PRINTED: 03/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED C
		345144	B. WING _			02/24/2022
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)	DATE
E 000	Initial Comments		E	000		
E 001 SS=L	to 2/2/22. The facility with the requirement Preparedness, and v # 54P511.  Immediate Jeopardy  CFR 483.73 at tag E (L)  Establishment of the CFR(s): 483.73  §403.748, §416.54, § §482.15, §483.73, §4 §485.625, §485.727,  The [facility, except for omply with all applicemergency prepared [facility, except for Trestablish and maintal emergency prepared requirements of this preparedness progralimited to, the following the terms "facility" or refers to all provider	Emergency Program (EP)  3418.113, §441.184, §460.84, 183.475, §484.102, §485.68, §485.920, §486.360, §491.12  or Transplant Programs] must cable Federal, State and local ness requirements. The ansplant Programs] must in a [comprehensive] ness program that meets the section.* The emergency am must include, but not being elements:  Indicated, the general use of "facilities" in this Appendix and suppliers addressed in	E	001		3/22/22
	lieu of the specific pr regulations. For vary	s a generic moniker used in ovider or supplier noted in the ving requirements, the specific ovider/supplier will be noted as				
LADODATODY	DIDECTORIS OF PROVIDER	SLIDDI IED DEDDESENTATIVE'S SIGNATI ID		TITI E	· · · · · · · · · · · · · · · · · · ·	(X6) DATE

03/04/2022 **Electronically Signed** 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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	l' '	E SURVEY PLETED
		345144	B. WING _		02	C 2/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
E 001	Continued From page	e 1	E 0	01		
	comply with all applice emergency prepared hospital must develop comprehensive emer that meets the require utilizing an all-hazard preparedness progra limited to, the followin *[For CAHs at §485.6 with all applicable Fe emergency prepared must develop and material emergency prepared all-hazards approach preparedness progra limited to, the following This REQUIREMENT Based on North Carepress releases, email record review, reside staff, Emergency Metand facility staff intervenact the facility emewhich impacted all redeclared state of emeweather. The result of resulted in one Licensand two Nursing Assi 98 residents at the facility for a weather and the facility for a weather at the facility	gency preparedness program ements of this section, is approach. The emergency im must include, but not being elements:  625:] The CAH must comply deral, State, and local ness requirements. The CAH aintain a comprehensive ness program, utilizing an . The emergency im must include, but not be		Pine Ridge Health and Reha Center acknowledges receip Statement of Deficiencies ar this Plan of Correction to the the summary of findings is fa and in order to maintain com applicable rules and provision care of residents and to mee established by state and fed Plan of Correction is submitt allegation of compliance.  Pine Ridge Health and Reha Center sresponse to this S Deficiencies and Pine Ridge Rehabilitation Centers earl credible allegation of immed	ot of the and proposes a extent that actually correct apliance with ons of quality of et requirements areal law. The seed as a written abilitation attatement of a Health and lier submitted	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345144	B. WING			l '	24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		<u> </u>	L-1/2022
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E 001	members for a long p dispatch attempted to went unanswered. Then contacted the cit Emergency Medical Slack of facility staff the Preparedness Direct facility and utilized recombination of skilled assess, assist with an services for the residual Immediate Jeopardy facility failed to plan, inclement weather (si potential for inclement the Governor of the Shis enactment of a stentire state related to The facility failed to e preparedness plan. Tremoved on 1/18/22 acceptable credible and Jeopardy removal. To compliance at a scop actual harm with the minimal harm that is the facility to complet monitoring systems pand to share the Emewith the Fire Marshall facility was placed at Findings included:	d of not having seen staff period of time. When 911 or call the facility, the calls the police officers who arrived by fire department and county of Services (EMS). Due to a see county Emergency or took over operations of the sources to obtain a dindividuals to provide care, the evening meal, and other tents of the facility.  The prepare, and respond for the state of North Carolina through the predicted winter storm. The immediate jeopardy was when the facility provided an allegation of Immediate the facility will remain out of the eard severity level of F (not potential for more than the produce are effective, ergency Preparedness Plan I. Every resident of the	E	0001	removal does not denote agreement withe Statement of Deficiencies nor does constitute an admission that any deficiency is accurate or that any individual resident suffered or was likely to suffer actual harm or a serious adverse outco. Further, Pine Ridge Health and Rehabilitation Center reserves the right refute any of the deficiencies on this Statement of Deficiencies through Infor Dispute Resolution, formal appeal procedure and/or any other administration legal proceeding.  How corrective action will be accomplist for those residents found to have been affected by the deficient practice  On 1/14/22, the Assistant Regional Vice President (ARVP), and Human Resource Consultant reviewed the emergency preparedness plan onsite with the Administrator.  On 1/16/22 at 11:45 PM the administrativith the assistance from the ARVP, initiated the Emergency Preparedness Plan due to the inclement weather. This was to ensure residents received medications, meals in a timely manner, received other necessary care and services, and staff provided supervision an environment without severe risk of his to include in the dementia unit.  On 1/17/22 the ARVP assisted the administrator and DON with implementation of the Emergency	it dual dual me. t to mal ive shed e ces	

Facility ID: 923017

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		LETED
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E 001	1/17/22, the EP plan 5/4/21 by Administrat August 2021. The re plan was reviewed by place from August un Page A-5 documente facility 's current leve any given disaster. Tinvolve the input of cohealthcare facility will vacuum, and there m to support the facility. Thomasville Emerger A-12 was disconnected made to call the number A-15 there was a haz ranked assessment for Bio-Terrorism, the set third was extreme tensevere weather. The other key facility lead community-specific Expencies, collaboration respond to future emedocumented on page on page C-5 read in program is a community and integrating hazar be taken to reduce experies weather Everofficial weather service attention to "hazardor similar products and inveather conditions as as severe weather is	lan material revealed prior to had last been reviewed on or #1, who was in place until view did not reveal the EP v Administrator #2, who was in til suspended on 1/17/22. din part-Analysis of the el of preparedness to manage this process should also ommunity agencies. The not be responding in a lay be community resources. The phone number for the locy Manager Agency on page led when an attempt was been on 1/18/22. On page lard vulnerability assessment for events, the first was cond was utility outage, the inperature, and the fourth was facility administrator and lership shall participate with mergency Management ons and/or coalitions to better lergencies and disasters, was A-19. Under communication part; Part of this emergency incation system for sharing dispecific actions which may exposure to harm such as: ints-Monitor local media or the forecasts, paying particular us weather outlooks" or independently monitor local is severe weather conditions often a very localized event. ed on page C-5 a specific	E	001	Preparedness Plan which included ensuring sufficient staff was present to provide care and services to residents.  How the facility identified other residen having the potential to be affected by the same deficient practice  On 1/16/22 at approximately 11:30 PM DON arrived at the facility and provided medications and direct care.  On 1/16/22 at 11:45 PM, a call was hell with the Administrator and Corporate support staff to implement Emergency Preparedness Plan, which implementate would include getting sufficient staff to facility to provide assessment of reside and care and services to residents.  On 1/17/22 at 8:02 AM, the Mobile Certified Dietary Manager arrived in the kitchen, and the dietary department provided breakfast as scheduled.  On 1/17/22 at 10:47 AM, the Corporate Clinical Director arrived in the facility at provided direct care.  On 1/17/22 at 11:00 AM, Corporate Employee Experience personnel arrive the facility, to assist with securing staff the schedule.  On 1/17/22 at 11:10 AM, the Regional MDS Consultant arrived at the facility to provide direct resident care.	ts ne , the d tion the nts e	

NAME OF PROVIDER OR SUPFLER  PINE RIDGE HEALTH AND REHABILITATION CENTER    (MA) ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)   TAG		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	1, ,	TE SURVEY MPLETED
STREET ADDRESS, CITY, STATE, ZIP CODE TRE PINE RIDGE HEALTH AND REHABILITATION CENTER   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   THOMASVILLE, NC 27380    E 001   Continued From page 4   section for Winter Storms; Monitor local media or official weather service forecasts; winter weather is rarely a surprise event and to make alternative staffing arrangements should the facility are impassable). Page F-5 had a specific section for Procedures for a Winter Weather Emergency which included when severe winter weather is anticipated or conditions are observed which may impact on the facility, there is a responsibility to monitor available weather information. The policy further documented if a significant impact was anticipated, due to accumulation of snow, icy roads or drifting snow conditions, the Director of Facilities or her designee will be notified to begin notification of key personnel. These individuals will then assess the impact the weather event may have on staffing, delivery of supplies or access to the facility.  An executive order from the Governor of North Carolina was released on 1/13/22 at 9:18 AM regarding a winter weather advisory and implementing a state of Emergency for the entire State of North Carolina.  STREET ADDRESS, CITY, STATE, ZIP CODE TROMATION THOMAS TO ADDRESS.  PROVIDERS NEAD TO SEMBLE TO SEMBL			345144	B. WING _		0	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  E 001  Continued From page 4 section for Winter Storms; Monitor local media or official weather service forecasts; winter weather is rarely a surprise event and to make alternative staffing arrangements should the facility are impassable). Page F-5 had a specific section for Procedures for a Winter Weather Emergency which included when severe winter weather is anticipated or conditions are observed which may impact on the facility, there is a responsibility to monitor available weather information. The policy further documented if a significant impact was anticipated, due to accumulation of snow, icy roads or drifting snow conditions, the Director of Facilities or her designee will be notified to begin notification of key personnel. These individuals will then assess the impact the weather event may have on staffing, delivery of supplies or access to the facility.  An executive order from the Governor of North Carolina was released on 1/13/22 at 9:18 AM regarding a winter weather advisory and implementing a state of Emergency for the entire State of North Carolina.  PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  E 001  E 001  E 001  Facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:00 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/122 at 12:00 PM, an additional RN consultant arrived to assist with direct resident care.  On 1/17/122 at 1:00 PM, an additional RN consultant arrived to assist with direct resident care.  Beginning on 1/17/122-1/20/22 the Physician or Nurse Practitioner assessed all residents for changes in condition. Orders were written and carried out for all identified areas of concern.			BILITATION CENTER		706 PINEYWOOD ROAD	•	-
section for Winter Storms; Monitor local media or official weather service forecasts; winter weather is rarely a surprise event and to make alternative staffing arrangements should the facility be cut-off (meaning routes to and from the facility are impassable). Page F-5 had a specific section for Procedures for a Winter Weather Emergency which included when severe winter weather is anticipated or conditions are observed which may impact on the facility, there is a responsibility to monitor available weather information. The policy further documented if a significant impact was anticipated, due to accumulation of snow, icy roads or drifting snow conditions, the Director of Facilities or her designee will be notified to begin notification of key personnel. These individuals will then assess the impact the weather event may have on staffing, delivery of supplies or access to the facility.  An executive order from the Governor of North Carolina was released on 1/13/22 at 9:18 AM regarding a winter weather advisory and implementing a state of Emergency for the entire State of North Carolina.  On 1/17/22 at 11:30 AM, the supporting RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:00 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:00 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:00 PM, an additional RN consultant arrived to assist with direct resident care.  On 1/17/22 at 12:20 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:20 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:20 noon, the assigned RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:20 non, the subject of RN facility consultant arrived to assist with direct resident care.  On 1/17/22 at 12:20 PM, sufficient facility of residents and provide care and service	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
administrator email group, which was validated to include Administrator #2, on 1/13/22 at 10:00 AM from the Section Chief of the Division of Health Service Regulation, Nursing Home Licensure and Certification Section of the North Caroline (NC)  Department of Health and Human Services (DHHS). The subject of the email was "bad weather coming." The email included an NC Emergency Management Hazardous Weather  Tanked with 100 % of alcit and offiched residents to provide psycho-social support.  On 1/17/22 at approximately 5:30 PM, the ARVP suspended the Administrator for failure to implement the Emergency Preparedness Plan. Acting as the Governing Body, the ARVP assigned himself as the Interim Administrator during the investigation.	E 001	section for Winter Sto official weather service rarely a surprise ever staffing arrangements (meaning routes to an impassable). Page F Procedures for a Wind which included when anticipated or condition impact on the facility, monitor available weaturther documented in anticipated, due to accord or drifting snow Facilities or her designotification of key pet then assess the impact have on staffing, delifting the facility.  An executive order for Carolina was release regarding a winter we implementing a state State of North Carolina An email was sent to administrator email ginclude Administrator from the Section Chieservice Regulation, Certification Section Department of Health (DHHS). The subject weather coming." The	corms; Monitor local media or the forecasts; winter weather is and and to make alternative is should the facility be cut-offend from the facility are is 5-5 had a specific section for other Weather Emergency severe winter weather is consider on the observed which may there is a responsibility to eather information. The policy of a significant impact was occumulation of snow, icy of conditions, the Director of genee will be notified to begin resonnel. These individuals will not the weather event may overy of supplies or access to come the Governor of North of on 1/13/22 at 9:18 AM eather advisory and of Emergency for the entire ma.  In a nursing home roup, which was validated to #2, on 1/13/22 at 10:00 AM eaf of the Division of Health Nursing Home Licensure and of the North Caroline (NC) in and Human Services to of the email was "bad the email included an NC	EO	On 1/17/22 at 11:30 AM, the service direct resident care.  On 1/17/22 at 12:00 noon, the RN facility consultant arrived direct resident care.  On 1/17/22 at 12:00 PM, an acconsultant arrived to assist wiresident care.  On 1/17/22 at 2:30 PM, suffice staff were in the facility to meroif residents and provide care to the residents.  Beginning on 1/17/22-1/20/22 Physician or Nurse Practitionall residents for changes in concorders were written and carrificentified areas of concern.  On 1/30/22-2/13/22, the socitalked with 100% of alert and residents to provide psychosomory.  On 1/17/22 at approximately a RVP suspended the Administration and carrifications. Acting a Governing Body, the ARVP a himself as the Interim Administration.	e assigned to assist with ditional RN ith direct ient facility et the needs and services et assessed ondition. ed out for all al worker oriented ocial support.  5:30 PM, the strator for regency s the ssigned	

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T IIVE TOIL	JE NEAEMAND REMAE	JEHANOR SERVER		T	THOMASVILLE, NC 27360		
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E 001	Continued From page	e 5	E	001			
	included a significant	winter storm is expected					
	across much of the st	tate later this weekend.			Measures put into place or systemic		
	Portions of the mount	tains and piedmont will likely			changes made to ensure that the defic	ient	
	see the greatest impa	acts.			practice will not recur		
	According to a news story titled, This is how much snow fell Sunday, posted on 1/17/22, by WCNC, a television station out Charlotte, NC, Thomasville,				On 1/17/2022 at 1:23 AM, the ARVP		
					arrived at the facility and assumed cha	-	
					of the facility and directed the corporate	Э	
		of snow and 0.09 inches of			staff to implement the shelter-in-place		
		he report documented there			portion of the Emergency Preparednes	S	
		w and sleet on some roads			Plan.		
		ce in the trees. Further review					
		s from around Davidson			On 1/17/22 upon arrival to the facility, t		
	-	onditions and 2.5 to 4.0			corporate staff reviewed the Emergence	У	
	inches of snow and ic	ce.			Preparedness Plan. A second ARVP		
					began updating the emergency plan,		
		ducted with Administrator #2			including contact names and numbers.		
		M. She stated she had been					
		ne facility since August 2021.			On 1/21/22, the Corporate Director of		
	•	6/22 they were fully staffed			Special Projects began educating 1009	∕ <sub>6</sub> of	
		vere one or two call outs, and			the facility and agency staff on the		
		id not come in at 7:00 AM on			Emergency Preparedness plan. The		
		ed a majority of the staff from			education included: 1) the emergency		
		d from 11:00 PM on 1/15/22			preparedness program, 2) incident	۵)	
		2 had stayed over to help the			management staff chain of command,	3)	
		rived on 1/16/22. She said			evacuation, shelter in place, 4) fire		
	· ·	over included a majority of the			response plan, 5) disaster, 6) infectious		
	,	IAs), the medication aides			disease, 7) power outages/interruption		
	'	urses. She said she and the			workplace violence and active shooter		
		ad tried to come into the			missing resident, 10) reporting to work		
		re unable to because of the			during inclement weather, and 11) slee	;p	
	•	from the inclement weather.			pay policy. The education will be		
		vith Nurse #7 who arrived at			completed on 3/22/22. Any staff that ha		
	the facility at 7:00 AM				not worked and completed the Inservice		
	_	7:00 PM on 1/16/22 and the			will complete upon their next scheduled	ג	
		d packed a bag and was			shift. The Mobile Director of Nursing,		
	∣ prepared to stay the i	night if needed. She then			Director of Nursing, or Clinical Support		

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E 001	the NAs and 7:00 PM told her they were no and would not be conto Nurse #7 later in thit was just her and 2 I She stated she starte team for them to comtrying to come in, but the facility. She said the dietary staff at arc first shift cook was the cook had come in ear thought the second si PM. She stated Nurshad sandwiches for a explained at some tin 10:00 PM Nurse #7 hher Emergency Manawith the police, fire decalled the state (DHH received calls from he informed them they hoursing Home Sectionalso made aware the Management Coordin contact her and was a had received no calls she had been talking through the day and a were to come into the relief. Administrator a contacting the Davids Management Coordin assistance. Administ had not reviewed the	vas scheduled at 3:00 PM for a for the nurses called and able to make it to the facility ning in. She said she talked he day and the nurse told her NA's for the whole facility. It do call her administrative he in and help, people were they were unable to get to she was corresponding with bound noon and was aware the hift cook stayed until 8:00 he #7 told her the residents of dinner meal on 1/16/22. She he between 9:00 PM and he had called her and informed he had been contacted by the her supervisors who had her contacted by the her Chief. She said she was Davidson County Emergency heator had been trying to bunable to, but she said she from him. She explained to Nurse #7 several times had her supervisors who had her supervisors who had her supervisors who had her contacted by the her chief. She said she was not aware her was not aware son County Emergency hator was an option to provide the pand her was an option to provide ther her was an option to provide her was an option to provide her was an op	E	0001	Staff will ensure all newly hired staff an newly scheduled agency staff will compute Inservice during orientation.  On 1/17/22, the interim administrator monitored local and regional weather forecasts for 2 weeks.  On 1/18/22 the interim administrator posted contact names and phone number at the nurse stations, break room, and it the kitchen for staff to use in the event an emergency.  On 1/21/22, the Fire Marshall visited the facility, the Emergency Preparedness Five was shared.  On 1/22/22, the Corporate Clinical Director proactively educated the interim administrator and interim director of nursing (DON) on Emergency Preparedness Plan and implementation The education included: 1) Winter storm warnings, 2) Winter storm watch, 3) Winter warnings, 2) Winter storm watch, 3) Winter warning for severe icing, 5) Blizz warning, 6) Wind chill warning, 7) High wind warning, 8) Winter weather advised 9) Tornado watch & Warning, Thunderstorms, Floods, 10) Call corpor support staff, 11) Maintain, update, util implement, communicate, mitigate, prepare, respond, recover. Future administrators and DONs will be education the Emergency Preparedness Plan and the preparedness Plan and the Emergency Preparedness Plan	pers in of e Plan ctor n. m nter er ard ory, rate ize,	

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E 001	Continued From page	e 7	E	001			
	had some information	n which would have been					
	helpful for the situation.  An interview was conducted on 1/18/22 at 2:30 PM with Administrator #3 (who was the Assistant				During the weekend of 1/22/22 □ 1/23/	22,	
					the facility exercised the Emergency		
					Preparedness Plan during an inclemen		
					weather warning. Facility staff were or		
		egional Vice President prior to assuming the ministrator role). During the interview he stated			and staff were paid sleep pay to remain		
	administrator role). During the interview he stated he had started in December of 2021. He stated he had been at the facility on 1/14/22 and had discussed with the former administrator and had reviewed inclement weather was coming, sleep				site during the inclement weather. Wh		
					the Emergency Preparedness Plan wa		
					enacted, the residents received care a	10	
					services.		
		e employees were paid a			On 2/28/22 the Interim Administrator		
	' ' ' ' '	at the facility used during			contacted the Quality Improvement		
		ransportation for the facility			Organization to discuss the plan of		
		ctive Equipment (PPE)			correction and for further recommenda	tions	
		nerator was prepared. He			to the action plans.		
	_ · ·	preparations verbally with her			as are assert plants.		
		parations for the potential of			How the facility plans to monitor its		
	1	id been implemented, but she			performance to make sure that solution	าร	
	had provided no spec	cific details of the			are sustained:		
	preparations. He exp	plained they had not reviewed					
	the Emergency Prepa	aredness Manual and he was			Beginning 3/22/22 the Mobile Director	of	
	not aware the last tim	e the administrator had			Nursing, Director of Nursing, or clinical		
	reviewed the emerge	ncy preparedness manual.			support staff will conduct 10 quizzes w	ith	
		alked with Administrator #2			staff on the Inclement Weather Emerge	-	
	_	2 and she informed him they			Preparedness weekly x 8 weeks. Staff		
	_	weather, were making sure			each department will be included. Any	staff	
		ed, and there were no power			that does not pass the quiz after 3		
		had not heard from the			attempts, will no longer be allowed to v	/ork	
	_	the day on 1/16/22 until the			until successful completion. The		
	night when police, fire, and Emergency Medical				Administrator or Director of Nursing wil		
	· '	at the facility, but he would			review and initial the audit tools weekly		
		re heard from her through the			weeks for compliance and to ensure al	1	
	, , ,	uation with staffing. He said			areas of concern were addressed.		
		ound 9:20 PM Sunday night the police department and			Beginning 1/18/22, the Administrator w	ill	
		e facility providing care. He			coordinate an Emergency Preparedness		
	,	- ·, p · · · · · · · · · · · · · · · ·	1		i i i i i i i i i i i i i i i i i i i		1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
				_		,	С
		345144	B. WING			02	/24/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET AL		TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE RIDO	SE HEALTH AND REHAB	II ITATION CENTER			06 PINEYWOOD ROAD		
I IIIL KIDO	DE HEAEIH AND KEHAD	MENATION SERVER			THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)			(X5) COMPLETION DATE
E 001	1 Continued From page 8		E	001			
	said he had received	notification from the Director			Plan exercise with all staff quarterly x 2	2.	
		r the corporate managing			The exercise will be a tabletop exercise		
	company of the facility. He stated he had discovered there was a presence of community support at the facility due to low staffing at the facility. He said he arrived at the facility at 1:23 AM on 1/17/22. He said when he arrived one of the police officers had informed him police had come to the facility to conduct a wellness check				participation in a community sponsored		
					exercise. The Administrator or Director		
					Nursing will review and initial the exerc		
					for compliance and to ensure all areas		
					concern were addressed.		
	on 1/16/22 due to a ca	all from someone at the			The Administrator will be responsible for	or	
	facility and the police	discovered one LPN and 2			forwarding the quizzes and exercises to	0	
		r all of the residents. The			the Quality Assurance Committee. The		
	_	dministrator #2 arrived at the			facility⊡s Quality Assurance Performar		
	· ·	e discussed with her the			Improvement (QAPI) committee will rev		
		e available to her through			the quizzes monthly x 2 months to ider	-	
		d she did not supply an			trends and determine the need for furth	ıer	
	-	come she had not alerted			frequency of monitoring.		
	•	e members the situation					
		staffing. He said he had told					
		called him about the staffing					
		administrator stated he was					
		he administrator for the					
	· ·	strator had been suspended,					
	corporate regarding w	estigation being conducted by					
	corporate regarding w	лат пай паррепей.					
	An interview was con-	ducted was conducted on					
		ith the (Director of Nursing)					
	DON #1. She stated						
		uled people had not called					
		they were coming into the					
	_	facility was fully staffed for					
	· ·	2 because the night shift staff					
	_	lp. The staffing for the					
	•	as 2 Registered Nurses					
	_	actical Nurses (LPNs), 2 med					
		e DON stated after 7:00 AM					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	LETED
		345144	B. WING			24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE D6 PINEYWOOD ROAD HOMASVILLE, NC 27360	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
E 001	but she was unable to conditions, and she we explained through the started telling her the worked all night, and day, and started to go convince them to stay med aide who was the left one LPN and 2 National DON explained she wishe could for them to was no answer, or the said she then heard to department were at the police department were she was able to arrive PM on 1/16/22. The just doing what they were the 2 NAs a sufficient staffing for explained there was a but she did not think to that bad. She explain the facility staffing was staffing and she could said she was trying to in. She said the plan the morning of 1/16/2 She explained typical nurses and 7 NAs to residents for evening	ried to drive into the facility, or make it because of the road went back home. She aday, the night shift staff y were tired from having having been there during the or home, and she couldn't y. She said at 2:00 PM the ere for the day shift left and it As for 98 residents. The was calling every staff member go into the facility, but there ere call went to voicemail. She he police, and the fire the facility. She said the ere able to pick her up and the to the facility at about 11:30 DON explained the staff were wanted to do, staff were just by wanted to. She said she a place to stay, everything do, the only people who could and the nurse, which was not the residents. The DON an inclement weather plan, the weather was going to be need it was difficult because is mostly through agency do not make them stay. She of get the administrative staff was to come into the facility. If y there would have been 4 cover and care for 98	E	001		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	1	LETED
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		06 PINEYWOOD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 001	was conducted of the between Administrator. The review of text me following: 1/15/22 at administrator, "How a Response from the foat 11:53 AM was, "We reached out to our lar salting the parking lot might have to pick up From the interim adm AM, "Awesome. Tha at 7:35 AM the forme morning (interim adm concerns at Pine Ridg (medication aide) 2 Chasistants) for 87 pathere from last night. employees. I will kee response from the intat 7:39 AM was, "OK. 9:13 AM the interim a you guys holding up? previous administrator. She is on the pto give instructions. In the interim administration of the process of th	newestigation (SBI) a review text messages exchange or #2 and Administrator #3. essage exchange revealed the 11:47 AM from the interim are we looking for the storm?" ormer administrator on 1/15/22 e are looking good. We adscapers and they are a Maintenance is aware he employees that live close." dinistrator on 1/15/22 at 11:56 anks. Be safe." On 1/16/22 ar administrator texted, "Good dinistrator name). Staffing ge. 1 nurse and 1 med aide and the employees that live close. The erim administrator on 1/16/22 at administrator texted, "How are are pyou posted." The erim administrator on 1/16/22 at administrator texted, "How are are meal related to staff. DON estarted sliding allover the shone with the charge nurse No adverse resident events." ator responded on 1/16/22 at in there. You all are a good of further text or phone and the former administrator and after until they had a phone	E	001			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVE COMPLETED	ΞΥ
		345144	B. WING _			C <b>02/24/20</b> :	22
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	ODE	V=1 11 = V	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BITHE APPROPRIA	COMF	(X5) PLETION PATE
E 001	An interview was con Director on 1/20/22 a Administrator #2 had all-wheel drive vehicl within a 10-minute ra event of inclement we 1/16/22. He explaine on 1/16/22 from 11:0 talked with the forme during the conversati pick up any staff men was aware there wer the facility, maybe 5 pstaff who was there he said he had not he Administrator #2 rega 1/16/22. He said he department heads at was the only one at the Aphone interview was the only one at the Aphone interview was aware do 1/16/22 ar worked until 7:00 AM had worked from 7:00 and it was a normal caware of the potentia	ector clocked in at 11:02 AM 1:33 AM on 1/16/22.  Iducted with the Maintenance to 3:31 PM. He stated he and discussed his use of an ee to pick up staff who lived dius of Thomasville in the eather during the week prior to ed he had come to the facility 0 AM to 11:30 AM and had a radministrator. He said on she had not asked him to enbers. He further stated he ee not many staff members at people, but he was aware the ead already notified DON #1.  Ideard from DON #1 nor arding picking up staff on was expecting to see other the facility.  In seconducted on 1/16/22, but he he facility.  In seconducted on 1/18/22 with at 3:41 PM. She said she and started at 7:00 AM and 1/17/22. She explained she control and an another than to 1/15/22 day. She explained she was all for inclement weather, but an anagement who had	E	DEFICIENC	<u>Y)</u>		
	preparations for incle She said the employed about it and making s your bags and be pre	ment weather on 1/15/22. ees of the facility were joking statements such as pack epared to stay in case it he said when she left her					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	SILITATION CENTER		7	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 001	When she arrived at the was unable to find the know who was supposed to be there without the schedule, make assignments or what halls. She said 7:30 AM to let her know who had arrived for the schedule, and the only stay until 11:00 Athere were only 2 Nur had arrived to work downled have been 2 mand 8-10 NAs. She so DON and the Administ throughout the day, botalked to her the DON gotten back into her of the facility, she didn't truck who could come to find some staff to come t	as just starting to snow. The facility, she explained she as schedule, and she did not sed to work, or who was without the schedule, and she did not know how to who would be assigned to she called DON #1 at around ow she was the only nurse he day shift, she couldn't find anight nurse was going to M. She further explained raing Assistants (NAs) who ay shift, and typically there edication aides, 3 nurses, aid she had talked to the strator #2 multiple times ut on one occasion when she will had told her she had just diriveway after trying to get to take the facility to help she had talked to the former did her she was sorry, and she will have been also as sorry, and she will have a staff, and her and the 2 NAs and left at 2:00 NAs who had stayed over to be the NA shifts go from 7:00 NAs arrived at the facility on NAs arrived at the facility of the NAs arrived at the facility	E	001			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		706 F	EET ADDRESS, CITY, STATE, ZIP CODE PINEYWOOD ROAD DMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 001	work 12 hour shifts from 7:00 PM to 7:00 AM, facility at 7:00 PM. The aschaotic, residents is medications, she was medications such ascensure residents received the other staff were uphone, she was common the former administration phone which she was making periodic round because there was not someone on that unit PM one of the NAs welse was going to contact to the point who going to have to call sturther stated at one pwith the DON, the DO responsibility in the boat while and she responsibility in the police officers behind her they had received situation at the facility discussion with the police who was in charger responded she was, so the facility, there were providing care for all explained shortly after "swarming" with police "swarming" with po	ner explained the nurses om 7:00 AM to 7:00 PM and and no nurses arrived at the he nurse described the day were asking for their arrying to prioritize antibiotics and insulin to eived them timely, she and nable to answer the facility municating with DON #1 and stor via her personal cell as carrying with her, she was do not he dementia unit of enough staff to have at all times, at about 4:30 as crying, asking if anyone me to help, and had a panic sere she felt like she was 11 for the NA. The nurse point during a conversation DN told her she had too much uilding and to go lay down for onded to the DON she was the residents and that was the said she did not know how at one point there were two her, and they had informed to 1911 calls regarding the of the facility, and she she was in the only nurse in the two NAs, and they were of the residents. She	E	001			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY  COMPLETED  C		
		345144	B. WING _			02/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	ABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 001	she felt relieved to k some help for caring stated at 11:00 PM supposed to arrive, and the 2 NAs who remained at the facishe did not know who was.  Review of the David Communications (9 revealed a call from 5:19 PM on 1/16/22 calling from Pine Ridwas trying to find out facility to help her bedd, had not seen sthere was only one calling the facility nu one had answered. police could call the get them some help Review of the David Communications (9 a call from the same called at 5:19 PM, of 1/16/22. The caller from Pine Ridge Nut seen anyone, and there were only 2 N. AM and they had be each. She said they 2 NAs and nurse co	about her and well-being, and know she was going to get go for the residents. She further when the night shift NAs were no NAs arrived at the facility had been there since 7:00 AM lity with her. She explained no the interim administrator  Ison County Emergency 11 Dispatch) call records a resident from Pine Ridge at a resident from Pine Ridge at the ecause she was wet, in her taff in hours, and had been told nurse. She said she had tried amber to the front desk and on She further stated maybe the administrator or the DON to the form Pine Ridge who alled again at 8:00 PM on stated she had called earlier resing Home, but she still hadn's she needed help because As which were here from 7:00 been working at least 2 halls y had no supper, only what the	EO	01		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING			1	C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER	•	7	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 001	2 other police officer. Nursing Home at about stated there was one with the snow, it was gone from the facility stated there were us parking lot and it was been only one car. It foot tracks in the snown near the entrance of door, which was typicallocked, and there was at the front of the bustout "hello" as he entered answer. He stated he continued to call out, To the nurses 'static response. He said the observed wandering other police officers of discover staff at the fidiscovered a nurse of him as to how he has because the front do The police officer the "Almost broke down was by herself, she could by the DON do to help her but at down and get some residents who had dit to her if the residents responded they had	officer #2. He stated he and a sarrived at Pine Ridge out 8:09 PM on 1/16/22. He e car in the parking lot and evident no one had come or via a vehicle for a while. He wally several cars in the savery odd for there to have the stated there were also no we coming into or going out the facility. He said the front cally secured, was not as no one at the reception area lding. He said he was calling ered, but there was no e continued into the facility, and there was no response. On, no staff observed, no here were some residents in the halls, and he and the split up in an attempt to racility. He said he eventually on a hall, and she questioned digotten into the facility or should have been locked. In described the nurse, into tears" and stated she did not know where all of the had been at the facility for 16 the had been at the facility for 16 the had been at the facility for 16 the had been fed and the nurse received breakfast but had not as had been fed and the nurse received breakfast but had not The police officer stated it	E	001			

· , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		1, ,	(X3) DATE SURVEY COMPLETED	
		345144	B. WING _			C <b>)2/24/2022</b>	
	ROVIDER OR SUPPLIER GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 001	Medical Services (EI assist in assessing a residents of the facilit other police officers continued to provide staff at the facility an officer explained sev to have been crying, food or their medicat had not seen a nurse also described the si "horrible" of stool and spoken to the NAs we because he had not aware they were the made him aware the administrator #2 arriv point and he was tak Operations Center (Esituation and was obthere and just shakin described the road of Thomasville on 1/15, been snow in the most of the rest of the day out, were able to driving they were OK. The people could have did A phone interview was 1:14 PM with the Em Coordinator of David interview he stated he Nursing Home on 1/15.		EC	01			

AND DIAM OF CORRECTION		1 ' '	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	706	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD IOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 001	said he was able to compolice department, El triad coalition to proving residents of the facility necessary for the countervene due to policion calls finding just one assistants to provide the facility. The coordinate of the facility. The coordinate of the facility of the facility of the had not met, talke type of information explained to the had not met, talke type of information explained to the had not met, talke type of information explained to the had not met, talke type of information explained to the had not met, talke type of information explained to the had not met, talke type of information explained to handle the believe to be sufficient to handle the believe to be sufficient that he stated the nurarrived seemed "seve explained he stayed a 1/17/22 when the Adulthere was sufficient seriodents of the facility	dining room of the facility. He coordinate resources from the MS, fire department, and the ide care and services to the y. He stated it was unty emergency system to be officers responding to 911 murse and 2 nursing care for all the residents of dinator stated the facility did incident plan regarding the ent weather. He further stated do to on the phone, or had any exchange with the perfectly, while he had be incompared to any exchange with the perfectly, which he did not not not staffing and as evidence of the extension of the facility until 7:00 AM on ministrator #3 informed him taffing to provide care for the y.  Suppose the facility who had the facility until 7:00 AM on ministrator #3 informed him taffing to provide care for the y.	E	001			
	the Assistant Director interviews revealed d head meetings, include	records director, payroll, and of Nursing (ADON). The uring the daily department ding the meetings on Friday, not asked department heads					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	1	COMPLETED
		345144	B. WING _			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	'	32/2 1/2022
(X4) ID PREFIX TAG	(		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 001	the event of incleme facility, or other preheads. Several departments and stated during inclements are posting at the time sleep pay had been such posting, or an was unusual. They requested to come request to come to after they went into and key staff stated situation regarding facility the morning.  Several interviews residents from 1/17 interviews revealed to wait for an extending one nurse and explained they had until they received pandwiches which woolice, fire departments atted they had to while having been in Some residents sai had seen staff memoral puring an interview PM with the Adminity expectation for the	pare to come to the facility in ent weather, staying at the parations for the department parations for the department paratiment heads and key staff ment weather there would be a clock or staff were made aware in activated, but there was no mouncement, which they felt is stated they were not to the facility on Sunday or the the facility had been received bed. Many department heads if they were not aware of the staffing until they arrived at the of 1/17/22.  Were conducted with multiple 1/22 through 2/2/22. The residents who stated they had ded period of time for care on ead they were aware there was two NAs at the facility. They not received an evening meal peanut butter and jelly was served to them by the ent, or EMS. Several residents wait an extended period of time incontinent of urine and stool. It is that been hours since they inbers.	EO	01		
	utilized in how to re	re to reviewed, updated, and spond in the event of an ther explained the facility				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE S	ETED
		345144	B. WING		02/2	4/2022
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	,	
(X4) ID PREFIX TAG	/		ID PREFIX TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION SHORE)  CROSS-REFERENCED TO THE AP  DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 001	who to contact, how oversight as well. I administrator he wo is well informed, the questions, as well a event of an emerge needed to know the system in the event.  Administrator #3 was Immediate Jeopard. The facility shared to fimmediate jeopard. The entity 's remove following:  Identify the suffered, or are like outcome as a result. The Administrator of Weather Service are advisories. On Jan Regional Vice Prese Resources Consult preparedness plan Despite this review, implement a plan for be in the building and from other department building. After work and nursing assistated as shift. Training	Il established communication on v to contact, and for there to be He stated as the current ould make sure the entire team ere would be postings for any as people to contact in the ency. He stated the facility staffere was a living breathing of an emergency.  The stated the facility staffere was a living breathing of an emergency.  The stated the facility staffere was a living breathing of an emergency.  The stated the facility staffere was a living breathing of an emergency.  The stated the facility staffere was a living breathing of an emergency.	EOC			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		345144	B. WING		02/24/2022		
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	DE		
(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 CORRECTIO  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROP  DEFICIENCY)	BE COMPLETION		
E 001	bookkeeping, recepstaff prior to the incomplete the failed to read the Eland failed to read the Eland failed to implem Administrator failed There was no preparansportation in the getting to the facility. At 8:09 PM, after a enforcement arrived check. It was deter licensed practical in assistants (NAs) on residents who were All residents who were All residents who were the Administrator not in management plan. It was determined the non-compliant with to enact an emerge resulting in resident meals in a timely minecessary care and As set forth in the ir findings, all resident serious adverse out non-compliance with the specific the serious adverse out non-compliance with the s	oring, social services, oring partment weather.  I was in charge of staff coming partments. The Administrator mergency Preparedness Plan ment the Plan. As a result, the to inform staff of the sleep pay. For event staff needed assistance or during inclement weather.  I resident called 911, local law do at the facility for a wellness mined that there was 1 the facility for a wellness mined that there was 1 the facility and 2 nursing in site and there were 97 in need of care and services.  I we would be seen that the facility was a result of the inplementing the emergency that the facility was a regulation or receiving medications or anner, and not receiving other	E 00				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345144	B. WING _			C )2/24/2022
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	JEI E-II E-II E
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
E 001	recurring, and when a Emergency Prepared 1/16/22 at 11:45 PM On 1/16/22 at 9:52 P that emergency servifacility, the Assistant (ARVP) updated the (DVP) about the situal conference call with a corporate staff (Chier Assistant Vice Presid Reimbursement, Corn During the Ad Hoc Q Improvement (QAPI) administrator stated and Plan was not implemed QAPI group implemed Preparedness Plan, in changes discussed in the facility the corporate Emergency Prepared began updating the econtact names and in As part of that Emerging Implementation the facility the corporate to remove the experimentation the facility the corporate to the experimentation the facility the corporate that Emerging Implementation the facility the corporate that Emerging Implementation the facility the discussed during the Assistant Region. The fire and police per On 1/16/22 at 9:52 P Divisional Vice Presidents.	the action will be complete.  Inness Plan was installed  M, after receiving notification aces were present in the Regional Vice President Divisional Vice President ation. The DVP initiated a the facility administrator and a foperating Officer, ARVP, lent Operations Support and porate Clinical Director).  Inuality Assurance Performance conference call, the the Emergency Preparedness ented. During the call the ented the Emergency including any immediate in the meeting. Upon arrival to atte staff reviewed the dness Plan. A second ARVP emergency plan, including	EC	001		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, 706 PINEYWOOD ROAD THOMASVILLE, NC 2	)	OLI ETI LOLL
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIAT DEFICIENCY)	DATE
E 001	the Emergency Preparadditional staff and a facility impacting resi  The DON arrived at t PM and provided me 11:45 PM, a call was and Corporate support Emergency Prepared On 1/17/2022 at 1:23 facility and assumed directed the corporate "shelter-in-place" por Preparedness Plan.  At 8:02 AM, the Mobi arrived in the kitchen provided breakfast as At 10:47 AM, the Corporate in the facility and assing out meal tray At 11:00 AM, Corporate personnel arrived at the facility and assing out meal tray At 11:10 AM, the Regarrived at the facility and at the facility and assing staff on the At 11:10 AM, the Regarrived at the facility and at the facility and assing staff on the At 11:30 AM, the sup	Corporate staff put in place aredness Plan to obtain ddress the issues at the dents.  The facility approximately 11:30 dications and direct care. At held with the Administrator out staff to implement dness Plan.  AM, the ARVP arrived at the charge of the facility, and e staff to implement the tion of the Emergency  The Certified Dietary Manager, and the dietary department is scheduled.  The porate Clinical Director and provided direct care.  The sisional Vice President arrived disted in securing staff, ys.  The Employee Experience the facility, to assist with	E	001		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345144	B. WING _			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
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E 001	At 1:00 PM, an addition assist with direct results. At 1/17/22 at 2:30 P in the facility providing. On 1/17/22, all residual clinical staff for acutochange in condition social worker talked oriented residents to support.  On 1/17/22 at approsuspended the Admit implement the Emeral Acting as the Governier and additional staff.	RN facility consultant arrived to sident care.	E O	01		
F 000	The facility 's credib was validated throug which included reco interviews with staff removal was validate INITIAL COMMENT		F 0	00		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345144	B. WING _			C <b>2/24/2022</b>
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
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F 000	Continued From page	e 24	F 0	00		
	resulting in deficienci	allegations were substantiated es E0001, F550, F580, F584, 689, F725, F802, F809, F835,				
	Immediate Jeopardy	was identified at:				
	(L)	0001 at a scope and severity 600 at a scope and severity				
	(L)	725 at a scope and severity				
	CFR 483.60 at tag F8 (L)	302 at a scope and severity				
	(L)	335 at a scope and severity 337 at a scope and severity				
	identified after the ca for Medicare and Med State Agency notified both tags F677 and F immediate jeopardy le team returned to the validated the immedia removal for F677 and	eopardy (IJ) deficiences were se was transferred to Centers dicaid Services (CMS). The the facility on 2/22/22 that 689 would be cited at the evel. A member of the survey facility on 2/24/22 and ate jeopardy allegation of I F689. Please see event ID y exit date was changed to				
	(L)	677 at a scope and severity				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3	O DATE SURVEY  COMPLETED
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	ROVIDER OR SUPPLIER SE HEALTH AND REHAB	ILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 000	Immediate Jeopardy removed on 1/18/22. was conducted. The compliance at a scop harm that is not immed of the nursing staff ca	F677, F684, and F689 and Quality of Care.  Degan on 1/16/22 and was A partial extended survey facility will remain out of e and severity level H (actual edicate jeopardy (IJ)) until all n be inserviced. The facility	F	000		
F 550 SS=H	action. Resident Rights/Exer CFR(s): 483.10(a)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	Rights.  that to a dignified existence, and communication with and discrete inside and outside	F	550		3/22/22
	with respect and dign in a manner and in ar maintenance or enha of life, recognizing ea	ry must treat each resident ity and care for each resident a environment that promotes ncement of his or her quality ch resident's individuality. The and promote the rights of the				
	access to quality care severity of condition, must establish and m practices regarding tr	cility must provide equal eregardless of diagnosis, or payment source. A facility aintain identical policies and ansfer, discharge, and the under the State plan for all of payment source.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		LETED
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	SILITATION CENTER		7	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD THOMASVILLE, NC 27360	1 021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 550	rights as a resident of or resident of the Unit §483.10(b)(1) The fact resident can exercise interference, coercion from the facility.  §483.10(b)(2) The resident from the facility.  §483.10(b)(2) The resident from the facility.  §483.10(b)(2) The resident from the facility of interference, coercive reprisal from the facility fights and to be supplexercise of his or her subpart.  This REQUIREMENT Based on record revinterviews, the facility dignified manner, who incontinence care for when there was just of (LPN) and two Nursin provide care for 98 resinterviewed residents #11) stated the lack of extended period of time were defeated, not tradity, mad, sad, helple Emergency personner observed crying. This impacted residents in The findings included 1. Resident #7 was a 10/28/21 and the residents.	of Rights. right to exercise his or her if the facility and as a citizen ited States.  cility must ensure that the his or her rights without h, discrimination, or reprisal  cident has the right to be free ion, discrimination, and ty in exercising his or her corted by the facility in the rights as required under this  is not met as evidenced by: wew, police, resident, and staff failed to treat residents in a ten residents did not receive several hours during a period one Licensed Practical Nurse of Assistants in the facility to sidents. Two of five (Resident #7 and Resident of incontinent care for an one made them feel like they the test deficient practice negatively the facility.	F	550	This plan of correction constitutes Pine Ridge Health and Rehabilitation Cente written allegation of compliance for the deficiency cited. However, preparation execution of the plan of correction is not admission by Pine Ridge Health and Rehabilitation Center of the truth of the facts alleged, conclusions set forth in the statement of deficiencies, or that any individual resident suffered or had the potential to suffer minimal harm or acture harm. This plan of correction is prepare and executed to meet requirements established by state and federal law.  How corrective action will be accomplis for those residents found to have been affected by the deficient practice.	r⊡s n and ot an ne ne ual ed	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E SURVEY MPLETED
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAL	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	LIZ4IZUZZ
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 550	Data Set (MDS) reversions comprehensive assering Reference Date (ARI) was coded as cognitic coded as having had and the resident was assistance of one to transfer (such as transfer (such as transfer (such as transfer), dressing hygiene. The residence continent of both bowns as transfer (such as transfer), dressing hygiene. The residence continent of both bowns are revised on 12/7/21, so "Focus" areas which needed assistance with einterventions inclicentinent of bowel are revealed a focus area potential for urinary in physical immobility a encouraging the residual for urinary in physical immobility are refor her being at risk for development of further lummobility.  During an interview with the part of the residence of the resid	#7's most recent Minimum raled an admission assment with an Assessment D) of 11/4/21. The resident vely intact. The resident was no hallucinations or delusions coded as requiring extensive two people for bed mobility, asfer from the bed to the p, toileting, and personal and was coded as always vel and bladder.  Sident #7, most recently apecified the resident had included: The resident with ADLs/Personal care and uded the resident having been about the resident having been about the resident having the moontinence related to about the interventions included dent to call for assistance for encourage attempts to comply sident also had a focus area for skin breakdown, or the pressure ulcers related to:  with Resident #7 on 1/17/22 at an extendible the stated on 1/16/22 there was	F 55	Nursing (DON) arrived at the assisted with providing direct resident #7 and #11.  On 1/17/22 at 1:23 AM, the AR Regional Vice President (ARV the facility, assumed charge of and initiated the Emergency Felan. Initiation of the Emerge Preparedness Plan included additional facility staff, additional facility staff, additional staff, and additional corporate to assist in providing basic go services to include but not limit incontinent care.  On 1/17/22 at 11:30 AM, the selection RN facility consultant arrived direct resident care to include care.  On 1/17/22 at 12:00 noon, the RN facility consultant arrived direct resident care to include care. At 1:00 PM, an addition consultant arrived to assist with resident care to include incon Residents #7 and #11 received incontinence care and other selections are to promote maintenant Residents #7 and #11 quality	ssistant (P) arrived at of the facility, Preparedness ency calling in nal agency esupport staff ods and lited to supporting to assist with incontinence as assigned to assist with incontinence all RN the direct tinence care. Education as a nace of of life	
	only one nurse and to entire facility. She sa light on during the da	wo nursing assistants for the aid she had turned her call by on 1/16/22 because her hanged and she needed		On 1/17/22, 100% head to too assessment were completed resident #7 and # 11 by clinic staff to ensure they are being	to include al support	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360			
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F 550	call light was answere incontinent care. She not receive incontiner She then stated after 10:15 AM on 1/17/22 care. She said she h 7:15 AM on 1/17/22 a 9:20 AM when breakf said the staff who del unable to provide incomplete incompl	t wasn 't until 11:00 PM the ed, and she received a further explained she did not care again until 3:00 AM. 3:00 AM, it wasn 't until she had received incontinent ad put her call light on at and it was not answered until ast was brought in, and she invered her breakfast were continent care. She stated she while sitting in her incontinent comfortable about it. She said d a bag of chips and a set 9:45 PM on 1/16/22, so eakfast and did not want to explained by 10:15 AM on soaked through the brief and accontinent pad she was on to a wet. She described how or brief full of urine for many 22 and 1/17/22 and how she anot being treated with dignity so long for receiving basic admitted to the facility on dent's diagnoses included: (difficulty swallowing), chronic ession, lack of coordination,	F	550	dignity and respect. During the skin assessments incontinent care was provided by the clinical staff when need On 1/30/22-2/13/22, the social worker talked with 100% of alert and oriented residents to provide psycho-social sup On 1/17/22, the Interim Administrator at Human Resource Support Staff review the staffing schedule for the upcoming days to make certain a sufficient numb staff were scheduled to ensure resident include #7 and # 11 are treated in a dignified manner including providing incontinence care. The Interim Administrator and Human Resource Support Staff ensured there was enough staff, on each shift, in each department provide care to all residents to include and # 11 in accordance with the reside plan of care.  How the facility identified other resident having the potential to be affected by the same deficient practice  As set forth above, a corrective action was put in place and implemented for a residents.	port.  and ed 7 er of ats to  gh t, to #7 nt  ts ne	
	Data Set (MDS) reversions comprehensive asset Reference Date (ARI				Measures put into place or systemic changes made to ensure that the defic practice will not recur	ient	

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NAME OF P	ROVIDER OR SUPPLIER	040144	D. WING_		STREET ADDRESS, CITY, STATE, ZIP CODE	02/	/24/2022
					706 PINEYWOOD ROAD		
PINE RIDO	SE HEALTH AND REHAB	BILITATION CENTER		1	THOMASVILLE, NC 27360		
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Γ 550	0	- 00					
F 550	Continued From page		F:	550			
	coded as having had no hallucinations or delusions and the resident was coded as requiring total or						
					On 2/18/22, the Mobile Director of Nurs	sing	
	extensive assistance of one to two people for bed				initiated an inservice with all staff on		
	mobility, transfer (such as transfer from the bed to				Resident □s rights/treating residents wi		
		sing, toileting, and personal			dignity and respect to include providing	•	
		nt was coded as always			timely incontinence care. The educatio		
	continent of both bow	el and bladder.			was completed on 3/22/22. Any staff the	ıat	
		:			has not worked and completed the		
	The care plan for Resident #11, most recently revised on 12/14/21, specified the resident had "Focus" areas which included: The resident				inservice will complete upon their next		
					scheduled shift. The Mobile Director of		
					Nursing, Director of Nursing, or Clinica		
		ith ADLs/Personal care and			Support Staff will ensure all newly hired	J	
		uded the resident having			staff and newly scheduled agency will		
		nce and requiring assistance			complete the inservice during orientation	on.	
	with toileting.				On 2/28/22 the Interim Administrator		
	During an interview w	ith Decident #11 on 1/17/22					
	_	vith Resident #11 on 1/17/22			contacted the Quality Improvement		
		lent spoke about the events			Organization to discuss the plan of	4:	
		/22 and asked if the facility			correction and for further recommenda	lions	
	• • •	aster plan that should have stated the facility was short of			to the action plans.		
		ed, and expressed no one					
		further stated there were			How the facility plans to monitor its		
		istants (NAs) to cover the			performance to make sure that solution	าร	
	, ,	:00 AM until 11:00 PM. She			are sustained.	.0	
	_	ne nurse to cover the whole					
		A # 2 had told her she hadn ' t			Beginning 3/22/22, the Mobile Director	of	
	_	nity to go to the bathroom			Nursing, Director of Nursing, treatment		
	• •	g. She said the staff refused			nurse, or Clinical Support will complete		
		on 1/16/22 and that had			audits to ensure residents are being		
		ne likes to get out of bed			treated with dignity and respect to inclu	ıde	
	•	s her, and it feels better to get			providing timely incontinent care. 10 au		
	_	e position. She said when			will be completed weekly x 8 weeks an		
	_	to wait a very long time for			documented on a Resident Care Audit		
		d change her on 1/16/22 and			Tool. Staff will be trained by the Mobile		
		17/22. She said the staff			Director of Nursing, Director of Nursing		
	who were there did not even have the opportunity				treatment nurse, or Clinical Support du	-	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER		1	S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	<del></del>
PINE RIDO	SE HEALTH AND REHAB	ILITATION CENTER			06 PINEYWOOD ROAD		
				1	THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 550	Continued From page	÷ 30	F:	550			
F 550	to offer her a bedpan incontinent. On 1/16/care twice, for the wh further stated she had poop for many hours interview her bottom the explained while this word, sad, neglected, She stated she felt she dignity and respect be receive routine incontivith toileting. She saticated at 10:00 PM on incontinence care again and the schedule. She are who else was supposs her and the only othe facility to provide care most of the staff who 7:00 AM (the end of resomeone to take their was starting to snow, night shift stayed in the morning care and hele explained the two nur the dementia unit, who said after the 2 nurse other NA to provide care further stated her, and	so she would not have to be 22 she received incontinence ole day she stated. She it to lay in her own pee or and at the time of the relt uncomfortable. She was happening, she felt dirty, abandoned, and helpless. It was not being treated with ecause she was not able to inence care or be assisted it did she received incontinence 1/16/22 and did not receive ain until 6:00 AM on 1/17/22. The word of the was a stated she arrived at and they were unable to find and NA #1 had no idea about end to work. She explained if NA split the halls of the explained for the residents. She said were assigned to leave at hight shift) did not wait for a place and left because it. She said 2 nurses from the morning to assist with powith breakfast. She see helped a lot with covering ich was a locked unit. She said the other NA provided as	F	550	the audit for any identified areas of concerns. The Administrator or Directo Nursing will review and initial the audit tools weekly x 8 weeks for compliance to ensure all areas of concern were addressed.  The Administrator will be responsible forwarding the audit tools to the Quality Assurance Committee. The facility Squality Assurance Performance Improvement (QAPI) committee will retain the audit tools results monthly x 2 mon to determine need for further frequency monitoring.	and or / view ths	
	said the residents who	uld to each resident. She o were alert and oriented knew what was going on and with one resident who					

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		345144	B. WING _			C )2/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		212-112-022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 550	the situation at the facurrent state. She sa she realized the other 3:00 PM had not arriugoing to arrive, which mad and upset. She ringing, they did not phones, and the receanswer the phone at come to work. She sat the facility at that the receptionist, no hous staff. She explained angry and upset and her health and consider hospital, but she said again and just went burneal, she was so be experience like that be kept working and at stremember when, she building, then more predepartment and Emerican An interview was conwith NA #1. He state were the only two NA for the residents, and	s going to call 911 regarding acility, lack of care, and her aid it was after 3:00 PM when er NAs who were scheduled at wed, and most likely were not a made her and the nurse very a said the phones were often have time to answer the eptionist who would usually the front desk had also not said there was no other staff time, no dietary staff, no sekeeping, and no laundry at one point she became very the nurse was concerned for dered sending her to the dishe eventually got moving back to work. She said it was usy, and had never had an pefore. She said she just some point, she didn't even er saw the police officers in the police officers, then the fire ergency Medical Services.  Inducted on 1/20/22 at 1:55 PM and on 1/16/22 he and NA #2 as at the facility providing care at there was only one nurse.	F5	550 DEFICIENCY		
	staff to provide help to stated the residents to lack of staff they had other NA were able of them, they were grat wasn't scared durin	s felt there was not enough for the residents. He further felt angry because due to the to wait, but when he and the get to them to provide care for eful to them. He said he g the period when it was just st kind of disappointed, he				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG	<u></u>	LETED
		345144	B. WING _			24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, C 706 PINEYWOOD RO THOMASVILLE, N		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
F 550	other staff into the fact help them care for the worst part of it was the such a long time to reach a long time at about 8:09 for officer stated he reach resources which includes a long time assessing and provide support and a long time a long time to long time the facility. He explained several resources remained at the provide support and a long time a long time time time and the long time time time and urine. He long time time time time time time time time	was making an effort to get cility to help the residents and eresidents. He explained the residents having to wait aceive assistance and care.  Is conducted on 1/20/22 at Difficer #2. He stated he and d at Pine Ridge Nursing PM on 1/16/22. The police hed out to community used Emergency Medical the fire department to assist widing care for the residents of fined he and the other police he facility and continued to assistance to the staff at the ints. The police officer idents were observed to have need had not received food or do some had said they had not as in the facility to be "horrible" the said he had not spoken to the facility because he had as not even aware they were elice officer made him aware  Onducted on 2/2/22 at 1:23 or #3 (who was the Assistant tent prior to assuming the estated it was his expectation by level of the residents were and staffing which will meet	F	50		
F 580	Notify of Changes (In	jury/Decline/Room, etc.)	F	80		3/22/22

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345144	B. WING _		C 02/24/2022	
	ROVIDER OR SUPPLIER GE HEALTH AND REHAB	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	, 02/2 //2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH  CROSS-REFERENCED TO THE APPLICATION OF T	HOULD BE COMPLETION	
F 580 SS=H	§483.10(g)(14) Notificity A facility must immonsult with the residuant consistent with his or representative(s) who (A) An accident involvin injury and has the physician intervention (B) A significant charmental, or psychosocideterioration in health status in either life-th clinical complications (C) A need to alter the a need to discontinued due to adverse consenew form of treatmer (D) A decision to transfrom the facility as specification (iii) When making not (14)(i) of this section, all pertinent informatic is available and proviphysician.  (iii) The facility must a resident and the resident and the resident and the resident in §483.10(B) A change in room specified in §483.10(B) A change in resident and the resident resident resident resident resident in §483.10(B) A change in resident resi	cation of Changes. nediately inform the resident; lent's physician; and notify, ther authority, the resident en there is- ving the resident which results potential for requiring n; nge in the resident's physical, cial status (that is, a n, mental, or psychosocial reatening conditions or e); eatment significantly (that is, e an existing form of treatment equences, or to commence a nt); or sisfer or discharge the resident recified in §483.15(c)(1)(ii). ification under paragraph (g) the facility must ensure that on specified in §483.15(c)(2) ided upon request to the also promptly notify the dent representative, if any, a or roommate assignment as	F 5			
	' '	n. record and periodically update and email) and phone number				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING		C 02/24/2022	
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	, , , , , , , , , , , , , , , , , , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION DATE	
F 580	that is a composite di §483.5) must discloss its physical configura locations that comprispart, and must specif room changes betwe §483.15(c)(9).  This REQUIREMENT Based on record rev physician interview the Physician of signs of an antibiotic for an infailed to start an antibiand the facility failed a resident was first of limp and pain to her head a resident #8, reviewe  Findings included:  1. Resident #8 adm 11/3/2020 and discharationary revealed she has Resident #8 returned after having surgical Resident #8's medical dementia and osteoal Review of Resident #she had a significant (MDS) assessment discontinuations.	osite distinct part. A facility stinct part (as defined in e in its admission agreement tion, including the various se the composite distinct by the policies that apply to en its different locations under is not met as evidenced by: iew and staff interviews and refacility failed to notify the infection after completion of fection to a surgical site; biotic when it was ordered; to notify the Physician when observed to have developed a hip for 1 of 1 resident, d for a change in condition.  Initted to the facility on arged on 11/24/2021 after an and a fracture to her right hip. To the facility on 11/30/2021 repair of a right hip fracture. It diagnoses included	F 58	This plan of correction constitutes Pin Ridge Health and Rehabilitation Cente written allegation of compliance for the deficiency cited. However, preparation execution of the plan of correction is admission by Pine Ridge Health and Rehabilitation Center of the truth of the facts alleged, conclusions set forth in statement of deficiencies, or that any individual resident suffered or had the potential to suffer minimal harm or act harm. This plan of correction is preparand executed to meet requirements established by state and federal law.  How corrective action will be accomplifor those residents found to have been affected by the deficient practice:  Resident #8 did not return to the facility after being admitted to the hospital on 1/1/22. Resident #8 no longer resides the facility.	er s e n and oot an e the ual red shed n	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		, , , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAGIT CONNECTIVE ACTION CHOCED BE			(X5) COMPLETION DATE
F 580	Director of Nursing o #8 had a right hip incomental continueters by 0.2 contended and bruising browsheet further state to monitor for signs of the revealed an order for twice a day for 7 day covered by a dressing 12/9/2021 and writter of the right hip.  Resident #8's Medic (MAR) for 12/2021 in antibiotic, Ciprofloxate for 7 days, from 12/1 cellulitis of her right hip incision daily begg 12/29/2021.  A Physician's Progrewritten by the Orthop Resident #8 could be tolerated to the right dressing change to immonth or sooner if we Physician's Progress Orthopedic Surgeon indicate the condition.	eet dated 12/8/2021 Found Care Nurse/Assistant In 12/8/2021 stated Resident Ision measuring 11 Intentimeters and there was In at the incision site. The Intentimeters and there was Intention Inte	F	580	having the potential to be affected by the same deficient practice:  On 2/28/22-3/1/22 the Director of Nursian assessed all wounds to include surgical incisions for signs and symptoms of infections with documentation on a work audit tool. There were no identified are concerns noted during the audit.  On 2/28/22, all residents were assessed by a RN for acute changes in condition include new or worsening pain and/or general for any resident identified with worsen pain and/or gait, records were reviewed determine if changes in conditions had been reported to their physician and/or resident representative.  On 2/28/22 the RN Facility Consultant completed an audit of all ordered antibiotics for current residents from 1/31/22 to 2/28/22 to ensure the antibiod was started when ordered. There were areas of concern.  Measures put into place or systemic changes made to ensure that the deficit practice will not recur:  On 2/18/22 the Corporate Clinical Directinitiated an in-service with 100% of all nurses to include agency regarding notification to the physician and following physician sorders to include antibiotic Any nurse that has not worked and completed the inservice will complete to	ing al und as of ed to gait. ing d to orient eter energian	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  SE HEALTH AND REHAB	SILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD 'HOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	A Wound Flowsheet of the Assistant Director Nurse indicated Residurgical incision with A Skin Check dated 1 indicated Resident #8 thigh but did not give Review of the Emergor Discharge Summary 1/2/2022 and a discharging from the Assistant Director interviewed on 1/25/2 stated she had been 1/2/28/2021. The ADO returned from the hos an order for the incision AUON stated when si	and the surgical amount of drainage.  Idated 12/29/2021 written by of Nursing/Wound Care dent #8 had a right hip no drainage.  Idated 12/29/2021 written by of Nursing/Wound Care dent #8 had a right hip no drainage.  Idated 12/29/2021 written by of Nursing/Wound Care dent #8 had a right hip no drainage.  Idated 12/29/2021 written by of Nursing/Wound Care Nurse when dated 12/29/2022 by Nurse #1 Idated an incision to the right a description of the incision.  Idated 12/29/2021 written by of Nursing hip hip no drainage.  Idated 12/29/2021 written by of Nursing hip hip no drainage.  Idated 12/29/2021 written by of Nursing (ADON) was not a right hip joint. The left to Hospital Discharge cated on 1/3/2022 she was room for irrigation and re removal of the right hip due.  In of Nursing (ADON) was not a right hip due.	F	580	their next scheduled shift. The Inservice will be completed by 3/22/22. The Mobi Director of Nursing, Director of Nursing Clinical Support Staff will ensure all new hired nurses and newly scheduled ager nurses will complete the inservice durin orientation.  On 2/28/22 the Interim Administrator contacted the Quality Improvement Organization to discuss the plan of correction and for further recommendat to the action plans.  How the facility plans to monitor its performance to make sure that solution are sustained:  Beginning 3/22/22 the Director of Nursi will make wound rounds with the treatm nurse to identify any signs and symptor of wound infections. The rounds will be completed weekly x 8 weeks utilizing a Wound Audit Tool. The Director of Nursi will ensure that the MD was notified of infection with documentation in the clini record for any identified areas of conce Any nurse identified as not notifying the physician will be retrained by the DON. The Administrator or Director of Nursing review and initial the audit tools weekly weeks for compliance and to ensure all areas of concern were addressed.	ile , or wly ncy ig  itions  ing nent ms ing the ical rn. e g will x 8	
		appear to be injected. The nt #8 was picking at her right			Beginning 3/22/22 the Mobile Director of	of	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING (X3)		PLETED					
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER			70	TREET ADDRESS, CITY, STATE, ZIP CODE  OF PINEYWOOD ROAD  CHOMASVILLE, NC 27360	1 021	24/2022
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 580	dressing. The ADON drainage from Resideshe went back out to attempt was made to she did not return my On 1/25/2022 at 3:54 conducted with Nursemployed by agency facility regularly. She changes were complemented by the weekend days. It observed Resident # the antibiotics ordered completed on 12/20/ large amount of blood through the dressing on more than 24 hour #8's right hip incision was taking the antibious was completed on 12/20/ large amount of blood through the dressing on more than 24 hour #8's right hip incision was taking the antibious was completed on 12/20/ she did not notify the Resident #8's wound During an interview with 9:32 am she stated is #8 until the end of De Wound Care Nurse of through the week. So seeing the wound du #8 discharged back and inflamed, there was stated the wound looks at the wound looks and there was stated the wound looks.	order was changed to a dry N stated there was more ent #8's right hip incision when the hospital on 1/1/2022. An oreinterview the ADON but y call.  If pm an interview was e #3, and she stated she was e staffing but worked at the e stated the wound dressing eted by the Wound Care ekdays and by the Nurses on Nurse #3 stated she had 8's wound after she finished ed on 12/14/2021 and 2021 and the incision had a dy drainage that would come if the dressing had remained irs. Nurse #3 stated Resident in looked infected when she otic and when the antibiotic 2/20/2021. Nurse #3 stated is physician of the condition of	F	580	Nursing, Director of Nursing, or clinical support staff will assess residents for sand symptoms of changes in condition include new or worsening pain and/or weekly x 8 weeks. The Mobile Director Nursing, Director of Nursing, or clinical support staff will ensure that the physic was notified of the change when it was observed, with documentation in the clinical record. The audit will be compleweekly x 8 weeks utilizing an Acute Change in Condition audit tool. Any notidentified as not notifying the physician an acute change, will be retrained by the Mobile Director of Nursing, Director of Nursing, or clinical support staff. The Administrator or Director of Nursing wireview and initial the audit tools weekly weeks for compliance and to ensure a areas of concern were addressed.  Beginning 3/22/22 the Mobile Director Nursing, Director of Nursing, or clinical support staff will review physician order weekly x 8 weeks to identify all resident who were ordered antibiotics. The Mol Director of Nursing, Director of Nursing clinical support will check the Medicati Administration records of all resident with newly ordered antibiotics to ensure the medication was started when it was ordered. The audit will be documented an Orders Audit Tool. The Mobile Director of Nursing, Director of Nursing, or clinical support staff will contact the physician complete a medication error report, an retrain any nurse identified that did not retrain any nurse ide	signs to gait for of lecian first ete urse for of lers first lers for on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED		
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB	SILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		1 02	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 580	Nurse #1 stated she of Resident #8's wound drainage.  Resident #8's Physici 1/26/2022 at 11:08 ar Resident #8 had an ir incision and he had of Physician stated he wincision was inflamed ordered on 12/9/2021 the incision continued the antibiotic was constated the condition of have been reported to Surgeon if it continues signs of infection.  During an interview with 1/31/2022 at 11:00 arthe administrator durinursing should have rehip incision for any signs of infection.  b. A Nurse's Progres 3:08 pm written by Nowas walking with a liminotified.  On 11/23/2021 at 1:30 Note stated Nurse #6 regarding the change order was received for Review of Resident #	an was interviewed on an and stated he remembered infection to her right hip redered an antibiotic. The was aware Resident #8's when the antibiotic was but he had not been notified it to be red and draining after inpleted. The Physician if Resident #8's wound should be either him or the Orthopedic it to be inflamed and showed with the Administrator #3 on in he stated he had not been ing Resident #8's stay but monitored Resident #8's right igns of infection and reported	F	580	follow the physician sorder. The Administrator or Director of Nursing wil review and initial the audit tools weekly weeks for compliance and to ensure al areas of concern were addressed.  The Administrator will be responsible forwarding the audit tools to the Quality Assurance Committee. The facility squality Assurance Performance Improvement (QAPI) committee will retain the Audit Tools monthly x 2 months to identify any trends and determine need further frequency of monitoring.	/ x 8 I or y view	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPL						
		345144	B. WING				C
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB			70	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD HOMASVILLE, NC 27360	<u>1 02/</u>	24/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SH			(X5) COMPLETION DATE
F 580	11/23/2021 for both h A telephone interview #6 on 1/20/2022 at 3: noticed Resident #8 v and Resident #8 poin she was hurting. Nur attempted to call the I was not able to reach had worked again on 11/23/2021, but was r but she spoke with the day, Nurse # 12, and ordered for Resident:  During the survey atte Nurse #12 and the Pr stated Nurse #12 was  A Physician's Order d Resident #8's Physici sent to the Emergence of a right femoral neces  An interview was conducted she was not no until the x-ray showing was received on 11/2 Director of Nursing of stated Resident # not tell anyone becau Previous Director of N should have reported	was conducted with Nurse 35 pm. Nurse #6 stated she was limping on 11/22/2021 ted to her hip when asked if se #6 stated she had Physician on 11/22/2021 but him. Nurse #6 stated she the following day, not assigned to Resident #8, e Nurse who had her that asked her to get an x-ray #8's hips.  Empts were made to call evious Director of Nursing sout of the country.  ated 11/24/2021 written by an requested Resident #8 be y Department for evaluation of fracture.  ducted with the Previous of 1/26/2022 at 8:16 am she offied Resident #8 had a limp of she had a right hip fracture 4/2021. The Previous ated she and Administrator of he hip fracture and had se of her dementia. The lursing stated Nurse #6 Resident #8 developed a limp on to her hip on 11/22/2021.	F	580			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB	L		7	TREET ADDRESS, CITY, STATE, ZIP CODE  06 PINEYWOOD ROAD  CHOMASVILLE, NC 27360	<u>  02/</u>	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 584 SS=E	the x-ray of both of Re #12 reported Resider Physician stated he wonot able to reach him limp on 11/22/2021.  The Administrator #3 at 11:00 am and he streported Resident #8 He stated they should hip pain to the Physician 11/22/2021.  Safe/Clean/Comfortal CFR(s): 483.10(i)(1)-6 §483.10(i) Safe Envir The resident has a rig comfortable and hom	m he stated he had ordered esident #8's hips when Nurse at #8 was limping. The was not aware Nurse #6 was when she had noticed the was interviewed on 1/31/2022 tated the staff should have was limping immediately. If have reported the limp and tian when it was discovered ble/Homelike Environment (7)  conment.  If the a safe, clean, elike environment, including siving treatment and supports		580	DEFICIENCY)		3/22/22
	§483.10(i)(1) A safe, homelike environmenth his or her personal be possible.  (i) This includes ensureceive care and serve physical layout of the independence and do (ii) The facility shall expendence.	clean, comfortable, and t, allowing the resident to use elongings to the extent  ring that the resident can rices safely and that the facility maximizes resident bees not pose a safety risk. exercise reasonable care for esident's property from loss					
		eeping and maintenance maintain a sanitary, orderly,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		345144	B. WING _		02	C 2/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 584	Continued From page and comfortable interest §483.10(i)(3) Clean be good condition; §483.10(i)(4) Private room, as specified in §483.10(i)(5) Adequal levels in all areas; §483.10(i)(6) Comfor levels. Facilities initiated 1990 must maintain at 81°F; and §483.10(i)(7) For the sound levels. This REQUIREMENT Based on record revelotographs, police, Technicians (EMTs) at failed to provide a clean clean clean clean control in the sound levels. This responders who described and provided and provided and ground bags of garbage in the sound comforts the sound levels.	e 41 rior;  ped and bath linens that are in  closet space in each resident §483.90 (e)(2)(iv);  ate and comfortable lighting  table and safe temperature ally certified after October 1, a temperature range of 71 to  maintenance of comfortable  It is not met as evidenced by: iew, observations, Emergency Medical and staff interviews, the facility can environment for 2 of 2 environment. Interviews with arrived at the facility ed photographic evidence the hallways and an	F 5	This plan of correction consti Ridge Health and Rehabilitati written allegation of compliant deficiency cited. However, pr execution of the plan of corre- admission by Pine Ridge Hea Rehabilitation Center of the tr facts alleged, conclusions set	tutes Pine on Center□s ce for the reparation and ction is not an alth and ruth of the	
	overflowing garbage, under the bed, and s  The findings included Review of the Punch work stop time) report 1/16/22 revealed Hot facility at 5:30 AM an	•		statement of deficiencies, or t individual resident suffered or potential to suffer minimal har harm. This plan of correction and executed to meet require established by state and fede  How corrective action will be for those residents found to h affected by the deficient pract	had the m or actual is prepared ments ral law.  accomplished ave been	

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	IT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI A. BUILDING (X3) DATE SUI		MPLETED			
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	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 584	1/17/22 there were 4 punch detail report, in Two housekeeping st at 8:57 AM, another a was at 9:51 AM.  During an interview of AM with Housekeepe worked on 1/16/22 froshe was the only hou said after she left the housekeeping staff at was not the time she home later in the day leave at 10:00 AM be She stated she was the said there were two Nother facility. She furth staff members in the one had come to the 1/16/22.  A phone interview was 1/19/22 at 9:30 PM. at the facility at 9:30 PM explained there were spilled onto the floors.	g worked on 1/16/22. For housekeeping staff on the ncluding Housekeeper #1. aff were recorded as arriving at 9:00 AM, and the fourth onducted on 1/17/22 at 11:32 or #1 she stated she had om 5:30 AM to 10:00 AM and sekeeper at the facility. She re was no other the facility. She said that would have normally gone, but she said she had to cause it had started sleeting. The only housekeeper who 1/16/22 and there were no facility after she left. She Jursing Assistants (NAs) at er stated there were very few facility. She also stated no facility to do laundry on seconducted with EMT #2 on the explained he had arrived PM on 1/16/22. He areas where drinks had	F 58		ssistant ), initiated Plan to affing to re a ke the n included staff and  port staff allways, ash can in e garbage on d clean the Interim at to ensure usekeeping. r residents cted by the port staff ed e if there was pills to be daily e Interim rovided was cleaned	
	were rooms where th urine and feces. She	at 8:10 PM. She stated there ere was a strong smell of further stated there were ad garbage on the floor,		changes made to ensure that the practice will not recur On 1/17/22 the Interim Administreviewed current housekeepin	strator	

Facility ID: 923017

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				LETED
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER	<u> </u>	7(	TREET ADDRESS, CITY, STATE, ZIP CODE  OF PINEYWOOD ROAD  THOMASVILLE, NC 27360	1 02/	L-1/2022
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 584	A phone interview with 1:14 PM with Police 2 other officers arrive Home at about 8:09 officer stated there we entered into the facility continued to only ge the building and des and as "pure raw shift A phone interview with 3:09 PM with Police was garbage laying the facility. He also stool and urine in the 200 hall outside of rovisible feces below the down another hall the on the hallway floor. Of concern enough the search warrant to obtain unsanitary conditions.  An interview was conwith the Assistant Reference (Administrator #3). If acility at 1:23 AM. If the facility, he had we he could at the facility garbage and helping he said the police with wanted him to clean had wanted to take proview of the said the police with the description of the said the police with the said the police with the description of the said the said the police with the description of the said	floor, and the rooms just a had cleaned them for a while.  as conducted on 1/20/22 at Officer #2. He stated he and ed at Pine Ridge Nursing PM on 1/16/22. The police was an odor of feces when he ity. He explained the smell at stronger as he went through cribed the smell as horrible "t" at one point.  as conducted on 1/20/22 at Officer #3. He stated there around "everywhere" inside of said there was an odor of e hallways, especially in the boom 207 where there was he bed. He further stated ere was a line of reddish fluid. He said the conditions were he detective applied for a stain photographs of the	F	584	staff to assess if additional staff needed be hired. It was determined that no additional housekeeping staff were req to be hired at that time.  On 2/7/22, the housekeeping/laundry supervisor began working at the facility On 2/28/22 the RN facility consultant initiated an audit of the entire facility to include resident s rooms, hallways, ar under resident s bed to ensure the fact was maintained in a clean, sanitary, an orderly manner. The nursing home administrator provide oversight and enshousekeeping cleaned all areas with identified concerns.  On 1/21/22, the Corporate Director of Special Projects began educating 1009 the facility and agency staff on the Emergency Preparedness Plan. The education included reporting to work duinclement weather and sleep pay policy which ensures there is adequate staffir provide basic goods and services, inclubasic housekeeping, resident assessments, medications, and nourishment to meet the needs of the residents during inclement weather. The education will be completed on 3/22/22 Any staff that has not worked and completed the inservice will complete the inservice of Nursing, Director of Nursing Housekeeping Supervisor, or Clinical Support Staff will ensure all newly hired housekeepers will complete the inserviduring orientation.  On 2/18/22 the Corporate Clinical Director of 2/18/22 the Corporate Clinical Director of 2/18/22 the Corporate Clinical Director of 2/18/22 the Corporate Clinical Director 2/18/22 the Corporate Cli	uired	

Facility ID: 923017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING			1	24/2022	
	ROVIDER OR SUPPLIER	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP COI 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 584	taking photographs of investigation and he then stated the police obtain a search warr (DA) to take pictures part of their organizarefused. The police until a search warrar was being investigate and in order to make was disturbed a police top of each hall, he srequest for photograph at 4:30 AM the police warrant and started to During a meeting with and State Bureau of observation was contaken by the police of warrant had been seand early morning of photographs reveale garbage bags piled ufacility, liquids spills of evidence of garbage matter on the floor unthe door in room 207. An observation cond of the bed by the door garbage overflowing spills on the floor from which remained on the	or permission for the police of the facility as part of their declined. Administrator #3 is informed him they would ant from the District Attorney and gather other materials as tion and he stated he still officer then instructed him into to not touch any part of what ead, such as trash on the floor sure none of the evidence are officer was placed at the stated. He said the initial phs was made at 2:00 AM and a cofficers returned with a aking photographs.  The city police department linvestigation (SBI) and ducted of the photographs epartment after the search rived on during the late night 1/17/22. Observation of the dinumerous pictures of up in various halls of the on floors, and photographic, spilled liquids, and other inder and around the bed by	F	584	initiated an inservice with all housekee staff on maintaining a clean environme. The inservice included scheduled clean of hallway, garbage removal, cleaning under beds, and floor cleaning. The inservice will be completed on 3/22/22. Any housekeeper that has not worked completed the inservice will complete their next scheduled shift. The Mobile Director of Nursing, Director of Nursing Clinical Support Staff, or Housekeeping Manager will ensure all newly hired housekeepers will complete the Inserviduring orientation.  On 2/28/22 the Interim Administrator contacted the Quality Improvement Organization to discuss the plan of correction and for further recommendate to the action plans.  How the facility plans to monitor its performance to make sure that solution are sustained:  Beginning 3/22/22, the Interim Administrator, Human Resource Suppostaff, and/or the Interim Director of Nurwill conduct staffing meetings to ensure there is enough of staff, on each shift, each department, to provide care and provide supervision to prevent accidentall residents in accordance with the resident care plans. Supplemental staff will be utilized to fill openings identified During the staffing meeting, plans will made to address staff spending the night and the provide staffing meeting to the plans will made to address staff spending the night and the provide staffing meeting, plans will made to address staff spending the night and the provide staffing meeting the night and the provi	nt. ning and upon  , g ice tions  strong e in ts to fing . pe		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345144	B. WING			1	C / <b>24/2022</b>
	ROVIDER OR SUPPLIER			7	TREET ADDRESS, CITY, STATE, ZIP CODE  06 PINEYWOOD ROAD  THOMASVILLE, NC 27360	1 02/	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 584	table next to the bed overall appearance of area surrounding the disheveled. The resident displayed cognitic basic questions such room.  During an interview of PM with the Administ expectation for the fastaff for a standard of was attempting to assafter he arrived on 1/because he was direct or a standard of the course of t	items on the over the bed with spills and food, the f the room, the floor, and the	F	584	staffing meetings will occur five days a week x 8 weeks with review and discussion of schedules for the clinical, dietary, and housekeeping department and documented on a staffing audit too Beginning 3/22/22, the Mobile Director Nursing, Director of Nursing, treatment nurse, Nursing Home Administrator, or Clinical Support Staff will make rounds ensure basic housekeeping is complete to maintain a clean, sanitary, and order environment. The rounds will be made weekly x 8 weeks utilizing an environmental rounds audit tool. The Nursing Home Administrator will ensure areas are cleaned with oversight from corporate staff and housekeeping staff retrained to address any identified area concern.  The Administrator will be responsible for forwarding the audits to the Quality Assurance Committee. The facility squality Assurance Performance Improvement (QAPI) committee will revenue the staffing audit tools and environment	esol. of to ed rly e is as of or	
F 600 SS=L	Free from Abuse and CFR(s): 483.12(a)(1)	~	F	600	rounds audit tools monthly x 2 months identify trends and determine need for further frequency of monitoring.		3/22/22
	Exploitation The resident has the neglect, misappropriaexploitation as define	m Abuse, Neglect, and right to be free from abuse, ation of resident property, and d in this subpart. This aited to freedom from corporal					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X3) DATE (X4) PLAN OF CORRECTION (X5) DATE (X6) PLAN OF CORRECTION (X6) PLAN OF CORRECTION (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE		SURVEY LETED				
		345144	B. WING _				24/2022
	ROVIDER OR SUPPLIER	BILITATION CENTER		706	EET ADDRESS, CITY, STATE, ZIP CODE PINEYWOOD ROAD DMASVILLE, NC 27360	0211	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	physical or chemical of the resident's medical state resident's medical \$483.12(a) The facilities \$483.12(a)(1) Not use physical abuse, corporative involuntary seclusions. This REQUIREMENT Based on record reviand resident interview provide basic goods anot limited to incontinuassessments, medical basic housekeeping to residents residing in the weather storm on 1/1 needs of the resident causing severe psychological services to meet the real a winter weather storm was removed on 1/18 an acceptable credibly Jeopardy removal platof compliance at a low (no actual harm with at that is not Immediate	restraint not required to treat I symptoms.  y must- e verbal, mental, sexual, or oral punishment, or is not met as evidenced by: iew, staff, first responders, ws, the facility neglected to and services, including, but ent care, resident ations, nourishment, and o meet the needs of 98 of 98 the facility during a winter 6/22. Neglecting to meet the shad the high likelihood of nological and physical harm  began on 01/16/2022 when to provide basic care and needs of the residents during m. The immediate jeopardy 6/22 when the facility provided e allegation of Immediate in. The facility will remain out wer scope and severity of F a potential for minimum harm Jeopardy) to ensure the tems put into place and to loyee and agency	F		Pine Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and propose this Plan of Correction to the extent tha the summary of findings is factually cor and in order to maintain compliance wit applicable rules and provisions of quali care of residents and to meet requirem established by state and federal law. The Plan of Correction is submitted as a wr allegation of compliance.  Pine Ridge Health and Rehabilitation Center sesponse to this Statement of Deficiencies and Pine Ridge Health and Rehabilitation Center searlier submitt credible allegation of immediate jeopar removal does not denote agreement wi the Statement of Deficiencies nor does constitute an admission that any deficiency is accurate or that any indivi- resident suffered or was likely to suffer actual harm or a serious adverse outco Further, Pine Ridge Health and Rehabilitation Center reserves the right refute any of the deficiencies on this	at rrect th ty of ents he itten of d dy ith it dual	
	Findings included:				Statement of Deficiencies through Infor	mal	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	I DENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
						(	С
		345144	B. WING _			02/	24/2022
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE  06 PINEYWOOD ROAD		
PINE RIDO	SE HEALTH AND REHAB	SILITATION CENTER			HOMASVILLE, NC 27360		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 600	Continued From page	÷ 47	F	600			
					Dispute Resolution, formal appeal		
		13 most recent Minimum			procedure and/or any other administra	tive	
	Data Set (MDS) was				or legal proceeding.		
		Assessment Reference Date aled the resident was coded			How corrective action will be accomplise	chod	
	as being cognitively in				for those residents found to have been		
	as being cognitively in	naot.			affected by the deficient practice:	ı	
	An interview at 11:47	AM on 1/17/22 with Resident			and a series and a series are presented.		
	# 13 was conducted.	During the interview she			On 1/16/22 at 11:30 PM, the Director of	of	
	stated that there were	e only 2 people working on			Nursing (DON) arrived at the facility ar	ıd	
	1/16/22 and she didn	t receive lunch or supper			began providing medications and direc	xt	
		ined that she was given a			care to residents as needed.		
		eal and that she didn't					
	consider the sandwic				On 1/17/22 at 1:23 AM, the Assistant		
		ed that she only saw one			Regional Vice President (ARVP) arrive		
	2:00 AM -3:00 AM.	ng back and forth between			the facility, assumed charge of the faci and initiated the Emergency Prepared	-	
	2.00 AW -0.00 AW.				Plan. Initiation of the Emergency	1033	
	Review of Resident #	15 most recent MDS was			Preparedness Plan included calling in		
	coded as an admission	on assessment with an ARD			additional facility staff, additional agen	су	
	of 11/09/21 revealed	the resident was coded as			staff, and additional corporate support	staff	
	being cognitively intac	ct.			to assist in providing basic goods and		
					services to include but not limited to		
	_	t 11:54 AM on 1/17/22,			incontinent care, resident assessments	3,	
		lunch was provided at 2:30			medications, nourishment, and basic		
		at she did not get dinner			housekeeping.		
		ks. She stated she didn't on, the police, firemen, and			On 1/17/22 the facility implemented the	Δ	
	EMS was here at the				Emergency Preparedness Plan and th		
	LINIO Wao Horo at the	racinty.			residents received medications and me		
	Review of Resident #	7's most recent Minimum			in a timely manner and received neces		
	Data Set (MDS) was	coded as an admission			goods and services.	•	
	' '	ARD of 11/4/21 revealed the					
	resident was coded a	s being cognitively intact.			On 1/17/22 at 11:30 AM, the supportin	g	
					RN facility consultant arrived to assist	with	
	_	rith Resident #7 on 1/17/22 at			direct resident care, including but not		
	12:19 PM the residen	t stated on 1/16/22 there was			limited to incontinent care, resident		

CENTER	3 FOR MEDICARE &	WEDICAID SERVICES				CIVID IV	7. 0930-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345144	B. WING _			02/	24/2022	
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE			
PINE RIDO	SE HEALTH AND REHAB	RII ITATION CENTER		70	06 PINEYWOOD ROAD			
TINETRIBO	JE HEAEIH AND KEHAD	JEHANON GENTEN		TI	HOMASVILLE, NC 27360			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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					DEFICIENCY)			
F 600	Continued From page	e 48	F	600				
	only one nurse and tv	vo nursing assistants for the			assessments, medications, nourishmen	nt,		
	entire facility. She said she had turned her call				and basic housekeeping. At 12:00 noo			
	•	y on 1/16/22 because her			the assigned RN facility consultant arri			
		anged and she needed			to assist with direct resident care,			
		it wasn't until 11:00 PM the			including but not limited to, incontinent			
	call light was answere				care, resident assessments, medication	ns,		
	_	further explained she did			nourishment, and basic housekeeping.			
	·		1:00 PM, an additional RN consultant					
	She then stated after 3:00 AM, it wasn't until 10:15 arrived to assist w		arrived to assist with direct resident car	e.				
			including but not limited to incontinent	,				
		her call light on at 7:15 AM			care, resident assessments, medication	ns,		
	•	not answered until 9:20 AM			nourishment, and basic housekeeping.	,		
		prought in, and she said the						
		er breakfast were unable to			Beginning on 1/17/22-1/20/22 the			
	provide incontinent ca	are. She stated she had to			Physician or Nurse Practitioner assess	ed		
	eat breakfast while si	tting in her incontinent brief			all residents for changes in condition.			
		rtable about it. She said they			Orders were written and carried out for	all		
	had only received a b	ag of chips and a sandwich			identified areas of concern.			
	for supper at 9:45 PM	on 1/16/22, so she wanted						
	to eat breakfast and o	did not want to skip breakfast.			Beginning on 1/30/22, the social worke	r		
	She explained by 10:	15 AM on 1/17/22 the urine			talked with 100% of alert and oriented			
	had soaked through t	he brief and soaked through			residents to provide psycho-social supp	oort.		
	the incontinent pad sl	ne was on to the point her						
	bed was wet. She de	scribed how she had to sit			On 1/17/22, the Interim Administrator a	nd		
		rine for many hours between			Human Resource Support Staff review	ed		
	1/16/22 and 1/17/22 a	and how she felt defeated and			the staffing schedule for the upcoming	7		
	was not being treated	I with dignity due to having to			days to ensure sufficient number of sta	ff to		
	wait so long for receiv	ving basic care.			provide care for all residents. The Inter	im		
					Administrator, Divisional Vice Presiden	t,		
		11's most recent Minimum			and Human Resource Support Staff			
	Data Set (MDS) was	coded as an admission			ensured there was enough staff, on ea			
		Assessment Reference Date			shift, in each department, to provide ca	re		
	(ARD) of 12/21/21 rev	vealed the resident was coded			to all residents in accordance with the			
	as being cognitively in	ntact.			resident plan of care.			
	During an interview w	rith Resident #11 on 1/17/22						
		ent spoke about the events						
	that occurred on 1/16/22 and asked if the facility				How the facility identified other residen	ts		

CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				CIVID INC	7. 0930 <del>-</del> 0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		PLETED
		345144	B. WING				C <b>24/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	<u>.</u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	<del></del>
					06 PINEYWOOD ROAD		
PINE RIDO	GE HEALTH AND REHAE	SILITATION CENTER			HOMASVILLE, NC 27360		
040.15	STIMMADA ST	TATEMENT OF DEFICIENCIES	ID	l	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREF	ıx	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
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F 600	Continued From page	a 10		600			
1 000	-		[	000	h i' 4  4 4i -   4 -   # 4   1 4		
		aster plan that should have			having the potential to be affected by the	ıe	
	been followed? She stated the facility was short of help, she felt neglected, and expressed no one				same deficient practice:		
		-			As set forth above, a corrective action	nlon	
		e further stated there were istants (NAs) to cover the			As set forth above, a corrective action was put in place and implemented for a	-	
		7:00 AM until 11:00 PM. She			residents.	411	
		one nurse to cover the whole			residents.		
		A # 2 had told her she hadn't			Measures put into place or systemic		
even had an opportunity to go to the bathroom				changes made to ensure that the defic	ient		
	while she was working. Resident #11 stated she				practice will not recur:		
		22 and didn't receive her			F		
		8:00 PM-8:30 PM. She			On 1/21/22, the Corporate Director of		
	further stated the staf	ff refused to help her out of			Special Projects began educating 1009	% of	
	bed on 1/16/22 and the	hat had upset her because			the facility and agency staff on the		
	she likes to get out of	f bed because her leg hurts			Emergency Preparedness plan. The		
	her, and it feels bette	r to get out of bed and			education included: 1) the Emergency		
		e said when she was wet, she			Preparedness Program, 2) incident		
	_	ng time for someone to come			management staff chain of command,	3)	
	_	/16/22 and into the morning of			evacuation, shelter in place, 4) fire		
		e staff who were there did not			response plan, 5) disaster, 6) infectious		
		tunity to offer her a bedpan so			disease, 7) power outages/interruption	•	
		o be incontinent. On 1/16/22			workplace violence and active shooter,	9)	
		ence care twice, for the whole			missing resident, 10) reporting to work	_	
		further stated she had to lay			during inclement weather, and 11) slee		
	1	op for many hours and at the her bottom felt uncomfortable.			pay policy. The education was comple on 3/22/22. Any staff that has not work		
		this was happening, she felt			and completed the Inservice will compl		
		nelpless. She said she			upon their next scheduled shift. The Me		
	1 -				Director of Nursing, Director of Nursing		
	received incontinence care at 10:00 PM on 1/16/22 and did not receive incontinence care again until				Clinical Support Staff will ensure all ne		
	6:00 AM on 1/17/22.	au care again ann			hired staff and newly scheduled agence	-	
					staff will complete the Inservice during	•	
	Review of a quarterly	MDS with an ARD of			orientation.		
		esident #1 was coded as being					
	cognitively intact.	3					
					From 1/17/22 through 2/22/22, the		
	On 1/17/22 at 12:46 F	PM an interview was			corporate support staff provided seven	days	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345144	B. WING		C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	1 02/24/2022
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION DATE
F 600	Resident #1 revealed with handing out sand except the COVID has between 6:00 PM-7:3 volunteered to help be people working and of provide care for the fahelped at lunch and padded around 7:30 Pedepartment showed ulot".  A phone interview was 1/18/22 at 3:41 PM. 1/16/22 and started as 7:00 AM 1/17/22. She from 7:00 AM to 7:00 normal day. She expendential for inclement one from management inclement weather one employees of the facility making statements sube prepared to stay in She said when she lewas just starting to serfacility, she explained schedule, and she did supposed to work, or there without the schedule to the said when she did supposed to work, or there without the schedule to the sche	lent #1. During the interview, he assisted the facility staff dwiches and went on all halls ill and the dementia unit to PM. He stated he ecause there were only 3 lidn't believe the 3 could acility. He further added he bassed ice. Resident #1 M the police and fire up and "helped out a whole is conducted with Nurse #7 on She said she worked on to 7:00 AM and worked until e explained she had worked PM on 1/15/22 and it was a lained she was aware of the at weather, but there was no not who had discussed the her, or preparations for a 1/15/22. She said the lity were joking about it and unch as pack your bags and in case it snows on 1/15/22 it now. When she arrived at the lishe was unable to find the dinot know who was who was supposed to be redule, and without the	F 600		sure ded and  staff ng nent ons n will at t f al id
	schedule, she did not know how to make assignments or who would be assigned to what halls. She said she called DON #1 at around 7:30 AM to let her know she was the only nurse who had arrived for the day shift, she couldn't 't find the			Beginning 3/22/22 providing basic goo and services audits will be completed weekly x 8 weeks by the interim	ods

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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		345144	B. WING			02/	24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	stay until 11:00 AM. were only 2 Nursing A arrived to work day sl have been 2 medicati NAs. She said she h Administrator #2 mult day, but on one occas the DON had told her into her driveway afte she didn't 't know any could come get her, a some staff to come to said when she had ta told her she was sorry DON #1. The nurse of received a hot breakf lunches were pushed dietary staff, and her the bagged lunches, and dinner combined there was a medication come in at 7:00 AM a were 2 NAs who had shift, but they had left explained the NA shift PM, and no NAs arriv She further explained shifts from 7:00 AM to 7:00 AM, and no nurs 7:00 PM. The nurse residents were asking was trying to prioritize antibiotics and insulin them timely, she and answer the facility ph	ght nurse was going to only She further explained there Assistants (NAs) who had hift, and typically there would ion aides, 3 nurses, and 8-10 ad talked to the DON and the tiple times throughout the sion when she talked to her she had just gotten back er trying to get to the facility, yone who had a truck who and she would try to find to the facility to help her. She alked to Administrator #2 she y, and she was going to call described the residents fast, but at lunch time, bagged I out onto the hallway by the and the 2 NAs passed out which were actually lunch into one bag. She added on aide (MA) (NA #3) who had and left at 2:00 PM and there stayed over to help from night to before lunch time. She fits go from 7:00 AM to 3:00 and at the facility at 3:00 PM. If the nurses work 12 hour to 7:00 PM and 7:00 PM to see arrived at the facility at described the day as chaotic, of for their medications, she are medications such as a to ensure residents received the other staff were unable to one, she was communicating Administrator #2 via her	F	600	administrator, interim DON, treatment nurse, corporate support staff, and/or clinical support staff utilizing a Providing Basic Goods and Services Audit Tool. Taudits will include monitoring of medical administration, treatments, resident car observations, and conducting interview with alert and oriented resident regarding providing basic goods and services. The Administrator will ensure that any concording investigation of neglect will also inclused the procedure for completing a report to submitted to the Health Care Personne Investigation site  The Administrator will be responsible for forwarding the audit tools to the Quality Assurance Committee. The facility submittee audit tools monthly x 2 months to identify trends and to determine the new for further frequency of monitoring.	The attion re s ng ne e ern ude o be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345144	B. WING		<del></del>		C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		706	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD IOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	her, she was making dementia unit becaus to have someone on 4:30 PM one of the N anyone else was goir panic attack to the powas going to have to nurse further stated a conversation with the had too much respongo lay down for a white DON she was there to the and that was her mainot know how long it there were two police had informed her the regarding the situation through discussion whad asked her who wand she responded sonurse in the facility, the were providing care from the explained shortly after "swarming" with policing said they sat her down seemed concerned a she felt relieved to know some help for caring stated at 11:00 PM where such as the facility is the did not know who was.	which she was carrying with periodic rounds on the se there was not enough staff that unit at all times, at about As was crying, asking if ag to come to help, and had a pint where she felt like she call 911 for the NA. The at one point during a DON, the DON told her she sibility in the building and to ale and she responded to the totake care of the residents in priority. She said she did had been, but at one point to officers behind her, and they by had received 911 calls in at the facility. She said ith the police officers they was in charge of the facility, he was, she was in the only or all of the residents. She	F	600			

OL. TILIT	O T OTT INLEDIO TITLE OF	THE DIGITIES CERTIFICES				UD 110	7. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345144	B. WING			02/	24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHA	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD 1HOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	stated he and Emergadministered medicat to multiple residents 11:30 PM on 1/16/22 1/17/22. He stated a and the other nurse a intravenous (IV) Van to Resident #6. He sonly nurse, Nurse #7 of the prescribed me the facility. He stated the dementia unit be staff members for the Director of Nursing (I and she was also as the backlogged medithe further explained which hadn't been as treatments had also ordered. He explained and then escapes the said the resident war legs changed, but the re-wrapping her legs Medication Aide (MA phone on 01/24/2022 confirmed that she re on 01/16/2022 as softhat she had been as medications to the remedications to her as medications to the properties of t	Responder Nurse #1 he gency Responder Nurse #2 attions and provided treatments between when he arrived at and then left at 7:00 AM on amongst the medications he administered included comycin (a strong antibiotic) stated that due to being the awas unable to administer all dications for the residents of the dications for the residents of the dications for the residents of the dications of the facility. He further stated the DON) did arrive to the facility sisting in the administration of dications which were overdue. It was not just medications diministered but ordered not been completed as seed there was a resident who go and her legs were weeping (a mid builds up under the skin arough the skin and pores). He med to the bandages on her ey were unable to get to at 2:00 PM and she exported to work about 6:45 AM sheduled by the agency and sesigned to administer esidents on the 200 and 300 ported that while administering sesigned area she had	F	600			
		are, answer call lights and to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345144	B. WING _			1	24/2022
	ROVIDER OR SUPPLIER GE HEALTH AND REHAI	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP COD 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	E		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 600	unit (also referred to 500 hall). MA #1 reported the medications were sidents and that the but they worked as how further stated that should situation like she did reported she receive facility at 2:00 PM duant An interview was cor 01/19/2022 at 10:28 01/16/2022 that only arrived for work at 7: members consisted of medication aide, and entire day as extrem residents voiced constaff, not receiving canswered sometimes adequate food for directly and then 3 states assigned to the secured unit. She fur care to those resider safety as they could. experienced a panic no staff came to help explained she overheand they had decide wasn't enough staff if them. She further experiences in the facility make the residents start and they had decide wasn't enough staff if them. She further experiences in the facility make the residents start and they had decide wasn't enough staff if them. She further experiences are sidents start and they had decide wasn't enough staff if them. She further experiences are sidents start and they had decide wasn't enough staff if them. She further experiences are sidents start and they had decide wasn't enough staff if them. She further experiences are sidents start and they had decide wasn't enough staff if them. She further experiences are sidents start and they had decide wasn't enough staff if them.	as the SPARKS unit and/or orted that she knew that some ere administered late to e care given was not the best, and as they could. She e had never experienced a on 01/16/2022. MA #1 d permission to leave the eto the weather.  Inducted with NA #2 on AM. NA #2 revealed that on 4 nursing staff members 00 AM. The four nursing staff of 2 nursing assistants, 1 1 LPN. NA #2 described the ely busy and that many inplaints about not enough are, call lights not being is for 2 or more hours and not inner. NA #2 explained that with aff that there was no staff re dementia unit and that the erned for the residents on the outs and tried to check on their	F	500			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION  G	(X3) DATE SURVEY  COMPLETED  C		
		345144	B. WING			02/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(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 CORRE  (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APP  DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	when the police and evening, she was vecare. NA #2 stated to a situation like that about the lack of residents about the lack of residents as any and having to part that he and NA to provide care to all He stated in the 20 he had never experigive care to the residents as angry an 01/16/2022. He overwhelmed about 1/16/22 while there all of the residents. residents having to disappointed becaumaking an effort to gresidents.  On 01/18/2022 at 1: conducted with DOI she had received method had received method been making cand that she did not would going to the feature of the residents.	ed with no breaks and that I EMS arrived later that ery glad to have help to provide that she had never experienced and had never been so upset	F 60			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
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	ROVIDER OR SUPPLIER	ABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		•		
(X4) ID PREFIX TAG	(EACH DEFICIEN		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOU  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 600	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		F 60	DEFICIENCY)			
	identify who the res name labels on resi residents were. He out what had been what hadn't been do	ne at the facility to help them idents were and were putting dents, so they knew who the said it was difficult to figure done for some residents and one for other residents.					
	12:49 PM with Police of Nursing Home at all	vas conducted on 1/20/22 at ce Officer #1. She stated she officers arrived at Pine Ridge cout 8:09 PM on 1/16/22. The she there were residents out					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345144	B. WING _				24/2022
	ROVIDER OR SUPPLIER GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	DE		-
(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 C X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI IE APPROPRIA		(X5) COMPLETION DATE
F 600	they arrived inside of several call lights on described when she unit, there were not some were observed to hat the unit, in and out of behind the nurses's residents observed to putting items into the A phone interview who is a police officer. Nursing Home at abspolice officer stated at the facility and not dementia unit when building. He said as dementia unit, which an elderly woman the banging on the door entered the dementia wandering throughous supervision. He des wandering behind the officer station desk were go said he had also obsempty intravenous (I station and dementia hanging on it, just are the observation of the During an interview of AM with Housekeep.	the general facility area when f the building and there were throughout the facility. She went back to the dementia taff back there, the residents ve been wandering throughout f rooms, residents were tation, and there were behind the nurses' station	F	500			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		B) DATE SURVEY COMPLETED	
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		02/24/2022
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	said after she left the housekeeping staff a was not the time she home later in the day leave at 10:00 AM be She stated she was the facility on housekeepers at the said there were two the facility. She furth staff members in the one had come to the 1/16/22.  During a phone intermal 2:49 PM with Police arrived at the facility were rooms where the urine and feces. She some rooms which his pilled liquids on the appeared like no one A phone interview was 1:14 PM with Police 2 other officers arrived Home at about 8:09 officer stated there we entered into the facility continued to only get	Isekeeper at the facility. She are was no other to the facility. She said that would have normally gone of the said she had to because it had started sleeting. The only housekeeper who 1/16/22 and there were no facility after she left. She Nursing Assistants (NAs) at the stated there were very few facility. She also stated no facility to do laundry on wiew conducted on 1/20/22 at a cofficer #1 she stated he at 8:10 PM. She stated there were was a strong smell of a further stated there were ad garbage on the floor, floor, and the rooms just a had cleaned them for a while. The stated he and and at Pine Ridge Nursing PM on 1/16/22. The police has an odor of feces when he try. He explained the smell astronger as he went through cribed the smell as horrible	F 60			
	3:09 PM with Police	as conducted on 1/20/22 at Officer #3. He stated there around "everywhere" inside of				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		0212-112022
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 600	the facility. He also stool and urine in the 200 hall outside of rivisible feces below to down another hall the on the hallway floor of concern enough the search warrant to obtain unsanitary conditions. Administrator #3 was Jeopardy on 01/21/  The facility provided allegation of immediately those recipied likely to suffer, a sear result of the noncomment arrived check. It was determined by the facility was noresidents which were the facility was non-based on a failure of emergency prepareresidents not receivitimely manner, and goods and services.	said there was an odor of e hallways, especially on the oom 207 where there was the bed. He further stated here was a line of reddish fluid . He said the conditions were the detective applied for a otain photographs of the is. s notified of immediate 2022 at 12:31 PM. Ithe following credible iate jeopardy removal. ents who have suffered, or are rious adverse outcome as a	F 60			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		l` '	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		<del></del>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 600	likely to suffer a serio on the non-compliant preparedness.  Specify the action the process or system fair adverse outcome from when the action will but the Assistant Regional the fire and police per On 1/16/22 at 9:52 Pt Divisional Vice Presidinitiated a Quality Assimprovement (QAPI) support staff verbalize arrival to the facility. staff put in place the EP lan to obtain addition issues at the facility in On 1/16/2022, the DO approximately 11:30 Emedications and direct At 11:45 PM, a call was Administrator and Complement Emergence. On 1/17/2022 at 1:23 facility and assumed of At 8:02 AM, the Mobiliarrived in the kitchen,	the with emergency  The entity will take to alter the lure to prevent a serious in occurring or recurring, and the complete.  Which the Administrator informed all Vice President (ARVP) that its onnel were at the facility. Which the ARVP updated the lent (DVP) and the DVP turance and Performance conference call with corporate the assignments of duties upon the AVRP and Corporate the empacting residents. DN arrived at the facility PM, and provided to care.  The AVRP and corporate the empacting residents. DN arrived at the facility PM, and provided to care.  The AVRP and staff to the provided to the pr	F	500		
	At 10:47 AM, the Cor	porate Clinical Director				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:			E CONSTRUCTION	COMPLETED		
		345144	B. WING		0:	2/24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REH	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	·	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES CNCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH  CROSS-REFERENCED TO THE APF  DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 600	arrived in the facility and a passing out meal to the facility and a securing staff on the facility and the fa	ty and provided direct care.  Divisional Vice President arrived assisted in securing staff, rays.  orate Employee Experience at the facility, to assist with the schedule.  Regional RN MDS Consultant the provide direct resident care.  upporting RN facility consultant the direct resident care. At 12:00 dt RN facility consultant arrived to desident care. At 1:00 PM, an sultant arrived to assist with the consultant arrived to assist with the consulta	F 600			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345144	B. WING		02/24/2022	
	ROVIDER OR SUPPLIER GE HEALTH AND REHAI	BILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
F 600	Continued From page care.  Date of alleged Immed 1/18/2022.  The facility's credible validated through an included record reviewith facility staff, corported of IJ removal ware ADL Care Provided for CFR(s): 483.24(a)(2) A residuativities of daily living services to maintain personal and oral hy This REQUIREMENT Based on record reviews, the facility Daily Living (ADL) Care. The failure occuperiod when there was Nurse (LPN) and two	e 62 ediate Jeopardy removal:  allegation of compliance was on-site review process which w, observations, interviews porate staff and residents. as validated as 1/18/22 or Dependent Residents  dent who is unable to carry out g receives the necessary good nutrition, grooming, and	F 60	DEFICIENCY)	3/22/22 es eat errect eith eity of	
	interviewed residents #11) stated they did in for an extended period stated she had physical had to wait an extendincontinent care. Into who arrived at the faresidents in need of urine and feces in the s failure to sufficiently	s (Resident #7 and Resident not receive incontinent care od of time and Resident #11 cal discomfort from having ded period of time for erviews with first responders cility described multiple care and a strong smell of e facility. Due to the facility 'y staff the facility to provide on 1/16/22, every resident of		established by state and federal law. T Plan of Correction is submitted as a wi allegation of compliance.  Pine Ridge Health and Rehabilitation Center s response to this Statement of Deficiencies and Pine Ridge Health an Rehabilitation Center searlier submitt credible allegation of immediate jeopar removal does not denote agreement w the Statement of Deficiencies nor does	rite ritten of od ted rdy rith	

PRINTED: 03/11/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		СОМ	(X3) DATE SURVEY COMPLETED	
		345144	B. WING			C / <b>24/2022</b>	
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	1 02	2412022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APPR  DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 677	During interviews with arrived to the facility a stated there was a for there were multiple or interviewing the LPN the only nurse in the NAs were unable to see residents needed whi incontinent care, assinutrition and hydration other facets of basic police officers stated and the LPN, the resineed of immediate AI members were unable the needs of ADL carpolice officers reached resources, including I (EMS) and firefighters residents of the facility residents of the facility failed to have a winter storm on 01/the residents. Nurse and NA #2 were the control of the facility of the provide all residents at the facility residents at the fac	d at risk of severe harm.  In the three police officers who at 8:09 PM on 1/16/22 they all odor of urine and feces, all lights on, and after on site she stated she was facility and she and the 2 supply the medical care the ich included timely sting with toileting, delivery of in, answering call lights, and care for the residents. The it was determined by them, dents of the facility were in DL care which the three staff is to the residents and the id out to community is mergency Medical Services is, to immediately assess all y, and to provide care to the y.  began on 01/16/22 when the adequate nursing staff during 16/22 to provide ADL care for #7, Nurse Assistant (NA) #1, only staff at the facility after II ADL care for the 98 y. The immediate jeopardy	F 6		suffer outcome. e right to his Informal Informative Informative Information Infor		
	implemented an acce immediate jeopardy r out of compliance at (potential for actual h	8/22 when the facility eptable credible allegation for emoval. The facility remains scope and severity level F arm that is not immediate vstems are put in place are		services to include but not limited incontinent care.  On 1/17/22 at 11:30 AM, the supp RN facility consultant arrived to as direct ADL care to include inconti	orting ssist with		

Facility ID: 923017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY  COMPLETED  C	
		345144	B. WING _			02/24/2022	
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	,	
PINE RIDG	SE HEALTH AND REHAB	UI ITATION CENTER		7	06 PINEYWOOD ROAD		
T INC KIDO	DE MEAETH AND REMAD	MENATION SERVER		7	THOMASVILLE, NC 27360		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
			-		DEFICIENCY)		
F 677	Continued From page	e 64	F 6	677			
	effective.				to residents, including resident #7 and	#11.	
					_		
	The findings included	:			On 1/17/22 at 12:00 noon, the assigned		
	4 Decident #7	advertite of the time for either, and			RN facility consultant arrived to assist \		
		idmitted to the facility on dent 's diagnoses included:			direct ADL care, to include incontinent to residents, including resident #7 and		
		ized weakness, and lack of			At 1:00 PM, an additional RN consultar		
	coordination.	zed weakiness, and lack of			arrived to assist with direct ADL care to		
	oooramation.			include incontinent care to residents			
	Review of Resident #	7 's most recent Minimum			including resident #7 and #11.		
	Data Set (MDS) revea	aled an admission			J		
		ssment with an Assessment			Resident #7 and #11 received inconting	ent	
		) of 11/4/21. The resident			care and other services in a manner to		
	was coded as cognitive	vely intact. The resident was			promote maintenance of residents #7 a	ınd	
	coded as having had	no hallucinations or delusions			#11 quality of life		
	and the resident was	coded as requiring extensive					
		wo people for bed mobility,			On 1/17/22, 100% head to toe skin		
	•	sfer from the bed to the			assessment were completed of resider		
	, ,	, toileting, and personal			to include resident #7 and # 11 by clinic	cal	
		it was coded as always			support staff to ensure they are being		
	continent of both bow	el and bladder.			treated with dignity and respect. During	•	
					skin assessments incontinent care was		
	-	sident #7, most recently			provided by the clinical staff when need	led.	
		pecified the resident had			0 4447/00 #		
		included: The resident			On 1/17/22, the social worker talked wi		
		ith ADLs/Personal care and			100% of alert and oriented residents to		
		ided the resident having been			provide psycho-social support.		
		d bladder. Further review			On 4/47/00 the last arise Advantage interests a		
		about the resident having the			On 1/17/22, the Interim Administrator a		
	potential for urinary in				Human Resource Support Staff review		
		nd the interventions included			the staffing schedule for the upcoming		
		lent to call for assistance for			days to make certain a sufficient numb	SI OI	
	• •	ncourage attempts to comply				4 11	
	_	sident also had a focus area			to ensure residents to include #7 and #	11	
	for her being at risk for				are treated in a dignified manner and	dina	
	Immobility.	er pressure ulcers related to:			receive direct ADL care including provious incontinent care.	ung	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I` ′		CONSTRUCTION		LETED	
		345144	B. WING _			1	24/2022	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
PINE RIDO	SE HEALTH AND REHAB	SILITATION CENTER			06 PINEYWOOD ROAD			
				Т	HOMASVILLE, NC 27360			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 677	Continued From page	65	F	677				
	12:19 PM the resident only one nurse and two entire facility. She say light on during the day brief needed to be characteristical light was answered.				The Interim Administrator and Human Resource Support Staff ensured there enough staff, on each shift, in each department, to provide care to all resid to include #7 and # 11 in accordance with the resident plan of care.	ents		
	incontinent care. She further explained she did not receive incontinent care again until 3:00 AM.  2. Resident #11 was admitted to the facility on 12/14/21 and the resident 's diagnoses included: Diabetes, dysphagia (difficulty swallowing), chronic kidney disease, depression, lack of coordination, anxiety, and fibromyalgia.  Review of Resident #11 's most recent Minimum Data Set (MDS) revealed an admission comprehensive assessment with an Assessment				How the facility identified other resident having the potential to be affected by the same deficient practice  As set forth above, on 1/17/22 100% he to toe skin assessment were completed all residents by clinical support staff to ensure they are being treated with digrand respect. During the skin assessment incontinent care was provided by the clinical staff when needed.	22 100% head completed of ort staff to d with dignity assessments		
	was coded as cognitive coded as having had and the resident was extensive assistance mobility, transfer (such the wheelchair), dress hygiene. The resider continent of both bow.  The care plan for Reservised on 12/14/21, "Focus" areas which needed assistance whe interventions includes	o) of 12/21/21. The resident wely intact. The resident was no hallucinations or delusions coded as requiring total or of one to two people for bed the as transfer from the bed to sing, toileting, and personal at was coded as always tell and bladder.  Sident #11, most recently specified the resident had included: The resident ith ADLs/Personal care and added the resident having the and requiring assistance			Measures put into place or systemic changes made to ensure that the defic practice will not recur  On 2/18/22 the Corporate Clinical Direinitiated an inservice with nurses and nursing assistants on providing direct Acare including incontinent care so residents receive services to maintain nutrition, grooming and personal and on hygiene. The education was completed 3/22/22. Any staff that has not worked completed the Inservice will complete to inservice upon their next scheduled should be accompleted to the service of Nursing, Director of Nursing, Director care in the deficiency of the service will be completed to the service of Nursing, Director care in the service will be completed to the service of Nursing, Director care in the service will be completed to the service will be completed to the service will complete to the service will be completed to the service will be complet	ctor  ADL  good  ral  d on  and  he		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	1, ,	(X3) DATE SURVEY COMPLETED	
	345144	B. WING			C 02/24/2022	
NAME OF PROVIDER OR SUPPLIER  PINE RIDGE HEALTH AND REHABIL	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COL 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		EI E-II EOLL	
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE	
12:19 PM the resident soccurred on 1/16/22 and some type of disaster processes followed? She stated to she felt neglected, and to care. She further state Nursing Assistants (NA building from 7:00 AM to there was only one nurbuilding. She said NA even had an opportunit while she was working, to help her out of bed oupset her because she because her leg hurts hout of bed and change she was wet, she had to someone to come and into the morning of 1/17 who were there did not to offer her a bedpan so incontinent. On 1/16/22 care twice, for the whole further stated she had to poop for many hours and interview her bottom fer the schedule. She and who else was supposed her and the only other little stated in the schedule of the sched	th Resident #7 on 1/17/22 at spoke about the events that and asked if the facility had olan that should have been the facility was short of help, expressed no one seemed ated there were only two as) to cover the whole until 11:00 PM. She said se to cover the whole "2 had told her she hadn't told to go to the bathroom. She said the staff refused on 1/16/22 and that had likes to get out of bed there, and it feels better to get position. She said when so wait a very long time for change her on 1/16/22 and 7/22. She said the staff even have the opportunity of she would not have to be 2 she received incontinence the day she stated. She to lay in her own pee or and at the time of the lit uncomfortable.  Bew conducted on 1/19/22 at the stated she arrived at different towards about different towards. She explained	F 6		Staff will and newly ete the  histrator ement blan of commendations  itor its at solutions  itor of Nursing s ensuring a each shift, in care and clude be with the ne staffing to address lement taffing a week x 8 ssion of tary, and and dit tool.		

OLIVIE	S I SIX III EDIO/ II KE G	INLEDIO/ (ID CEITVICE)				T	. 0000 0001
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		LETED
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		345144	B. WING			02/	24/2022
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE RIDO	GE HEALTH AND REHA	BILITATION CENTER			06 PINEYWOOD ROAD HOMASVILLE, NC 27360		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 677	Continued From page	e 67	F	677			
	most of the staff who	were assigned to leave at			Nursing, Director of Nursing, treatment		
		night shift) did not wait for			nurse, or clinical support staff will comp		
	,	ir place and left because it			10 ADL audits to include providing time		
		She said 2 nurses from			incontinent care weekly x 8 weeks	,	
	_	he morning to assist with			documented on a Resident Care Audit		
		lp with breakfast. She			Tool. Staff will be retrained by the interi	m	
	_	rses helped a lot with covering			administrator, interim DON, ADON,		
		nich was a locked unit. She			treatment nurse, and corporate suppor	t	
said after the 2 nurses left, it was just her and the other NA to provide care for 98 residents. She				staff during the audit for any identified			
		-			areas of concerns noted with timely		
		nd the other NA provided as			incontinent care not being completed.		
		ould to each resident. She					
	said the residents wh	no were alert and oriented		The Administrator will be responsible for			
	were upset and they	knew what was going on and			forwarding the audit tools to the Quality	/	
	she had a discussion	with one resident who			Assurance Committee. The facility ☐s		
	informed her she was	s going to call 911 regarding			Quality Assurance Performance		
	the situation at the fa	cility, lack of care, and her			Improvement (QAPI) committee will rev	/iew	
	current state. She sa	aid it was after 3:00 PM when			the audit tools monthly x 2 months to		
	she realized the othe	r NAs who were scheduled at			determine need for further frequency o	f	
	3:00 PM had not arriv	ved, and most likely were not			monitoring.		
	going to arrive, which	n made her and the nurse very					
	mad and upset. She	said the phones were often					
	ringing, they did not h	have time to answer the					
	phones, and the rece	eptionist who would usually					
	answer the phone at	the front desk had also not					
	come to work. She s	said there was no other staff					
	at the facility at that t	ime, no dietary staff, no					
	receptionist, no hous	ekeeping, and no laundry					
	staff. She explained	at one point she became very					
	angry and upset and	the nurse was concerned for					
	her health and consid	dered sending her to the					
	hospital, but she said	she eventually got moving					
	again and just went b	back to work. She said it was					
	unreal, she was so b	usy, and had never had an					
	experience like that b	pefore. She said she just					
	kept working and at s	some point, she didn 't even					
	remember when, she	e saw the police officers in the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER GE HEALTH AND REHAE	BILITATION CENTER		706	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD IOMASVILLE, NC 27360	1 02/	L-11 LULL
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 677	A phone interview wa 10:29 AM with Emergy (male) and Emergency (female). He explained on 1/16/22 and there Assistants to care for facility and they had be 16 hours and needed were no NA's who he PM to 7:00 AM shift wexplained the nurse at the facility couldn't the situation. He said the frustration over the laincontinent care, how like that, upset about and some had inform candies instead of a residents were wet, to through the brief the laincontinent pad, a She explained the NA and keep up, and	olice officers, then the fire rgency Medical Services.  Is conducted on 1/19/22 at gency Responder Nurse #1 by Responder Nurse #2 and they arrived at 11:30 PM were only 2 Nursing all of the residents at the peen at the facility for about to go home. He said there ad had arrived for the 11:00 when they had arrived. He and the 2 NAs who were at hink beyond the emergency	F	677			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB	SILITATION CENTER		STREET ADDRES 706 PINEYWOOD THOMASVILLE		1 02	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		BE	(X5) COMPLETION DATE
F 677	had yelled at him that needed to be change nurse who was workin Director of Nursing (Dempty room at midnig some rest, despite he conversation between occurred prior to the pand the subsequent of EMT stated the nurse wasn't the right thing nurse there, and the rher.  A phone interview was 1/19/22 at 9:30 PM. If at the facility at 9:30 PM at the facility at 9:30 PM at the facility at 9:30 PM at the said many resident residents were asking treated like that. He sericated like that. He sericated like that. He sericated he was appalled discovered the resident puring a phone interval 2:49 PM with Police arrived at the facility ad discovered at the facility ad discovered at the facility and covered at the facility and serious puring a phone interval 2:49 PM with Police arrived at the facility ad discovered at the facility and responding office Nursing Assistant's serious properties.	of the residents one resident is she needed a brief and did. He further stated the ing at the facility told him, the ion told the nurse to find an ight, go lie down, and to get is being the only nurse. The in the nurse and the DON had ionlice arriving at the facility emergency response. The is told him she knew that ig to do, she was the only residents were depending on the explained he had arrived in the explained he had arrived in the had been neglected as it of care they had received. In the swere left incontinent and ig how come they were being said he saw multiple in own feces. He said the funit and one resident on the ine had not seen a staff is since early in the day. He is do by the situation he into the i	F	377			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB	ILITATION CENTER		70	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD HOMASVILLE, NC 27360	1 02/	Z-11 Z U Z Z
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 677	did not see anyone and stated there were rook smell of urine and feed residents hadn't been the police officer state one of the worst thing she seemed to be in such as the seemed to be in such as th	way he went down, and she aswering the call lights. She ms where there was a strong es, and it was obvious the n changed in a long time. ed Nurse #7 told her this was s she had ever seen, and shock.  Is conducted on 1/20/22 at Officer #2. He stated he and d at Pine Ridge Nursing PM on 1/16/22. The police as an odor of feces when he y. He explained the smell stronger as he went through ribed the smell as horrible are at one point. He said there were crying and had told him they had not seen a nurse all been in the building many seen the building in a state in 1/16/22. He said the y sad, disturbing, and	F	677			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	1	DATE SURVEY COMPLETED	
		345144	B. WING _			02/24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 677	several hours, or sir they hadn 't eaten's During an interview PM with Administrat Regional Vice Presi administrator role) In to have a level of structure for residents. It to be oversight through Director of Nursing to allow residents to timely and appropriate Administrator #3 was Immediate Jeopardy. The facility shared the incident which a place measures to be the IJ as of 1/18/22. The Removal Plan: (ADLs)  The entity 's removal Plan: (ADLs)  The entity those recipions likely to suffer, a ser result of the noncontrol of 1/16/22, at 8:09	of seen nurses or NAs for note breakfast, and some said since breakfast.  conducted on 2/2/22 at 1:23 or #3 (Who was the Assistant dent prior to assuming the e stated it was his expectation affing to provide the needed depth the Administrator and the to provide that level of staffing feel like they were getting afte care.  Is made aware of the (IJ) on 1/22/22 at 1:23 PM.  The following plan to address alleged the facility had put into lower the scope and severity of the F677- Activities of Daily Living all plan must include the lents who have suffered, or are rious adverse outcome as a appliance;  PM, after a resident called	F 6	77		
		cement arrived at the facility for twas determined that there				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPL		(×	(3) DATE SURVEY  COMPLETED
		345144	B. WING _			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER GE HEALTH AND REHAI	BILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		•	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 677	nursing assistants (N residents which were including assistance (ADL) care. Emerge assessed residents, during the night and care. It was determined non-compliant with T the Administrator to epreparedness plan, receiving ADL care. jeopardy preliminary needed ADL care duthere was only 1 LPN likely to suffer a serior on the non-complian preparedness.  Specify the action the process or system far adverse outcome frowhen the action will likely to the Assistant Region the fire and police per and that there was of facility. The ARVP border to assist with cand provision of ADL getting additional state and Corporate staff preparedness Plant address the issues as	ical nurse (LPN) and 2 IAs) on site and there were 97 in need of care and services, with activities of daily living, ncy Management personnel and got staff to the building for the next day to provide need that the facility was fag F677 based on a failure of enact an emergency resulting in residents not As set forth in the immediate findings, all residents who ring the time period where N and 2 NAs on site were ous adverse outcome based one with emergency  e entity will take to alter the illure to prevent a serious m occurring or recurring, and	F 6	77		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION AND ADED		FIPLE CONSTRUCTION  NG	1, ,	(X3) DATE SURVEY COMPLETED C		
		345144	B. WING _			02/24/2022		
	ROVIDER OR SUPPLIER GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP 706 PINEYWOOD ROAD THOMASVILLE, NC 27360				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	·	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 677	approximately 11:30 activities of daily living incontinent care.  On 1/16/22, at 11:45 Administrator and Co implement Emergence sufficient staff to the froare, including incontion of 1/17/22 at 1:23 Alfacility and assumed included coordinating provision of direct AD care.  On 1/17/22 at 10:47 AD Director arrived in the resident ADL care, incincontinent care, toile positioning, assisting unit, and answering of Consultant arrived at resident ADL care, incincontinent care, toile positioning assisting unit, and answering of Consultant arrived at resident ADL care, incincontinent care, toile positioning, assisting unit, and answering of Consultant arrived at resident ADL care, incincontinent care, toile positioning, assisting unit, and answering of Con 1/17/22 at 11:30 A	arrived at the facility at PM, and provided direct g (ADL) care, including  PM, a call was held with the rporate support staff to y Preparedness Plan and get acility to provide direct ADL inent care.  M, the ARVP arrived at the charge of the facility, which care of residents and L care, including incontinent  AM, the Corporate Clinical facility and provided direct cluding as needed, ting, bed-mobility, residents of the dementia all bell lights.  AM, Corporate Employee I arrived at the facility, to taff on the schedule.  AM, the Regional RN MDS the facility to provide direct cluding as needed, ting, bed-mobility, residents of the dementia	F	677				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB	L		7	TREET ADDRESS, CITY, STATE, ZIP CODE OF PINEYWOOD ROAD THOMASVILLE, NC 27360	1 02/	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI	PREFIX (EACH CORRECTIVE ACTION SI			(X5) COMPLETION DATE
F 677	Continued From page	<del>2</del> 74	F	677			
	ADL care, including a toileting, bed-mobility residents of the deme bell lights, and assess change in condition, round facility consultant arrivesident ADL care, incincontinent care, toile positioning, assisting unit, and answering coresidents for acute changes noted.  At 1:00 PM, an additional assist with direct residented, incontinent coresidents for acute changes noted.  At 1:00 PM, an additional assist with direct residented, incontinent coresidents, including unit, and answering coresidents of the upon sufficient number of state residents, including toileting, bed-mobility residents of the deme	s needed, incontinent care, y, positioning, assisting entia unit, and answering call sed residents for acute no changes noted.  noon, the assigned RN wed to assist with direct cluding as needed, ting, bed-mobility, residents of the dementia all bell lights, and assessed range in condition, no					
	Divisional Vice Presid Support Staff ensured each shift, in each de care to all residents in resident plan of care.	lent, and Human Resource I there was enough staff, on partment, to provide ADL					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE IDENTIFICATION NUMBER: A. BUILDING		IPLE CONSTRUCTION  IG	1	(X3) DATE SURVEY COMPLETED	
		345144	B. WING _		0	C <b>2/24/2022</b>	
	ROVIDER OR SUPPLIER GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		-	
(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 CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 677	Continued From page	e 75	F 6	577			
F 684 SS=H	was validated throug which included record	e allegation of compliance h an on-site review process d review, observations, staff, ent interviews. Date of IJ ed as 1/18/22.	F 6	84		3/22/22	
	§ 483.25 Quality of congular Quality of care is a fundapplies to all treatmeresidents. Based on assessment of a resist that residents receives accordance with profipractice, the compresion, and the resident This REQUIREMENT Based on record revibration of the providence surgical incision; failed was ordered for the ridentify signs and synhip incision for 1 of 1 reviewed for an infect to the hospital on 11/hip and she returned with an incision after fracture. On 1/1/202 hospital Emergency infection was identified	Indamental principle that Int and care provided to facility Ithe comprehensive Ident, the facility must ensure Ite treatment and care in Ite treatment standards of Ite the facility must ensure Ite treatment and care in Ite tre		This plan of correction constitute Ridge Health and Rehabilitation written allegation of compliance deficiency cited. However, prepexecution of the plan of correction admission by Pine Ridge Health Rehabilitation Center of the trutter facts alleged, conclusions set for statement of deficiencies, or the individual resident suffered or his potential to suffer minimal harm harm. This plan of correction is and executed to meet requirement established by state and federal	for the paration and on is not an and the forth in the at any ad the or actual prepared ents		
	Findings included:  A review of Resident	#8's medical record revealed		How corrective action will be ac for those residents found to hav affected by the deficient practice	e been		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION AND MADED		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING _			02/2	24/2022	
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		, , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684	Continued From page she originally admitter readmitted after repaint 11/30/2021. Her diagrand dementia.  Resident #8's Care Provided she was at risk interventions were for incision.  A review of the Dischard Resident #8 was discount a right hip incision during fracture indicated to her right hip incision instructions regarding Discharge Instruction hip dressing was a X dressing). A review directions for Xeroford dressing should be chealth provider instructions for Xeroford dressing should be chealth provider instructions for Xeroford dressing from sticking Physician's Orders for the diagram of the strength of the s	d to the facility 11/3/2020 and ir of a right hip incision on gnoses included osteoarthritis  lan initiated on 9/21/2021 of for skin breakdown, but no und for the right hip surgical  arge Instruction when sharged from the hospital with the to surgical repair of a right Resident #8 had a dressing on but there were no ground changing the dressing. The stated Resident #8's right the proform (petroleum blend of the manufacturer's modessing indicated the manged according to the ctions but is usually changed and moist and prevent the	F	Resident did no to the hospital longer resides  How the facility having the pote same deficient  On 1/17/22-1/1 completed head 100% of all resincluding surgices 2/28/22-3/1/22 assessed all id and symptoms a treatment or documentation audit tool. The of concern.  On 2/28/22 the completed and antibiotics from current resider was started who sides.	ot return after being adm on 1/1/22. Resident #8 r at the facility. y identified other residen ential to be affected by th	nitted no tts he sing n unds s ure nt eas		
	Administration Record Administration Record treatments were foun Resident #8 returned surgical repair of her	esident #8's Medication ds (MAR) and Treatment ds (TAR) for 11/2021 no d for 11/30/2021 when from the hospital with right hip fracture until an order tibiotic and dressing on		changes made practice will no On 2/18/22 the initiated an in-s nurses to inclucare process a	into place or systemic to ensure that the deficent recur:  Corporate Clinical Direct service with 100% of all de agency on the wound and following physician de antibiotics. The inservice to ensure the description of the service with 100% of all de antibiotics.	ctor d s		

	DF DEFICIENCIES CORRECTION	I IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
							C	
		345144	B. WING _			02/	24/2022	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
PINE RIDO	SE HEALTH AND REHAE	BILITATION CENTER			706 PINEYWOOD ROAD			
				T	THOMASVILLE, NC 27360			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	X	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	11E		
F 684	Continued From page	e 77	F 6	684				
					addressed (1) obtaining treatment orde	ers		
	Review of a Skin Che	eck on 11/30/2021 by Nurse			for all identified wounds to include surg			
		ere no skin integrity issues			wounds and (2) signs and symptoms of	•		
		s no mention of the right hip			wound infections (3) starting medication			
	incision.	<b>.</b>			when ordered by the physician. The			
					Inservice will be completed on 3/22/22			
	A Minimum Data Set	(MDS) significant change			Any nurse that has not worked and			
	assessment dated 12	2/2/2021 indicated Resident			completed the Inservice will complete	upon		
	#8 was severely cognitively impaired and had a history of falls. their next scheduled shift. The Mobile Director of Nursing, Director of Nursing, or				their next scheduled shift. The Mobile			
			j, or					
Clinical Support S		Clinical Support Staff will ensure all ne	wly					
	A Skin Check comple	ted by the Wound Care			hired nurses and newly scheduled age	ncy		
		ctor of Nursing on 12/7/2021			nurses will complete the Inservice duri	ng		
		o skin integrity issues			orientation.			
		hip incision was not indicated						
	on the skin check.				On 2/28/22 the Interim Administrator			
					contacted the Quality Improvement			
		dated 12/8/2021 completed			Organization to discuss the plan of			
		lurse/Assistant Director of			correction and for further recommenda	tions		
	_	stated Resident #8 had a			to the action plans.			
		suring 11 centimeters by 0.2			Llow the facility plane to manitar its			
		e was redness and bruising at  Flowsheet further stated the			How the facility plans to monitor its performance to make sure that solution	20		
		s to monitor for signs of			are sustained:	15		
	infection.	s to monitor for signs of			are sustained.			
	iiiicotioii.				Beginning 3/22/22 the Mobile Director	of		
	Review of Resident #	8's Physician's Orders			Nursing, Director of Nursing, or clinical			
		Ciprofloxacin 500 milligrams			support staff will complete head to toe			
		s and the area may be			assessments of residents weekly. The			
		g which was ordered on			audit is to identify wounds to include			
	· · · · · · · · · · · · · · · · · · ·	by Nurse #5 due to cellulitis			surgical incisions, for signs and sympto	oms		
	of the right hip	,			of infection, and to ensure a treatment			
	On 1/26/2022 at 4:34	pm an interview was		place. The Mobile Director of Nursing,				
		e #5, and she stated she			Director of Nursing, assigned hall nurs	e,		
		on 12/9/2021 and obtained			treatment nurse, or clinical support sta			
		iotic, Ciprofloxacin 500			will ensure that the MD is notified with			
	milligrams twice a da				documentation in the clinical record for	all		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C / <b>24/2022</b>
NAME OF P	ROVIDER OR SUPPLIER		5	s	STREET ADDRESS, CITY, STATE, ZIP CODE	1 02	12412022
NAME OF T	NOVIDER OR GOLF EIER				706 PINEYWOOD ROAD		
PINE RIDO	GE HEALTH AND REHAI	BILITATION CENTER			THOMASVILLE, NC 27360		
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 684	Continued From pag	e 78	F	684			
	Resident #8's right h	ip incision was red, swollen,			identified areas of concern. 100% of h	ead	
	_	h, yellow drainage. Nurse #5			to toe assessments will be completed		
		area on the incision where a			weekly x 4 weeks then 10% weekly x 4	1	
	staple had torn loose	e, and the inside of the wound			weeks utilizing a Census/Wound Audit		
	was protruding. Nur				tool. The nurse will be retrained by the		
		nd Care Nurse/ADON about			Mobile Director of Nursing, Director of		
	how long Resident #	8's incision had been infected			Nursing, or clinical support staff for all		
	because the wound I	ooked so bad.			identified areas of concern identified b	ased	
					on a review of the audit tool.		
	A Physician's Progress Note dated 12/13/2021				Beginning 3/22/22 the Mobile Director	of	
	written by the Orthop	edic Surgeon indicated			Nursing, Director of Nursing, or clinica	l	
		egin weight bearing as			support will review physician orders we	eekly	
	_	lower extremity, daily			x 8 weeks to identify all residents who		
		ncision, and follow up in one			were ordered antibiotics. The Mobile		
		orsening drainage. The			Director of Nursing, Director of Nursing	-	
	Physician's Progress	_			clinical support will check the Medicati		
	1 -	dated 12/13/2021 did not			Administration records of all resident□		
	indicate the condition	n of Resident #8's incision.			with newly ordered antibiotics to ensur		
					the medication was started when it wa		
	I -	ated 12/14/2021 for Resident			ordered. The audit will be documented		
	_	ange daily to the incision site			an Orders Audit Tool. The Mobile Direct		
		inage was written by the			of Nursing, Director of Nursing, or clini	cal	
	I -	dent #8 was seen by the			support will contact the physician,	_	
	Orthopedic Surgeon	011 12/13/2021.			complete a medication error report, an		
	Posidont #8's Modice	ation Administration Record			retrain the nurse for all identified areas concern. The Administrator or Director		
		idicated she received an			Nursing will review and initial the audit		
	'	cin 500 milligrams twice a day			tools weekly x 8 weeks for compliance		
		4/2021 to 12/20/2021 for			to ensure all areas of concern were	anu	
		nip. The 12/2021 MAR also			addressed.		
		8 had a dressing to her right			444.0004.		
		inning 12/14/2021 and ended			The Administrator will be responsible f	or	
	12/29/2021.				forwarding the audit tools to the Qualit		
					Assurance Committee. The facility □s	,	
	A Wound Flowsheet	dated 12/22/2021 written by			Quality Assurance Performance		
		r of Nursing/Wound Care			Improvement (QAPI) committee will re	view	
		nt #8 had a right hip surgical			the Notification Audit Tool and Orders		

Facility ID: 923017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING _				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 684	the Assistant Director Nurse indicated Residurgical incision with A Skin Check dated 1 indicated Resident #8 thigh but did not give Review of the Emerge Discharge Summary 1/2/2022 indicated Re Emergency Departmented from her right homography (CT) Scabscess of the right homography (CT) Scabscess of the right homography (CT) Scabscess of the right homography (LT) Scabs	amount of drainage.  dated 12/29/2021 written by of Nursing/Wound Care dent #8 had a right hip no drainage.	F	684	Tools monthly x 2 months to identify tre and determine need for further frequent monitoring.		
	infected, and the infection, and she would r	ction had spread to the hip equire surgery to remove the The Family Member stated					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345144	B. WING_				C <b>24/2022</b>		
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		706 PIN	T ADDRESS, CITY, STATE, ZIP CODE NEYWOOD ROAD IASVILLE, NC 27360	, , ,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
F 684	infection to her right hadid not know about it dressing daily.  The Assistant Director interviewed on 1/25/2 stated she had been Resident #8 returned 11/30/2021 but her produced from the host an order for the incisis ADON stated when so 12/29 it did not appears tated Resident #8 wincision and the orded dressing. The ADON drainage from Resides she went back out to attempt was made to she did not return my  On 1/25/2022 at 3:54 conducted with Nurse employed by agency facility regularly. She changes were comple Nurse during the week the weekend days.	and how Resident #8 had an hip incision and the nurses if they were changing the or of Nursing (ADON) was 2022 at 10:38 am and she the Wound Care Nurse when from the hospital on osition changed to ADON on ON stated when Resident #8 spital on 11/30/2021 she had on to be open to air. The he assessed the incision on ar to be infected. The ADON as picking at her right hip r was changed to a dry 1 stated there was more ent #8's right hip incision when the hospital on 1/1/2022. An reinterview the ADON but call.	F	684	DEFICIENCY)				
	the antibiotics ordere completed on 12/20/2 large amount of blood through the dressing than 24 hours. Nurse	8's wound after she finished d on 12/14/2021 and 2021 and the incision had a dy drainage that would come if it had remained on more e #3 stated Resident #8's ed infected when she was							

	DF DEFICIENCIES CORRECTION	I DENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB	BILITATION CENTER		7	TREET ADDRESS, CITY, STATE, ZIP CODE  OF PINEYWOOD ROAD  THOMASVILLE, NC 27360	1 02/	Z4/ZUZZ
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	e 81	F	684			
	completed on 12/20/2	nd when the antibiotic was 2021. Nurse #3 stated she sician of the condition of					
	1/26/2022 at 9:05 am Resident #8 returned hospitalization to repa 11/30/2021 she transo Administration Record Nurse #2 stated she of #8 had a treatment to she stated the Wound assessed the incision the dressing changes	d from the Physician's orders.  did not remember if Resident her right hip incision and d Care Nurse would have site and obtain orders for					
	Wound Care Nurse d through the week. Sh seeing the wound dur #8 discharged back to and inflamed, there w loose, and there was stated the wound look	december. Nurse #1 stated the did the dressing changes he stated she did remember ring the week before Resident to the hospital and it was red was a staple that had come a lot of drainage. Nurse #1 ked infected and she had told to should look at the wound.					
	1/26/2022 at 11:08 ar Resident #8 had an ir incision and he had o Physician stated he w incision was inflamed ordered on 12/9/2021	an was interviewed on mand stated he remembered infection to her right hip redered the antibiotic. The was aware Resident #8's when the antibiotic was but he had not been notified it to be red and draining after					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
		345144	B. WING		C 02/24/2022		
	ROVIDER OR SUPPLIER GE HEALTH AND REHAB	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE		
F 689 SS=K	stated the condition of have been reported to Surgeon if it continues signs of infection.  An attempt was made Orthopedic Surgeon the Office Manager's said the medical reconspeak to Resident #8 returning my call.  During an interview who 1/31/2022 at 11:00 at Administrator #3 durinursing should have hip incision for any signs of infection Free of Accident Haz CFR(s): 483.25(d)(1)  §483.25(d) Accidents The facility must ensing \$483.25(d)(1) The refree of accident haza \$483.25(d)(2)Each resupervision and assist accidents.  This REQUIREMENT Based on record reviphysician, family mer facility failed to provide	mpleted. The Physician of Resident #8's wound should of either him or the Orthopedic of to be inflamed and showed  effect to reach Resident #8's on 1/28/2022 at 12:08 pm and tated the Orthopedic Surgeon ords from the hospital would offection and reported to the Physician. ards/Supervision/Devices (2)  a.  ure that - sident environment remains as rds as is possible; and esident receives adequate stance devices to prevent  T is not met as evidenced by: iew, first responder, resident, mber, and staff interviews, the de an environment without	F 68	Pine Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and propose			
	The facility must ensu §483.25(d)(1) The refree of accident haza §483.25(d)(2)Each resupervision and assist accidents. This REQUIREMENT Based on record reviphysician, family mer facility failed to provid severe risk of harm the supervision of the results.	esident environment remains as rds as is possible; and esident receives adequate stance devices to prevent  is not met as evidenced by: iew, first responder, resident, mber, and staff interviews, the de an environment without		Center acknowledges receipt of the	nt rrect		

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	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING			1	C 24/2022	
NAME OF PE	ROVIDER OR SUPPLIER	040144	B. WING_		TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	24/2022	
					06 PINEYWOOD ROAD			
PINE RIDG	SE HEALTH AND REHAB	SILITATION CENTER		Т	HOMASVILLE, NC 27360			
(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 689	Continued From page	e 83	F 6	589				
	period when there was Nurse (LPN) and two facility to provide care reported by Police Of dementia unit after ar PM on 1/16/22 she dithe dementia unit, residents beldesk, and residents police desk, and residents policed dementia unit, resulted in the resident being at severe risk for During interviews with arrived at the facility a stated there was no solocked dementia unit. The building were in the were unable to superresidents. The policed determined the three of immediate assistant.	Nursing Assistants in the efor 98 residents. As ficer #2 who went into the riving to the facility at 8:10 secovered no staff supervising sidents wandering throughout hind the nurses' station placing items in their mouths. It impacted all residents of the 25 of 25 residents. This into on the dementia unit for harm.  In the three police officers who at 8:09 PM on 1/16/22 they staff member within the The three staff who were in the main part of the facility and wise the cognitively impaired to officers stated it was staff members were in need the to provide appropriate		2009	applicable rules and provisions of qualicare of residents and to meet requirem established by state and federal law. The Plan of Correction is submitted as a wrallegation of compliance.  Pine Ridge Health and Rehabilitation Center□s response to this Statement of Deficiencies and Pine Ridge Health an Rehabilitation Center□s earlier submitted credible allegation of immediate jeopar removal does not denote agreement with estatement of Deficiencies nor does constitute an admission that any deficiency is accurate or that any indiviresident suffered or was likely to suffer actual harm or a serious adverse outcometrically for the Ridge Health and Rehabilitation Center reserves the righten refute any of the deficiencies on this Statement of Deficiencies through Inford Dispute Resolution, formal appeal procedure and/or any other administration.	ents he iitten  of d ded dy ith s it dual ome. t to		
	facility, including the runit. In order to meet the police officers rearesources, including E (EMS) and firefighters	safety of the residents of the residents of the dementia is safety needs the residents, inched out to community. Emergency Medical Services is, to immediately assess all y, provide supervision, and isidents of the facility.			or legal proceeding.  How corrective action will be accomplis for those residents found to have been affected by the deficient practice  On 1/16/22 at 11:45 PM the administra with the assistance from the ARVP, initiated the Emergency Preparedness	tor,		
	facility failed to have a a winter storm on 01/ of the dementia care	began on 01/16/22 when the adequate nursing staff during 16/22 to provide supervision unit to minimize the risk of arm to the 25 residents who			Plan due to the inclement weather. Thi was to ensure residents in the dementi unit received adequate supervision and assistive devices to prevent accidents. On 1/16/22 at approximately 11:30 PM	a d		

Facility ID: 923017

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		E CONSTRUCTION		LETED
		345144	B. WING _			1	C <b>24/2022</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	, , ,	
DINE DID	SE HEALTH AND REHAB	ULITATION CENTED		7	06 PINEYWOOD ROAD		
PINE KIDO	SE REALIR AND RERAD	SILITATION CENTER		Т	THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page	e 84	F	689			
	Nurse Assistant (NA) staff at the facility after to provide a continuou unit for resident super cognitive loss and recessafety. The immediate 01/18/22 when the face				DON arrived at the facility and provided supervision and direct resident care, including in the locked dementia unit, to minimize the potential risk for resident accidents.  On 1/17/22 at 10:47 AM, the Corporate Clinical Director arrived at the facility at	0	
	jeopardy removal. The compliance at scope harm that is not immed #2 and to ensure systems.	llegation for immediate ne facility remains out of and severity level H (actual ediate jeopardy) for example tems put in place are			provided supervision and direct care, including in the locked dementia unit, to minimize the potential risk for resident accidents.		
	Family Member interventions provide the recomme prevent falls for 1 of 1	ew and staff, Physician and views the facility failed to nded 1 on 1 supervision to resident reviewed for			On 1/17/22 at 11:30 AM, the supporting RN facility consultant arrived at the fac and provided direct resident care, incluin the locked dementia unit, to minimize the potential risk for resident accidents	ility iding e	
	accidents (Resident #				On 1/17/22 at 12:00 noon, the assigner RN facility consultant arrived at the fact and provided direct resident care, incluin the locked dementia unit, to minimize	ility iding	
	July 2019, documented Specialized Programma Related Care (SPARC) and staff to provide calliving with dementia (section was titled, "Sapoint of the page document of the page docu	ming for Alzheimer 's and C), is a unit which is designed are and services to people PLWD). On page A-10, the afety." The seventh bullet umented staff assignments			the potential risk for resident accidents  On 1/17/22 at 1:00 PM, an additional R consultant arrived at the facility and provided direct resident care, including the locked dementia unit, to minimize the potential risk for resident accidents.  On 1/17/22 at 2:30 PM, the nursing fact staff and agency nursing staff were able make it to the facility and many came prepared to spend the night, including	in he iility	
	environment was to p	rovide a safe and enriched I-being of PLWD, their care			those who made longer term commitme to stay in the facility until the weather	ents	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		LETED
		345144	B. WING _				C <b>24/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	-
PINE RIDG	SE HEALTH AND REHAB	II ITATION CENTER		7	06 PINEYWOOD ROAD		
TINETRIBO	JE NEAEM AND REMAD	ENAMOR SERVER		Т	HOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page partners and families, purpose is shared rest the space. Additional often have reduced state section (G) Behaviors are underst approached as efforts common unmet need hunger, thirst, need for sex; Sensory; too hot too empty; Emotional enthusiastic; Social: le Cognitive: overwhelm  During a phone interv 10:28 AM with NA #2 7:00 AM on 1/16/22 at the schedule. She are who else was supposshe and the only other facility to provide care most of the staff who 7:00 AM (the end of mosomeone to take their was starting to snow. night shift stayed in the morning care and hele explained the two nur	and staff. Critical to this ponsibility of all who work in ly, it documented PLWD afety awareness. There was rs which documented tood as communication and to communicate and simpht include: Physical: or elimination, fatigue, pain, foo cold, too loud or noisy, anger, frustration, sadness, onely or crowdy; and ed, confused.  The word of the work of the work. She explained in NA #1 had no idea about ed to work. She explained in NA split the halls of the for the residents. She said were assigned to leave at ight shift) did not wait for place and left because it She said 2 nurses from the morning to assist with the with breakfast. She sees helped a lot with covering		689		event the ts ne n or nts it for re ad d to nt	
	said after the 2 nurses other NA to provide carexplained because the whole facility after 2:0 staff for one person to times. She further staprovided as much care	ich was a locked unit. She is left, it was just her and the lare for 98 residents. She ere were only 3 staff for the 0 PM, there was not enough a stay in the dementia at all lated her, and the other NA e as they could to each e went back to the dementia			On 2/28/22 the RN facility consultant reviewed falls from 1/16/22-2/18/22 to ensure no falls results from not providir supervision of residents. There were no identified areas of concern.  Measures put into place or systemic changes made to ensure that the defici		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	1 02/	27/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	but she could not star because she was cover explained there was a helping to pass the badid not allow him to gpass the bagged sand She said there was not residents on the halls including the dementional and the nurse, and she was a concluding the dementional and the nurse verthe phones were ofted time to answer the phones were and no laundry staff. She became very angwas concerned for he sending her to the hone eventually got moving work. She said it was and had never had an She said she had passupper to the resident she and then after that she facility, and then more	to check on the residents, y on the dementia unit vering 2 other halls. She another resident who was agged sandwiches, but she o into the dementia unit to dwiches to the residents. The one to help her with the she was working on, are residents, except for the covering three halls by herself, a unit. She said it was after realized the other NAs who could be not arrived, and going to arrive, which made by mad and upset. She said in ringing, they did not have nones, and the receptionist aswer the phone at the front me to work. She said there the facility at that time, no obtionist, no housekeeping, She explained at one point gry and upset and the nurse er health and considered spital, but she said she gragain and just went back to so unreal, she was so busy, in experience like that before. Seed out some food for the sable to find in the kitchen, we saw the police officer in the	F	689	practice will not recur  As of 1/17/22, the interim administrato brought in a team of consultants to ass the facility seven days per week. The consultant team included registered nurses, certified dietary manager, registered dietician, maintenance supervisor, human resources, and offis support. The consultant team worked along-side facility staff to assist with an provide resident care to include super to prevent accidents. The consultant to provided training, in-services, and competency training. The consultant to also assisted with scheduling agency and hiring new staff.  As of 1/17/22, the interim administrato initiated staffing meetings to ensure adequate staffing in all departments including nursing to provide supervision prevent accidents. Agency staff was scheduled to supplement facility staff on supervision for the residents in the loc dementia unit and throughout the facility and providing an environment free of accidents. The inservice will be compleby 3/22/22. Any staff that has not work and completed the inservice will complete inservice upon their next schedule.	ce  nd vision eam staff  r  n to when ctor ked ty eted ted lete	
	Emergency Medical S said she went home a					d	

		COMP	X3) DATE SURVEY COMPLETED				
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAL	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE OF PINEYWOOD ROAD HOMASVILLE, NC 27360	1 02/	L-11LULL
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 689	with NA #1. He state were the only two NA for the residents, and after the night shift state lunch he said the nur that the 2 NAs would hall, and try to help we said there was no on the dementia unit and there from time to time 2:00 PM to when the gone back there "a ce #2 was going back the maybe every few how one point when there NAs in the building a and the other NA prothe resident and duri were able to assist or dementia unit. He samembers at the facility phone. He said he we period when it was just of disappointed, he semaking an effort to go help the residents and residents. He explain the residents having receive assistance at A phone interview was Nurse #7 on 1/18/22 and worked until 7:00 AM	aducted on 1/20/22 at 1:55 PM and on 1/16/22 he and NA #2 has at the facility providing care if there was only one nurse, aff left after lunch time. After see and NA #2 made a plan take the 300 hall, the 400 with the dementia unit. He assigned to stay back on done of them would go back he. He explained from about police arrived, he had only ouple of times." He said NA here and checking on things, ars. He further explained at a were only the two of them as resident had expired, and he wided post-mortem care for the had time neither of them ther residents or check in the haid he, nor the other two staff the ty had time to answer the wasn't scared during the last the three of them, just kind and it felt like no one was set other staff into the facility to do help them care for the med the worst part of it was to wait such a long time to	F	689	Staff will ensure all newly hired staff ar newly scheduled agency will complete inservice during orientation.  On 2/28/22 the Interim Administrator contacted the Quality Improvement Organization to discuss the plan of correction and for further recommendato the action plans.  How the facility plans to monitor its performance to make sure that solution are sustained  Beginning 3/22/22, the Interim Administrator, Human Resource Supp Staff, and/or the Interim Director of Nu will conduct staffing meetings ensuring there was enough staff, on each shift, each department, to provide care and provide supervision to prevent accider all residents in accordance with the resident care plans. During the staffing meeting, plans will be made to address staff spending the night if inclement weather is forecasted. The staffing meetings will occur five days a week x weeks with review and discussion of schedules for the clinical, dietary, and housekeeping departments and documented on a staffing audit tool.  On 2/15/22, the interim administrator resumed Cardinal Interdisciplinary Tea (IDT) meetings five times weekly x 8 weeks. The purpose of the meeting is review resident concerns, resident needs	ethe ations  ort rsing gin hts to gs s	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
						(	C
		345144	B. WING				24/2022
NAME OF PI	ROVIDER OR SUPPLIER			S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
DINE DID	SE	DILITATION OFNITED		70	06 PINEYWOOD ROAD		
PINE RIDU	GE HEALTH AND REHAI	BILITATION CENTER		т	HOMASVILLE, NC 27360		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA	ATE	5,2
					DEFICIENCY)		
F 689	Continued From pag	e 88	F	689			
	and it was a normal of	day. She explained she was			and preferences, ensure basic goods a	and	
	aware of the potentia	al for inclement weather, but			services are provided to the residents,	and	
		m management who had			review reported accidents. All falls will	be	
	discussed inclement	weather with her, or			reviewed and discussed during the me	eting	
	preparations for incle	ement weather on 1/15/22.			by the Director of Nursing, Assistant		
	She said the employ	ees of the facility were joking			Director of Nursing, Supervisors, and/c	r	
	about it and making	statements such as pack			Administrator to ensure no fall resulted		
	your bags and be pre	epared to stay in case it			from lack of supervision. Interventions	will	
	snows on 1/15/22. S	She said when she left her			be implemented to include increasing		
	house on 1/16/22 it v	vas just starting to snow.			supervision as warranted for any identi	fied	
		the facility, she explained she			areas of concern. The falls review will I	эе	
	was unable to find th	e schedule, and she did not			documented on a fall audit tool. The		
	know who was suppo	osed to work, or who was			Administrator or Director of Nursing wil		
	1	e without the schedule, and			review and initial the audit tools weekly		
	without the schedule	, she did not know how to			weeks for compliance and to ensure al	1	
		r who would be assigned to			areas of concern were addressed.		
		she called DON #1 at around					
		low she was the only nurse			The Administrator will be responsible for		
		he day shift, she couldn ' t find			forwarding the audit tools to the Quality	/	
		e night nurse was going to			Assurance Committee. The facility□s		
	1	AM. She further explained			Quality Assurance Performance		
		ursing Assistants (NAs) who			Improvement (QAPI) committee will rev	/iew	
		day shift, and typically there			the audit tools monthly x 2 months to		
		nedication aides, 3 nurses,			identify trends and determine the need	for	
		said she had talked to the			further frequency of monitoring.		
		strator #2 multiple times					
		out on one occasion when she					
		N had told her she had just					
		driveway after trying to get to					
	1	' t know anyone who had a					
	1	e get her, and she would try					
		come to the facility to help					
		she had talked to the former					
		ld her she was sorry, and she					
		N #1. She added there was a					
	· '	) (NA #3) who had come in at					
	$_{\parallel}$ $\prime$ :00 AM and left at 2	2:00 PM and there were 2 NAs					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	LETED
		345144	B. WING		<del></del>	24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	SILITATION CENTER		706	REET ADDRESS, CITY, STATE, ZIP CODE 5 PINEYWOOD ROAD OMASVILLE, NC 27360	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
F 689	they had left before lunger NA shifts go from 7:00 NAs arrived at the face explained the nurses AM to 7:00 PM and 7 nurses arrived at the nurse described the converse asking for their into prioritize medication insuling to ensure residual to prioritize medication insuling to ensure residual to ensure responsibility in the box and the point who was in chargonic ensure responded she was, so explain the point was in chargonic ensure responded she was, so explain the point was in chargonic ensurements.	to help from night shift, but sinch time. She explained the D AM to 3:00 PM, and no sility at 3:00 PM. She further work 12 hour shifts from 7:00 to 00 PM to 7:00 AM, and no facility at 7:00 PM. The lay as chaotic, residents medications, she was trying ins such as antibiotics and dents received them timely, if were unable to answer the is communicating with DON ministrator via her personal was carrying with her, she rounds on the dementia unit of enough staff to have at all times, at about 4:30 as crying, asking if anyone ine to help, and had a panice ere she felt like she was to be felt like she was to the to much wilding and to go lay down for onded to the DON she was the residents and that was the said she did not know how at one point there were two her, and they had informed to the facility, and she she was in the only nurse in the two NAs, and they were	F	689		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG	I	ATE SURVEY DMPLETED
		345144	B. WING _			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF ( X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 689	said they sat her dow seemed concerned a she felt relieved to kn some help for caring stated at 11:00 PM w supposed to arrive, n and the 2 NAs who heremained at the facilitishe did not know who was.  A phone interview was 12:49 PM with Police and 2 other police off Nursing Home at about police officer stated some and rolling around in they arrived inside of several call lights on described when she with the unit, in and out of behind the nurses 's residents observed be putting items into their A phone interview was 3:09 PM with Police Officers Sursing Home at about police officer stated that the facility and non dementia unit when here	er that the facility was e, EMS, and firemen. She en and were asking questions, bout her and well-being, and low she was going to get for the residents. She further hen the night shift NAs were o NAs arrived at the facility ad been there since 7:00 AM ty with her. She explained of the interim administrator  as conducted on 1/20/22 at Officer #1. She stated she licers arrived at Pine Ridge out 8:09 PM on 1/16/22. The he there were residents out the general facility area when the building and there were throughout the facility. She went back to the dementia aff back there, the residents we been wandering throughout rooms, residents were etation, and there were etation, and there were ethind the nurses ' station ir mouths.  as conducted on 1/20/22 at Officer #3. He stated he and a arrived at Pine Ridge out 8:09 PM on 1/16/22. The here was a nurse and 2 NAs	F	689		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	1	LETED
		345144	B. WING			l	C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB	ILITATION CENTER		700	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD HOMASVILLE, NC 27360	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	an elderly woman throbanging on the door. entered the dementia wandering throughout supervision. He deso wandering behind the of the residents who wastation desk were going said he had also observed in the observation of the station and dementia hanging on it, just an the observation of the 1/17/22, which started or SPARC, unit was of access points, one from the 200 hall. Both magnetically locked do be released by enterial located near the door entered to either entered to either entered to either enterewandering about the swandering about the swandering about the swandering about the subserved in the residents, and some she behind the desk at the to interview residents the cognitive loss of the questioned even with how are you doing?	is a locked unit, he could see ough the window on the door. He then said when he unit, he could see residents at the dementia unit with no cribed the residents as nurses' station desk, some were behind the nurses' ing through the drawers. He erved a resident pushing an V) pole around the nurses' unit; there was nothing empty IV pole. He described a dementia unit as "shocking."  facility conducted on at at 11:07 AM, the dementia, observed to have had two om the 100 hall and the other th access points had ouble doors which could only ing a code into a keypad. A code would have to be ror exit the dementia unit. The unit revealed residents up out of bed unit. Several staff members unit, some were assisting staff members were located as nurses' station. Attempts were unsuccessful due to the residents. When simple questions such as, Would illicit no response and ok at you, but was unable to	F	689			

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3)	ODATE SURVEY COMPLETED
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		02/24/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 689	During an interview AM with Administra Regional Vice Pres administrator role) to follow the policy should be staff in the residents, and of Administrator #3 was Immediate Jeopard The facility shared the incident which a place measures to the IJ as of 1/18/22 Removal Plan F689 Recipients who have a serious adverse of non-compliance At 8:09 PM, after a enforcement arrived check. It was determined to the special care decessistance was imposed to the special care decessistance was	tor #3 (who was the Assistant ident prior to assuming the he stated it was his expectation for the dementia unit and there he dementia unit to supervise care for their needs.  as made aware of the ly (IJ) on 1/22/22 at 1:23 PM.  the following plan to address alleged the facility had put into lower the scope and severity of	F 68	39		
	findings, twenty-five	mmediate jeopardy preliminary e dementia unit residents, were rious adverse outcome based				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	SILITATION CENTER		706 P	ET ADDRESS, CITY, STATE, ZIP CODE INEYWOOD ROAD MASVILLE, NC 27360	, ,	_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	Continued From page on the non-compliance.  Actions taken to alter failure to prevent a secoccurring or recurring.  On 1/16/22 at 9:20 Pthe Assistant Regional the fire and police per the fire and police per the fire and police per the facility to provide the facility to	the process or system erious adverse outcome from M the Administrator informed al Vice President (ARVP) that resonnel were at the facility.  There as follows:  The direct care and the interior of the special care was held with the reporate support staff to be a preparedness - inclement over the special care dementia unit in the special care dementia unit		689			
	(1) The ARVP instru contact additional sta assisting the facility w special care dementia agency companies w assistance with the 7	cted corporate support staff to ffing agencies to request vith staffing needs, for the a unit. The other staffing					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  COMPL		LETED					
		345144	B. WING		<del></del>		24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	BILITATION CENTER		706 PIN	ADDRESS, CITY, STATE, ZIP CODE SEYWOOD ROAD ASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	nurses with resident of dementia unit.  (3) At 10:47 AM, the arrived in the facility, care, in the special care, in the special care dementia unit.  (7) By 2:30 PM, an add to assist with direct recare dementia unit.  (7) By 2:30 PM, the agency nursing staff of facility and many carnight, including those commitments to stay cleared up. They prodementia unit.  (8) At approximately Regional Vice Preside Administrator for failude Emergency Prepared The ARVP assigned in Administrator during the facility providing of special care demential limited to incontinent ordered, treatments as	Corporate Clinical Director to provide direct resident are dementia unit. pporting RN facility assist with direct resident re dementia unit. assigned RN facility assist with direct resident re dementia unit. assigned RN facility assist with direct resident re dementia unit. assigned RN facility assist with direct resident re dementia unit. assigned RN consultant arrived asident care in the special and were able to make it to the ne prepared to spend the who made longer term in the facility until weather vided care in the special care as 5:30 PM, the Assistant and the reto implement the ness Plan, sleep pay benefit. The investigation.  30 PM sufficient staff were in the investigation.  30 PM sufficient staff were in the investigation as and including but not care, medications as and ordered, call lights the essment of changes in	F	589			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB			5 7	STREET ADDRESS, CITY, STATE, ZIP CODE 106 PINEYWOOD ROAD 11 THOMASVILLE, NC 27360	1 02/	24/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 689	On 1/17/22, the Interi Resource Support Sta schedule for the upco sufficient number of s residents in the special Over the course of the Administrator, Divisio Human Resource Sup enough of staff, on ea to provide care to residementia unit, in acco care plans, plans wer would be spending the into the facility and po to get staff to the facil the special care deme facility implemented is sufficient staffing for the shifts going forward.  Alleged Immediate jee  Date of alleged Immed 1/18/2022  The facility 's credible was validated through which included record corporate, and reside removal was validated 2. A review of the med #8 admitted to the facil discharged to the hos developed a limp and x-ray obtained in the facil	and Administrator and Human aff reviewed the staffing ming 7 days to ensure taff to provide care for the all care dementia unit.  The next 7 days, the Interim mal Vice President, and opport Staff ensured there was ach shift, in each department, idents in the special care ordance with the resident e also made to address who e night if staff could not get ossible transportation options ity. After securing staffing for entia unit on 1/17/22, the staffing meetings to review the special care dementia unit on pardy removal:  The allegation of compliance of an on-site review process of review, observations, staff, ant interviews. Date of IJ das 1/18/22. Idical record revealed Resident	F	689			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZII 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN ( X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA	DATE
F 689	fracture. Resident #8 osteoarthritis and der Resident #8's Care P she was at risk for fra and a Care plan initia was at risk for falls du impaired cognition.  On 11/24/2021 an int supervision as needed Care Plan for Potential Interventions of moni effects of psychotropic therapy referral; and factors causing falls was Care Plan for Potential A Significant Change assessment dated 12 #8 was severely cognistory of falls.  A Nurse's Progress Notated 12/12/2021 at was found on the flood Progress Note further by Resident #8's roor Attempts were made	pical repair of a right hip a had diagnoses of mentia.  Plan initiated 11/3/2022 stated actures due to osteoarthritis ated on 11/3/2021 stated she ue to a history of falls and ervention to provide and was added to Resident #8's all for Falls.  Plan initiated 11/3/2022 stated she ue to a history of falls and ervention to provide and was added to Resident #8's all for Falls.  Plan in Falls on 11/30/2021.  Minimum Data Set (MDS) 2/2/2021 indicated Resident hitively impaired and had a lote written by Nurse #12 8:03 am stated Resident #8 or in the hallway. The Nurse's restated the Nurse was alerted mmate yelling for help.  Plan in the hallway in the hallway was alerted mmate yelling for help.	F	689	NCY)	
		serve and intervene for factors vel and bladder needs and				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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	ROVIDER OR SUPPLIER  SE HEALTH AND REHAB		B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	<u>  02/</u>	24/2022
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	mobility was added to Plan on 12/12/2021.	97 the Potential for Falls Care 58 am Nurse #4's Nurse's	F	689			
	the floor in the hallwa stated Resident #8 sli	Resident #8 was noted on y by staff. The note further d to the floor from her 's note stated Resident #8 injuries were noted.					
	pm with Nurse #4 she found on the floor who Nurse #4 stated Resign monitored one to one staff. Nurse #4 stated	terview on 1/25/2022 at 4:01 e stated Resident #8 was en she fell on 12/26/2021. dent #8 was supposed to be but there was not enough d she assessed Resident #8 //2021 and she was not					
	dated 1/1/2022 at 6:1 fell at the Nurses Stat	ote written by Nurse #1 and 2 pm indicated Resident #8 ion from a standing position. were not able to get to be fell.					
	1/24/2022 at 8:25 am often and an intervent she returned from the her to have a staff memore prevent further falls by to assign a staff memore staff would try to was they could. Nurse Resident #8 fell at the have a staff member in	terview with Nurse #1 on she stated Resident #8 fell tion was put into place after hospital on 11/30/2021 for ember with her one to one to ut there was not enough staff ber to her. Nurse #1 stated watch Resident #8 as close #1 stated on 1/1/2022 when a Nurse's Station she did not eassigned one to one with her, and to keep a close watch on					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345144	B. WING				C / <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	L			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	1 02	2412022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689		e 98 Inment, which is why she	F	689			
	was at the Nurse's St	·					
	conducted with the Fa Member stated Resid times in the facility an staff member would b	pm a phone interview was amily Member. The Family ent #8 had fallen multiple id she had been assured a se always with Resident #8 to ng after she returned from the 1.					
	Nursing #1 on 1/26/20 Nursing #1 stated she after Resident #8 was fracture on 11/24/202 monitoring. Director of the facility was having	ducted with Director of D22 at 8:16 am . Director of et told the staff before and seent to the hospital with a 1 she required one on one of Nursing #1 further stated g staffing issues they could meone to Resident #8.					
F 725 SS=L	history of dementia and high risk for an injury, done the best they consufficient Nursing Sta	n he stated Resident #8's nd osteoarthritis made her and he felt the facility had ould to prevent an injury.	F.	725			3/22/22
	the appropriate comp provide nursing and r resident safety and at practicable physical, i well-being of each res resident assessments	Staff. e sufficient nursing staff with etencies and skills sets to elated services to assure ttain or maintain the highest mental, and psychosocial sident, as determined by s and individual plans of care number, acuity and diagnoses					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		PLETED
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	1 02	_
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F 725	with the facility asses §483.70(e).  §483.35(a)(1) The fact sufficient numbers of personnel on a 24-hocare to all residents in care plans: (i) Except when waive section, licensed nurse (ii) Other nursing personimited to nurse aides §483.35(a)(2) Except (e) of this section, the licensed nurse to sentour of duty.  This REQUIREMENT Based on record revinterviews, the facility staffing to provide call safety during incleme on 01/16/22. Nurse and two Nursing Assi #2) reported to work MA #1 left the facility received permission to Director of Nurses (D) NAs remained as the care and services for	cility must provide services by each of the following types of our basis to provide nursing a accordance with resident ed under paragraph (e) of this ses; and sonnel, including but not a when waived under paragraph e facility must designate a we as a charge nurse on each is not met as evidenced by: iews, first responder, staff and a failed to provide adequate re and supervise resident and weather (a winter storm) if 1, Medication Aide (MA) #1 stants (NAs) (NA #1 and NA on the morning of 01/16/22.	F 7	725	Pine Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and propose this Plan of Correction to the extent tha the summary of findings is factually co and in order to maintain compliance wi applicable rules and provisions of qual care of residents and to meet requirem established by state and federal law. T Plan of Correction is submitted as a wi allegation of compliance.  Pine Ridge Health and Rehabilitation	at rrect ith ity of nents The	
	the facility to Adminis regarding the lack of three of them could p Administrator #2 told	trator #2 and her concerns care and quality of care the rovide for the residents. the Nurse #7 that she was ion and the staff needed to			Center s response to this Statement of Deficiencies and Pine Ridge Health an Rehabilitation Center s earlier submitted allegation of immediate jeopal removal does not denote agreement we	nd ted rdy	

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	ROVIDER OR SUPPLIER	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	,	
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F 725	at the facility at 8:09 wellness check after after attempted calls dispatch went unans 98 of 98 residents.  Immediate Jeopardy facility failed to have scheduled during a w Nurse #7, Nurse Assi	could. Police Officers arrived PM on 01/16/22 for a 911 calls from a resident and to the facility from 911 wered. This situation affected began on 01/16/22 when the adequate nursing staff rinter storm on 01/16/22.	F	725	the Statement of Deficiencies nor does constitute an admission that any deficiency is accurate or that any indiviresident suffered or was likely to suffer actual harm or a serious adverse outcome Further, Pine Ridge Health and Rehabilitation Center reserves the right refute any of the deficiencies on this Statement of Deficiencies through Inford Dispute Resolution, formal appeal procedure and/or any other administration.	dual ome. t to rmal	
	making all nursing caresident supervision facility. The immedia 01/18/22 when the facceptable credible a jeopardy removal. The compliance at scope for actual harm that is	the facility after 2:00 PM re decisions and providing for all 98 residents at the te jeopardy was removed on cility implemented an illegation for immediate e facility remains out of and severity level F (potential is not immediate jeopardy) to out in place are effective.			or legal proceeding.  How corrective action will be accomplis for those residents found to have been affected by the deficient practice:  On 1/16/22 at 11:45 PM the administra with the assistance from the assistant regional vice president (ARVP), initiate the Emergency Preparedness Plan to ensure there was adequate staffing to	tor,	
	Nurse #10 on 01/26/2 were both agency nu PM on 01/15/22 until #9 stated at about 6:3 reported to work follo NA #2. Nurse #7 ask or assignment sheet nurses were not able list of nurse staff nam (phone numbers). Nu informed Nurse #7 th	nducted with Nurse #9 and 22 at 4:23 PM revealed they rses and worked from 7:00 7:00 AM on 01/16/22. Nurse 30 AM on 01/16/22 Nurse #7 wed by MA #1 and NA #1 and ted where the nurse schedule was for 01/16/22 and the to find the schedule or the les and contact information curse #9 and Nurse #10 at no staff had called during the work on the schedule during the sc			provide care and supervise resident sa during inclement weather. The initiation the Emergency Preparedness Plan included bringing in corporate support and additional agency staff to assist in providing basic goods and services to include but not limited to incontinent caresident assessments, medications, nourishment, and basic housekeeping. On 1/17/22, the Regional RN MDS Consultant, supporting RN facility consultant, additional RN Consultant, facility staff and agency staff arrived at facility to provide direct resident care, including but not limited to incontinent	n of staff ure,	

Facility ID: 923017

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PINE RIDO	SE HEALTH AND REHA	BILITATION CENTER		Т	HOMASVILLE, NC 27360		
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F 725	Continued From pag	e 101	F	725			
		and Nurse #10 gave a report		. 20	cara racidant accessments modicatio	20	
		#1 received the medication			care, resident assessments, medicatio and nourishment to all residents.	15,	
	· ·	hall and the 300 hall while			As of 1/17/22, the interim administrator		
		nedication cart keys for the 100			brought in a team of consultants to ass		
		0 hall. Nurse #9 and Nurse			the facility. On 1/17/22, a consultant te	aili	
		ut 7:30 AM no other staff			including registered nurses, certified		
		d the night shift staff had left or			dietary manager, registered dietician,		
		ne facility. Nurse #7 called			maintenance supervisor, human resou	ces,	
		the call on speaker for Nurse			and office support worked along-side		
		hear. When Nurse #7 asked			facility staff to assist with and provide		
		e schedule was for 01/16/22			resident care. The consultant team		
	-	lled out for work the DON told			assisted with supervision and resident		
		where the schedule was, and			safety.		
		I any calls from staff during the				4-	
		vere not able to get to work.			How the facility identified other residen		
		ne DON that only four staff had			having the potential to be affected by the	ne	
	· ·	urse #9 and Nurse #10 told the			same deficient practice:		
		I stay through breakfast to					
		and resident care but needed			As set forth above, a corrective action		
		because they were tired, but			was put in place and implemented for a	all	
	•	lier if more staff arrived . Nurse			residents.		
		ent to the secure dementia			Measures put into place or systemic		
	_	assist with breakfast because			changes made to ensure that the defic	ent	
	,	e staff assigned to remain on			practice will not recur:		
		Nurse #9 revealed when she			As of 1/17/22, the administrator is no		
		t 12:00 PM no other staff had			longer working at the facility. The ARV	P	
	•	the remaining four nursing			assigned himself as the interim		
	_	ble to make rounds on the			administrator.		
	secure dementia uni	t.			As of 1/17/22, the interim administrator		
					brought in a team of consultants to ass	ist	
		onducted with Nurse #7 on			the facility seven days per week. The		
		PM revealed in part that on the			consultant team included registered		
	_	when she arrived at work on			nurses, certified dietary manager,		
		it had already started to			registered dietician, maintenance		
	snow. But, she expla	ained, she packed extra			supervisor, human resources, and offic	e	
	clothes in case she v	vas needed to stay at the			support. The consultant team assisted		
	facility past her shift	that ended at 7:00 PM.			with and provided resident care. The		

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PINE RIDO	SE HEALTH AND REHAE	BILITATION CENTER			06 PINEYWOOD ROAD		
				TI	HOMASVILLE, NC 27360		
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F 725	Continued From page		F	725			
		ne phoned DON #1 at about			consultant team assisted with supervis		
		the DON was not aware of			and resident safety. The consultant tea	ım	
	, ,	g to work and the DON had			provided training, in-services, and		
		m staff about not being able to			competency training. The consultant to		
	•	22. Nurse #7 revealed the			also assisted with scheduling agency s	taff	
		ff needed to do the best they			and hiring new staff.		
		medication administration			As of 1/17/22, the interim administrator		
		ons the biggest priority			worked closely with the human resource		
		changes could cause			department to review current application		
		m. The DON also told Nurse			post on-line open positions, recruit nev	/	
		tify Administrator #2, start to			employees, and interview applicants.	1	
	_	s to get extra help, and she			Multiple vacant positions have been fill		
	-	re to the facility, but the ice			including housekeeping/laundry superv		
		drive impossible which made			dietary manager, and nursing positions		
		rse #7 revealed that she had			On 1/17/22, the Interim Administrator a		
	_	Iministrator #2 but was not			Human Resource Support Staff review		
		cept it was in the morning of			the staffing schedule for the upcoming		
	· ·	dministrator #2 returned the ninistrator # 2 told Nurse #7			days to ensure sufficient number of sta ensure residents are treated in a dignif		
	•	oout the staffing situation.			manner to include providing incontinen		
	_	urse #9 and Nurse #10 left the			care. The Interim Administrator and Hu		
		She said MA #1 left at 2:00			Resource Support Staff ensured there		
	· •	neduled until 7:00 PM. Nurse			enough staff, on each shift, in each	was	
		called the DON a little after			department, to provide care to all resid	ents	
		d that no staff arrived at 3:00			in accordance with the resident plan of		
		g staff was Nurse #7, NA #1			care. Agency staff was scheduled to		
		N told Nurse #7 to continue to			supplement facility staff when necessa	rv	
		could. Nurse #7 explained it			Starting 2/15/22 the ARVP has employ	-	
		the staff present had all			new Interim Administrator. On 2/15/22		
		ve care, answer call lights,			Interim Administrator was educated by		
	and Nurse #7 's focu	_			ARVP regarding how and when to ena		
		e #7 revealed sometime near			the emergency preparedness plan, how		
		e was no prepared dinner for			and when to utilize resources to provid		
		vas no dietary staff was in the			care for residents during inclement		
		nd NA #2 were not able to find			weather, how and when to communica	te	
	_	ther prepared dinner items for			the urgency and potential impact of		
		d to make peanut butter and			pending inclement weather to all		

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F 725	Continued From page	e 103	F.	725			
		he resident 's dinner. Nurse			administrative staff, how and when to		
		had carried her cell phone			communicate a potential crisis situatio	n to	
		y were not able to answer the			all staff, and how and when to		
	· · · · · · · · · · · · · · · · · · ·	#7 indicated that normally			communicate a dangerously low staffir	na	
	• •	d with at least 3 nurses, 2 to			situation to the ARVP.	19	
	3 MAs and about 8 -				As of 1/21/22, the Director of nursing is	s no	
		NA and either 1 MA or 1 nurse			longer working at the facility. The Inte		
	•	to the secure dementia unit.			Administrator designated an Interim		
		e staff was only able to make			Director of Nursing, start date 1/22/22.	On	
		secure unit and provide care			1/22/22, the Interim Director of nursing		
	<del>-</del>	e #7 revealed she was aware			educated by the ARVP on the emerge		
		angry about the lack of care			preparedness plan to include: how to	,	
		oing to call 911 because the			manage facility staff during inclement		
		did not receive care. Nurse			weather by developing a plan in		
	-	not know that the Police			coordination with the Administrator to		
		the facility around 8:00 PM			house staff at the facility, transport sta	ff,	
	•	police officer walked up to			arrange transport, and utilize commun		
		nat was going on at the			resources to provide transportation to	-	
		ealed she almost started to			facility nurses and Nursing Assistants.		
	•	police officer, she was the			On 2/7/22, the Housekeeping/laundry		
		lity along with NA #1 and NA			supervisor began working at the facility	<b>/</b> .	
	#2. Nurse #7 explain	ed to the police officer about			The housekeeping/laundry supervisor	was	
	the lack of care. She	said after she explained			educated by the Administrator, regardi	ng	
	what had happened t	o the police officer, he was			how and when to enact the emergency	/	
	able to get assistance	e, and she was so glad to			preparedness plan, how and when to u	utilize	
	see those Police Office	cers, Fire Department and			resources to provide services during		
	<b>Emergency Medical S</b>	Services (EMS) enter the			inclement weather, how and when to		
	facility because they	had come to help take care			communicate the urgency and potentia	al	
	of the residents.				impact of pending inclement weather t	0	
					housekeeping/laundry staff, and how a	and	
	MA #1 was interviewe	ed via phone on 01/24/22 at			when to communicate a dangerously l	wc	
	2:00 PM and she con	firmed she worked from 7:00			staffing situation to the Administrator.		
	AM until 2:00 PM o 0	1/16/22. She explained there			On 2/21/22, the Dietary manager joine	d the	
	was only one nurse a	ind two NAs who came to			dietary team. The dietary manager wa	S	
	work at 7:00 AM, but	when they could not find a			educated by the Administrator, regard	ng	
	schedule to validate v	who was actually scheduled.			how and when to enact the emergency	/	

MA #1 revealed she began to administer

preparedness plan, how and when to utilize

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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PINE RIDG	E HEALTH AND REHAB	ILITATION CENTER		706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
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F 725	Continued From page	e 104	F 7	725		
	hall while answering of resident care as she of trays, passing bagged to feed residents. MAP permission from DON 2:00 PM because of the explained no other stay when she left only Nowere the only staff to facility. MA#1 explained the enurses soft and at least 10 NAs so day shift. MA#1 also never experienced sur	aff came to the facility, so rse #7, NA #1 and NA #2 care for the residents at the ned usually there were at neduled, two or three MAs, cheduled to work a typical explained that she had ch a shortage of staff at the		resources to provide services of inclement weather, how and who communicate the urgency and impact of pending inclement we dietary staff, and how and whe communicate a dangerously lostituation to the Administrator.  On 2/28/22 the Interim Administrated the Quality Improver Organization to discuss the plate correction and for further recont to the action plans.	hen to potential eather to n to w staffing strator ment n of	3
	• •	te, and she believed that sic care, but they also lacked		How the facility plans to monitor performance to make sure that are sustained		5
	scheduled to work fro 01/16/22 and when sl schedule to check wh work that day. She e MA #1 and NA #1 rep NA #1 and NA #2 dec between the two of th rounds to the secured normally at least two said it never happene able to remain on the times. NA #2 revealed	. NA #2 revealed she was m 7:00 AM until 3:00 PM on the arrived there was no that staff was scheduled to explained only she, Nurse #7, the orted to work that morning. The orted to just split the halls the mand make frequent if dementia unit where the staff were assigned. She did before that staff was not on the dementia unit at all did the night shift NAs had		Beginning 3/22/22, the Interim Administrator, Human Resource Staff, and/or the Interim Director will conduct staffing meetings to there is enough of staff, on each department, to provide caprovide supervision to prevent all residents in accordance with resident care plans. Suppleme will be utilized to fill openings in During the staffing meeting, plamade to address staff spending inclement weather is forecasted staffing meetings will occur five week x 8 weeks with review an	or of Nurse or ensure the shift, in are and accidents in the ental staffing the night of the night of the ental the ensure the night of the endays a	sing  s to  ng
	was unusual because stayed until they had	when she arrived and that in the past they had always relief. NA #1 revealed it 2 hours for resident call		discussion of schedules for the dietary, and housekeeping dep and documented on a staffing a	clinical, artments	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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PINE RIDO	SE HEALTH AND REHAB	ILITATION CENTER			THOMASVILLE, NC 27360		
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F 725	Continued From page lights to get answered care. She said on 01 late, and residents we about the lack of staff revealed when no stathe start of the next sl would arrive, she had was so tired and felt oworking, even though NA #2 explained that until after 11:00 PM were in the facility and On 01/20/22 at 1:55 F conducted with NA #1 arrived for work at about the explained the snow and that was how comprior to 7:00 AM and I from 7:00 AM until 3:0 when he arrived at the cars in the parking lot facility, he went to the assignment Nurse #7 assignment because and she could not find #1 decided to split the resident care rounds, delivering breakfast, a lunch. When it came Revealed he, NA #1,	e 105 d or for residents to receive /16/22 the dinner meal was ere unhappy and complained and lack of care. NA #2 ff came to work at 3:00 PM, hift when typically, more staff a panic attack because she compelled to stay and keep had no breaks and no meals. she did not leave the facility when Police Officers and EMS d assisted with care.  PM an interview was I, and he revealed that he out 7:15 AM on 01/16/2022. w slowed him down a little bit he had not arrived at or he was scheduled to work 00 PM. NA #1 said that e facility, he did not see many and when he entered the e nurse station to find his told him there was not an it was just him and NA #1 d the schedule. He and NA e halls and start making		725	DEFICIENCY)	or / /iew hths	
	not found any prepare 01/16/22. NA #1 expl possible and tried to g provide care but that	ed meals for dinner on lained he worked as quick as get to each resident timely to					

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F 725	were complaining bed care and for food, but he was able to do for he was upset and felt had no arrangements during the storm as the storms. NA #1 reveal preparations for the pol/16/22 from anyone disappointed him. NA was that on 01/16/22 residents wait for care had to suffer for other poor planning.  During an interview of #2 at 2:08 PM on 01/16 to the schedules for 00 staffed, but the schedules for work as scheduled she was in constant of Nursing) DON #1 and to call all of the transperty to get staff, the DO but had no success.  01/18/2022 at 12:50 Frevealed she had been previous week about weather storm, she beaware of the pending discussed any of the The DON revealed or phone call from Nurse poor staffing at the fatried to drive to the fatried.	cause they had to wait for they thanked him for all that them. NA #1 revealed that overwhelmed that the facility to get staff to the facility always had for past led he never heard about any ending winter storm on e at the facility which also A #1 explained the worst part	F	725			

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	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	, 02	_
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F 725	went home. The DO received calls from a work because staff k nurse manager at le scheduled start time. Administrator #2 and staffing; administrator tried to get to work be was trying to find a radmitted that she galleave the facility at 2 weather, even though at work until 7:00 PM had attempted to calfacility, but no one at the DON they could the weather and road that Nurse #7 was we document on all residid not have staff as unit as they normally and NA #2 worked withey could.  A phone interview when 12:49 PM with Police two other two police on 01/16/22 at 8:09 #7) and two NAs we Police Officer #2 interview of the facility. Police officer the threat this was "one of the staff as worked or the facility.	and she turned around and on revealed she had not any staff about not reporting to mew they had to call her or a ast 2 hours before their.  The DON said she called a made her aware of the or #2 told the DON she had but her car got stuck and she ide to the facility. The DON are permission for MA #1 to 1:00 PM because of the winter the she was scheduled to stay 1/1. The DON explained she ill staff to come work at the inswered their phone, or told not drive to work because of id conditions. The DON knew they busy and not able to dents. The DON stated they signed to the secure dementia of id but that Nurse #7, NA #1 they hard and did the best that the as conducted on 1/20/22 at the Officer #1. He stated he and officers arrived at the facility PM and only 1 nurse (Nurse re working at the facility. PM and only 1 nurse (Nurse re wo	F	725			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED		
		345144	B. WING_			C <b>02/24/2022</b>		
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STAT 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		02/24/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT) CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE		
F 725	the phone because slimedications. Police of six call lights were on multiple residents corfew rooms had strong and some resident rofloors. Police Officer some residents in the the nurse station, puttand were wandering a Police Officer #2 was 1:14 PM via phone. One of three Police Offacility at 8:09 PM on contact with Nurse #7 Nurse #7 explained the facility with her. Police very emotional ordeal #2 revealed Nurse #1 had not received lunce residents crying that the medications or food the smelled horribly of uri #2 revealed that Eme (EMS), the Fire Depa Director and County Ewere all notified of the responded by sending A phone interview con Medical Technician (EPM revealed that he a 9:30 PM on 01/16/22	Deficer #1 described five to in the hallway he was on, inplained they were hungry, a genells of urine and feces, oms had garbage on the #1 revealed he had seen secure dementia unit behind ting items in their mouths, around the unit.  Interviewed on 01/20/22 at Deficer #2 explained he was efficers that arrived at the 01/16/22 and when he made of the index	F	725				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING		
		345144	B. WING				C <b>2/24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS 706 PINEYWOOD THOMASVILLE,			LIL-II LULL
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	ROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU B-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 725	spills in the hallway. vital signs, provided i meals, and answered A phone interview co AM with Emergency (ERTN) #1 revealed of the County Emergate were dispatched to the O1/16/22. He revealed with resident informa ERTN began obtaining familiarizing themselvand Medication Admin medications that need further stated they read Administrations Record that needed to be performed by the since the summer an aware but never adding the summer and aware but never adding the staffing shortage like with staff from agenciand Administrator #2 staffing or plans for swinter storm on 01/16 On 02/02/22 at 1:23 interviewed and state positions be posted. expected for the facil agencies to provide staffing shoroide staffing shortage like with staff from agenciant Administrator #2 staffing or plans for swinter storm on 01/16 On 02/02/22 at 1:23 interviewed and state positions be posted.	He revealed they obtained incontinent care, assisted with a call lights.  Inducted on 01/19/22 at 10:29 Response Team Nurse that he and ERTN #2 were part ency Response Team that he facility at 11:30 PM on ed that Nurse #7 provided him tion and he and the other hig resident vital signs, we with the medication carts inistration Records (MARs) for ded to be administered. He wiewed the Treatment ords (TARS) for treatments formed.  Inducted on 01/26/22 with the efacility had been short staffed d Administrator #2 was made ressed staffing. The DON lity never experienced a they did on 01/16/22 even lies. The DON revealed she never spoke about plans for taff transportation prior to the 6/22.  PM Administrator #3 was ad the expected all vacant	F	725			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		IPLE CONSTRUCTION NG	COME	(X3) DATE SURVEY COMPLETED		
		345144	B. WING _				C / <b>24/2022</b>	
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, 706 PINEYWOOD F THOMASVILLE,		, , ,		
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F 725	Continued From page	e 110	F	<b>7</b> 25				
	Administrator #3 was Jeopardy on 01/21/22	notified of Immediate 2 at 12:31PM.						
	of immediate jeopard Residents who have a serious adverse our non-compliance Prior to 8:09 PM, the was inadequate staffi administrator not plan	suffered or are likely to suffer, toome as a result of the administrator identified there ng in the facility due to the						
	enforcement arrived a check. It was determ and 2 Nursing Assistates residents which were It was determined that non-compliant with Tatthe facility on 1/16/was immediately provided that the facility on County Emergency M	ag 725 based on the staffing 2022. Additional assistance vided at the facility by a ledical Services individuals, directed by the County						
	findings, all residents serious adverse outco non-compliance. Actions taken to alter	the process or system erious adverse outcome from						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS 706 PINEYWOOD THOMASVILLE		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 725	the Assistant Regional the fire and police per On 1/16/22 at 9:52 Pl Divisional Vice Presidual staffing at the facility. Conference call with a Corporate staff put in Preparedness Plan to address the issues at residents.  Action steps taken we January 16, 2022:  (1) 11:30 PM the DC provide direct care an residents.  (2) 11:45 PM, a call Administrator and Co implement Emergence weather staffing plan.  January 17, 2022  At 12:35 AM, the corporated contacting the request transportation inclement weather.  (1) The ARVP instructor contact additional staffing agency other staffing agency other staffing agency	M the Administrator informed at Vice President (ARVP) that resonnel were at the facility. M, the ARVP updated the lent (DVP) about sufficient. The DVP initiated a corporate support staff and place the Emergency obtain additional staff and the facility impacting.  DN arrived at the facility to ad medications to the was held with the reporate support staff to y Preparedness - inclement	F	725			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345144	B. WING	<del> </del>		02/24/2022	
	ROVIDER OR SUPPLIER  GE HEALTH AND REH	ABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		E		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOU  CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 725	the facility to assist nurses with resider  (3) At 8:02 AM, the Manager arrived in preparation and de  (4) At 10:47 AM, the arrived in the facility care.  (5) 10:50 AM, the at the facility to assist and meal delivery.  (6) 11:00 AM, Corpersonnel arrived a staff.  (7) 11:30 AM, the consultant arrived to care.  (8) 12:00 noon, the consultant arrived to care.  (9) 1:00 PM, an actor assist with direct to assist with direct.	e nurse unit manager arrived at the DON and other staff at care.  e Mobile Certified Dietary the kitchen, to assist in meal livery.  the Corporate Clinical Director y, to provide direct resident  Divisional Vice President arrived dist in obtaining additional staff at the facility, to obtain additional supporting RN facility or assist with direct resident  e assigned RN facility to assist with direct resident  dditional RN consultant arrived	F 72				
	agency nursing star	ne nursing facility staff and ff were able to make it to the ff were prepared to spend the se who made longer term					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER GE HEALTH AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	ODE	, , , , ,	
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F 725	cleared up.  (11) At approximately Regional Vice Preside Administrator for failu Emergency Prepared The ARVP assigned & Administrator during to As of 1/17/2022 at 2:3 the facility providing of including but not limits medications as order call lights answered to changes in condition, dementia unit and CO On 1/17/22, the Interin Resource Support State schedule for the upon sufficient number of state residents. Over the condition of the support of the su	5:30 PM, the Assistant ent (ARVP) suspended the re to implement the ness Plan, sleep pay benefit. In the investigation.  30 PM sufficient staff were in the investigation.  31 PM sufficient staff were in the investigation.  32 PM sufficient staff were in the investigation.  33 PM sufficient staff were in the investigation.  34 PM sufficient staff were in the investigation.  35 PM sufficient staff were in the investigation.  36 PM sufficient staff were in the investigation.  37 PM sufficient staff were in the investigation.  38 PM sufficient staff were in the investigation.  39 PM sufficient staff were in the investigation.  30 PM sufficient staff were in the inv	F7	725			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	,
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F 725	was validated throu which included reco interviews with staff removal was valida	ble allegation of compliance gh an on-site review process ord review, observations and f and residents. Date of IJ ted as 01/18/22.	F 7		
F 802 SS=L	removal was validated as 01/18/22.  Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b)  §483.60(a) Staffing The facility must employ sufficient staff with th appropriate competencies and skills sets to ca out the functions of the food and nutrition serv taking into consideration resident assessment individual plans of care and the number, acuit diagnoses of the facility's resident population accordance with the facility assessment requir at §483.70(e).  §483.60(a)(3) Support staff. The facility must provide sufficient support		F 8	02	3/22/22
	functions of the foo §483.60(b) A member of the fool Services staff must interdisciplinary tea (ii). This REQUIREMENT Based on staff, resemengency Medical and record reviews dietary staff who we and nutrition service storm on 01/16/22. decision without conceptions of the fool of	and effectively carry out the d and nutrition service.  Der of the Food and Nutrition participate on the m as required in § 483.21(b)(2)  NT is not met as evidenced by: ident, police interviews, I Services (EMS) interviews, I the facility failed to provide ere competent to carry out food es during a winter weather. Dietary staff made the insultation with the Mobile anager (MCDM) or the red Dietitian (RD) to prepare		Pine Ridge Health and Rehabilit Center acknowledges receipt of the Statement of Deficiencies and properthis Plan of Correction to the extension of the summary of findings is factual and in order to maintain compliant applicable rules and provisions of care of residents and to meet recestablished by state and federal	the roposes ent that ally correct nce with of quality of quirements

CENTER	3 FOR WEDICARE &	WEDICAID SERVICES				CIVID IVC	7. 0930-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE	SURVEY
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		345144	B. WING			02/	24/2022
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PINE RIDO	SE HEALTH AND REHAE	RII ITATION CENTER		70	06 PINEYWOOD ROAD		
FINE KIDO	DE HEALIN AND KEHAL	SENATION CENTER		T	HOMASVILLE, NC 27360		
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F 802	Continued From page		F	802			
	_	nsumed for lunch and dinner			Plan of Correction is submitted as a wr	itten	
		uilding at around 1:00 PM in			allegation of compliance.		
		eft no dietary staff in the					
	_	he decision was authorized			Pine Ridge Health and Rehabilitation		
	_ ·	There was no communication			Center □s response to this Statement of		
	_	about the intent of the			Deficiencies and Pine Ridge Health an		
		for lunch and dinner, how the			Rehabilitation Center ☐s earlier submitt		
		food was to be kept safe			credible allegation of immediate jeopar	-	
		distribution to the residents at			removal does not denote agreement w		
		meal, where additional			the Statement of Deficiencies nor does	i II	
		were stored or when dietary When it was dinner time,			constitute an admission that any deficiency is accurate or that any indivi	idual	
	_	happy that there was no food			resident suffered or was likely to suffer		
		ff responded by preparing			actual harm or a serious adverse outco		
		nade rounds. Police arrived			Further, Pine Ridge Health and	niio.	
	on the scene and fou				Rehabilitation Center reserves the righ	t to	
		Staff (EMS) were alerted and			refute any of the deficiencies on this		
		aration and feeding of			Statement of Deficiencies through Info	rmal	
	residents. This situat				Dispute Resolution, formal appeal		
	residents.				procedure and/or any other administra	tive	
					or legal proceeding.		
	Immediate Jeopardy	began on 01/16/22 when the					
	facility failed to have	any dietary staff on duty to					
	prepare and distribute	e a dinner meal on 01/16/22.			How corrective action will be accomplis	shed	
	Nurse #7, Nurse Aide	e (NA) #1 and NA #2 had to			for those residents found to have been		
	try and prepare food	in addition to provide nursing			affected by the deficient practice:		
	care to the residents	-			On 1/17/22, the assistant regional vice		
		vas removed on 01/18/22			president (ARVP) assisted the		
		emented an acceptable			administrator in ensuring the facility ha		
	_	r immediate jeopardy removal.			dietary staff who were competent to ca	rry	
	•	out of compliance at a lower			out food and nutrition services. The		
		vel of an F (no actual harm			second ARVP provided transportation		
	•	more than minimal harm that			dietary staff needing transport to work.		
	, ,	eardy) to ensure systems put			Second, the Corporate Dietary Consult	ant	
	in place are effective.	•			and mobile certified dietary manager		
	,				(MCDM) provided supervision in the di	-	
	Findings included:		- 1		department. Third, on 1/21/22 the facili	ty	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION ANIMADED		PLE CONSTRUCTION  G	COMF	(X3) DATE SURVEY COMPLETED	
		345144	B. WING		1	C / <b>24/2022</b>	
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE			STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		24/2022	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 802	1/16/22. Cook #1's ti PM. Dietary Aide (DA AM - 9:37 AM. Prep 7:54 AM - 11:35 AM a 9:41 AM - 6:20 PM. not match the time Co building according to  An interview was con 01/20/22 at 10:13 AM at the facility at 5:20 A scheduled and Dieta The scheduled Prep very close to that time prepared a hot break and those meals were normally scheduled a he had a phone conv on 01/16/22 and infor weather he was allow Prep Cook #1 to leav scheduled and he exp provide the residents lunch and dinner mea would have their own outside would be each tray ticket so that the by the nurse staff. Co Administrator #2 gave not contact the Regis not contact the MCDI	ewed for Dietary staff for me was from 5:20 AM - 1:03 A) #1's time was from 6:39 Cook #1's time was from and Cook #2's time was from The ending time stamp did book #2 actually left the Cook #2's interview.  ducted with Cook #1 on I. Cook #1 revealed he arrived AM on 01/16/22 as ry Aide #1 arrived at 6:30 AM. Cook #1 arrived at 8:00 AM or it. Cook #1 revealed they fast meal for the residents at 8:00 AM. Cook #1 reported ersation with Administrator #2 and her that because of the ring both Dietary Aide #1 and it is the facility earlier than colained that he would like to with bagged lunches for the las. He said each resident bag and attached to the her resident's individual meal by would be easily identified	F 8		ment phone v staffing or s. residents d Dietary d dieticians health comes due 2. On esidents eceived d any food. There eas of d the oly and ans are in n the identified  emic efficient ed the ment		
	#1 pureed the salad t	l bean salad and Prep Cook o place in individual bags for d a mechanically altered or		include sleep pay for staying at during inclement weather and e regarding leaving facility during	expectations		

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391			
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PR	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DINE DID	NE LIEALTH AND DELIAD	ULITATION CENTED		7	06 PINEYWOOD ROAD			
PINE KIDO	SE HEALTH AND REHAB	ILITATION CENTER		Т	HOMASVILLE, NC 27360			
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					,			
F 802	Continued From page	e 117	F	802				
	puree meal. Cook #1	also included that he and			emergency including inclement weather	er.		
	•	chicken salad and that was			The education was completed on 3/22			
		residents that required a			Any dietary staff that has not worked a			
	· ·	or puree meal and that all the			completed the Inservice will complete			
	· ·	aced in separate bowls and			their next scheduled shift. The Mobile	•		
	placed in the bags for	those residents along with			Director of Nursing, Director of Nursing	],		
	apple sauce, pudding	s and thickened liquids as			Clinical Support Staff, or dietary mana	ger		
	ordered. Cook #1 rep	orted he and the other dietary			will ensure all newly hired staff and ne	wly		
	staff also stocked the	nourishment rooms on the			scheduled agency will complete the			
	units with all forms of	snacks that included sugar			Inservice during orientation.			
	free foods, extra liquid				On 1/17/22, Interim Administrator and			
	•	o stocked the nourishment			MCDM reviewed the Dietary Staffing			
		refrigerators and freezers			Schedule with the Dietary Manager for			
	with ice cream, puddi				next 7 days to ensure sufficient dietary			
	•	a multiple variety of foods			staff were scheduled to provide adequ			
	•	aving the facility. Cook #1			meals during each meal service. There	9		
		permission for Dietary Aide #1			were no identified areas of concern.			
		ermission to leave early. Cook			On 2/28/22 the Interim Administrator			
		2 to come to the facility to			contacted the Quality Improvement			
		d lunch and dinner meal.			Organization to discuss the plan of correction and for further recommenda	4:		
		d he explained the bagged I both of them prepared a				lions		
	•	r resident. They placed 2			to the action plans.			
		gs for the residents who did			How the facility plans to monitor its			
	`	ally altered diets. Cok #1			performance to make sure that solution	าร		
	· · · · · · · · · · · · · · · · · · ·	to Nurse #7 and explained to			are sustained:	15		
		esidents to receive meals in			Beginning 3/22/22, the Interim			
		ring them to the nurse			Administrator, Human Resource Supp	ort		
	_	tal carts at lunch time. He			Staff, and/or the Interim Director of Nu			
	_	spoke to Administrator #2			will conduct staffing meetings to ensure	-		
		permission to use the bags			there is enough of staff, on each shift,			
		revealed he and Cook #2			each department to include dietary. Th			
	•	for each resident and took			Dietary Manager attend or review the			
	them to the nurse stations along with extra drinks			staffing meetings to discuss staffing in	the			
		Cook #1 and Cook #2 left the			dietary department. Supplemental staf			
	facility at about 1:00 F	PM. Cook #1 did not notify			will be utilized to fill open dietary positi	ons		
	Nurse #7 nor the two nurse assistants (NAs) t				identified. During the staffing meeting,			

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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		345144	B. WING _			02/24/2022		
NAME OF PI	ROVIDER OR SUPPLIER			S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE			
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PINE RIDO	GE HEALTH AND REHAB	SILITATION CENTER		Т	HOMASVILLE, NC 27360			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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					DEFICIENCY)			
F 802	Continued From page	118		802				
1 002				302				
	· ·	d be gone from the facility at			plans will be made to address staff			
	1:00 and would not re	eturn that day.			spending the night if inclement weathe			
	0 04/47/00 144 07	***			forecasted. The staffing meetings will o			
	On 01/17/22 at 11:07				five days a week x 8 weeks with review			
	_	#1. Cook #1 revealed that he			discussion of schedules for the clinical			
		ous night (01/16/22) and that			dietary, and housekeeping department			
	no dietary statt worke	d after 1:00 PM on 01/16/22.			and documented on a staffing audit too			
	A	h Caali #2 waa aandwatad an			The Administrator will be responsible for			
		h Cook #2 was conducted on			forwarding the audit tools to the Quality	/		
	01/21/22 at 9:19 AM.	d a call from Cook #1 and			Assurance Committee. The facility □s			
					Quality Assurance Performance	dou.		
	· ·	o the facility as soon as she			Improvement (QAPI) committee will re			
		ior to her scheduled time 1. Cook #2 revealed she			the staffing audit tools monthly x 2 months identify transfer and to determine the	เมาร		
		= ::			to identify trends and to determine the	<b>a</b>		
	· ·	near 9:30 AM and that she e #1 leaving the facility at that			need for further frequency of monitorin	g.		
	· ·	ed that when she entered the						
		d Cook #1 and Prep Cook #1						
	making cold bean sal							
	_	ok #1 was mechanically						
	· ·	and scooping them into						
	· -	bowls. Cook #2 revealed						
		e had talked to Administrator						
	<u>-</u>	the approval to make a						
		ne residents that contained						
		fic diet. Cook #2 further						
		idents who required any type						
		ed foods, a bagged lunch with						
	· ·	ich item was placed in a bag						
	for the resident along							
	_	cific resident. Residents who						
		gular diet were packed two						
	sandwiches along wit	h a drink and a variety of						
	other snacks like cool	kies, crackers and chips.						
	Cook #2 revealed tha	t they stapled each bag with						
	each tray label on the	outside of each bag and						
	there was one bag for	r each resident. Then Cook						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP ( 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	CODE			
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F 802	drinks to the nurse st which was the sched revealed she left the 1:00 PM and she did 01/16/22.  A phone interview wit 01/24/22 at 2:29 PM facility as scheduled the had been later that and snow. Prep Cook cold bean salad that meal and he made chof those items as directly pureed items were so sized bowls. He assisted was individually. Cook #1 early at around 1:30 is snowstorm. Prep Cook know any details about happened after he left.  An interview conduct Dietary Manager (MC on 01/20/22 revealed by Cook #1, Cook #2 (DON) or Administrat meal menu or other con 01/16/22. The MC know that bagged me emergency meal prep	ations at about 12:00 PM uled lunch time. Cook #2 facility with Cook #1 at about not return to the facility on  th Prep Cook #1 conducted on revealed he arrived at the the morning of 01/16/22 but in usual because of the ice is #1 revealed he made the was scheduled for the dinner nicken salad. He pureed both ected by Cook #1 and the cooped into individual serving sted to make chicken salad the other sandwiches. Prep apping the sandwiches told him to leave the facility PM because of the ok #1 revealed he did not tut the bagged meals or what it for the day.  ed with the Mobile Certified cDM) conducted at 9:54 AM she had not been contacted the Director of Nurses or #2 about the emergency lietary concerns at the facility DM also revealed she did not	F	802				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION	l' '	(X3) DATE SURVEY COMPLETED C	
		345144	B. WING _			)2/24/2022
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP ( 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	•	
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F 802	Continued From pag revealed she did not staff or their schedule. An interview conduct 01/17/22 at 9:20 AM breakfast tray was dedid not receive anyth At about 9:45 PM on another sandwich an Resident #7's most re (MDS) with an assessincluded that Reside impairment.  During an interview wat 12:19 PM she revebreakfast tray about lunch meal was only in a paper bag. Dinnet two Nursing Assimake. A review of the Resident # 11 dated #11 had no cognitive mellitus and received On 01/19/2022 at 10	e 120 have any role in the kitchen es.  red with Resident #7 on revealed on 01/16/22 her elivered at 9:20 AM and she ing but a sandwich for lunch. 01/16/22 she received d a bag of chips for dinner. ecent Minimum Data Set sment date of 11/04/21 nt #7 had no cognitive  with Resident #11 on 01/17/22 ealed she had received her 9:25 AM on 01/16/22 and the a sandwich or two delivered er was also a sandwich that stants had to scavenge to e most recent MDS for 12/21/21 revealed Resident impairment, had diabetes d a therapeutic diet.				
	bagged lunches laber resident and that alm sandwiches and a bunurse staff delivered were pureed foods in required them. NA #2 not aware one of the to be saved for dinner and Nurse #7 went in	6/2022 they had been given alled with meal tickets for each most every bag contained 2 unch of snack items that the to the residents and there is bowls for the residents that 2 revealed at the time she was two sandwiches was meant for and about 5:00 PM NA #2 into the kitchen to look for out were not able to find any,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	706 PINEYW	RESS, CITY, STATE, ZIP CODE OOD ROAD ILLE, NC 27360		
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F 802	residents. They were passing them out to rat the facility. EMS as sandwiches, passing feed residents as need not seen any dietary 01/16/22 and there had in the facility through.  An interview conduct 1:55 PM revealed on meal he was told by I prepared dinner meal explained that Nurse kitchen and returned and jelly and the three make sandwiches for continued to make round he had not seen any after about 1:00 PM. had never used paper residents before and to the facility with the make sandwiches, see residents to eat.  Nurse #7 was intervied at 3:39 PM. Nurse #7 #1 approached her all would be served baged dinner and that he would be served baged meals to residescovered the nurse discovered the nurse discovered the nurse stations revealed when the nubagged meals to residiscovered the nurse	ke sandwiches for the still making sandwiches and esidents when EMS arrived sisted making more them out and assisted to eded. NA #2 stated she had staff since about 1:00 PM on ad always been dietary staff dinner.  ed with NA #1 on 01/20/22 at 01/16/22 around the dinner Nurse #7 that there was no I for the residents. He #7 and NA #2 went into the with bread, peanut butter, se of them would need to the residents as they unds. NA #1 also explained dietary staff in the facility NA #1 revealed the facility r bags to serve meals to he was glad when EMS came a police and assisted to erve them and assisted  ewed via phone on 01/18/222 arevealed on 01/16/22, Cook and explained that residents ged meals for both lunch and buld bring the bagged meals in time for lunch. Nurse #7 urse staff began to pass the	F	302			

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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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 802	one bag. Nurse #7 re about dinner and she Administrator #2 to a DON explained she meal. Administrator sandwiches in the wand if any residents in a bag one of then dinner. Nurse #7 rev aware of that plan. Nothe kitchen. They had cooler was and did not they grabbed some and decided that the sandwiches for reside make rounds. Nurse experienced a time was prepared by the dieta aware that there was until the DON told how some residents comes aid it had been diffing to keep up with meas that was needed, but they could for the residents.  On 01/18/2022 at 12	that each resident had only evealed residents were asking e phoned the DON and ask about the dinner meal. The had no idea about the dinner #2 said Cook #1 had left more alk -in cooler in the kitchen had received two sandwiches in should have been saved for ealed she had not been made lurse #7 and NA #2 went into d no idea where the walk- in not find any made sandwiches. bread, peanut butter and jelly	F	802			
	01/16/22 at about 5:: Nurse #7 that she ar kitchen to find reside Nurse #7 believed th	20 PM she was informed by and NA #2 went into the ent bagged dinner meals that be dietary staff had prepared.					

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F 802	Nurse #7 she would out the status of the revealed that she sp then called Nurse #7 had left premade sar walk-in cooler and the go back to the kitched.  Administrator #2 was 2:08 PM and revealed on 01/16/22 around explained that he has her to come to the fact assist in the kitchen. Cook #1 allowed Die Prep #1 to leave ear the weather. Cook # to provide the resided dinner meals. Admin #1's plan for bagged plans to leave extrast cooler in the kitchen. around dinner time is both the DON and N dinner for the resided explained Cook #1 her walk-in cooler in revealed she was not concerns about the component of the plans to leave extrast cooler in the kitchen. The walk-in cooler in revealed she was not concerns about the component of the plans to leave explained Cook #1 her walk-in cooler in revealed she was not concerns about the component of the plans to be plans t	andwiches. The DON told call Administrator #2 and find dinner meal. The DON oke to Administrator #2 and and reported that Cook #1 andwiches in the kitchen's part Nurse #7 was instructed to an and look again.  Is interviewed on 01/17/22 at and she had talked to Cook #1 alcook #2 and asked acility earlier than scheduled to Administrator #2 revealed attary Aide #1 and the Cook lier than scheduled because of a also asked her if it was okay ants with bagged lunch and istrator #2 agreed with Cook meals and agreed with his sandwiches in the walk- in Administrator #2 reported he received phone calls from a left extra sandwiches in the kitchen. Administrator #2 ad left extra sandwiches in the kitchen. Administrator #2 ad left extra sandwiches in the kitchen. Administrator #2 at aware that there were still dinner meal until about 9:00 then she received calls from a sof residents that reported served to residents that	F	802			
	•	as conducted on 1/20/22 at Officer #2. He stated he and					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER GE HEALTH AND REHAE	BILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP COI 706 PINEYWOOD ROAD THOMASVILLE, NC 27360			
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F 802	on 01/16/22 at 8:09 F (Nurse #7) along with facility. When he interest the residents had eat revealed the resident she believed that all report bag that had been proused that had been proused they went down the hofficer #2 revealed so they had not received hungry. Police Officer shortly after the police provide food and feed.  A phone interview was 9:30 PM with EMS #7 arrived at the facility a multiple residents sail lunch but no dinner in the EMS staff and Fir the kitchen and nour some sandwiches an nothing was labelled thickened drinks and residents.  Administrator #3 was 1:23 PM and he state maintain the approprischeduled to ensure residents be maintain.	officers arrived at the facility PM. There was only 1 nurse in two NAs working at the rviewed Nurse #7 he asked if the nor been fed. Nurse #7 is had received breakfast and received lunch from a paper repared by the dietary staff. It were trying to give residents for that they were making as shall providing care. Police some of the residents told him at food and they were very in #2 revealed EMS arrived rearrived and they assisted to a direction and they assisted to a direction and they assisted to a residents.  The seconducted on 01/19/22 at 1. EMS #1 revealed when he at 9:30 AM on 01/16/22 at 1. EMS #1 revealed that the Department looked through shment rooms and did find a dirinks for the residents, but and they also found some applesauce to feed the interviewed on 02/02/22 at a did it was expected the facility rearries at the nutritional need of all need.  In notified of Immediate	F				

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				1	THOMASVILLE, NC 27360		
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F 802	The facility shared the of immediate jeopardy. At 8:09 PM, on 1/16/2 arrived at the facility for determined that due to was 1 LPN and 2 Nurthere were 97 resident and services. Reside bagged meals at lunch variety of sandwiches cakes, and crackers, also provided to include salad, and pudding, included meals for lurthe tray card for each resident's bag. Each resident's hame, room consistency, and order approximately 100 sate accessible. The dieta administrator that the kitchen's walk-in coole unlocked. The nourist unit, and the nourishin room was stocked with sugar free chocolate is sandwiches, pudding, liquids. The last two facility at 1:03 PM with Administrator and not the prepared food cool were not informed by	e following credible allegation y removal.  22 local law enforcement or a wellness check. It was o a severe ice storm there sing Assistants on site and its which were in need of care ints were provided with time that contained a second consistency was de meat, bread, three-bean The bags provided at lunch inch and dinner which included resident attached to each tray card includes the innumber, allergies, diet ered diet type. Additionally, indwiches were prepared and ary staff notified the sandwiches were in the er and the kitchen was inhent room on the demential inent room at the main dining the snacks and food to include ince cream, milk, soda, applesauce, and thickened dietary staff members left the	F	802			
	found. Emergency M	anagement Services on site assisted with providing					

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	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		OLIZ-1/LUZZ
D SUMMARY STATEMENT OF DEFICIENCIES  IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE
Continued From page	e 126	F 80	02		
non-compliant with Ta failing to have sufficied dinner during inclemed did not ensure sufficie at the facility to approof the day.  As set forth in the immindings, all residents serious adverse outconnon-compliance excereceived tube feeding.  Actions taken to alter failure to prevent a secoccurring or recurring.  The facility took the faction to ensure that available to ensure that available to ensure the ordered for each residents' exceived included diets. Results: no unexpectidentified.  o On 1/17/22, the lemergency food supplemenus and plans are manual.	ag 802 based on the facility ent nutrition staff to provide ent weather. The Administrator ent dietary staff were present opriately deliver the last meal mediate jeopardy preliminary were likely to suffer a ome based on this identified ept for one resident who gs.  The process or system erious adverse outcome from adequate dietary staff is nat each meal be prepared as dent as prescribed.  Mobile Certified Dietary diregistered dieticians lectronic health records. The weights, and meal intake. ted negative outcomes were  MCDM checked the facility's oly and ensured disaster in place per the dietary				
o On 1/17/22, the	MCDM educated the dietary				
	ROVIDER OR SUPPLIER  SUMMARY ST (EACH DEFICIENCE REGULATORY OR I  Continued From page  It was determined the non-compliant with Tafailing to have sufficied dinner during inclemed did not ensure sufficient the facility to approach the day.  As set forth in the immediate findings, all residents serious adverse outconnon-compliance excereceived tube feeding.  Actions taken to alter failure to prevent a second transport of the day.  The facility took the faction to ensure that available to ensure that available to ensure the ordered for each residents of the did to the sum of the did the sum of the did the sum of the did the sum of th	ROVIDER OR SUPPLIER  SE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 126  It was determined that the facility was non-compliant with Tag 802 based on the facility failing to have sufficient nutrition staff to provide dinner during inclement weather. The Administrator did not ensure sufficient dietary staff were present at the facility to appropriately deliver the last meal of the day.  As set forth in the immediate jeopardy preliminary findings, all residents were likely to suffer a serious adverse outcome based on this identified non-compliance except for one resident who received tube feedings.  Actions taken to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring  The facility took the following immediate corrective action to ensure that adequate dietary staff is available to ensure that adequate dietary staff is available to ensure that appears and perspected.  o On 1/17/22, the Mobile Certified Dietary Manager (MCDM) and registered dieticians reviewed residents' electronic health records. The review included diets, weights, and meal intake. Results: no unexpected negative outcomes were identified.  o On 1/17/22, the MCDM checked the facility's emergency food supply and ensured disaster menus and plans are in place per the dietary manual.	ROVIDER OR SUPPLIER  SE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 126  It was determined that the facility was non-compliant with Tag 802 based on the facility failing to have sufficient nutrition staff to provide dinner during inclement weather. The Administrator did not ensure sufficient dietary staff were present at the facility to appropriately deliver the last meal of the day.  As set forth in the immediate jeopardy preliminary findings, all residents were likely to suffer a serious adverse outcome based on this identified non-compliance except for one resident who received tube feedings.  Actions taken to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring  The facility took the following immediate corrective action to ensure that adequate dietary staff is available to ensure that each meal be prepared as ordered for each resident as prescribed.  o On 1/17/22, the Mobile Certified Dietary Manager (MCDM) and registered dieticians reviewed residents' electronic health records. The review included diets, weights, and meal intake. Results: no unexpected negative outcomes were identified.  o On 1/17/22, the MCDM checked the facility's emergency food supply and ensured disaster menus and plans are in place per the dietary manual.	ROVIDER OR SUPPLIER  SE HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISO IDENTIFYING INFORMATION)  Continued From page 126  It was determined that the facility was non-compliant with Tag 802 based on the facility failing to have sufficient ultrition staff to provide dinner during inclement weather. The Administrator did not ensure sufficient dietary staff were present at the facility to appropriately deliver the last meal of the day.  As set forth in the immediate jeopardy preliminary findings, all residents were likely to suffer a serious adverse outcome based on this identified non-compliance except for one resident who received tube feedings.  Actions taken to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring  The facility took the following immediate corrective action to ensure that each meal be prepared as ordered for each resident as prescribed.  O On 1/17/22, the Mobile Certified Dietary Manager (MCDM) and registered dieticians reviewed residents' electronic health records. The review included diets, weights, and meal intake. Results: no unexpected negative outcomes were identified.  O On 1/17/22, the MCDM checked the facility's emergency food supply and ensured disaster menus and plans are in place per the dietary manual.	A BUILDING

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F 802	inclement weather withe facility. Going for ensure the emergency communicated with the dietary staff to ensure present to prepare are emergency.  O On 1/17/22, the MCDM reviewed the the Dietary Manager sufficient dietary staff adequate meals during Date of alleged Immed 1/18/22.  The facility 's credible was validated through	cy preparedness plan during nich discussed food supply to tward, the Administrator will by preparedness plan is the dietary manager and exufficient dietary staff are and deliver meals during an an all linear staffing Schedule with for the next 7 days to ensure if were scheduled to provide and each meal service.  The dietary staffing Schedule with for the next 7 days to ensure if were scheduled to provide and each meal service.  The diate Jeopardy Removal:	F 80	2	
F 809 SS=F	interviews with staff a removal was validate Frequency of Meals/S CFR(s): 483.60(f)(1)-\$483.60(f)(1) Each refacility must provide a regular times comparthe community or in a needs, preferences, in \$483.60(f)(2)There more between a substantia the following day, exceptions and the statement of th	Snacks at Bedtime (3)	F 80	9	3/22/22

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 809	the following day if a meal span.  §483.60(f)(3) Suitable and snacks must be want to eat at non-trascheduled meal serv resident plan of care. This REQUIREMENT Based on staff intervereord reviews that fameals at regular time 01/16/22. Ninety-sev were affected by the Findings included:  Breakfast was served 8:00 AM and then was following order the 10 hall, the 400 hall and AM. Lunch was served began at 12:00 PM in the last hall was served in the main did then served to the habreakfast and lunch with 6:45 PM.  On 01/17/22 at 11:07	al evening meal and breakfast resident group agrees to this  e, nourishing alternative meals provided to residents who additional times or outside of ice times, consistent with the  is not met as evidenced by: riews, resident interviews, and acility failed to provide three as during a winter storm on en of ninety-eight residents deficient practice.  d in the main dining room at as served to the halls in the 200 hall, the 500 hall, the 200 lastly the 300 hall at 8:45 ed in the same order, but in the main dining room and ed at 12:45 PM. Dinner was ning room at 5:45 PM and alls in the same order as with the 300 hall served last at	F 86	This plan of correction constituted Ridge Health and Rehabilitation written allegation of compliance deficiency cited. However, presexecution of the plan of correct admission by Pine Ridge Health Rehabilitation Center of the trust facts alleged, conclusions set if statement of deficiencies, or the individual resident suffered or hotential to suffer minimal harm, and executed to meet requirement established by state and federal How corrective action will be action to the deficient practice.  On 1/16/22 at 11:45 PM the additional residents found to has affected by the deficient practice.	n Center se for the paration and cion is not an h and th of the orth in the at any mad the n or actual prepared nents all law.	
	01/16/22 a hot break residents as per their also revealed he spo lunch on 01/16/22 an	#1. Cook #1 revealed on fast meal was served to the susual schedule. Cook #1 ke to Administrator #2 before d received permission to give d lunch and dinner meal on		with the assistance from the AF initiated the Emergency Prepare Plan to ensure residents received a timely manner, and received necessary care and services.  On 1/17/22 at 8:02 AM, the Mo	redness red meals in other	

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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	SILITATION CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		<u>, v-</u>	
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F 809	plan with Nurse #7 ar were delivered to the PM for nursing staff to On 01/27/22 at 3:39P and revealed that each lunch meal on 01/16/beginning at 12:00 Pl dinner the nursing staff 5:45 PM until after 9:00 An interview conducto 01/17/22 at 9:20 AM breakfast tray was dereceived a sandwich on 01/16/22 she received bag of chips for dinner Minimum Data Set (Mate of 11/04/21 included in the second sec	wealed that he explained the and that the bagged meals nurse stations prior to 12:00 to deliver.  M Nurse #7 was interviewed the resident received a bagged 22 at the regular lunch time M. Nurse #7 revealed that at aff started to serve meals at 20 PM.  The ded with Resident #7 on revealed on 01/16/22 her livered at 9:20 AM and she for lunch. At about 9:45 PM ived another sandwich and a per. Resident #7's most recent IDS) with an assessment ded that Resident #7 had no	F	809		vide  y  ned  with  tre to  eals  y  cians	

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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	, 02.	
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F 809	#2 revealed that on 0 been given bagged luthe nursing staff delivithe normal time for lurevealed that the dinneight or nine hours are unhappy about not reregular dinner time on An interview conductor. So PM revealed that dinner meal he was to was no prepared dinner time, but some reside anything to eat for direct 9:00 PM. NA #1 revealed he was no time, but some reside anything to eat for direct 9:00 PM. NA #1 revealed he sandwiches, se residents to eat.  Administrator #3 was 1:23 PM and revealed he provided to reside residents receive sna bedtime as requested.	28 AM an interview with NA 1/16/22 the nurse staff had inches for each resident that ered to the residents about nch at 12:00 PM. NA #2 her meal was served up to nd many residents were ceiving a meal until past the n 01/16/22.  Bed with NA #1 on 01/20/22 at at on 01/16/22 around the her meal for the residents. NA not certain of the usual dinner ents had not received her until after 8:00 PM or haled he was glad when EMS of the police and assisted to erve them and assisted  Interviewed on 02/02/22 at did that he expected all meals into as scheduled and that cks between meals or at did or as ordered by the heal menus be provided as	F	809	having the potential to be affected by the same deficient practice:  As set forth above, a corrective plan was put in place and implemented for all residents.  Measures put into place or systemic changes made to ensure that the deficient practice will not recur:  On 1/18/22 the interim administrator posted contact names and phone number at the nurse stations, break room, and the kitchen for staff to use in the event an emergency such emergency to inclusin insufficient staff to provide at least three meals daily.  On 1/17/22, the MCDM checked the facility semergency food supply and ensured disaster menus and plans are place as outlined in the dietary manual. There were no identified areas of concounty of the facility to include dietary staff, and agency staff on the Emergency Preparedness plan. The education included: 1) the Emergency Prepared Program, 2) incident management staff chain of command, 3) evacuation, shelin place, 4) fire response plan, 5) disast 6) infectious disease, 7) power outages/interruptions, 8) workplace violence and active shooter, 9) missing	ient bers in of ude e  in ern. % of	

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F 809	Continued From page	÷ 131	F 8	resident, 10) reporting to work inclement weather, and 11) sle policy. The education will be completed and completed the Insection of Nursing Nursing, or Clinical Support State ensure all newly hired staff and scheduled agency staff will complete during orientation. Gothe administrator will ensure the emergency preparedness plan communicated with the dietary and dietary staff to ensure sufficient staff are present to prepare and least three meals daily during a emergency.  On 1/17/22, Interim Administrated MCDM reviewed the Dietary Staff were scheduled to provide three meals daily. There were a reas of concern. On 2/28/22 the Interim Administration and for further recont to the action plans.  How the facility plans to monitor performance to make sure that are sustained:  Beginning on 3/22/22 the Mobil	eep pay completed has not ervice will duled shif g, Director aff will d newly mplete the oing forwa ne n is manager ficient diet an ator and staffing hager for t at dietary e at least no identifi strator ment an of mmendati or its t solutions	I ft. r of e ard, r tary at the fied	

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F 835 SS=L	enables it to use its efficiently to attain of	tion. Iministered in a manner that resources effectively and or maintain the highest	F 80	Nursing, Director of Nursing, treatmenurse, Dietary Manager, or clinical sistaff will audit meals services 3 x per x 4 weeks then weekly x 4 weeks ut a Meal Observation audit tool. This is to ensure residents are receiving the meals a day at regular times. The winderstand the Mobile Director of Nursing Director of Nursing, treatment nurse clinical support staff dietary or nursing for any identified areas of concern diethe audit.  The Administrator will be responsible forwarding the audit tools to the Quality Assurance Committee. The facility Quality Assurance Performance Improvement (QAPI) committee will the Meal Observation audit tools modern audit tools modern the need for further frequency monitoring.	support ser week ilizing audit is ree ill g, s, or ng staff luring e for ality s review onthly x
	well-being of each r This REQUIREMEN Based on North Ca press releases, ema record review, resid staff, Emergency M	mental, and psychosocial esident.  IT is not met as evidenced by: prolina State of Emergency ail review, text message review, tent, emergency/disaster relief edical Services (EMS), police, prviews Administrator #2 failed		Pine Ridge Health and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proporthis Plan of Correction to the extent the summary of findings is factually	oses that

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F 835	failed to utilize resouresidents of the facilifalled to communicate impact of pending in administrative staff, I prior to inclement we a potential crisis siturately staff, failed to en who left the facility at communicate a dange to the Assistant Regi (Administrator #3) in weather in a staffing failed to manage the inclement weather encoordinate with Administration at the facility, that transport, or utilize coprovide transportation Nursing Assistants. Impacted all resident state of emergency in The failure to prepare of staff which resulted Nurse (LPN) and two take care of 98 residing 2:00 PM on 1/16/22.  On 1/16/22 at 8:09 Finant at the facility for a weight of the facilit	emergency preparedness plan, arces to provide care for the sty during inclement weather, the the urgency and potential clement weather to skey staff, and general staff eather, failed to communicate ation to her administrative and usure sufficient dietary staff to 1:00 PM, and failed to gerously low staffing situation conal Vice President the midst of inclement crisis. Furthermore, DON #1 facility nursing staff during the event through failure to inistrator #2 a plan to house cansport staff, arrange for community resources to ent to the facility for nurses and The result of the failure the during a governor declared envolving inclement weather. The resulted in a severe shortage do in one Licensed Practical to Nursing Assistants (NAs) to ents at the facility starting at ent at the facility who had eat of not having seen staff period of time. When 911	F	835	and in order to maintain compliance w applicable rules and provisions of qual care of residents and to meet requirent established by state and federal law. The Plan of Correction is submitted as a wallegation of compliance.  Pine Ridge Health and Rehabilitation Center□s response to this Statement of Deficiencies and Pine Ridge Health and Rehabilitation Center□s earlier submit credible allegation of immediate jeoparemoval does not denote agreement with the Statement of Deficiencies nor does constitute an admission that any deficiency is accurate or that any indiversident suffered or was likely to suffer actual harm or a serious adverse outcometicate any of the deficiencies on this Statement of Deficiencies through Information Dispute Resolution, formal appeal procedure and/or any other administrator legal proceeding.  How corrective action will be accomplified those residents found to have been affected by the deficient practice:  On 1/17/22 at 1:23 AM, the assistant regional vice president (ARVP) arrived the facility, assumed charge of the facility, assumed charge of the facility and initiated the Emergency Prepared	ity of hents in hents in he ritten of he ded ridy rith idual or he me.  It to rmal tive shed in hents it in hents it in hents it in hents it in hents in hen	
	went unanswered. 1	o call the facility, the calls  The police officers who arrived ity fire department and county			Plan. The initiation of the Emergency Preparedness Plan included implement the shelter-in-place, protocols for staff	-	

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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F 835	facility administration #1) lack of ability to nensure necessary star of the residents of the Emergency Prepared operations of the faci obtain a combination provide care, assess, and other services for Immediate Jeopardy Administrator #2 faile respond for inclement opportunity to prepare heads, key staff, nursibegan on 1/13/22, whice weather was annound state of North Carolin state of emergency for the predicted winter is sequence of failures immediate jeopardy slimited to failure to refacility emergency prohave included institut sufficient staffing, fail urgency and potential weather to administrative and keysufficient dietary staff PM, and failure to constaffing situation to the	Services (EMS). Due to the 's (Administrator #2 and DON nanage the facility and affing levels to meet the needs a facility, the county liness Director took over lity and utilized resources to of skilled individuals to a sasist with an evening meal, or the residents of the facility.  began on 1/16/22 when add to plan, prepare, and to weather (snow/ice). The e and to involve department sing staff, and other facility men the potential for inclement ced by the Governor of the mathrough his enactment of a por the entire state related to storm. Administrator #2 had a	F	835	calling for additional support from facilistaff, agency staff, and the corporate support included registered nurses (RNs) to with and supervise the director of nurse (DON) and nursing services. Immedia actions were taken to ensure residents received the goods and services need during an urgent situation arising from inclement weather and that the facility being administered so as to maintain thighest practicable physical, mental arpsycho-social well-being of the resider The Administrator #2 was suspended on 1/21/22. Acting as the Governing Body, the AR assigned himself as the Interim Administrator during the Investigation. Interim DON was hired on 1/22/22. How the facility identified other resider having the potential to be affected by the same deficient practice:  As set forth above, a corrective action was put in place and implemented for residents.  Measures put into place or systemic changes made to ensure that the deficient practice will not recur:  On 1/17/22 at 1:23 AM, the ARVP arrivat the facility and assumed charge of the facility. Acting as the Governing Body ARVP assigned himself as the Interim Administrator during the investigation. On 1/17/22 at 10:47 AM 12:00 noon corporate RNs arrived to assist in directions.	team bork ing te sed was he hd hts. bon VP An hts he plan all ient ved he s, the	

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F 835	Continued From pag	e 135	F	835			
	removed on 1/18/22	when the facility provided an			program monitoring, and nursing servi	ces	
		allegation of Immediate			supervision. 1/17/22 through 2/22/22 t		
		The facility will remain out of			corporate RNs continued to provide su		
		be and severity level of F (not			services to facility and agency staff on		
		potential for more than			Starting 2/15/22 the ARVP employed a		
		not immediate jeopardy) for			new Interim Administrator. On 2/15/22		
		te staff training and to ensure			Interim Administrator was educated by		
		out into place are effective.			ARVP regarding how and when to ena		
		facility was placed at risk of			the emergency preparedness plan, how		
	severe harm.	lacinty was placed at his of			and when to utilize resources to provid		
	COVOIO Haim.				care for residents during inclement		
	Findings included:				weather, how and when to communica	te	
	i mamgo moradoa.				the urgency and potential impact of		
	Cross Refer to E000	1.			pending inclement weather to		
		olina State of Emergency			administrative all staff, how and when	to	
		il review, text message review,			communicate a potential crisis situation		
	1 *	ent, emergency/disaster relief			all staff, and how and when to		
		edical Services (EMS), police,			communicate a dangerously low staffir	na	
		views, the facility failed to			situation to the ARVP.	.9	
		ergency preparedness plan			On 1/22/22, an Interim Director of Nurs	sina	
		esidents during a governor			was hired. On 1/22/22 the interim Direct	•	
	•	ergency involving inclement			of Nursing was educated by the ARVP		
		of the failure to prepare			the emergency preparedness plan to		
		ised Practical Nurse (LPN)			include: how to manage facility staff du	ırina	
		istants (NAs) to take care of			inclement weather by developing a pla	U	
	_	acility starting at 2:00 PM on			coordination with the Administrator to		
	1/16/22.				house staff at the facility, arrange		
					transportation for staff, transport staff t	o the	
	Cross Refer to F550	:			facility, and utilize community resource		
		iew, police, resident, and staff			to provide transportation to the facility		
		y failed to treat residents in a			nurses and nursing assistants.		
		en residents did not receive			On 2/28/22 the Interim Administrator		
	-	r several hours during a period			contacted the Quality Improvement		
		one Licensed Practical Nurse			Organization to discuss the plan of		
	· ·	ng Assistants in the facility to			correction and for further recommenda	tions	
	' '	esidents. Two of five			to the action plans.		
		s (Resident #7 and Resident			<b>-</b>		

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F 835	#11) stated the lack of extended period of tirk were defeated, not tredirty, mad, and abandhad the high likelihood many residents in the Cross Refer to F584: Based on record reviet photographs, police, Technicians (EMTs) a failed to provide a cledays investigated for first responders who adescribed and provide bags of garbage in the observation on 1/17/2 overflowing garbage, under the bed, and spunder the bed, and spunder the bed, and spunder the bed, and spunder the bed, and service interviews, the basic goods and service interviews to much the province of the resident causing severe psychological severe psychological goods. Cross Refer to F677: Based on record reviews Medical Technicians of the resident causing severe psychological Technicians of the residents.	of incontinent care for an one made them feel like they eated with dignity, neglected, doned. This deficient practice of of negatively impacting of facility.  The ew, observations, Emergency Medical and staff interviews, the facility an environment for 2 of 2 environment. Interviews with carrived at the facility ed photographic evidence e hallways and an experience on the floor, garbage on the floor, garbage on the floor, garbage on the floor, garbage on the facility neglected to provide ices, including, but not care, resident assessments, ment, and basic et the needs of 98 of 98 the facility during a winter 6/22. Neglecting to meet the shad the high likelihood of nological and physical harm	F	How the facility plant performance to make are sustained: Beginning on 3/22/22 Corporate support standministration monitor weeks to document in Corrections, including and ensure the facility E001, F550, F584, F6 F725, F802, and F80 and/or Director of Nuby the ARVP or Corporate in the Administration tools to the Quality Astronomical tools to the Quality Performance Improve committee will review monitoring tools monidentify trends and to further frequency of in the performance of the p	to monitor its e sure that solution the ARVP or aff will complete and oring tool weekly for eviews of the Plan g the monitoring to y is compliant for 600, F677, F689, 9. The Administra rsing will be retrain orate Support staff of concern. ate support staff water forwards the assurance Committ of Assurance ement (QAPI) of the Administratio thly x 2 months to determine need for	n or 8 of ools tor ned if for itll audit eee.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 835	care. The failure occiperiod when there wan Nurse (LPN) and two facility to provide care interviewed residents #11) stated they did not for an extended periodiated she had physich had to wait an extendincontinent care. Interviewed at the factoresidents in need of curine and feces in the safilure to sufficiently necessary ADL care of the facility was placed.  Cross Refer to F689: Based on record reviet physician, family mentacility failed to provide severe risk of harm the supervision of the resunit for several hours period when there wan Nurse (LPN) and two facility to provide care reported by Police Of dementia unit after an PM on 1/16/22 she did the dementia unit, residents believed to the service of the service of the deficient practice locked dementia unit, in the service of the dementia unit, residents provided the dementia unit, residents provided dementia unit, residents provided dementia unit, residents provided the dementia unit, residents provided dementia unit, residents provided the unit, residents provide	re, including incontinence curred on 1/16/22 during a signation of Licensed Practical Nursing Assistants in the for 98 residents. Two (Resident #7 and Resident ot receive incontinent care doftime and Resident #11 cal discomfort from having ed period of time for reviews with first responders sility described multiple are and a strong smell of facility. Due to the facility of a tarrisk of severe harm.  This of severe harm.  This occurred during a signation of Licensed Practical Nursing Assistants in the	F	835		

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F 835	, ,		F	835			
	being at severe risk for harm.						
	Family Member interved provide the recommendation prevent falls for 1 of 1 accidents (Resident # Cross Refer to F725:						
	interviews, the facility staffing to provide car safety during incleme on 01/16/22. Nurse # and two Nursing Assis #2) reported to work of MA #1 left the facility received permission to Director of Nurses (Donas remained as the care and services for Nurse #7 communicathe facility to Administrator #2 told sorry about the situation of the best that they at the facility at 8:09 Fewellness check after after attempted calls to	o leave the facility from the ON) #1. The nurse and the 2 only staff to provide resident 98 residents in the facility. ted the staffing situation of trator #2 and her concerns care and quality of care the provide for the residents. the Nurse #7 that she was son and the staff needed to could. Police Officers arrived PM on 01/16/22 for a 911 calls from a resident and					
	Based on staff, reside	ent, police interviews, Services (EMS) interviews					

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F 835	dietary staff who were and nutrition services storm on 01/16/22. It decision without considering Certified Dietary Man Consulting Registere bags of food to be consulting after lunch. This is the potentially hazardous between the time of colunch until the dinner prepared sandwiches staff left the building. The residents became undelivery. Nursing states and wiches as they really months as they residents. This situal residents.  Cross Refer to F809: Based on staff intervirecord reviews that farmeals at regular time 01/16/22. Ninety-sew were affected by the	the facility failed to provide the competent to carry out food to during a winter weather Dietary staff made the sultation with the Mobile lager (MCDM) or the did Dietitian (RD) to prepare insumed for lunch and dinner fullding at around 1:00 PM in left no dietary staff in the The decision was authorized. There was no communication about the intent of the for lunch and dinner, how the food was to be kept safe distribution to the residents at meal, where additional is were stored or when dietary. When it was dinner time, happy that there was no food off responded by preparing made rounds. Police arrived and residents hungry. Staff (EMS) were alerted and aration and feeding of tion affected 97 of 98.  ews, resident interviews, and acility failed to provide three is during a winter storm on the of ninety-eight residents.	F8	335				

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	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER	•	7(	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360			
(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 CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROVIDENCY)			(X5) COMPLETION DATE	
F 835	She explained for 1/1 on paper, but there we the scheduled staff di 1/16/22. She explain night shift who worked to 7:00 AM on 1/16/22. 7:00 AM staff who arrethe staff who stayed on Nursing Assistants (Not (med aides), and 2 nurbirector of Nursing habuilding, but they were poor road conditions. She said she talked we the facility at 7:00 AM assigned to work until nurse told her she had prepared to stay their stated the staff who we the NAs and 7:00 PM told her they were not and would not be contoned to Nurse #7 later in the it was just her and 2 Not She stated she starte team for them to come trying to come in, but the facility. She said the dietary staff at arc first shift cook was the cook had come in ear thought the second she pm. She stated Nurshad sandwiches for a explained at some time.	ne facility since August 2021. 6/22 they were fully staffed ere one or two call outs, and d not come in at 7:00 AM on ed a majority of the staff from d from 11:00 PM on 1/15/22 2 had stayed over to help the rived on 1/16/22. She said over included a majority of the IAs), the medication aides urses. She said she and the ed tried to come into the re unable to because of the from the inclement weather.	F	835				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAE	ILITATION CENTER		70	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD HOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 835	with the police, fire decalled the state (DHH received calls from he informed them they h Nursing Home Section also made aware the Management Coordin contact her and was a had received no calls she had been talking through the day and a were to come into the relief. She stated on to staff who had 4x4s to assist with transport Supply Coordinator (Sable to transport staff how they were able to she had tried to contabut the response she transport agencies we drivers on the road. Smobility service provide were no transport opt stated part of the chaknow the addresses of she could not arrange come to the facility ar have addresses for, li Administrator #2 state contacting the Davids Management Coordin assistance. Administ had not reviewed the Plan prior to the incle	gement was on site, along spartment, and they had S). She then stated she had a supervisors who had ad been contacted by the n Chief. She said she was Davidson County Emergency state had been trying to unable to, but she said she from him. She explained to Nurse #7 several times administrative and key staff facility to provide help and 1/16/22 she had reached out but none of them were able station, including the Central SSC). She said the SSC was on 1/17/22, and that was o get some staff in. She said not different transport services received the response the ere not going to put their She said she had even tried a der through an app and there ions at the time. She further thenge was that she did not of many staff members so a transportation for them to ad for some which she did ved outside of the county.	F	835			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	I	(X3) DATE SURVEY COMPLETED		
		345144	B. WING			C <b>02/24/2022</b>		
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 835	helpful for the situati with corporate, her situati with corporate, her situati with corporate, her situation and let him know the AM to 3:00 PM) and shifts. She said she to pick people up, be complex and she saithe facility between explained she did not one medication aidestaff scheduled than A phone interview with 1:14 PM with the En Coordinator of David stated the facility did plan regarding the situation while he had receive facilities in the area, important for the add in Davidson County other. He explained meet and discuss ento try work with a fact residents receive the need in an emergen prevent a situation line During an interview Supply Coordinator he stated he had no about coming into the stated he ha	ion. Regarding communication supervisor, Assistant Regional ninistrator #3, she stated she ere were call outs of first (7:00 second (3:00 PM- 11:00 PM) had a plan with a 4x4 vehicle at she could not get out of her id staff were trying to get to 6:00 AM and 7:00 AM. She of choose to have one nurse, and one NA, there were more	F 83					

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345144 B. WING 02/24/2	/2022
NAME OF PROVIDER OR SUPPLIER  PINE RIDGE HEALTH AND REHABILITATION CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  706 PINEYWOOD ROAD  THOMASVILLE, NC 27360	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CORRE	(X5) COMPLETION DATE
F 835  Continued From page 143 received a call, he would have come to the facility to have helped or even stayed overnight if need be. He further during the week prior to the storm, Administrator #2 had not discussed with anything about coming into the facility in case it stormed or transporting staff members to the facility in the event there was inclement weather over the weekend.  During an interview conducted on 1/20/22 at 12:26 PM with the Payroll Bookkeeper she stated as far as she was aware Administrator #2 had not reviewed anything with staff regarding disaster preparedness since she had started in August. She stated if seemed unusual to have not have anyone discuss inclement weather preparations and about her and other staff coming into help out prior to the storm. She said she was very surprised to have heard what happened when she returned to work and would have been willing to try to come in and help and felt guilty about not knowing the residents needed help.  Interviews were conducted from 1/17/22 through 2/2/22 with several members of the nursing home administration team and key staff members including the two social workers, central supply coordinator, medical records director, and the Assistant Director of Nursing (ADON). The interviews revealed the staff members found the situation to be odd in that there was a pending potential winter storm and there had been little or no preparation for them to come in and help at the facility. The staff members records the form the facility for not	

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		345144	B. WING			l	C // <b>24/2022</b>
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		706 PINEYW	DRESS, CITY, STATE, ZIP CODE NOOD ROAD VILLE, NC 27360	, ,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 835	in at the facility and free could have come into residents were not refurthermore, the interviewed manager du (MOD) for the weekend manager du (MOD) for the weekend a department head or into the facility on were presence of an admir Interviews with conductivities with several madministration team a including the two soci coordinator, medical Assistant Director of interviews it was discorrabsences in several vacancy positions inconsistant, dietary manactivities director, state coordinator, and the rewas also discovered Coordinator position of fill in corporate employ the facility during the weekends.  During an interview of PM with the Administ Assistant Regional Vireviewed the upcomir weather with Administ was at the facility. He preparations for incle transportation, getting	help but were unaware the ceiving the care they needed. The ceiving the ceiv	F	335			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345144	B. WING _			C <b>02/24/2022</b>		
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	,	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO		(X5) COMPLETION DATE		
F 835	issues communicate and require further in explained his expect being the administration such as the sleep pure hourly wage to empand sleep rather that provision people are shift, telephone number corporate staff are puther event of inclementing has been supplied reach areas of the fithe administrator, but anything which the service provision to Administrator #2, which was suspended on the current administrator #3 was Jeopardy (IJ) on 1/2. The facility shared to immediate jeopardy. Recipients who have a serious adverse on non-compliance on 1/16/22 at 8:09 a resident, local law facility for a wellness that there was 1 LP site and there were need of care and set the facility was non-compliance.	ed to him which were to arise intervention. He further tations in the current role of ator were to instill programs ay benefit which pays an loyees who stay at the building an returning home, assure to ive to work on time for their abers for key administrative and posted, provide transportation in ent weather, a supervisor key ited which contains keys to acility such as the kitchen, as a con-site when needed, and staff would need regarding the residents. He stated no was in place from August, 1/17/22 and he was acting as rator.  Is made aware of Immediate 1/22 at 12:31 PM.	F 8	35				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		345144	B. WING				C <b>24/2022</b>
	ROVIDER OR SUPPLIER  BE HEALTH AND REHAB	ILITATION CENTER		70	TREET ADDRESS, CITY, STATE, ZIP CODE 06 PINEYWOOD ROAD HOMASVILLE, NC 27360	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 835	with facility staff and of problem to her supers. President (ARVP). To communicate to facility prepared to travel to the inclement weather shortage in every Department of the inclement serious adverse outcoment of the inclement of t	less plan, ensure key all were in place, communicate did not communicate a visor, Assistant Regional Vice he Administrator failed to be he facility during or prior to resulting in a staffing partment at the Facility. In the process or system where a serious adverse outcome from the Administrator informed all Vice President (ARVP) that resonnel were at the facility. My the ARVP updated the lent (DVP) and the DVP that and Performance conference call with corporate erassignments of duties upon The AVRP and Corporate erassignments of duties upon The AVRP and address the mpacting residents. The facility approximately 11:30 dications and direct care. At held with the Administrator it staff to implement	F	835			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G		DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		VE12-4/2022
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 835	services were delive 8:02 AM, the Mobile arrived in the kitcher provided breakfast a At 10:47 AM, the Co arrived in the facility At 10:50 AM, the Divat the facility and as passing out meal tra At 11:00 AM, Corpor personnel arrived at securing staff on the staffing for 1/17/22, staffing meetings to shifts going forward. At 11:10 AM, the Rearrived at the facility At 11:30 AM, the sugarrived to assist with noon, the assigned fassist with direct resadditional RN consudirect resident care. At 1/17/22 at 2:30 Pin the facility providir 1/17/22, all residents staff for acute changin condition were noworker talked with 10 residents to provide On 1/17/22 at approximate as the Govern Acting as the Govern	red to all residents Certified Dietary Manager n, and the dietary department s scheduled. rporate Clinical Director and provided direct care. visional Vice President arrived sisted in securing staff, ys. rate Employee Experience the facility, to assist with schedule. After securing the facility implemented review sufficient staffing for  gional RN MDS Consultant to provide direct resident care. reporting RN facility consultant direct resident care. At 12:00 RN facility consultant arrived to ident care. At 1:00 PM, an Itant arrived to assist with  M sufficient facility staff were ag care for the residents. On s were assessed by clinical e of condition and no change ted. On 1/17/22, the social 20% of alert and oriented psycho-social support. ximately 5:30 PM, the ARVP inistrator for failure to gency Preparedness Plan. hing Body, the ARVP assigned an Administrator during the	F 83	35		

AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	COMPLETED
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	OVIDER OR SUPPLIER E HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	
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F 837 SS=L	ARVP is committed administered in a m resources effectivel maintain regulatory the ARVP hires a quato assume this resp Date of alleged Imm 1/18/22  The facility's credibly validated through an included record reviwith administrative acorporate staff. Datas 1/18/22.  Governing Body CFR(s): 483.70(d)(1) The facility of the stablishing and implementation of the management are \$483.70(d)(2) The gadministrator who is (i) Licensed by the stablishing and implementation of the stablishing and implementation. The stablishing are stablished by the stablishing and implementation of the stablishing and implementation of the stablishing and implementation. The stablishing are stablished by the stablishing and implementation of the stablishing and implementa	ble allegation of compliance, to ensuring the facility is anner that enables it to use its y and efficiently to attain or compliance, until such time ualified, licensed Administrator onsibility.  The endiate Jeopardy removal:  The endiate Jeopardy	F 835		3/22/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING			l	24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		70	REET ADDRESS, CITY, STATE, ZIP CODE 6 PINEYWOOD ROAD HOMASVILLE, NC 27360		
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F 837	corporate, and facility Governing Body (GB) Care)) which manage Rehabilitation Center review, and prepare A facility emergency prepared to manage a facility in during inclement weat failed to instruct Admisituations which may emergency situations communicate with coreporting to her Assis (Administrator #3). Timpacted all residents state of emergency in The failure of the GB Administrator #2 the Preparedness Plan a resulted in a severe seresulted in one Licens and two Nursing Assi 98 residents at the fail/16/22.  On 1/16/22 at 8:09 Plat the facility for a we 911 call from a reside called and complaine members for a long prodispatch attempted to went unanswered. Then contacted the cit Emergency Medical St.	dical Services (EMS), police, a staff interviews, the (Principle LTC (Long Term es Pine Ridge Health and of Thomasville, failed to Administrator #2 regarding the eparedness plan, how to preparedness plan, and how in the midst of a staffing crisis of ther. Furthermore, the GB inistrator #2 to report urgent arise in the event of an experiment of the result of the failure is during a governor declared avolving inclement weather.	F	837	this Plan of Correction to the extent that the summary of findings is factually cor and in order to maintain compliance with applicable rules and provisions of qualicare of residents and to meet requirem established by state and federal law. The Plan of Correction is submitted as a windlegation of compliance.  Pine Ridge Health and Rehabilitation Center seresponse to this Statement of Deficiencies and Pine Ridge Health and Rehabilitation Center searlier submittion center and admission that any deficiency is accurate or that any indivirual network search sear	rect th ty of ents he itten  f d ed dy ith it dual me. t to mal ive shed at ity,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	0.0	15: *******		STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	124/2022
					706 PINEYWOOD ROAD		
PINE RIDO	SE HEALTH AND REHAB	SILITATION CENTER		1	THOMASVILLE, NC 27360		
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F 837	Continued From page	∍ 150	F 8	837			
	Administrator #2 abou				implementing shelter-in-place, protoco		
		nd reporting urgent situations,			staff calling for additional support from		
		cy Preparedness Director took			facility staff, agency staff, and the		
	over operations of the	_			corporate support team. Immediate		
		combination of skilled			actions were taken to ensure residents		
		care, assess, assist with an			received the goods and services need	ed	
	-	her services for the residents			during an urgent situation arising from		
of the facility.					inclement weather.		
	Immodiato Joonardy	began on 1/16/22 when the			Administrator # 2 was suspended on 1/17/22.		
		ort and communicate to			Acting as the Governing Body, the AR'	V/P	
	Administrator #2 abou				assigned himself as the Interim	VI	
		nd reporting urgent situations			Administrator during the investigation.		
		istrator ' s failure to plan,			On 1/22/22 the ARVP was trained by the	he	
		for inclement weather			Corporate Clinical Director acting as the		
		ortunity for the GB to prepare			Governing Body on the emergency		
		istrator #2 began on 1/13/22,			preparedness process, the responsibil	ities	
		r inclement weather was			for managing the facility and the proce		
	announced by the Go	overnor of the State of North			for reporting to the Governing Body an	d	
	Carolina through his	enactment of a state of			being accountable to the Governing Bo	ody.	
	emergency for the en	tire state related to the			How the facility identified other resider	ıts	
	predicted winter storn				having the potential to be affected by t	he	
	_	ice President (Administrator			same deficient practice:		
		on 1/14/22 and had met with			As set forth above, a corrective action		
	Administrator #2 but h				was put in place and implemented for	all	
		Iness Plan. The immediate			residents.		
		ed on 1/18/22 when the facility			Measures put into place or systemic		
		ble credible allegation of			changes made to ensure that the defic	ient	
		removal. The facility will			practice will not recur:		
		ance at a scope and severity harm with the potential for			Starting 2/15/22 the ARVP has employ new Interim Administrator. On 2/15/22		
	`	arm that is not immediate			Interim Administrator was educated by		
		ity to complete staff training			Assistant Regional Vice President, ac		
		ring systems put into place			as the Governing Body regarding how	-	
		resident of the facility was			when to enact the emergency	and	
	· ·				preparedness plan, how and when to u	ıtilize	
	placed at risk of severe harm.				resources to provide care for residents		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L ADENTIFICATION NUMBER		E CONSTRUCTION	l' '	(X3) DATE SURVEY COMPLETED	
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		345144	B. WING		•	/24/2022	
	ROVIDER OR SUPPLIER GE HEALTH AND REHAL	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	Ξ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 837	Continued From page	e 151	F 83	37			
	Findings included:  Cross Refer to E000 Based on North Carc press releases, emai record review, reside staff, Emergency Me and facility staff inter enact the facility eme which impacted all re declared state of eme weather. The result resulted in one Licen and two Nursing Ass			during inclement weather, how communicate the urgency and impact of pending inclement wadministrative staff, how and woommunicate a potential crisis all staff, and how and when to communicate low staffing situated ARVP. The Interim Administratrained by Assistant Regional President on, the responsibility managing the facility and the preporting to the Governing Boaccountable to the Governing.  The ARVP now provides oversinterim Administrator to ensure	d potential weather to all when to s situation to ation to the tor was also Vice ties for process for dy and being Body. sight to the e responsible		
	she stated the Assist (Administrator #3) and on 1/17/22. She exp Regional Support Perfacility or on their was facility operations, resulting the An interview was corrupted and the Assistant (Administrator at the Regarding communication of the Assistant (Administrator #3), slight known there were call PM) and second (3:00 During the interview accommunicated to her	AM an interview was vivisional Vice President, and ant Regional Vice President rived at the facility at 1:00 AM lained she and several other resonnel were either at the y to the facility to assist sident care, and staffing.  Adducted with Administrator #2  M. She stated she had been the facility since August 2021. Cation with corporate, her Regional Vice President the stated she had let him outs for first (7:00 AM to 3:00 0 PM- 11:00 PM) shifts. She did not state she had to Administrator #3 the staffing, that the dietary staff		management and operation of The ARVP and Interim Admini making rounds, meeting with a family members, and continuing Emergency Preparedness Platementation, including more weather forecasts, staffing professes, and quality of resident On 2/28/22 the Interim Adminicontacted the Quality Improve Organization to discuss the placorrection and for further record to the action plans.  How the facility plan to monitor performance to make sure the are sustained:  Beginning on 3/22/22, the ARY Corporate support staff will condiministration monitoring tool weeks to document reviews or Corrections, including the more	strator are residents and ng with the in nitoring ojection care. strator ment an of mmendations or its at solutions VP or mplete an weekly for 8 f the Plan of		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	345144	B. WING			02/	24/2022
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE RIDGE HEALTH AND REHAE	BILITATION CENTER			06 PINEYWOOD ROAD		
			T	HOMASVILLE, NC 27360		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 837 Continued From page	e 152	F	837			
was leaving early, an prepared bagged lund scheduled menu meareceived a call from Nof the police, Emerge the fire department, a management services between 9:00 and 10 it was after that she readministrator #3, Ass President (Administrator #3 about facility which was a reweather. She said Admake it to the facility it to the facility it to the facility.  Review of the police petween Administrator #3 and from Administrator #3 and 26 minutes.  An interview was conwith the Assistant Register (Administrator #3). Hadministrator for the finad been suspended	d the dietary staff had ches to take the place of the als. She explained she surse #7 about the presence ency Medical Service (EMS), and the county emergency is at the facility at some time :00 PM on 1/16/22. She said eccived a call from sistant Regional Vice ator #3) who informed her he the Nursing Home Section erisis at the facility. During is unable to provide information that not notified her tut the staffing crisis at the esult of the inclement diministrator #3 was able to before she was able to make as tating, "OK. Hang in there. It was a surface of the two of them was a surface of the two of them was a surface of the two of them was a ducted on 1/18/22 at 2:30 PM.	F.	837	and ensure the facility is compliant for E001, F550, F584, F600, F580, F835, F684, F677, F689, F725, F802, and F8 Revision swill be made to the plans to include increasing frequency of monito for all identified areas of concern. The Administrator and/or Director of Nursin will be retrained by the ARVP or Corpo Support staff for any identified areas of concern.  The ARVP or Corporate support staff we ensure the Administrator forwards the atools to the Quality Assurance Committ. The facility squality Assurance Performance Improvement (QAPI) committee will review the Administratio monitoring tools monthly x 2 months to identify trends and to determine need for further frequency of monitoring. Upon hiring of a new Administrator, the QAPI committee will review the training documents to ensure that the new Administrator understands responsibility related to management of the facility at how to report to the Governing Body.	g rate iill audit tee.  n or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONS		(X3) DATE SURVEY COMPLETED	
		345144	B. WING				24/2022
	ROVIDER OR SUPPLIER  GE HEALTH AND REHAE	BILITATION CENTER		706 PIN	ADDRESS, CITY, STATE, ZIP CODE EYWOOD ROAD ASVILLE, NC 27360		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 837	Administrator #2 thro PM on 1/16/22 about Emergency Medical Scounty Emergency M however, Administrat come all of the people not discuss the texts with her in the mornir information from the I and the Director of Spcorporate office about levels at the facility. Administrator #2 after situation, and he had get to the facility throughle to make it to table to get to the faciliand Administrator #2 AM. He said to his known and bring them to the how people would had the facility did not have for inclement weather Director may have had been his personal velocation. He said he #2 in the morning on were dealing with the sure everything was a power outages. He for the facility on Friday and Administrator #2 regainclement weather, so	the had not heard from ugh the day until around 9:20 the presence of the police, Services (EMS), firefighters, anagement Services, or #2 had not explained how e were in the building. He did the text exchange he had ng. He said he received Nursing Home Section Chief pecial Projects from his t concerns regarding staffing He said he had talked with r he was made aware of the suggested ways for her to ugh the night, but she was he facility. He said he was lity at 1:23 AM on 1/17/22 arrived at the facility at 8:20	F	337			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345144	B. WING			C <b>02/24/2022</b>
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		V2/2 1/2V22
(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 CORRE  (EACH CORRECTIVE ACTION SH  CROSS-REFERENCED TO THE API  DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 837	sleep at the facility be staff, Personal Protect the information was reverbally affirmed them not reviewed the Emithe said prior to suspinformed her it was he called him about the he could have assisted have avoided the criswas not just the Admicialled him, he explain the nurse, could have corporate support perprovided assistance. A Video conference of 1:00 PM with the Preduction of PM with the Preduction of PM with the staffing situation. The staffing situation in the staffing situation. The staffing a Video conference of 1/21/22 at 1:00 PM with the lareviewed the Emerger During an interview of PM with the Administration of PM with the Administration and interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing an interview of PM with the Administration of the staffing and	e staff are paid when they etween shifts), transport for ctive Equipment (PPE), all of eviewed verbally, and she the was a plan in place, but had ergency Preparedness Plan. Hending Administrator #2 he is expectation for her to have situation. He said he told her end in utilizing resources to sis situation. He also stated it inistrator who could have need the Director of Nursing, the reached out to him, or other resonnel who could have during the situation.  Was conducted on 1/21/22 at sident of Principle LTC. He the president stated it was diministrator #2 not to have for (Administrator #3) regarding. She further stated there was after #2 did not call someone.  For every every every experience was conducted on with the Assistant Regional inistrator #3) he stated it was lest time Administrator #2 had ency Preparedness Plan.	F 83			
	•	ice President he had ng forecasted inclement strator #2 on 1/14/22 while he				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345144	B. WING _			C <b>02/24/2022</b>	
	ROVIDER OR SUPPLIER  GE HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	- '	VEI E-1 E-VEE	
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 837	preparations for incl transportation, gettil having the building sissues communicate and require further i explained his expect being the administra such as the sleep per hourly wage to emp and sleep rather that provision people arr shift, telephone num corporate staff are per the event of inclement ring has been supple reach areas of the fet the administrator, be-	He stated they had discussed ement weather such as any to work, being a leader and staffed, and asked to have any ed to him which were to arise entervention. He further tations in the current role of ator were to instill programs any benefit which pays an aloyees who stay at the building an returning home, assure to ive to work on time for their abers for key administrative and costed, provide transportation in ent weather, a supervisor key ited which contains keys to acility such as the kitchen, as a con-site when needed, and staff would need regarding	F 8.	37			
	Jeopardy (IJ) on 1/2 The facility shared to fimmediate jeopare Recipients who have a serious adverse on non-compliance In August 2021, with president, the previous administrationing on the facility Preparedness Plan.	the following credible allegation dy removal.  The suffered or are likely to suffer, sutcome as a result of the suffered or a result of the succession of th					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345144	B. WING _				24/2022
NAME OF PROVIDER OR SUPPLIER  PINE RIDGE HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COL 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	ΣE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA	HOULD BE COMPLETION	
F 837	updated the emerger facility on 5/4/2021. overlapped with new transition period from This mobile administ history of understand based on her years of While the assistant redid not go through the Prepared Plan with the ARVP and the hearing the ARVP and the hearing the ARVP and the hearing the facility which the Administration of the necessary action occurred in advance and in response to the state of emergency. administrator did not Preparedness Plan, procedures that had On 1/12/22, the corp communication to the reminding the facility emergency supply of On 1/13/22, an emait the Vice President of to the facility administration.	ence. The Mobile eviewed, prepared, and ancy preparedness plan for this. The outgoing administrator administrator during the a 8/9/2021 until 8/18/2021. The outgoing administrator administrator during the an 8/9/2021 until 8/18/2021. The outgoing and procedures of experience. The procedures of experience and procedures of experience. The hard copy of the Emergency the Administrator, on 1/14/22 arman resources consultant the administrator, the resease to be put in place in the acy, including ensuring and meeting resident 's needs ion and other services in a tor verbalized understanding ions to be taken. The review of the 1/16/22 winter storm the Governor's declaration of a Despite this review, the implement the Emergency or the processes and been discussed on 1/14/22. The orate dietician sent out a see Administrator at the facility to have a three-day food and water. I communication was sent by a foperations Support Services strator instructing her to	F	337			
	weekend. This commemergency contact r	inclement weather over the munication included numbers and instructions to use those numbers in case of					

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		345144	B. WING			C <b>02/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  PINE RIDGE HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 706 PINEYWOOD ROAD THOMASVILLE, NC 27360		
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F 837	emergency. On 1/1 to the facility admini Officer notifying the weather guidance for anticipation for the von 1/16/22, the facility adminion of the von 1/16/22, the facility at the consure the building weather staffing and preparedness plan. Emergency Manage took over the building shift.  As set forth in the infindings, all resident serious adverse out non-compliance.  Actions taken to alter failure to prevent a soccurring or recurring on 1/16/22 at 9:52 for the Governing Bo President (DVP). To call with corporate staff put in Preparedness Plan address sheltering to facility. The corporate and transportation to the facility staff provided of the resident while inclement weather.	A/22 another e-mail was sent strator by the Chief Operating administrator of inclement or review with all staff in weekend of 1/15/22 - 1/16/22. It was non-compliant with Governing Body 's failure to was prepared for inclement I enact the emergency As a result, State and County ment and Law Enforcement Ing on 1/16/22, 3 PM - 11 PM  Inmediate jeopardy preliminary is were likely to suffer a come based on the	F 83	37		
	facility and assumed	3 AM, the ARVP arrived at the I charge of the facility.  ximately 5:30 PM, the ARVP				

A. BUILDING  A. BUILDING  B. WING  NAME OF PROVIDER OR SUPPLIER  PINE RIDGE HEALTH AND REHABILITATION CENTER  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  706 PINEYWOOD ROAD  THOMASVILLE, NC 27360		C 2/24/2022
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  706 PINEYWOOD ROAD		2/24/2022
PINE RIDGE HEALTH AND REHABILITATION CENTER		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 837  Continued From page 158 suspended the Administrator for failure to implement the Emergency Preparedness Plan. The ARVP's experience and knowledge of the Emergency Preparedness plan implementation was that the facility administrator had been trained and emergency preparedness for the upcoming winter storm was in place.  Acting as the Governing Body, the ARVP assigned himself as the Interim Administrator during the investigation. The DVP continues to provide oversight to interim Administrator to ensure responsible management and operation of the facility. The ARVP is involved and overseeing the operations by being on-site from approximately 1:23 AM 1/17/22 through 1/25/22. The DVP is on-site 1/17/22 through 1/25/22. The ARVP and DVP are making rounds, meeting with residents and family members, and continuing with the Emergency Preparedness Plan implementation, including monitoring weather forecasts, and staffing projection levels.  Date of alleged removal of Immediate Jeopardy: 1/18/2022  The facility's credible allegation of compliance was validated through an on-site review process which included record review, observations, interviews with Administrator #3 (Assistant Regional Vice President) and the Corporate Clinical Director. Date of IJ removal was validated as 1/18/22.		