in conjunction of an observation of the sling lifts on 6/21/19 at 3:59 PM with the Housekeeping Supervisor (HS). During an observation of the sling lift 4 it was observed to have a heavy build-up of dust at the base and on the base width motor cover and the HS stated the lift did not look clean. An observation of sling lift 0 revealed there was dust at the base and on the lift motor cover and an observation of lift 0 had dried liquid spots on it the lift motor cover. The HS stated the Housekeeping department was responsible for cleaning the lifts. The HS stated she had cleaned the lifts a few weeks ago, but they should have been cleaned whenever there had been a build-up of dust. The HS stated she did not have a schedule for routine cleaning of the lifts. The HS stated the lifts may have needed a weekly cleaning with a disinfectant spray.  An interview was conducted with the administrator on 6/22/19 at 11:00 AM. The Administrator stated it was her expectation for lifts to have been clean and to meet the substantial compliance of federal and state	F 584			

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F 584	Continued From page 7 regulations.	F 584			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a safe environment by one of four shower room doors not closing to the point to latch (500 hallway/dementia unit shower room door) which resulted in a potential exposure of hazardous items to residents on the dementia unit.  The findings included:  Observations conducted during a round on 6/20/19, which started at 10:15 AM, revealed the shower door on the 500 hall/dementia unit was not closed and latched. The door was able to be pushed open without the use of entering an access pad on the door handle. Upon entering the shower room, the door was observed to have had a hydraulic closing unit which automatically closed the door, but the door did not close and latch due to the non-hinged side of the door coming into contact with the door frame. No staff was observed in the shower room at this time. Observed items inside the shower room included a stand assist lift, a sling lift, and an unlocked	F 689	F689 The plan of correcting the specific deficiency  On 6/21/19 the maintenance director repaired the door and latch on the 500 hall shower room.  The procedure for implementing the acceptable plan of correction for the specific deficiency cited On 6/21/19 the maintenance director inspected the other shower room doors (100/200 hall, 300/400 hall, and 100 HFA hall) to ensure they were latching and locking properly. No other negative findings noted.  On 6/21/19 the nursing staff, including the director of nursing (DON), and assistant director of nursing (ADON) inspected all shower rooms to ensure chemicals including shampoos, and soaps were properly stored; and equipment was	7/20/19	

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F 689	<p>Continued From page 8</p> <p>storage cabinet containing safety razor blades, shaving cream, body lotion, and deodorant sticks. Residents who resided on the facility's 500 hall dementia unit were observed ambulating independently ambulating near the shower in the hallway where the shower was located and no staff were observed in the hallway during the time of the observation.</p> <p>Observations were conducted in conjunction with an interview with the Maintenance Director (MD) during a round on 6/20/19, which started at 12:15 PM. The observation revealed the shower door on the 500 hall/dementia unit was not closed and latched. The door was able to be pushed open without the use of entering an access pad on the door handle. Upon entering the shower, the door was observed to have had a hydraulic closing unit which automatically closed the door, but the door did not close and latch due to the non-hinged side of the door coming into contact with the door frame. The MD stated he was not aware the shower door was not closing properly. The MD stated he would repair the shower door, so it would close properly. The MD stated the facility did use hand written work orders and also utilized an automated work order system which was used to report matters which would require the attention of the maintenance department.</p> <p>Observations conducted during a round on 6/21/19, which started at approximately 10:00 AM and 11:00 AM, revealed the shower door on the 500 hall/dementia unit was again to not have been closed and latched. The door was able to be pushed open without the use of entering an access pad on the door handle. Upon entering the shower, the door was observed to have had a hydraulic closing unit which automatically closed</p>	F 689	<p>stored properly. The auditors disposed of chemical not stored correctly and no negatives noted related to equipment.</p> <p>Systemic change On 7/15/19 the DON started an in-service for nursing staff, including agency, on storage of chemical in the shower room (including labeling), and equipment safety in shower rooms. This in-service will be complete by 7/20/19. After 7/20/19, no nursing staff will be allowed to work until in-service is complete. This in-service was added to the orientation of new nursing staff, including agency, by the DON on 7/16/19.</p> <p>On 7/15/19 the DON started an in-service for all staff, including agency, on notification of maintenance for broken, or malfunctioning equipment (including shower doors). This in-service will be complete by 7/20/19. After 7/20/19, no staff will be allowed to work until in-service complete. This in-service was added to the orientation of new staff, including agency, by the DON on 7/16/19.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>Beginning 7/15/19 the administrator, DON, ADON, unit manager, and/or maintenance director will audit 3 shower doors weekly x 12 weeks to ensure doors</p>		

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F 689	<p>Continued From page 9</p> <p>the door, but the door did not close and latch due to the non-hinged side of the door coming into contact with the door frame. No staff was observed in the shower room at these times. Observed items inside the shower room included a stand assist lift, a sling lift, and an unlocked storage cabinet containing safety razor blades, shaving cream, body lotion, and deodorant sticks.</p> <p>During an interview conducted on 6/21/19 at 11:17 AM with Nursing Assistant (NA) #1 she stated the door did not close all the way for the shower on the 500 hall/dementia unit, so they just pushed it the rest of the way closed.</p> <p>An interview was conducted on 6/21/19 at 11:18 AM with NA #5 and the shower door did not close all the way.</p> <p>An observation conducted during a round on 6/21/19 at 1:56 PM revealed the shower door was not closed due to the non-hinged side of the door coming into contact with the door frame. No staff was observed in the shower room at this time. Observed items inside the shower room included a stand assist lift, a sling lift, and an unlocked storage cabinet containing safety razor blades, shaving cream, body lotion, and deodorant sticks. Wandering residents were observed in the hallway during the time of the observation.</p> <p>During a round conducted during a round with the Housekeeping Director (HD) on 6/21/19, which started at 3:59 PM, the shower door for the 500 hall/dementia unit was observed to have not been closed and latched. The non-hinged side of the door was against the door frame and no access code was required to gain entry to the shower.</p>	F 689	<p>are latching and locking properly. This audit will be documented on the shower room audit tool.</p> <p>Beginning 7/15/19 the administrator, DON, ADON, unit manager, and/or maintenance director will audit 3 shower rooms weekly to ensure chemicals are stored correctly(including labeling), and equipment is not present that would present a safety risk to a resident (including razor). This audit will be documented on the shower room audit tool.</p> <p>The monthly QI committee will review the results of the shower room audit tool monthly for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>706 PINEYWOOD ROAD</b> <b>THOMASVILLE, NC 27360</b>		
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F 689	<p>Continued From page 10</p> <p>An observation conducted on 6/22/19 at 9:48 AM revealed the shower door for the shower for the 500 hall/dementia unit was observed to have been closed and latched. The access code was obtained from nursing staff at the nurses' station and upon entering the shower and releasing the door the non-hinged side of the door was observed to come into contact with the door frame preventing the door from closing all the way and latching without assistance.</p> <p>An interview was conducted with the administrator on 6/22/19 at 11:00 AM. The Administrator stated it was her expectation for doors in the facility to close and latch properly and to meet the substantial compliance of federal and state regulations.</p>	F 689		