| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345044 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/31/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SAINT JOSEPH OF THE PINES HEALTH CENTER | 103 GOSSMAN ROAD , PINEHURST, North Carolina, 28374 |

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| E0000 | Initial Comments<br><br>An unannounced recertification and complaint investigation survey was conducted on 07/28/25 through 07/31/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # ID1910-H1. | E0000 | | |
| F0000 | INITIAL COMMENTS<br><br>A recertification and complaint investigation survey was conducted from 07/28/25 through 07/31/25. Event ID # 1D1910-H1. The following intakes were investigated 885366, 885369, and 2576840. 10 of 10 complaint allegations did not result in deficiency. | F0000 | | |
| F0640<br>SS = B | Encoding/Transmitting Resident Assessments<br><br>CFR(s): 483.20(f)(1)-(4)<br><br>§483.20(f) Automated data processing requirement-<br><br>§483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:<br><br>(i) Admission assessment.<br><br>(ii) Annual assessment updates.<br><br>(iii) Significant change in status assessments.<br><br>(iv) Quarterly review assessments.<br><br>(v) A subset of items upon a resident's transfer, reentry, discharge, and death.<br><br>(vi) Background (face-sheet) information, if there is no admission assessment.<br><br>§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and | F0640 | | |

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 reverse for further 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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0640 SS = B | Continued from page 1<br>data dictionaries, and that passes standardized edits defined by CMS and the State.<br><br>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:<br><br>(i)Admission assessment.<br><br>(ii) Annual assessment.<br><br>(iii) Significant change in status assessment.<br><br>(iv) Significant correction of prior full assessment.<br><br>(v) Significant correction of prior quarterly assessment.<br><br>(vi) Quarterly review.<br><br>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.<br><br>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.<br><br>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review and staff interviews, the facility failed to transmit a discharge Minimum Data Set (MDS) assessment within the required time frame for 1 of 5 residents selected to be reviewed for submission of Resident Assessments within the required time frame (Resident #59).<br><br>The findings included:<br><br>Resident #59 was admitted to the facility on 3/21/25.<br><br>A review of Resident #59's most recent completed MDS was dated 5/7/25 and was coded as a discharge to home. The record indicated the assessment had been completed | F0640 | | |

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| F0640 SS = B | Continued from page 2<br>but not transmitted or accepted.<br><br>During an interview with MDS Nurse #1 on 7/30/25 at 3:20 PM, she indicated the discharge assessment was completed on 5/7/25 but had not been submitted. She felt it was an oversight.<br><br>On 7/31/25 at 8:21 AM, an interview occurred with the Director of Nursing who stated that she would expect all MDS assessments to be completed and submitted within the required timeframe. | F0640 | | |
| F0657 SS = A | Care Plan Timing and Revision<br><br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br><br>§483.21(b)(2) A comprehensive care plan must be-<br><br>(i) Developed within 7 days after completion of the comprehensive assessment.<br><br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br><br>(A) The attending physician.<br><br>(B) A registered nurse with responsibility for the resident.<br><br>(C) A nurse aide with responsibility for the resident.<br><br>(D) A member of food and nutrition services staff.<br><br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br><br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br><br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br><br>This REQUIREMENT is NOT MET as evidenced by: | F0657 | | |

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| F0657 SS = A | Continued from page 3<br>Based on record review and staff interviews, the facility failed to revise the care plan in the area of pressure ulcers for 1 of 16 care plans reviewed (Resident #8).<br><br>The findings included:<br><br>Resident #8 was admitted to the facility on 5/1/25 with diagnoses that included lymphedema and dependent on renal dialysis.<br><br>A review of Resident #8's medical record revealed new open areas were identified to her buttocks during personal care on 5/4/25. She received daily wound care and was seen by the Wound Care Physician weekly for management of the wounds. Resident #8's medical record indicated that her pressure ulcers to the buttocks resolved on 5/29/25.<br><br>A quarterly Minimum Data Set (MDS) assessment dated 7/14/25, indicated Resident #8 was cognitively intact and had no pressure ulcers or other skin impairments.<br><br>A review of Resident #8's active care plan, last reviewed 7/25/25, included a problem area for development of a stage 2 and stage 3 pressure ulcer and was at risk for further skin breakdown. The goals included: skin breakdown: open wounds will show evidence of healing within the limits of the resident's disease process.<br><br>On 7/30/25 at 1:48 PM, an interview occurred with Nurse #1, who was assigned to care for Resident #8. She confirmed Resident #8 did not have any current pressure ulcers.<br><br>An interview was conducted with MDS Nurse #2 on 7/30/25 at 3:20 PM. She reviewed Resident #8's medical record and most recent MDS assessment from 7/14/25 and confirmed that Resident #8 no longer had any pressure ulcers. She added that this should have been resolved from her active care plan when the care plan was reviewed on 7/25/25.<br><br>The Director of Nursing was interviewed on 7/31/25 at 8:21 AM, and indicated it was her expectation for the care plan to be an accurate representation of the | F0657 | | |

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| F0657 SS = A | Continued from page 4<br>resident, when updated by the MDS Nurse. | F0657 | | |
| F0694 SS = D | Parenteral/IV Fluids<br><br>CFR(s): 483.25(h)<br><br>§ 483.25(h) Parenteral Fluids.<br><br>Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, record review, Nurse Practitioners and staff interviews, the facility failed to change the dressing to Resident #76's Peripherally Inserted Central Catheter (PICC) line. This occurred for 1 of 1 resident (Resident #76) reviewed for intravenous (IV) antibiotic therapy.<br><br>The findings included:<br><br>Resident #76 was admitted to the facility on 7/7/25 with diagnoses that included osteomyelitis (infection of the bone) and methicillin-resistant Staphylococcus aureus (MRSA).<br><br>The 5-day Minimum Data Set (MDS) assessment dated 7/14/25 revealed Resident #76 was cognitively intact and was coded with IV access and antibiotics.<br><br>Review of the active nurse practitioner orders dated 7/8/25 revealed orders to change the PICC dressing every seven days and as needed using sterile technique.<br><br>On 7/28/25 at 2:35 PM an observation of Resident #76's PICC line, in the left upper arm, revealed a transparent dressing with rolled edges covering the insertion site dated 7/2/25. There was no redness, drainage, or signs of infection at the entry site. The resident denied itching or discomfort.<br><br>Review of the treatment administration record (TAR) revealed an incomplete order entry on 7/8/25 under the heading "PICC dressing change every seven days." The TAR did not have staff initials, or a scheduled | F0694 | | |

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| F0694 SS = D | Continued from page 5<br>timeframe available, for staff to document a dressing change had been completed.<br><br>The Clinical Coordinator was interviewed on 7/29/25 at 11:29 AM and stated the dressing should be changed every seven days for any resident with a PICC line, and that the floor nurse assigned to the resident was responsible for completing the change. She further stated the date on the PICC line dressing was correct for the last dressing change. The Clinical Coordinator then assessed the PICC line and confirmed it was dated 7/2/25. She stated Resident #76 was getting ready to leave for an appointment with the Infectious Disease clinic, but she would change his dressing upon return to the facility since she was serving as the unit's nurse that day.<br><br>On 7/29/25 at 12:27 PM the Director of Nursing (DON) was interviewed. She stated Resident #76 had an order to change his PICC line dressing every seven days, but it was not entered in the computer correctly. She stated due to the order not being entered correctly it did not show up on the TAR for the resident, so the nursing staff did not see an order to change the PICC line dressing. She confirmed the date on the PICC line dressing, 7/2/25, was correct for the last time the dressing was changed.<br><br>On 7/30/25 at 4:26 PM the Infectious Disease clinic Nurse Practitioner (NP #2) was interviewed by phone. She stated she saw Resident #76 in the clinic on 7/29/25 and noted his PICC line dressing had not been changed since 7/2/25. She stated she assessed the site, and it did not appear to be infected, no redness, drainage, or pain at the site. She stated she had the clinic nurse change the PICC line dressing, called the facility, and requested they educate the staff on PICC line care. She further stated the clinic's PICC line dressing protocol for weekly dressing changes was sent with the resident at discharge from the hospital.<br><br>A follow-up interview with the DON on 7/30/25 at 9:03 AM was completed. She stated she had received a phone call from the Infectious Disease clinic on 7/29/25 and was informed Resident #76's PICC line dressing was changed during his appointment. She stated the clinic asked the facility to educate the staff regarding PICC line care. She further stated she had entered the order for the PICC line dressing changes in Resident #76's chart, and it was now showing on the TAR. The DON | F0694 | | |

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| F0694 SS = D | Continued from page 6<br>stated she and the Clinical Coordinator had reviewed the order entry completed by the Clinical Coordinator, and they were uncertain how the computer system had allowed the order to advance without being completed correctly.<br><br>Nurse Practitioner #1 was interviewed on 7/29/25 at 12:56 PM who stated Resident #76's PICC line dressing should be changed every seven days and as needed to prevent infection. She stated she had been regularly reviewing the resident's labs, and he had not shown any complications or signs of a new infection. She stated she had not been informed Resident #76's PICC line dressing had not been changed since 7/2/25. | F0694 | | |