PRINTED: 07/20/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345293	B. WING	B. WING		C 06/28/2021	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2021
					HWAY 177 S BOX 1489		
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		HAN	MLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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
E 000	Initial Comments		E	000			
F 000	was conducted on si continued remotely to found in compliance to E-0024 (b) (6), Su Long Term Care Fact INITIAL COMMENTS An unannounced Control Survey was a complaint investigated (28/21). The facility of 42 CFR 483.80 infections.	OVID-19 Focused Infection conducted in conjunction with ation 6/15/21 through was found in complaince with ction control regulations and e CMS and Centers for Prevention (CDC)	F	000			
	_	was identified at: 686 at a scope and severity					
	(K). The tag F686 constit Care.	cuted Substandard Quality of					
	Immediate Jeopardy removed on 6/24/21.	began on 5/14/21 and was					
	An extended survey	was conducted.					
	5 of the 8 complaint substantiated resulting	•					
LABORITATION		(0.155) 155 555 555	DE.		777.5		((0) PATE
LABURATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	KE		TITLE		(X6) DATE

Electronically Signed 07/16/2021

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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RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345			
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F 684 SS=D	applies to all treatment facility residents. Bas assessment of a resident residents received accordance with profer practice, the compreheare plan, and the resident facility. Based on record reviews, wound care as orderevenous stasis ulcer of (Resident #4). This was ampled for well-being the findings included Resident #4 was origing on 12/12/13. The cunchronic venous hyperlower extremity (a colobstruction in the vein stroke), diabetes typed disease (PVD). A review of the annual assessment dated 3/had moderately impano behaviors or refus look back period. She assistance with Activition accordance with Activition in the color of the assistance with Activition in the color of the annual assessment dated 3/had moderately impano behaviors or refusions the color of the color of the assistance with Activity accordance with A	ndamental principle that int and care provided to ed on the comprehensive dent, the facility must ensure is treatment and care in essional standards of inensive person-centered sidents' choices. To is not met as evidenced diews, observations, staff and the facility failed to provide ed by the physician to a in the lower extremity is as for 1 of 4 residents g. It inally admitted to the facility inulative diagnoses included intension with ulcer of right	F 6	Richmond Pine Healthcare and Rehabilitation Center acknowledge receipt of the Statement of Deficier and proposes this Plan of Correction the extent that the summary of find factually correct and in order to ma compliance with applicable rules as provisions of quality of care of resident The Plan of Correction is submitted written allegation of compliance. Richmond Pine Healthcare and Rehabilitation Center sesponse Statement of Deficiencies does not denote agreement with the Statem Deficiencies nor does it constitute a admission that any deficiency is activated and Further, Richmond Pines Healthca Rehabilitation Center reserves the refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings.	cies on to ings is intain nd lents. l as a o this ent of an curate. re and right to s	8/12/21	
	Resident #4's active	care plan, last reviewed		Resident #4 had a venous stasis u	cer on		

Facility ID: 923021

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				HIGHWAY 177 S BOX 1489			
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345			
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F 684	Continued From pag	ne 2	F 68	4			
Γ 004	4/13/21, revealed a fintegrity impairment: lower extremity relat The interventions incare protocol. A review of the facility dated 6/4/21 indicate Resident #4's right lowere no wound meaton. The June 2021 physisthe right lower extrement dry. Apply Calcity dressing used for word areas, cover with a configuration of gauze wrap 3 times. The June 2021 Treator (TAR) revealed would lower extremity vendors.	focus area for actual skin venous stasis ulcer of right ed to edema and immobility. cluded facility skin/wound by's Wound Ulcer Flowsheet ed the venous stasis ulcer to ower leg was healing. There surements present. ician orders read to cleanse mity with normal saline and um Alginate (a wound ounds with drainage) to open dry gauze and secure with a a week. tment Administration Record and care to Resident #4's right ous stasis ulcer was not	F 68	the right lower extremity related and immobility. The facility fail provide wound care as ordered physician. The Treatment Adn Record (TAR) was not initialed completed on 6/7/21, 6/9/21, a On June 16, 2021 the ADON at Resident #4 serious ulcer of lower extremity while observing dressing change. On June 16, ADON notified the physician that treatments were not initialed as on 6/7/21, 6/9/21, and 6/11/21, orders were received. The recipients who have the pusuffering/other residents at risk residents in the facility, including with pressure ulcers, have the suffering from avoidable press when physicians orders are rincluding treatments/ wound displays the suffering from avoidable press when physicians orders are rincluding treatments/ wound displays the suffering from avoidable press.	ded to d by the ministration as as of 6/11/21. desessed in the right g the 2021, the dat is completed in no new detential of is all ing residents potential of ure injury mot followed,		
	initialed as completed on 6/7/21, 6/9/21 and 6/11/21. The nursing progress notes from 12/1/20 to 6/16/21 were reviewed and indicated Resident #4 had no episodes of refusals of wound care or any type of behaviors. On 6/16/21 at 9:10 AM, an interview was conducted with the Treatment Nurse who explained he was on vacation from the afternoon of 6/4/21 until 6/14/21 and during that time the floor nurses would have completed wound care as needed. A phone interview was completed with the Medical Director on 6/16/21 at 10:05 AM and stated he was unaware the wound care for			changes. June 16, 2021 the treatment not assistant director of nursing (A began auditing TARs of Reside and other residents with wound purpose of the audit was to 1) additional risks related to not for physician orders, 2) treatments completed, and 3) treatment of documented on the TAR. June the audit was completed by the nurse and ADON. The audit idwound physician and facility phorders were not followed for Reand seven other residents with orders that had treatments not the TARs. June 16, 2021 June 23, 202	DON) ent #4□s ds. The identify any bllowing s not being bmpletion 23, 2021, e treatment entified hysician esident #4 treatment signed on		

Facility ID: 923021

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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		345293	B. WING				
NAME OF D	DOVIDED OD CLIDDLIED		B: Willo _	CTREET ADDRESS OFTWO CTATE 71D CO		5/28/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
RICHMON	ID PINES HEALTHCA	ARE AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489			
		-		HAMLET, NC 28345			
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F 684	Continued From p	page 3	F 6	84			
	Resident #4 had i	not been completed as ordered		treatment nurse, with the as	sistance of		
		and 6/11/21. He added he		the ADON assessed the res			
	i i	cted the treatments to be		notified the attending physic			
		ered even when the treatment		practitioner. No new orders			
		the facility or to be notified if		received from the physician/			
		on the wound care could not be		practitioner.			
	completed as ord	ered.		June 16, 2021 the root caus	e analysis:		
				who □ treatment nurse/all re	esidents; what		
	An interview occu	rred with Nurse #2 on 6/16/21 at		□ treatments; when □ treatr	ment nurse not		
	11:25 AM, who wa	as familiar with Resident #4.		at work; where □ resident ro	ooms; why - no		
	She was schedule	ed for the 7:00 AM to 3:00 PM		coverage; how- created cov	erage by		
		d 6/9/21. Nurse #2 explained		having 1) a backup treatmer			
		nt nurse was out of the facility		unit manager/weekend supe			
		vere expected to complete		cover, and 3) nurses trained			
		dered. The June 2021 TAR was		dressing changes when the	treatment		
		ited she was not aware the		nurse is off work.	004 (1 - DON)		
		vas out of the facility nor was		June 16, 2021 □ June 23, 2			
		she would be responsible to		unit manager, and the staff t			
	or 6/9/21.	care for Resident #4 on 6/7/21		provided training to the treat registered nurses (RNs), and			
	01 0/9/21.			practical nurses (LPNs) to e			
	On 6/16/21 at 11:	30 AM, an interview was		physician orders for wounds			
		urse #1, who was familiar with		and treatments are complete			
		was scheduled for the 7:00 AM		treatment nurse is not availa			
		n 6/11/21. Nurse #1 explained		complete treatments.			
		nt nurse was out of the facility,		On June 23, 2021, the educ	ation for all		
		vere responsible for completing		RNs and LPNs. The re-edu			
		June 2021 TAR was reviewed,		covered:			
	and Nurse #1 exp	plained she was not aware the		Wound Care Manual			
	treatment nurse v	vas out of the facility nor was		2. Nurses, including Treat	ment Nurse		
	she informed that	she would be responsible to		and Nurse #1, are being ins			
	complete wound	care for Resident #4 on 6/11/21.		provide the physician with a			
		she was made aware the		information. Nurses will do	cument		
		vas out of the facility the		relevant information			
	following Monday	6/14/21.		3. Nurses must follow the	-		
				policy on wounds/treatments			
		conducted with the Director of		4. If the resident has to be			
		n 6/16/21 at 4:50 PM. The DON		the facility for evaluation and			
	explained she wa	s not made aware the treatment		the DON and/or ADON mus	t notify the		

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F 684	Continued From page		F 6	384			
		facility until the afternoon of			attending physician		
		ne she informed the floor			5. The DON and/or ADON must be		
	•	responsible for wound care			notified of all new wounds, worsening		
	of their residents until	16/14/21.			wounds, new wound orders, resident concerns, wound clinic concerns, outsi	de	
					provider concerns	ue	
					The education was completed on 6/23/		
					with all staff working; no registered nur		
					(RN) or licensed practical nurse (LPN)		
					be allowed to work, including Treatmer	ıt	
					Nurse and Nurse #1, until the		
					re-education is completed. The re-education is added to the new staff		
					orientation for all RNs, LPNs, and		
					treatment nurses. The facility is not		
					currently utilizing agency staff.		
					On June 23, 2021, the DON, ADON, st	taff	
					facilitator and unit manager initiated a		
					re-education for all RNs and LPNs. Th	is	
					re-education instructs the RNs and LPI	Vs	
					to enter all treatments completed on TA	۱R.	
					By having treatments completed		
					documented on the TAR, the documen		
					are available for review by the physicia	n,	
					nurse practitioner, and clinical teams.	23	
					The in-service was completed on June 2021 with all RNs and LPNs working; r		
					RN or LPN will be allowed to work until		
					the re-education is completed. The		
					re-education is added to the new staff		
					orientation for all RNs and LPNs.		
					On June 23, 2021, the assistant director	or	
					of nursing (ADON), DON, unit manage	r,	
					and/or staff facilitator began auditing		
					100% of 1) residents□ current TARs ar		
					2) medical records of current residents		
					with wounds who require dressing		
					changes. The purpose of the audit is to	0	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	00/20/2021
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F 684	Treatment/Svcs to Pr CFR(s): 483.25(b)(1) §483.25(b) Skin Integ §483.25(b)(1) Pressu Based on the compre resident, the facility n (i) A resident receives	revent/Heal Pressure Ulcer (i)(ii) grity ure ulcers. ehensive assessment of a	F 684	identify any residents with pressure uld who may be at risk if physician orders not followed. The audit is being completed three times weekly. Results the audits are being presented and discussed at the Monday □ Friday interdisciplinary team meeting (IDT). A identified issues are immediately corrected by the auditor to include contacting the physician and notifying DON if a dressing change is not initiale as completed. The audits will continue three times weekly for three (3) months On June 23, 2021, the administrator notified QAPI Committee of the problet of not following physician orders and incomplete documentation. The administrator also notified QAPI Committee □s role the plan of correction. The QAPI Committee will review the ongoing in-services and associated signature sheets to ensure completion by curren and new staff. Also, QAPI Committee review audit results monthly for six (6) months for the purpose of trending and making recommendations for performance improvement.	are s of Any the ed s s s in

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F 686	•	does not develop pressure	F 686			
	demonstrates that the (ii) A resident with pre- necessary treatment with professional star promote healing, pre- new ulcers from deve	vent infection and prevent loping.				
	This REQUIREMENT by: Based on record revi interview with the Me doctor, Quality Assurand staff, the facility fulcer treatment for more pressure relieving maddition, the facility faulcer treatment as ordered pressure relieving madin correct setting (Resevident for 3 of 3 sampressure ulcers (Resi Resident #1, who was pressure ulcers, had (right superior and right superior and right posterior and left posterior and right gluteus). Reto the hospital on 5/14 of pressure ulcers and leg pressure ulcers. The immediate jeopa	is not met as evidenced iew, observation and dical Director, Wound Care ance (QA) Wound Nurse railed to provide pressure ore than 6 months and attress per the Wound ions (Resident #1). In ailed to provide pressure dered and failed to ensure attress was functioning and sidents #2 & #3). This was appled residents reviewed for		F 686 Resident #1 developed a pressure ulce on his right lower leg and was being followed by the wound clinic. Resident had developed six (6) pressure ulcersright superior-right posterior leg, left distal-posterior leg, left heel, right glute. The wound care physician orders were not followed by the treatment nurse and the facility attending physician wound corders were not followed as evidence to 1) orders were not correct on the treatment administration records (TARs and 2) daily treatments were not completed as ordered. In addition, a specialty air mattress, recommended of April 28, 2021, was not placed on Resident #1's bed. June 16, 2021, the assistant director of nursing (ADON) reviewed the wound clinic's orders, assessed Resident #1, contact the attending physician. The attending physician gave orders for the	#1 us. d care by s) n	
	due to the deterioration and infection to the less Immediate jeopardy when the facility subm	on of the pressure ulcers on of the pressure ulcers. vas removed on 6/24/21 nitted an acceptable credible te jeopardy removal. The		facility to follow the wound clinic physician's orders. The facility and Treatment Nurse immediately updated TARs and began following the wound clinic's physician orders. The June 16,	the	

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F 686	Continued From pa	ge 7	F 6	86				
	facility will remain o	ut of compliance with a scope			2021 the maintenance director and cer	ntral		
		o actual harm with potential			supply clerk placed an air mattress on			
	for more than minim	nal harm that is not immediate			Resident #1's bed. The facility treatme	ent		
	jeopardy) due to ex	amples #2 & #3, and to			nurse is now following the wound clinic	;		
	ensure monitoring s	systems put into place are			orders after review and approval of the			
	effective related to	oressure ulcers.			facility attending physician. The direct	or		
					of nursing (DON), ADON, unit manage	r,		
	Findings included:				and weekend supervisor set up a back	-up		
					plan to ensure wound treatments are			
		originally admitted to the			completed with the treatment nurse is			
		with multiple diagnoses			work. The facility took additional action	าร		
	•	ovement and sensation of all			to correct the deficiency through initial			
	extremities from an	accident.			audits, root cause analysis, education,			
	Peview of the Norto	on Scale (used to predict risk			and monitoring.			
		Resident #1 was assessed as			June 15, 2021, Resident #2's specialty	air		
		oment of pressure ulcers on			mattress was deflated and the machine			
	9/18/20, 3/18/21 an				was not on. June 16, 2021, the nursing			
	0, 10, 20, 0, 10, 21 0				assistant (NA) #2 checked the electrical			
	The 5- day Minimur	n Data Set (MDS)			cord of the air mattress and noticed it v			
	-	5/27/21 indicated that			not plugged into the wall power outlet.			
	Resident #1 had se	vere cognitive impairment,			The NA plugged the electrical cord into)		
	needed extensive a	ssistance with bed mobility			the power outlet. The treatment nurse			
	and had no behavio	ors of rejection of care. The			checked the machine, ensured the			
		indicated that the resident			machine was on, and ensured the			
	has 2 stage 3 press	sure ulcers and 2 venous			pressure relieving mattress was			
	ulcers.				functioning properly and in correct sett	ing.		
					The facility took action to correct the			
		plan for pressure ulcers was			deficiency through initial audit, root cau	ıse		
		plan problem initiated on			analysis, education, and monitoring.			
		viewed on 5/27/21 revealed			June 2021 Peeident #2's TAD			
		akdown or development of ers related to incontinence,			June 2021, Resident #3's TAR was no initialed by a nurse as completed on Ju			
		re ulcers, immobility and total			7, 2021. The pressure reducing mattre			
		rning and positioning." The			machine was set at 450 pounds and th			
		nt will not develop a pressure			resident's weight was 229 pounds on	C		
		eview. The approaches			6/11/2021. On June 16, 2021 the			
	•	lent on pressure relieving			treatment nurse adjusted the setting of	the		
	•	ressure relieving mattress and			mattress machine. On June 16, 21 the			

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F 686	Continued From page	e 8	F 6	686				
	chair cushion as apportunity chair cushion patient free for turning if needed.	ropriate and turn and quently and use draw sheet			mattress setting was 280 pounds. On June 16, 2021 the treatment nurse aga checked the mattress setting to ensure was set at 230 pounds. The facility too	it		
	Resident #1 was beir clinic weekly for man- ulcers. The wound do	ctor notes revealed that ng followed by the wound agement of his pressure octor notes and the monthly			action to correct the deficiency through initial audit, root cause analysis, education, and monitoring.			
	reviewed and reveale recommendations fro	m the wound doctor were facility for over 6 months			The recipients who have the potential of suffering/other residents at risk: all residents in the facility, including residents with pressure ulcers, have the potential suffering from avoidable pressure injuries.	ents I of y		
	1/13/21. 1/21/21 and that Resident #1 had	nd clinic visits (1/7/21, 1/27/21), the notes revealed a pressure ulcer on the right			when physicians' orders are not followed to include not following dressing change orders and not placing air mattresses.			
	1/13/21 visits, the wo recommended to trea alginate and then we and if unable to do tw	ulcer - On 1/7/21 and			June 16, 2021 – June 23, 2021, the ADON, with the assistance of the assistant Treatment Nurse, assessed t residents and notified the attending physician/nurse practitioner. No new orders were received from the physician/nurse practitioner.	he		
	the ulcer on 1/27/21 v (cm), stage 4. The ulc 1/27/21, the treatmen dry dressing twice a c	was 8.7 x 2 x 0.2 centimeter cer was debrided, and on at recommended was wet to day. The treatment provided cium alginate 3 times per			Initial Audits: June 16, 2021 the ADON began auditir TARs of Resident #1's, Resident #2's, Resident #3's, and other residents with wounds. The purpose of the audit was 1) identify any additional risks related to not following physician orders, 2)	to		
	2/17/21, 2/24/21), the Resident #1 had a prosterior leg. The not 1. Right posterior leg	essure ulcer on the right te revealed: ulcer - On 2/17/21 and			treatments not being completed, and 3 treatment completion documented on t TAR. June 23, 2021, the audit was completed by the treatment nurse and ADON.			
		it recommendation was to			On June 23, 2021, the ADON audited			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING		C	
NAME OF P	ROVIDER OR SUPPLIER	040200		STREET ADDRESS, CITY, STATE, ZIP CODE	06/28/2021	
NAME OF T	TOVIDER OR SOLT LIER			HIGHWAY 177 S BOX 1489		
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 686	Continued From page	9	F 686	3		
	unable to do twice a d speak with the doctor 2/24/21 was 2.5 x 1.7 treatment provided by alginate 3 times per v In March 2021 wound 3/10/21, 3/17/21, 3/26 revealed that Resider on the right posterior	I clinic visits (3/3/21, 6/21 and 3/31/21), the notes nt #1 had a pressure ulcer		100% of 1) residents' current TARs at medical records of current residents wounds to identify any residents with pressure ulcers who may be at risk if physician orders are not followed. The audit identified wound physician and facility physician orders were not followed for Resident #1 and seven other resident treatment orders that had treatment orders that had treatment orders residents being seen by the wound clinic. June 17, 2021, the treatment nurse	with wed dents ents no	
	that the ulcer had incilength over the past will blood. The recommer (debriding agent) and least daily and prefer visit, the treatment recontinue Santyl. The facility was calcium a On 3/12/21, there was dressing daily (calcium week. The TAR did not 3/12/21, 3/13/21, 3/13/21, 3/18/21, 3/28/21, 3/30/21 and treatment was provide indicated that the ulce measuring 14.5 x 3.4 recommended to con			checked Resident #2's and Resident specialty mattress to ensure the preserblieving mattresses were functioning in correct setting. The mattresses we set appropriately for the residents' neand their weight. Root Cause Analysis: Who – Treatm Nurse, QA Wound Nurse, floor nurses Resident #1, #2, #3; What – missed treatments and no air mattress on bewhen – after wound clinic visit and work Treatment Nurse on vacation; Where facility in residents' rooms; Why – fail to follow physician orders from wound clinic and from attending physician; Heducation, monitoring, quality assurate performance improvement (QAPI) involvement Education: June 16, 2021 – June 23, 2021, the Education: June 16, 2021 – June 23, 2021, the Education:	sure and ere eds ent s, d; hen - at ure dow -	
	this new ulcer develo	On 3/31/21 note revealed ped measuring 6 x 4.5 x 0.1 nended treatment was wet to		ADON, unit manager, and the staff facilitator provided training to the treatment nurse, RNs, and LPNs to	,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345293	B. WING _			C 06/28/2021		
NAME OF PR	ROVIDER OR SUPPLIER	1		5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00		
					HIGHWAY 177 S BOX 1489			
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			HAMLET, NC 28345			
(V4) ID	QUIMMADV ST	TATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 686	Continued From page	e 10	F 6	386				
	dry dressing twice a	day. The March 2021 TAR			ensure physician orders for wounds are	Э		
		reatment was provided to			followed and treatments are completed			
	the right superior leg				when a treatment nurse is not available	e to		
					complete treatments.			
	In April 2021 wound	clinic visits (4/7/21, 4/14/21,						
	4/21/21, 4/28/21), the	e notes revealed new ulcers			June 23, 2021, the facility administrato	r		
	had developed. Resid	dent #1 had 6 pressure			and director of nursing (DON) took			
	ulcers. The notes re-	vealed:			corrective action with the Treatment			
					Nurse. The administrator and DON me	∍t		
		- On 4/14/21 note revealed			with the treatment nurse for discussion			
		gressed, now necrotic tissue			and educated the treatment nurse. The	е		
	_	ne ulcer, approximately 12			discussion and education included:			
	•	vith just a week ago when it			The treatment nurse will follow the			
		cer was debrided and on			physician's orders			
		visits, had recommended to			2. The treatment nurse/unit			
		e a day. The note on 4/28/21			manager/hall nurse will submit wound	_		
		er has regressed with			clinic recommendations and orders to t	he		
		uring 15.2 x 5 x 2 cm with			attending physician for approval and			
		The note revealed that the			physician signatures within 4 hours. The state of the sta			
		the facility was not changing			Administrative Nurse on Duty will follow	V		
	9	he recommendation was to			up within 24 hours with physician if no			
	_	e a day and for a specialty			response is received.			
		occurrence of pressure			3. The treatment nurse will notify the			
		t provided by the facility was			ADON and/or the DON, registered nurse if the treatment nurse is unable to	ses,		
		y instead of Santyl twice a d. The TAR did not have						
	=	/1/21, 4/3/21, 4/4/21, 4/5/21,			implement physician orders or wound clinic orders. The ADON and/or the DO			
		8/21, 4/20/21, 4/22/21,			will contact the provider	אוכ		
		7/21, and 4/29/21) to indicate			4. The treatment nurse will ensure			
	that the treatment wa				specialty mattress placement on an at-	risk		
	that the treatment we	as provided.			resident's bed, according to physician's			
	2. right superior leg -	On 4/24/21, the			orders	•		
	•	.5 x 0.7 x 0.2 cm, stage 2.			5. The QA wound nurse, during mon	thlv		
		eatment was wet to dry			visits for six months, will audit and enfo			
		. This recommendation was			with the treatment nurse that the facility			
		TAR. The April 2021 TARs			wound protocols are followed, including			
		reatment was provided to			following physician orders and complet			
	the right superior leg				documentation of treatments. Also, the	•		
		•			QA wound nurse will audit the wound			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345293	B. WING			C 06/28/2021	
NAME OF PI	ROVIDER OR SUPPLIER	1	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	•	<u></u>	
				HIGHWAY 177 S BOX 1489			
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 686	Continued From pag	e 11	F 68	66			
	new ulcer developed cm, unstageable. The was Silvadene crean TARs revealed no treat left heel ulcer.	s - The note on 4/28/21, this measuring 0.2 x 0.2 x 0.1 he recommended treatment in Review of the April 2021 eatment was provided to the		clinic recommendations/order physician orders verses the Trensure physician orders are befollowed. Any audit concern vimmediately be reported by the nurse to the DON/ADON for protification.	AR to eing vill e QA wound		
	this new ulcer develorm, stage 2. Recommodified Silvadene cream dail April 2021 TAR did nowas provided to the least the stage of the st	oped measuring 2 x 1.8 x 0.1 mended treatment was ly and or as needed. The ot indicate that treatment eft distal posterior leg ulcer.		June 23, 2021, the corporate director took corrective action Wound Nurse. The clinical director QA Wound Nurse of 1. The treatment nurse will physician's orders	with QA rector n: follow the		
	this new ulcer develorm, stage 4, with large eschar. Recommendand Silvadene cream	rior leg - The 4/28/21 note, oped measuring 2 x 2 x 0.1 ge necrotic tissue including ded treatment was Santyl n. The April 2021 TAR did not nt was provided to the left g ulcer.		 The treatment nurse will a wound clinic recommendation to the attending physician for and physician signatures The treatment nurse will a ADON and/or the DON, regist if the treatment nurse is unable implement physician orders or 	s and orders approval notify the tered nurses, e to		
	reopened measuring The recommended to The April 2021 TAR	um - The 4/28/21 note, 2.2 x 1.1 x 0.1. cm, stage 2. reatment was hydrocolloid. did not indicate that led to the right gluteus/sacral		clinic orders. The ADON and, will contact the provider 4. The treatment nurse will a specialty mattress placement resident's bed, according to p orders 5. QA Wound Nurse will support the support of the	ensure on an at-risk hysician's		
	revealed that Reside and they were deteri sent to the emergend revealed:	clinic visit dated 5/14/21 Int #1 had six pressure ulcers orating. The resident was cy room (ER). The note - 5/14/21 note revealed the		treatment nurse by referencing policy manual On June 23, 2021, the DON, a manager, and the staff facilitate ducation for all RNs, LPNs, in Treatment Nurse and Nurse #	g the wound ADON, unit tor provided ncluding		
	right superior leg ulc eschar present.	- 5/14/21 note revealed the er was full thickness with		re-education covered: 1. Wound Care Manual 2. Nurses, including Treatm			

Facility ID: 923021

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
						(С	
		345293	B. WING _			06/	28/2021	
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DIGUINON	D DINES HEALTHOADE	AND DELIABILITATION OF NTE		Н	IGHWAY 177 S BOX 1489			
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345				
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI)	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B)	 E	(X5) COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE	
F 686	Continued From pag	e 12	F 6	886				
	revealed that the ulco	er on the right posterior leg			and Nurse #1, are being instructed to			
	had worsened with n				provide the physician with all relevant			
		terior) had full thickness			information. Nurses will document			
		and with purulent drainage.			relevant information			
	Culture was obtained				Nurses must follow the facility's po	licv		
		superior) had full thickness			on wounds/treatments	,		
	U (.	and with purulent drainage.			4. If the resident has to be sent out o	f		
	Culture was obtained				the facility for evaluation and/or treatme			
		s ulcer - stage 3 (reopened)			the DON and/or ADON must notify the	,,,,		
	on 5/14/21 visit	o dicer etage o (responsa)			attending physician			
		ıs - unstageable on 5/14/21			5. The DON and/or ADON must be			
	visit	anotagoasio on o/1 i/2 i			notified of all new wounds, worsening			
	VIOIC				wounds, new wound orders, resident			
	The wound doctor no	ote on 5/14/21 revealed that			concerns, wound clinic concerns, outsi	da		
		nad worsened and due to the			provider concerns	10		
	Territoria de la companya della companya della companya de la companya della comp	posterior leg which were			provider concerns			
		mpletely at the clinic, an			The education was completed on June			
		· · · · · · · · · · · · · · · · · · ·			23, 2021 with all staff working; no			
	Resident #1 was sen	debridement was indicated.				iool		
	Resident #1 was sen	IL 10 ER 011 5/ 14/21.			registered nurse (RN) or licensed pract	icai		
	The discussion of the control of the	-1-t1 5/44/04			nurse (LPN) will be allowed to work,	ша		
	The hospital records				including Treatment Nurse and Nurse			
		ds revealed that Resident #1			until the re-education is completed. Th	е		
		ergency room (ER) on			re-education is added to the new staff			
		wounds to his lower legs and			orientation for all RNs, LPNs, and			
		as followed by the wound			treatment nurses. The facility is not			
		over to the ER for surgical			currently utilizing agency staff.			
		und care treatment. He has						
	•	Bulcers to back of his legs			On June 23, 2021, the DON, ADON, ur			
		wound. He was alert and			manager, and the staff facilitator provid	ed		
	· ·	lace, and time. He was			education for all certified nursing			
		s rule out abscess bilateral			assistants (CNAs). The re-education			
		ht more than left, acute on			covered:			
	• .	essure wounds. The left			1. The nursing assistant's role in			
		sure wounds were deep into			preventing pressure ulcers, CNAs are a	a		
	the muscle and fasci				valuable member of the wound care			
	•	hospital to the facility on			program team			
		cin (oral antibiotic) due to			2. Turning and repositioning helps wi	th		
	wound infection Meth	nicillin Resistant			blood circulation			
	Staphylococcus Aure	eus (MRSA) to the left leg			3. Bathing and personal hygiene kee	р		

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED
				_		(С
		345293	B. WING _			06/	28/2021
NAME OF PE	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
DICUMON	D DINES HEAT THOADE	AND REHABILITATION CENTE		HI	IGHWAY 177 S BOX 1489		
KICHWION	D FINES HEALTHCARE	AND REHABILITATION CENTE		HAMLET, NC 28345			
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	-	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 686	Continued From page	e 13	F 6	686			
	ulcers. The discharg	e summary indicated to use			the skin clean		
	Dakin's solution to the				4. Residents require timely incontine	nt	
		•			care to prevent breakdown		
	Review of Resident #	t1's admitting orders on			5. Residents, especially those with		
	5/21/21 revealed no t	treatment orders for the			wounds, require hydration for skin		
	pressure ulcers until	5/27/21. On 6/16/21 at 1:19			elasticity		
	•	terviewed. She verified that			6. Proper dietary intake and nutrition		
		lent #1 on 5/21/21. She			provide necessary vitamins for skin hea		
	remembered the trea				7. Sometimes additional vitamins and	t	
	-	or Dakin's solution, but she			supplements promote healing		
	forgot to write it dowr	n on the admitting orders.			8. Notify the hall nurse and/or treatm		
	T				nurse if the wound dressing is not pres	ent	
	The wound clinic visit				on the wound or becomes soiled		
	pressure ulcers. The	aled that Resident #1 had six			The in convice was completed on June	22	
	pressure dicers. The	riote revealed.			The in-service was completed on June 2021 with all CNAs working; no CNA w		
	1 Right superior leg	- Resident #1 claimed that			be allowed to work until the education i		
		changed by the facility daily.			completed. The education is added to		
		21, stage 3 measuring 3.5 x			new staff orientation of CNAs. The faci		
		necrosis. Recommended			is not currently utilizing agency staff.	y	
		was Santyl and calcium			is not called in a similar gray of all in		
		27/21, there was an order to			On June 23, 2021, the DON, ADON, st	aff	
	_	e to ulcer daily and PRN.			facilitator and unit manager initiated a		
		evealed that there was no			re-education for all RNs and LPNs. Th	is	
		the right superior leg ulcer			re-education instructs the RNs and LPI	٧s,	
	from 5/21/21 through	5/31/21.			including Treatment Nurse and Nurse	# 1,	
					to enter all treatments completed on TA	۸R.	
	2. Right posterior leg	- The note dated 5/26/21			By having treatments completed		
		ssure ulcer measuring 22.5 x			documented on the TAR, the documen		
	6 x 2 cm with mediun	n amount of necrotic tissue			are available for review by the physicia	n,	
		I. The recommended			nurse practitioner, and clinical teams.		
	_	and calcium alginate daily.			The in-service was completed on June		
		s an order to apply calcium			2021 with all RNs and LPNs working; r		
	-	and PRN. The May 2021			RN or LPN will be allowed to work until		
		ere was no treatment			the re-education is completed, including	g	
		posterior leg ulcer from			Treatment Nurse and Nurse #1. The		
	5/21/21(readmission)) inrough 5/31/21.			re-education is added to the new staff		
	3 Right gluteus/sacri	um - The note on 5/26/21.			orientation for all RNs and LPNs.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		3) DATE SURVEY COMPLETED	
			A. BOILDII			С	
		345293	B. WING _		06	/28/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	72072021	
				HIGHWAY 177 S BOX 1489			
RICHMON	D PINES HEALTHCA	RE AND REHABILITATION CENTE		HAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
			-				
F 686	Continued From p	age 14	F 6	886			
	revealed a stage 3	3 pressure ulcer measuring 2.5		Process Changes/Monitoring			
	x 4.5 x 0.1 cm. Re	ecommended treatment on		The process of getting the wor	und clinic		
	5/26/21 was Santy	/l and calcium alginate daily.		recommendations and/or orde	rs to the		
		tment ordered for the right		physician now includes 1) resi	dent returns		
	-	er. The May 2021 TAR		from the wound clinic with wou	und clinic		
		e was no treatment provided		recommendation/orders, 2) the			
	from 5/21/21 throu	ıgh 5/31/21.		clinic recommendation/order p	•		
	4 1 6 1 1/ 1	TI 1 1 1 5 100 104		copied by the treatment nurse			
		neus -The note dated 5/26/21		manager for the DON/ADON t			
		geable pressure ulcer x 0.4 cm. Recommended		and the treatment nurse/unit n	-		
		/21 was Santyl and calcium		physician/NP review, the treat	,		
		5/27/21, there was an order to		nurse/unit manager/hall nurse			
		nate to the ulcer 3 times per		transcribe physician orders on			
		The May 2021 TAR revealed		4) the DON/ADON/unit manag			
		treatment provided to the left		validate the wound clinic/phys			
		21/21 through 5/31/21 except		are transcribed accurately on			
	on 5/28/21.			treatment nurse/hall nurse will			
				wound care/treatments as ord	ered.		
		erior leg - The note dated					
		a stage 3 pressure ulcer		On June 23, 2021, the DON/A			
	_	0.1 cm with medium amount of		initiated weekly rounds with th			
		luding eschar. Recommended		nurse. The weekly rounds wit			
		/21 was Santyl and calcium		treatment nurse include 1) res	idents		
		5/27/21 there was an order to to wound bed 3 times per week		seeing outside providers for wound/treatment services and	2)		
		ay 2021 TAR revealed that there		residents receiving treatments			
		provided to the left distal		only. The weekly rounds audi			
		from 5/21/21 through 5/31/21		verifying that a physician's ord			
	except on 5/28/21			place and the physician/nurse			
	•			is notified with all relevant info	•		
	6. Left posterior su	uperior leg - The note dated		provided. Also, the weekly rou	unds audits		
		a stage 4 pressure ulcer		cover 1) resident representativ			
		x 0.2 cm with large amount of		notification, 2) if the resident re	•		
		ecommended treatment on		outside treatment, and 3) if the			
		yl and calcium alginate daily.		and/or ADON was notified of v	vound		
		was an order to use 4 x 4		status, orders, and provider			
	•	ed 3 times per week and PRN.		recommendations.			
	⊢rne May 2021 TA	R revealed that there was no					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345293	B. WING _			C 06/28/2021		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2021	
					IIGHWAY 177 S BOX 1489			
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			IAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 686	Continued From page	e 15	F 6	886				
	ulcer from 5/21/21 the Resident #1's wound	clinic visit dated 6/9/21			On June 23, 2021, also during the wee rounds, the DON/ADON audit the specialty mattresses for proper functioning and correct weight setting.	kly		
	pressure ulcers.	nt #1 continued to have 6			The weekly audits will be completed fo six (6) months.	r		
	revealed a stage 3 pr recommended treatm daily. The June 2021	ent of wet to dry dressing TAR revealed that there vided to the right superior			The audit results will be forwarded to the Quality Assurance Performance Improvement (QAPI) committee month for six (6) months.			
	revealed a stage 4 pr x 6 x 2 cm with media Recommended treatr dressing. The June 2 there was no treatme				On June 23, 2021, the administrator notified QAPI Committee of the probler of not following physician orders and incomplete documentation. The administrator also notified QAPI Committee of QAPI Committee's role in the plan of correction. The QAPI Committee will review the			
	revealed a stage 3 pr x 4.5 x 0.1 cm. Reco wet to dry dressing. ordered for the sacra TARs revealed that the provided to the ulcer except on 6/4/21 (cal-	us - The note dated 6/9/21 essure ulcer measuring 2.5 mmended treatment was There was no treatment lulcer. The June 2021 here was no treatment from 6/1/21 through 6/15/21 cium alginate) and 6/15/21			ongoing in-services and associated signature sheets to ensure completion current and new staff. Also, QAPI Committee will review audi results monthly for six (6) months for the purpose of trending and making recommendations for performance	t		
	revealed an unstagea measuring 5 x 4.5 x 0 treatment on 5/26/21 wound bed only. The that there was no treat	s -The note dated 6/9/21 able pressure ulcer 0.4 cm. Recommended was calcium alginate to June 2021 TARs revealed atment provided to the left I through 6/15/21 except on			improvement.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345293	B. WING _			C 06/28/2021	
	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	I_	00/20/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 686	6/4/21 (calcium algiralginate). 5. Left distal posterior revealed a stage 3 p 3 x 0.1 cm with med including eschar. R Santyl and wet to dr TARs revealed that provided to the left of 6/1/21 through 6/15/gauze) and 6/9/21 (4/2). 6. Left posterior sup 6/9/21 revealed a stameasuring 7 x 2.5 x necrotic tissue. Reconstructure Santyl and wet to dr TARs revealed that provided to the ulcerexcept on 6/4/21(4 x gauze). On 6/15/21 at 9:32 A observed in bed. Bod dressing and he was There was no pression observed in his bed. that his wound dress day. On 6/15/21 at 3:05 Fobserved during the	or leg - The note dated 6/9/21 ressure ulcer measuring 3 x ium amount of necrotic tissue recommended treatment was y dressing. The June 2021 research was no treatment istal posterior leg ulcer from 21 except on 6/4/21 (4 x 4 4 x 4 gauze). Perior leg -The note dated reage 4 pressure ulcer 0.2 cm with large amount of commended treatment was y dressing. The June 2021 refer was no treatment from 6/1/21 through 6/15/21 refer was no treatment from 6/1/21 through 6/1	F6				
	dressing to the pressing sterior leg, right so posterior leg, left posterior leg, left posterior. The prenecrosis, eschar, or	s observed to change the sure ulcers on the right uperior leg, left distal sterior superior leg, left heel, essure ulcers had no slough except for the ulcers terior leg and left posterior					

i '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345293	B. WING _		,	C 6/28/2021		
	ROVIDER OR SUPPLIER D PINES HEALTHCA	RE AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CO HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	•	9,29,292		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 686	to apply calcium a ulcers. On 6/16/21 at 9:26 interviewed. He s wound clinic in oth technician few year care experience. role as treatment 2021. He indicate wound clinic on a management. The that he received the treatment received the treatment received that he received that he received that he received that he norecommended by that the wet to dry worst. He also indicated that he size. He stated that facility 's Quality Aneeded. When as mattress, he replie the air mattress lo facility did not havindicated that he colinic had recommended that the use Calcium Alguicers. He also statice a day treatmimproved on 3 times.	Treatment Nurse was observed Iginate to all the pressure AM, the Treatment Nurse was tated that he worked at the per state as wound care are ago and had no other wound. He reported that he started the purse at the facility in January and that Resident #1 goes to the pressure ulcers and transcribed are wound clinic notes including ammendation weekly after each possible for the treatment orders pressure ulcers and transcribed as. The Treatment Nurse ever followed the treatment as the wound clinic. He thought dressing had made the ulcers dicated that the wound clinic ulcers and made them larger in at he would consult with the assurance (QA) Wound Nurse if sked about the specialty and that Resident #1 should have not the specialty mattress. He did not know that the wound lended for a specialty mattress. The Treatment Nurse also not me Medical Director had agreed ginate to treat Resident #1's atted that he didn't follow the lent since the ulcers had es a week dressing change.	F 6	86				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	, ,	TE SURVEY MPLETED	
		345293	B. WING		,	C 06/28/2021	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD		70/20/2021	
DIGUMON	ID DINIEG LIEAL THOAD	E AND DELIABILITATION OF NE		HIGHWAY 177 S BOX 1489			
RICHMON	ID PINES HEALTHCAR	E AND REHABILITATION CENTE		HAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 686	Continued From pa	ge 18	F 68	36			
	was interviewed. That Resident #1 was bed mobility since he reposition self. Resoriented and able to resident was being weekly for his ulcers. Recommen were sent to facility importance of turnir dressing change of Per review of the faresident, the recomfollowed, and the dileast daily. There were to his ulcers were dirty with dried fluid reported that his off the facility staff regain the past and he to physician but was used that he had recomm April 2021 but was important to help we further skin breakdown on 6/16/21 at 10:03 was interviewed.	he Wound Care Doctor stated as dependent on the staff for the was unable to turn and ident #1 was alert and of make his needs known. The followed at the wound clinic is. The Wound Doctor verified Resident #1 were all pressure dations for treatment of ulcers and he had emphasized the ing and repositioning and twice a day or at least daily. Cility records, and per mended treatments were not ressings were not changed at it is as a time when the dressings atted 2 weeks prior and were surrounding the dressing. He fice staff had a discussion with arding the resident wound care ried to contact the attending insuccessful. He also stated mended a specialty mattress in inever provided, this was very bound healing and prevent own given his diagnosis. 3 AM, the Medical Director le stated that he was also the of Resident #1. He stated					
	and was being follo they are the expert that he expected th treatment as recom He indicated that he with the treatment r	that the resident was referred wed by the wound clinic since for wound care. He stated e facility to follow the mended by the wound clinic. He had not had any discussion hurse regarding wound care the was never informed that the					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		345293	B. WING_			C 06/28/2021
	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	•	10/20/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 686	staff not to follow the by the wound doctor. On 6/16/21 at 11:05 was again interview leave from 6/4/21 the on the floor were read the stated that he wand was responsible. He reported that he and the nurses were treatments. The treatments. The treatments. The treatments. The treatment which is not provided. The Resident #1 used to requested to be chardled. She will be followed. She will be followed to the reatment was providers. Nurse #1 verthe resident on those she did not provide since she was not a was out on leave ar she must do the treatment nurse was the treatments. On 6/16/21 at 11:40.	and he would never tell the e treatment as recommended r. 6 AM, the Treatment Nurse red. He stated that he was on arough 6/14/21 and the nurses sponsible for the treatments. Orked Monday through Friday refor the wound treatments. Worked on the floor at times responsible for the atment nurse commented that there were multiple holes on dicated that the treatment was reatment Nurse reported that to have an air mattress, but he reaged to a regular mattress on AM, Nurse #1 was as assigned to Resident #1 on 6/10/21 when the June 2021 nurse's initial to indicate that reded to Resident #1's pressure rified that she was assigned to be dates. She confirmed that the treatment on those dates are that the treatment nurse and she was not informed that atment. She commented that rursday (6/10/21) or Friday ras informed that the sout, and the nurses must do	F 6	86		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING			C 28/2021
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		20/2021	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 686	trained or had no exp. Nurse #2 also stated the treatment nurse was to do the treatments. must do the treatment 6/11/21 but she did not she was not trained or dressing. On 6/16/21 at 12:01 In (DON) was interviewed not aware that the treatment nurse. She nurse to discuss with unable to follow the rowound doctor. The Easten had not informed treatment from 6/4/22 was not aware that the leave. She was mad leave end of last were informed the nurses fon 6/16/21 at 1:35 P was interviewed. She responsible for order reported that she was mattress for Resident to order the mattress. The mattress was all waiting for the pump. On 6/17/21 at 11:48 A (QA) Wound Nurse we that she was aware to not following the treatment following	orted that she started on 4/27/21 and she was not berience on wound care. That she was not aware that was out, and the nurses had She was informed that she at last week 6/10/21 or out do the treatment since on how to do wound PM, the Director of Nursing ed. She stated that she was eatment recommended by not followed by the expected the treatment the Medical Director if ecommendation from the DON further indicated that the nurses to do the attraction that the nurse was on the eaware that he was on the interest of the treatment. M, the facility's supply clerk extend that she was and the pump separately, eady received but still	F 68			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345293	B. WING			C 6/28/2021
	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		0/20/2021
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F 686	much larger and wo dressing which wou deteriorate. She fut treatment nurse had Medical Director on Medical Director had alginate to treat Research and the factor of the f	the ulcers making the wound buld recommend wet to dry ald cause the ulcer to orther reported that the dibeen in discussion with the a weekly basis and the dibeent agreed to use calcium sident #1's ulcers. Inditing the Corporate Nurse tiffied of the immediate of at 12:30 PM. It is provided the following of IJ removal: Expirite who have suffered, or a serious adverse outcome as compliance Fuffered: Resident #1 ore ulcer on his right lower leg wed by the wound clinic. Fuffith Resident #1's wounds: Sysician orders were not collity attending physician were not followed as evidence of correct on the treatment reds (TARs) and 2) daily the completed as ordered. In a real resident #1'	F 68	36		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		TE SURVEY MPLETED
		345293	B. WING			C 6/28/2021
	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CO HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		012012021
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F 686	100% of resident curecords of current reidentify any resident may be at risk if phy followed. The audit and facility physician Resident #1 and set treatment orders that on the TARs. Corre 2021 - June 23, 202 the assistance of the residents and notific physician/nurse prawere received from practitioner and 2) the staff facilitator pereatment nurse, RN physician orders for treatments are compurse is not available. On June 16, 2021, the Central Supply of current mattress with June 23, 2021, and Treatment Nurse and ADON stagonard after identifyin physician orders, incompleted daily as a audit was to 1) ident to physician orders, completed, and 3) the documented on the	nursing (ADON) audited rrent TARs and medical saidents with wounds to as with pressure ulcers who resician orders are not identified wound physician orders were not followed for wen other residents with at had treatments not signed active action: 1) June 16, 21, the treatment nurse, with a RN ADON assessed the attending actitioner. No new orders the physician/nurse the DON, unit manager, and rovided training to the ls, and LPNs to ensure wounds are followed and allerk replaced Resident 's #1 the a specialty air mattress. The Maintenance Director and allerk replaced Resident 's #1 the a specialty air mattress. The Maintenance Director and active replaced Resident 's #1 the approach of the did ADON. The treatment arted auditing on June 16, and the TARs did not follow active the purpose of the tify any additional risks related 2) treatments being the tify any additional risks related active to the tify and the	F 6	36		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	COMPLETED	
345293 B. WING	C 06/28/2021	
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	00/20/2021	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOWN TAG PREGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION	
F 686 Continued From page 23 now includes 1) resident returns from the wound clinic with wound clinic recommendation/orders, 2) the wound clinic recommendation/orders paperwork is copied by the treatment nurse/unit manager for the DON/ADON to review and the treatment nurse/unit manager/hall nurse scans to the physician, 3) after physician/NP review, the treatment nurse/unit manager/hall nurse will transcribe physician orders onto the TAR, 4) the DON/ADON/unit manager will validate the wound clinic/physician orders are transcribed accurately on the TAR, 5) treatment nurse/hall nurse will provide wound care/treatments as ordered. January - June 2021, the facility did not follow the physician 's orders for Resident #1 March 2021, the wound clinic recommended to apply the debriding agent Santyl at least daily but preferably twice a day. On the TAR, the treatment provided was calcium alginate 3 times a week March 12, 2021, the physician signed a March 12, 2021, the physician aigned a March 12, 2021, the physician signed a March 12, 2021, the physician signed a March 14, 2021, the solution alginate. The dressing was not changed daily as ordered May 21, 2021, Resident #1 was discharged from the hospital to the facility. May 21, 2021 through May 26, 2021 while at the facility, Resident #1 did not have treatment orders for the pressure ulcers On April 28, 2021 the wound clinic recommended a specialty mattress. On June 16, 2021, an air mattress was placed on Resident #1 's bed April 2021 Treatment Administration Records (TARs) for Resident #1 had multiple holes indicating the treatment was not provided.		

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	345293	B. WING _		06/28/2021		
	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		00/20/2021	
SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE	
adverse outcome fr when the action will June 23, 2021, the director of nursing (for the staff involved administrator and Director of discussion nurse for discussion nurse. The discussion nurse. The discussion nurse. The discussion nurse. The discussion nurse of the discussion nurse. The discussion nurse of the discussion nurse or ders to the discussion orders to the attendights of the attendights of the attendights of the discussion of the	om occurring or recurring, and labe complete: facility administrator and DON) took corrective action de (Treatment Nurse). The DON met with the treatment of an and educated the treatment of an and education included: It is will follow the physician 's surse/unit manager/hall nurse linic recommendations and ling physician for approval and is within 4 hours. The is on Duty will follow up within cian if no response is It is will notify the ADON gistered nurses, if the unable to implement physician incorders. The ADON and/or ext the provider if the provider if you will ensure specialty at on an at-risk resident 's bed, ian 's orders urse, during monthly visits for lit and enforce with the at the facility wound protocols ing following physician orders rementation of treatments. If nurse will audit the wound ions/orders and physician orders Any audit concern will orted by the QA wound nurse	F 6	36			
	SUMMARY: (EACH DEFICIENT REGULATORY OF REGU	ROVIDER OR SUPPLIER D PINES HEALTHCARE AND REHABILITATION CENTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 adverse outcome from occurring or recurring, and when the action will be complete: June 23, 2021, the facility administrator and director of nursing (DON) took corrective action for the staff involved (Treatment Nurse). The administrator and DON met with the treatment nurse for discussion and educated the treatment nurse. The discussion and education included: 1. The treatment nurse will follow the physician 's orders 2. The treatment nurse/unit manager/hall nurse will submit wound clinic recommendations and orders to the attending physician for approval and physician signatures within 4 hours. The Administrative Nurse on Duty will follow up within 24 hours with physician if no response is	A BUILDIN 345293 B. WING BOVIDER OR SUPPLIER D PINES HEALTHCARE AND REHABILITATION CENTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 adverse outcome from occurring or recurring, and when the action will be complete: June 23, 2021, the facility administrator and director of nursing (DON) took corrective action for the staff involved (Treatment Nurse). The administrator and DON met with the treatment nurse for discussion and educated the treatment nurse. The discussion and educated the treatment nurse. The treatment nurse will follow the physician 's orders 2. The treatment nurse/unit manager/hall nurse will submit wound clinic recommendations and orders to the attending physician for approval and physician signatures within 4 hours. The Administrative Nurse on Duty will follow up within 24 hours with physician if no response is received. 3. The treatment nurse will notify the ADON and/or the DON, registered nurses, if the treatment nurse is unable to implement physician orders or wound clinic orders. The ADON and/or the DON will contact the provider 4. The treatment nurse will ensure specialty mattress placement on an at-risk resident 's bed, according to physician 's orders 5. The QA wound nurse, during monthly visits for six months, will audit and enforce with the treatment nurse that the facility wound protocols are followed, including following physician orders and completing documentation of treatments. Also, the QA wound nurse will audit the wound clinic recommendations/orders and physician orders are being followed. Any audit concern will immediately be reported by the QA wound nurse to the DON/ADON for physician notification. June 23, 2021, the corporate clinical director took	ROVIDER OR SUPPLIER D PINES HEALTHCARE AND REHABILITATION CENTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL RESQUATORY OR LSC IDENTIFYING INFORMATION) Continued From page 24 adverse outcome from occurring or recurring, and when the action will be complete: June 23, 2021, the facility administrator and director of nursing (DON) took corrective action for the staff involved (Treatment Nurse). The administrator and DON met with the treatment nurse for discussion and educated the treatment nurse. The discussion and educated the treatment nurse. The discussion and education included: 1. The treatment nurse will follow the physician 's orders will submit wound clinic recommendations and orders to the attending physician for approval and physician signatures within 4 hours. The Administrative Nurse on Duty will follow up within 24 hours with physician if no response is received. 3. The treatment nurse will notify the ADON and/or the DON, registered nurses, if the treatment nurse is unable to implement physician orders or wound clinic orders. The ADON and/or the DON physician arise pacialty mattress placement on an alrisk resident 's bed, according to physician's orders 5. The QA wound nurse, during monthly visits for six months, will audit and enforce with the treatment nurse that the facility wound protocols are followed, including following physician orders and completing documentation of treatments. Also, the QA wound nurse will audit the wound clinic recommendations/orders and physician orders are being followed. Any audit concern will immediately be reported by the QA wound nurse to the DON/ADON for physician notification. June 23, 2021, the corporate clinical director took	A BUILDING 345233 B. WINNG THERET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY) (EACH OFFICIENCY) F 686 A BUILDING B WINNG STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 CONTINUED CON	

I v /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345293 B. WING			C 06/28/2021			
	ROVIDER OR SUPPLIER D PINES HEALTHCAR	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		00/20/2021		
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F 686	on: 6. The treatment nu orders 7. The treatment nu recommendations a physician for approva 8. The treatment nu and/or the DON, reg treatment nurse is u orders or wound clir the DON will contact 9. The treatment nu mattress placement according to physici 10. The QA wound reatment nurse by manual June 23, 2021, the fidirector of nursing (I corrective action for The DON educated 11. The treatment nu the physician 's ord 12. The treatment nu submit wound clinic to the attending phy physician signatures 13. The treatment nurse or himplement physiciar orders. The ADON the provider 14. The treatment nurse or himplement nurse or himplement nurse or himplement physiciar orders. The ADON the provider 14. The treatment nurse or himplement instruction/a	rse will follow the physician 's rse will submit wound clinic and orders to the attending ral and physician signatures rse will notify the ADON gistered nurses, if the able to implement physician aic orders. The ADON and/or at the provider rse will ensure specialty on an at-risk resident 's bed, an 's orders anurse will support the referencing the wound policy facility administrator and DON) pro-actively took the staff involved (Nurse #1). the hall nurse on: aurse and hall nurse will recommendations and orders sician for approval and	F 6	86				
	On June 23, 2021, t	he education for all RNs,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SURVEY COMPLETED	
		345293	B. WING		С		
	ROVIDER OR SUPPLIER	RE AND REHABILITATION CENTE	B. WIING	STREET ADDRESS, CITY, STATE, ZIP CO HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	•	6/28/2021	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 686	The re-education of - Wound Care Mar - Nurses, including #1, are being instrument and provided the second of the s	eatment Nurse and Nurse #1. Treatment Nurse and Nurse ucted to provide the physician ormation. Nurses will information. w the facility 's policy on the attending physician. ADON must be notified of all ening wounds, new wound ncerns, wound clinic concerns, soncerns as completed on 6/23/21 with to registered nurse (RN) or nurse (LPN) will be allowed to eatment Nurse and Nurse #1, on is completed. The ded to the new staff orientation and treatment nurses. The halfy utilizing agency staff. the education for all certified (CNAs). The re-education estant 's role in preventing NAs are a valuable member of togram team sitioning helps with blood conal hygiene keep the skin estimely incontinent care to in ially those with wounds,	F	686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345293	B. WING		06/28/2021	
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	1 33/20/2021	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 686	- Proper dietary intaknecessary vitamins f - Sometimes addition promote healing - Notify the hall nurse the wound dressing or becomes soiled The in-service was owith all CNAs working	ke and nutrition to provide	F 68	6		
	CNAs. The facility is staff. On June 23, 2021, the facilitator and unit management and unit management all treatments completed the documents are aphysician, nurse practive in-service was on with all RNs and LPN be allowed to work uncompleted, including #1. The re-education orientation for all RN on June 23, 2021, the weekly rounds with the residents seeing out wound/treatment serview includes verifies in place and the place.	RNs and LPNs. This is the RNs and LPNs, Nurse and Nurse #1, to enter eted on TAR. By having it documented on the TAR, vailable for review by the citioner, and clinical teams. completed on June 23, 2021 is working; no RN or LPN will intil the re-education is it Treatment Nurse and Nurse in is added to the new staff is and LPNs.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING		C 06/28/2021	
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	1 00.	20/2021
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 686	outside treatment, ar was notified of wound recommendations. On June 23, 2021, th Quality Assurance Per (QAPI) committee of physician orders and The administrator als Committee of QAPI (of correction. The Administrator is plan is followed.	ation, if the resident required and if the DON and/or ADON distatus, orders, and provider the administrator notified the erformance Improvement the problem of not following incomplete documentation. To notified the QAPI Committee 's role in the plan responsible for ensuring this althcare and Rehabilitation	F 68	66		
	Interview and review ensure nursing staff ulcer treatments, pro clinic recommendation director/doctor and diprovided Interview and review ensure nursing assis on their role in preventation Recommendation Recommendat	ompleted on Treatment ds (TARs) to ensure e transcribed to the TARs,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345293	B. WING		06/28/2021	
	ROVIDER OR SUPPLIER D PINES HEALTHCAR	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	<u> </u>	00/20/2021
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 686	Continued From pa	ge 29	F 6	86		
		dents with pressure ulcer to ess were functioning and in				
	The facility's date o of 6/24/21 was valid	f immediate jeopardy removal dated.				
	2/11/21 with multipl hypertension and d Minimum Data Set 5/7/21 indicated that intact, needed exte	admitted to the facility on e diagnoses including iabetes mellitus. The quarterly (MDS) assessment dated at Resident #2's cognition was ensive assistance with bed stage 3 pressure ulcers that mission.				
	reviewed. The care initiated on 2/26/21 interference with st skin caused by prespressure ulcers to scurrent ulcers will n	ructural integrity of layers of ssure related to multiple sacrum." The goal was the ot worsen thru next review. cluded to ensure special				
	observed with a spe	O AM, Resident #2 was ecial mattress in her bed. The bed that was deflated, and the n.				
	observed during the resident had 2 pressacrum. The ulcers	2 AM, Resident #2 was e dressing change. The sure ulcers, left buttock, and s did not have necrosis, and no signs/symptoms of				

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
		345293 B. WING			C 06/28/2021		
	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP COL HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		J6/26/2021	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 686	observed to clean the and calcium alginate with transparent dress with transparent dress. On 6/16/21 at 8:25 A observed in bed and deflated and the mach on 6/16/21 at 8:37 A interviewed. She star Resident #2. NA #2 that the resident's aireported that she has this morning. NA #2 of the air mattress as plugged in to the war on 6/16/21 at 8:39 A interviewed. She star Resident #2. She in nurse was responsible mattress to ensure it functioning properly. On 6/16/21 at 11:05 was interviewed. He responsible for checensure it was functional that he did not notice Resident #2 was not deflated on 6/15/21 of 3a) Resident #3 was 9/30/19 with multiple 2 diabetes, and a proregion.	e ulcers with normal saline was applied and covered ssing. MM, Resident #2 was the air mattress was chine was not on. MM, Nurse Aide (NA) #2 was ated that she was assigned to stated that she didn't know mattress was not on. She do not been to her room yet checked the electrical cordinal noticed that it was not all power outlet. MM, Nurse #1 was assigned to dicated that she was assigned to dicated that the treatment ole for checking the air me air mattress was AM, the Treatment Nurse	F 6	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345293	B. WING_			C 06/28/2021	
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CO HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		00/20/2021	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		CIENCY MUST BE PRECEDED BY FULL PREFIX		CORRECTION DN SHOULD BE HE APPROPRIATE (1)	(X5) COMPLETION DATE	
F 686	4/1/21, included a food pressure ulcer to sack developing further presimmobility. A quarterly Minimum assessment dated 5/4 was cognitively intact or refusal of care duriperiod. She required Activities of Daily Livit with 1 stage 3 pressured The June 2021 physis the coccyx wound with Pack with Calcium Allused for wounds with (medical grade honey actions) and cover with week. A review of the facility dated 6/4/21 revealed coccyx measured 1.5 cm in length and 0.2 the wound was slow in the June 2021 Treat (TAR) revealed wound.	cus area for admitted with rum and was at risk of essure areas related to Data Set (MDS) 6/21 indicated Resident #3 and displayed no behaviors ing the 7 day look back extensive assistance with ng (ADL's) and was coded re ulcer. cian orders read to cleanse th normal saline and pat dry. ginate (a wound dressing drainage) and Medihoney that has antibacterial th a foam dressing 3 times a c's Wound Ulcer Flowsheet the pressure area to the centimeters (cm) in width, 1 cm in depth and indicated in healing.	F	586			
	6/16/21 were reviewe	notes from 12/1/20 to ed and indicated Resident #3 efusals of wound care or any as completed with the					
	Medical Director on 6	/16/21 at 10:05 AM and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345293	345293 B. WING		C 06/28/2021		
	ROVIDER OR SUPPLIER D PINES HEALTHCAR	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		00/20/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 686	Resident #3 had not on 6/7/21. He added treatment to be contine the treatment Nursibe notified if there we could not be completed. An interview occurr 11:42 AM, who was She was scheduled shift on 6/7/21 and nurse was out of the expected to complete The June 2021 TAF she was not aware of the facility nor was would be responsible Resident #3 on 6/7/24. An interview was conversing (DON) on explained she was was out of the facility for their residents under the continuous treatment of	ware the wound care for bot been completed as ordered dhe would have expected the impleted as ordered even when e was out of the facility or to was a reason the wound care eted as ordered. ed with Nurse #4 on 6/16/21 at a familiar with Resident #3. If for the 7:00 AM to 3:00 PM explained when the treatment e facility the floor nurses were ete wound care as ordered. R was reviewed, and stated the treatment nurse was out as she informed that she be to complete wound care for 1/21. Inducted with the Director of 1/21 at 4:50 PM. The DON unaware the treatment nurse ty until the afternoon of time she informed the floor one responsible for wound care intil 6/14/21.	F 6	,			
	9/30/19 with multipl	as admitted to the facility on e diagnoses that included type ressure ulcer of the sacral					
	4/1/21, included a f pressure ulcer to th developing further p	e care plan, last reviewed ocus area for admitted with e sacrum and was at risk of pressure areas related to erventions included an air					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONS	(X3) DATE SURVEY COMPLETED			
		345293	B. WING _			C 06/28/2021	
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		HIGHWA	ADDRESS, CITY, STATE, ZIP CODE AY 177 S BOX 1489 ET, NC 28345	1 00	20/2021
(X4) ID PREFIX TAG			ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 686	mattress to the bed. A quarterly Minimum assessment dated 5/was cognitively intactor refusal of care durperiod. She required Activities of Daily Livid 1 stage 3 pressure ultreducing device to the Review of Resident # orders revealed an a Resident 3's weight of (lbs.). Resident #3's alternamattress machine was 10:25 AM and was so had settings from 50 set according to reside On 6/15/21 at 2:45 Probserved sitting in the The alternating pressmachine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4. The Treatment Nurse at 10:48 AM, who state functionality of the air unaware Resident #3 reducing mattress machine was set at 4.	Data Set (MDS) 6/21 indicated Resident #3 if and displayed no behaviors ing the 7 day look back extensive assistance with ing (ADL's), was coded with cer and had a pressure e bed. 6/3's June 2021 physician in mattress to the bed. 6/11/21 was 229 pounds 6/11/21 was 229 pounds 6/11/21 was 229 pounds 6/15/21 at cet at 450 lbs. The machine to 450 lbs. and indicated to dent's weight per lbs. 6/11/21 was 6/11/21 was 6/11/21 was 6/11/21 at 6/11/22 at 6/11/22 at 6/11/22 at 6/11/22 at 6/11/22 at 6/11/23 at 6/11/24 at 6/11/24 at 6/11/25 at 6/1	F	586			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING		C 06/28/2021	
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	00/20/2021	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		5.75	
F 686	Continued From page	: 34	F 686			
F 697 SS=G	Nursing (DON) on 6/1 indicated she was unawas to check the fundalternating pressure in be done at least daily Treatment Nurse. She expected the alternatia according to the resid with pressure ulcers to the constant of the property of the	aware whose responsibility it stionality of the air nattresses, but felt it should most likely by the further indicated she agair mattresses to be set ent's weight for residents or promote healing. M, the Treatment Nurse sked on Resident #3's se earlier, confirmed it had and stated he adjusted it. Checking the setting of the was unable to state the last. The Treatment Nurse is alternating air mattress been set for 230 lbs. as her nd the machine should have	F 697	F 697 Pain Management Resident #4 had a venous stasis ulcer the right lower extremity related to ede		

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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		345293	B. WING _			06/28/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
RICHMON	ID PINES HEALTHCA	RE AND REHABILITATION CENTE		HIGHWAY 177 S BOX 1489			
TATO I MICH	D I III O II LALIII OA	NE AND REMADILITATION SERVE		HAMLET, NC 28345			
(X4) ID PREFIX TAG			EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		ORRECTION ON SHOULD BE IE APPROPRIATE ')	(X5) COMPLETION DATE	
F 697	Continued From page	age 35	F 6	97			
	-	s reviewed for wound care.		and immobility. The facility p	nrovided		
	IOI IOI IOSIGETIE	reviewed for would date.		wound care on the venous s			
	The findings include	ded:		The facility failed to assess a			
				Resident #4 for pain while th			
	Resident #4 was d	originally admitted to the facility		had complaints of pain durin			
		cumulative diagnoses included		care. On June 16, 2021 the	-		
	chronic venous hy	pertension with ulcer of right		director of nursing (ADON) a	assessed		
	lower extremity (a	condition where there is		Resident #4□s venous ulcer	on the right		
		veins), cerebral infarction (a		lower extremity while observ			
	stroke), diabetes type 2 and peripheral vascular			dressing change. On June 1			
	disease (PVD).			ADON notified the physician			
				needed (PRN) acetaminoph			
		nual Minimum Data Set (MDS)		needed renewal, the new or			
		3/19/21 indicated Resident #4		acetaminophen was receive			
		paired cognition and displayed fusal of care during the 7 day		2021 a nurse was observed Resident #4 two acetaminop			
		She required extensive to total		by mouth. Resident #4 acce			
		tivities of Daily Living (ADL's)		medication. Since June 16,			
		th 1 venous ulcer present. The		nurse providing wound care			
		n was present occasionally and		offering Resident #4 PRN pa			
	was rated a 3 out			prior to performing a dressin			
		•		assessing the resident for pa			
	A pain assessmen	t was completed by the		dressing change. The DON	, ADON, unit		
		of Nursing (ADON) on 3/19/21.		manager, staff facilitator and			
		ndicated Resident #4 verbally		worker is performing random			
		occasionally and rated pain		during dressing changes and	-		
		10. The pain was noted as not		interview with Resident #4 to			
		nset and was located to the		Resident #4 is offered pain r	•		
	-	sident #4 described the pain as		including during dressing ch	anges.		
	_	ation was marked as relieving		All and in the feetites in	- L 15		
		e evaluation and intervention		All residents in the facility, in	-		
		pain level was mild and resident edication ordered which was		residents with pressure ulce			
		g pain. The form further		potential of suffering from pa wound care. The facility mu	•		
		s no nursing action needed		management is provided to			
		sessment as current pain		according to the resident □s			
		effective in managing Resident		preferences.	godio di id		
	#4's pain.	chiesave in managing recordent		prototorioco.			
				June 16, 2021 □ June 23, 20	021, the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345293	B. WING			l	C 220/2024	
NAME OF PROVIDER OR SUPPLIER						06/	28/2021	
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
RICHMON	D PINES HEALTHCARE	AND REHABILITATION CENTE			GHWAY 177 S BOX 1489			
		-		H	AMLET, NC 28345			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR 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 697 Continued From page		e 36	F 6	597				
F 697	indicated Resident #4 for discomfort when r was an order to clear normal saline and par (a wound dressing us drainage) to the open gauze and wrap with Resident #4's active of 4/13/21, revealed the - Peripheral vascular disease. The interver pain and report to phy intervention. -Potential for chronic stroke), complaints of The interventions inclimedications as per pleffectiveness, docum and non-verbal signs signs/symptoms of no changes moans, grur expression, crying an - Potential for skin inthistory of rashes, histoe, history of abrasic bruises and fragile skincluded pain evaluatinecessary. - Actual skin integrity ulcer of right lower exand immobility. A review of the April 2 indicated Resident #4	a 2021 physician orders a was not ordered anything leeded or routinely. There lise the right lower leg with a dry, apply Calcium Alginate leed for wounds with a areas, and cover with dry gauze wrap 3 times a week. Care plan, last reviewed following focus areas: disease related to heart litions included to assess for discian for possible pain related to CVA (a f pain, PVD and diabetes. Unded to administer pain mysician order and note the leent and report complaints of pain and observed for converbal pain such as liting, yelling out, sad d report to nurse. legrity impairment related to loory of blister to right great on under breasts, history of in. The interventions ion/assessment as limpairment: venous stasis litermity related to edema 2021 physician orders lidid not receive a	F	697	treatment nurse, with the assistance of the ADON assessed for pain the reside with wound treatment orders and notific the attending physician/nurse practition. No new orders were received from the physician/nurse practitioner. June 16, 2021 the root cause analysis: who □ treatment nurse/all residents; w□ pain; when □ nurse performing dressing changes or at other times; wh□ resident rooms or where resident is; why □ acute and/or chronic pain; howfollow wound manual and/or recognizin pain by 1) talking with resident, 2) listening to resident, and 3) observing resident □s facial expressions. June 16, 2021 □ June 23, 2021, the director of nursing (DON), unit manage and the staff facilitator provided training the treatment nurse, registered nurses (RNs), and licensed practical nurses (LPNs) to ensure the Wound Care Marguidelines are understood. The manual (page A-5) covers Stasis Ulcer Treatment including Consider pain management we medication review (4). Nurses must ensure that pain management is provice to residents; nurses shall assess and the residents for pain. On July 8, 2021, the ADON and minimulate as et (MDS) nurse audited 100% of residents □ current treatment administration records (TARs) and 2) medical records of current residents with the staff residents.	ents ed her. hat ere ng er, g to hual ent, with led reat um 1)		
medication for discomfort as needed or routinely. There was an order to cleanse the right lower leg with normal saline and pat dry, apply Calcium				wounds to identify any residents with pressure ulcers who may be at risk for	u I			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345293	B. WING			C 06/28/2021	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COI		00/20/2021	
				HIGHWAY 177 S BOX 1489	-		
RICHMON	ID PINES HEALTHCARE	E AND REHABILITATION CENTE		HAMLET, NC 28345			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ICY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD B		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 697	Continued From pag	ge 37	F 69)7			
	Alginate to the open areas, and cover and wrap with dry gauze 3 times a week.			pain. The audit identified two including Resident #4, at risk during skin/wound treatments	for pain		
	Resident #4 was not discomfort as needed order to cleanse the saline and pat dry, a open areas, and covitimes a week. A review of the June indicated Resident # for discomfort as nean order to cleanse normal saline and pat to the open areas, a gauze 3 times a week. The June 2021 Med (MAR) revealed Resany medication for the	e May 2021 physician orders revealed esident #4 was not ordered any medication for ecomfort as needed or routinely. There was an der to cleanse the right lower leg with normal line and pat dry, apply Calcium Alginate to the en areas, and cover and wrap with dry gauze 3 lies a week. Teview of the June 2021 physician orders discated Resident #4 was not ordered anything discomfort as needed or routinely. There was order to cleanse the right lower leg with rmal saline and pat dry, apply Calcium Alginate the open areas, and cover and wrap with dry uze 3 times a week. Teview of the June 2021 physician orders discomfort as needed or routinely. There was order to cleanse the right lower leg with rmal saline and pat dry, apply Calcium Alginate the open areas, and cover and wrap with dry uze 3 times a week. Teview of the June 2021 physician orders and in the properties of the properties o		July 8, 2021, the facility admit DON took corrective action with Treatment Nurse. The admit DON met with the treatment discussion and educated the nurse. The discussion and elincluded: 1. The treatment nurse will physician sorders, including pain medication prior to treat procedures 2. The treatment nurse will ADON and/or the DON, registif a resident, including Reside wound/treat related pain issue ADON and/or the DON will a resident and notify the providing to the provide additional corders to provide additional corders to provide additional corders.	inistrator and with the inistrator and nurse for treatment education follow the g for PRN ment notify the stered nurses, ent #4, as a le. The ssess the ler. ensure t on an at-risk physician s		
	had no episodes of a type of behaviors, we to answer yes or no On 6/15/21 at 11:40 was completed with the removal of the webegan to yell out "it a continued to remove know it hurts but I'm A phone interview we	refusals of wound care or any as alert and oriented and able questions. AM, wound care observation the Treatment Nurse. During round dressing Resident #4 hurts". The treatment nurse the dressing and stated, "I almost done". as completed with the 6/16/21 at 10:05 AM who		4. The QA wound nurse, do visits for six months, will audi with the treatment nurse that wound protocols are followed stopping a procedure if the resays/show signs of discomfo concern will immediately be at the QA wound nurse to the D for pain management follow- On July 8, 2021, the DON, A manager, weekend supervise staff facilitator provided educ RNs and LPNs. The re-educerost	uring monthly it and enforce the facility d, including esident rt. Any audit reported by ON/ADON up. DON, unit or, and/or ation for all		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	· ,	(X3) DATE SURVEY COMPLETED	
		345293	B. WING		C		
NAME OF PROVIDER OR SUPPLIER			1 2:	STREET ADDRESS, CITY, STATE, ZIP CODE		6/28/2021	
NAME OF FI	NOVIDER OR SUFFLIER				-		
RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE				HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
(V4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID	PROVIDER'S PLAN OF COR	PRECTION	(X5)	
PRÉFIX			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE	
F 697	Continued From pag	e 38	F 69	97			
	consistent complaint	s of lower leg pain during		covered:			
		lld have been expected to be		1. Wound Care Manual, focu	used on		
	notified of such so th	e discomfort could be		sections related to pain manag	gement		
	appropriately addres	sed.		2. Nurses, including Treatme	ent Nurse,		
				are being instructed to provide	the		
		AM, an interview was		physician with all relevant info			
		DON who was familiar with		including resident pain. Nurse			
		plained Resident #4 had		document relevant information			
		t during wound care and had		3. Nurses must follow the fac	•		
	-	eeded. The ADON was		policy on wounds/treatments/p	ain		
	unaware of any type of analgesic provided prior to			management 4. The DON and/or ADON m	unt ho		
	wound care completion but she would have let the floor nurse know of the pain complaints so			notified of all new wounds, wo			
	Tylenol could be provided.			wounds, new wound orders, re			
	Tylerior codia be pro	vided.		concerns, including resident ex			
		ewed on 6/16/21 at 11:42 AM lent #4 had complaints of		discomfort/pain			
		dressing to her right lower		The education was completed	on July 9		
		d replaced but often stopped		2021 with all staff working; no			
		rt when the procedure was		licensed LPN will be allowed to			
		sessing Resident #4 for pain.		including Treatment Nurse, un			
				re-education is completed. Th			
	An interview was cor	npleted with Resident #4 on		re-education is added to the ne			
	6/16/21 at 1:36 PM.	She denied pain at rest or		orientation for all RNs, LPNs, a	and		
	while sitting in her wheelchair but did experience			treatment nurses. The facility i	s not		
		e wound care to her right		currently utilizing agency staff.			
	_	inued for a while after the					
		leted. Resident #4 was able		On July 8, 2021, the DON, AD			
	to express discomfort was sharp during the			manager, weekend supervisor			
	_	afterwards. She denied		staff facilitator provided education			
	receiving anything to wound care.	r pain prior to or after the		certified nursing assistants (CI re-education included:	NAS). The		
	woullu care.			re-education included: 1. The nursing assistant □s r	ole in		
	On 6/16/21 at 2:53 E	PM a nurse was observed		preventing pressure ulcers, CN			
		wo Acetaminophen tablets by		valuable member of the wound			
	mouth which the resi	· · · · · · · · · · · · · · · · · · ·		program team	2 0010		
				2. Turning and repositioning	helps with		
	Wound care observa	ition was completed with the		blood circulation and comfort			
		d ADON on 6/16/21 at 2:56		3. Residents require timely r	nurse		

NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE B. WING STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	C 06/28/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	1 00/20/2021
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PM. The treatment nurse was observed using wound spray to try and loosen the dressing as it was removed. During the wound care Resident ## was heard repeatedly stating "it hurts, it hurts" or "oooohth". This was heard while removing the dressing, cleaning the wound, applying new dressing and afterwards while Treatment Nurse was cleaning up supplies. An interview was conducted with the Director of Nursing (DON) on 6/16/21 at 4:50 PM. The DON stated if a resident consistently expressed pain during any type of wound care, she would expect the Treatment Nurse or clinical staff to inform the physician to see if pain medication prior to the treatment would be warranted. On 6/16/21 at 5:14 PM an interview occurred with the ADON. The 3/19/21 Pain Assessment Form for Resident ## was reviewed. The ADON stated she thought Resident #4 had Acetaminophen ordered as needed for discomfort and was an oversight not to follow through. She did confirm she had not notified the physician with the consistent expression of discomfort during wound care by Resident ##. The Treatment Nurse was interviewed on 6/16/21 at 5:20 PM and verified Resident #4 consistently expressed discomfort with wound care to her right lower leg and he failed to notify the physician because Resident #4 would stop complaining when the treatment was completed. The dealtowate to work until the education is added to the new staff orientation of CNAs. The fince the induction of CNAs. The fince treatment for a treatment for pain in the electronic medical record, and medications proven the fall treatments completed on a sessessment form on the MAR and LPNs working; no CNA be allowed to work until the education for all RNs and LPNs. Tre-education instructs the RNs and LI to enter all treatments completed on a sessessment form on the MAR and LPNs working; no CNA facilitator and unit manager initiated to enter all treatments completed on a sessessment form on the MAR and LPNs working; no CNA facilitator and unit manager initiated to enter all treatments completed on	will a is to the acility aff this PNs FAR, crided tion elemts tian, v 9, no til f

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F 697	Continued From page	€ 40	F 6	Also, the weekly rounds audits resident representative notificat the resident requested/required relieving measure and 3) if the and/or ADON was notified of the experiencing discomfort. The word audits will be completed months. The round audit result forwarded to the Quality Assura Performance Improvement (QA committee monthly for six (6) montified QAPI Committee of the of not following physician order management, including during a changes. The administrator als QAPI Committee of QAPI Committee of QAPI Committee in the plan of correction. The QAPI Committee will review ongoing in-services and associating signature sheets to ensure community for six (6) months for the of trending and making recommiter performance improvement.	tion, 2) if I pain DON to resident weekly for six (6) ts will be ance API) months. Itrator problem are and pain dressing so notified mittee simpletion by API sults the purpose		