

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>02/27/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Piedmont Hills Center for Nursing and Rehab</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 S Holden Road , Greensboro, North Carolina, 27407</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted from 02/23/26 through 02/27/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1E45CC-H1.	E0000		
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 02/23/26 to 02/27/26. Event ID #1E45CC-H1. The following intakes were investigated: 866019, 866024, 866028, 866029, 866031, 866038, 866040, 866043, 2574610, 2638954, 2663239, 2691384, 2696702, 2741045, 2741912 and 2744196.  8 of the 45 complaint allegations resulted in deficiency.	F0000		
F0584 SS = A	Safe/Clean/Comfortable/Homelike Environment  CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment.  The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide-  §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.  (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584		

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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F0584 SS = A	<p>Continued from page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and resident and staff interviews, the facility failed to maintain ceiling tiles in good repair in a resident's room and bathroom (Resident #78 and Resident #6). The deficient practice affected 1 of 10 rooms on 1 of 4 halls observed for environmental concerns.</p> <p>The findings included:</p> <p>An initial observation of Resident #78's and Resident #6's room and bathroom were conducted on 2/23/26 at 10:53 AM. The observation revealed a bathroom ceiling tile was missing above the toilet and left an open hole. There were also two ceiling tiles visibly stained brown in the bathroom around the missing tile that was above the toilet. Additionally, there was a missing ceiling tile above Resident #78's television, which exposed a small open area of the ceiling. Lastly, a ceiling tile located in the back right corner on Resident #6's side of the room was visibly stained brown. The tile was not missing but was dropped and curved outward exposing an open area of the ceiling.</p> <p>Review of Resident #78's quarterly Minimum Data Set dated 12/1/25 noted Resident #78 was cognitively</p>	F0584		

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F0584 SS = A	<p>Continued from page 2 intact.</p> <p>On 2/23/26 at 10:54 AM, during an interview with Resident #78, he could not remember how long the ceiling tiles had been missing or stained.</p> <p>A follow up observation on 2/25/26 at 11:08 AM showed the ceiling tiles in Resident #78's and Resident #6's room and bathroom remained unchanged.</p> <p>During an interview and observation of Resident #78's and Resident #6's room on 2/25/26 at 11:16 AM with the Maintenance Director, he stated that he was onsite only two days per week, but came in additional days, if needed. While in the room, the Maintenance Director stated he did not know how long the ceiling tiles were missing or damaged but said the brown stain on the ceiling tiles were related to water leakage. The Maintenance Director did not state when the water leakage occurred but confirmed he "forgot to replace" the tiles. The Maintenance Director was unable to provide any work orders requesting the repair of the ceiling tiles. He stated staff were expected to communicate repairs to him using the TELS system or they could call him directly.</p> <p>An interview was conducted with the Administrator on 2/27/26 at 1:55 PM to discuss the identified environmental concerns. When asked about the issues observed in Resident #78's and Resident #6's room and if she had been aware of them, the Administrator stated that a handwritten list of work orders had been created for follow up during the survey. She did not confirm whether she was aware of the issues prior to the survey. The Administrator reviewed the list and noted Resident #78's and Resident #6's room number was listed. She further explained that environmental or maintenance concerns were typically reported through the facility's "TELS" program, which notified the maintenance department of needed repairs. Staff may also call the Maintenance Director directly to report issues when necessary.</p>	F0584		