PRINTED: 10/22/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345384	B. WING		C 09/20/2024
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-FARMVILLE			1	STREET ADDRESS, CITY, STATE, ZIP CODE 4351 SOUTH MAIN STREET FARMVILLE, NC 27828	, 00.20.20
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMENTS		F 00	00	
F 602 SS=D	conduct a complaint 9/20/24. Additional ir 9/20/24. Therefore, 9/20/24. (Event P9XX) was investigation: NOT The one allegation refree from Misapprop CFR(s): 483.12 §483.12 The resident has the neglect, misappropria and exploitation as deincludes but is not limicorporal punishment, any physical or chemitreat the resident's misappropriation of the resident of misappropriation. Aide # 1 had a history	right to be free from abuse, stion of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and ical restraint not required to	F 60	Corrective Action for the Resider Affected On 08/21/2024 Administrator ask resident #1 if she would allow pe banking items to be stored and lo	ked rsonal
	the facility, Nurse Aid money after telling Re pay her (NA #1's) per reimbursed Resident would happen when a money. Nurse Aide # debit card number to	e # 1 took Resident # 1's esident # 1 she could not sonal bills and never # 1 as the resident thought giving Nurse Aide # 1 £ 1 also stole the resident's pay a utility bill. This was for one resident reviewed for		in Administrators office. Resident agreed, the check books and bar were securely placed in the Adm office. Administrator suspended I for suspected misappropriation, I PD was called and began the investigation. On 09/19/2024 the was made whole again and the fowere deposited into her account.	t #1 hk card inistrators Partner Farmville resident unds
ARORATORY	DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATUR	F	TITLE	(X6) DATE

Electronically Signed 09/26/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
THE PERMIT OF CONTROL		IBERTIN IO/KITON NOMBERS	A. BUILDING				
		345384	B. WING			C 9/20/2024	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	•	0/20/2024	
				4351 SOUTH MAIN STREET			
PRUITTHE	EALTH-FARMVILLE			FARMVILLE, NC 27828			
				TARWINELE, NC 27020			
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F 602	Continued From pag	e 1	F 60	2			
		led Resident # 1 was		Action for the other Residents	Potentially		
		y on 12/23/23 with diagnoses		Affected	Totoritially		
		d a history of stroke and		7 11100104			
	rheumatoid arthritis.	a a metery or otrone and		On 08/26/2024, the Social Wo	rker		
				interviewed residents with a B			
	Review of Resident	# 1's readmission Minimum		higher regarding misappropria			
	Data Set assessmen	it, dated 7/30/24, revealed		social worker had no additiona			
	the resident was cog			Residents that had a BIMS be	•		
		•		not interviewed due to the inal	oility to		
	The resident was into	erviewed on 9/19/24 at 11:58		manage funds due to cognitive	e .		
	AM and reported the	following information. She		impairment.			
	had kept her persona	al banking debit card in her					
	-	thing" that she kept on her		Systemic Changes			
		unattended in her room.					
		On 08/26/24, the Regional Nu					
	I -	ay an electric bill. She did not		Consultant discussed with the			
	recall the exact amou			Administrator and Director of I	-		
		t it was around "200 and		plan of correction and action p	•		
		She thought this was about		misappropriation. The Social \			
	_	fore the issue with the also noticed a charge for a		complete 4 random resident ir with a BIMS of 13 or higher. T			
		e bill about 3 or 4 months		administrator will complete 4 r			
	· ·	said anything about those.		partners interviews about	andom		
		at she had "helped out"		misappropriation, neglect, and	Lahuse		
	-	1) while she (Resident # 1)		imoappropriation, negroes, and	abacc.		
		the facility by giving the NA #		On 08/28/2024 The Nursing m	nanagement		
		# 1 reported, "She (NA #1)		team completed an Inservice			
	-	and there was something		on misappropriation, neglect a			
		" She (Resident # 1) had		Staff not educated by 8/28/24	will be		
	heard NA # 1 say sh	e could not pay her bills and		educated prior to their next sc	heduled		
		lunteered to help her with the		shift. All new staff will be in se	rviced on		
		IA # 1 would pay her back.		hire about abuse, neglect, and	I		
		nt # 1, NA # 1 never paid her		misappropriation.			
		e thought it was about		On 08/28/2024 NA #1 was ter	minated.		
	\$221.00 in checks sh	ne had written to NA # 1.					
				In addition, the facility will con			
		as interviewed on 9/19/24 at		review all new hires backgrou			
		M and reported the following		registry/ licensees□ verificatio			
	⊢inīormation. Residen	t # 1 had checked her bank	1	review of partner handbook, p	er facility	1	

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER.		ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
							С	
		345384	B. WING			09/	20/2024	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DDIUTTU	- A T - A DAA\/ -			43	351 SOUTH MAIN STREET			
PRUITIH	EALTH-FARMVILLE			F	ARMVILLE, NC 27828			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 602	Continued From page	e 2	F	602				
		und midnight on 8/21/24 and			policy. All partners have annual in-serv	/ice		
	mentioned to the nigh				training though Relias for abuse, negle			
	account balance see				and misappropriation.			
		allege that anyone had						
		entioned she suspected			The Administrator will review any new			
		e money. She had also			policies and old policies relating to abu	ıse		
	never reported she w	as giving NA # 1 money			and misappropriation during monthly s	taff		
	prior to that date. The	e night shift nurse had			meetings and discuss them during the			
		1's concern to the DON			monthly resident council meetings as			
	(Director of Nursing)			invited.				
	morning (8/21/24). Th			The Administrator will interview 4 rand	om			
	Resident # 1, and the			partners about misappropriation. The				
	see if he had made s	•			Social Worker will interview 4 residents			
		ot done so. The Administrator			month with a Bims of 13 or higher abo	ut		
	,	ne resident call the bank and help explain the charges.			misappropriation. These audits by the Administrator and Social Worker began	n		
		bank, they were told that			on 09/13/2024. The Administrator and	11		
		to pay a utility bill, and the			Social Worker will complete interviews			
		as "pending" at the time.			monthly times 3 months, or until			
		aud claim at that time in			compliance is sustained, utilizing the			
		dent get the money returned,			Quality Assurance Monitoring Tools for	-		
		op on her debit card. The			preventing Misappropriation.			
	1	d filed a report of theft. The						
	Administrator asked t	the resident if she could lock			Quality Assurance			
	· ·	or safety and review her						
	check book logs to se	•			The results of these audits will be			
		nappened. The resident gave			submitted to the Quality Assurance			
		eviewing the check book, she			Performance Improvement (QAPI)			
		und in the check book where			Committee by the Administrator and or	-		
	1	ole checks written to NA # 1			Social Worker and reviewed by the	ds.		
	•	he time of this finding, it was			Interdisciplinary Team members month	ııy		
		hift and she talked to NA # 1			or until three months of compliance is sustained. Quality monitoring schedule	<u> </u>		
		A # 1 historically had been a nad provided good resident			will be modified based on findings. Th			
		she (the Administrator) had			QAPI Committee to evaluate and mod			
		of doing anything wrong.			monitoring as needed.			
		IA # 1, NA # 1 reported to						
		r) that the resident would			Date of compliance: 09/21/2024			
		o go to the bank to cash for			•			

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		345384	B. WING			1	20/2024
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	20/2024
					351 SOUTH MAIN STREET		
PRUITTHE	ALTH-FARMVILLE				ARMVILLE, NC 27828		
	OLUMBA DV OT	TELEVIT OF DEFINITION			T		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E	(X5) COMPLETION
TAG	•	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA		DATE
					DEFICIENCY)		
F 602	Continued From page	e 3	F	602			
	Resident #1, and the	n she would give Resident#					
	1 the money. She (the	ne Administrator) informed					
	NA#1 that no one w	as ever to touch a resident's					
	personal money and	NA # 1 was sent home. The					
	Administrator then ta	lked again to Resident # 1					
	and asked about the						
	reported to the Administrator that she had felt						
	sorry for NA # 1, and she had given her money.						
	That was the reason for the checks. After she						
	(the Administrator) confirmed with Resident # 1						
	that the checks were not being cashed for her						
	use, she (the Administrator) tried to call NA # 1						
		er. She told the DON to get					
		and have NA # 1 call her.					
		the Administrator back, the					
		IA #1 called showed up on ell phone log as belonging to					
	someone else. The p						
		om Non-employee # 1. At					
	_	d not mean anything to the					
		se she had not been able to					
		s on the fraudulent utility					
		of the phone call. When the					
	_	to NA # 1, she informed her					
	she was suspended.	While conducting the					
	investigation further i	n the next few days, she (the					
	Administrator) was al	ole to get in touch with the					
	utility company which	had made the unauthorized					
		t 1's debit card. It was for the					
		he utility company told her					
	, ,	e name on the transaction,					
		on-employee # 1's name.					
	While compiling date						
		she (the Administrator)					
		vn phone log and at that					
		# 1 had used Non-employee					
	# 1's number to call a	•					
	Administrator) reporte	ed this new information to					

the police. She (the Administrator) had kept in

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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-FARMVILLE			4	TREET ADDRESS, CITY, STATE, ZIP CODE 351 SOUTH MAIN STREET ARMVILLE, NC 27828	1 09/20/2024	
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F 602	recently been inform was related to Non-# 1 was the daughte together. The police charges against NA further reported tha Administrator when had not been aware background before occurred. Accordin checks which had be several months, wit made on 8/11/24. Tourveyor some of the Resident # 1's check NA # 1's name on the further interviewed at that a water bill and at one time and whicher. The Administration seen any evidence times could become her knowledge the debit card in August made out to Nurse at that could be proved. A review of NA # 1's was registered as a agency registry with been employed at the review of NA # 1's ownich was currently NA # 1 had a history convictions includin conduct, food stample childcare subsidy for the substant of	eregarding the theft and had hed by the police that NA # 1 employee # 1. Non-employee er of NA # 1 and they resided were planning to take out # 1. The Administrator the she had not been the NA # 1 was hired, and she er of all her criminal the incident with Resident # 1 ground to the Administrator, the even written went back for the host recent one being the Administrator showed the erecheck stub copies in the hook log. The copies had them. The Administrator was about the resident's statement phone bill had been charged chinal gone unreported by tor reported she had never of that and the resident at the econfused about details. To electric bill charged to the ta 2024 and personal checks Aide # 1 were the only items	F 602			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345384	B. WING		C 09/20/2024
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-FARMVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 4351 SOUTH MAIN STREET FARMVILLE, NC 27828	1 03/20/2024
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 602	12:14 PM and report Resident # 1 would g bank and then she w the resident things. S resident's debit card, how Resident # 1's d fraudulently used. W anything about some Non-employee # 1 us to pay an electric bill not know anything at On 9/20/24 at 11:15 local police department there were warrants 1. It was confirmed the (whose name was or	red by phone on 9/19/24 at ed the following information. give her checks to go to the rould use the money to buy she did not ever use the and she knew nothing about ebit card had been hen asked if she knew rone by the name of sing Resident # 1's debit card NA # 1 responded she did rout that either. AM it was confirmed with the ent office's administrator that for the arrest of Nurse Aide # nat Non-employee # 1 in the fraudulent charge made bit card) was the daughter of	F 602		