

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G295 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/09/2018 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PINEWOOD GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 | | |
| (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 | |
| W 340 | <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, nursing services failed to sufficiently train other members of the interdisciplinary team in appropriate protective and preventive health measures with regard to diet consistency for 1 of 3 sampled clients (#5) living in Pinewood home. The finding is:</p> <p>Observations on 11/8/18 at 4:35 PM revealed staff #1 to add thickener straight from the container to a nose cup (approximately 16 oz) eyeing the level in the bottom of the cup, then set the cup aside. Observation at 4:40 PM revealed the nose cup was taken to client #5's place at the dining table along with his dining items to include a regular cup (approx. 6 oz), plate and spoon. Further observation during the meal at 4:45 PM revealed staff #2 added thickener to the regular cup pouring straight from the container checking the level prior to adding water. Once the fluids were added to the nose cup and regular cup, the consistency appeared to be nectar thick and client #5 drank the fluids without any difficulty. Observation on 11/9/18 at 7:20 AM revealed staff #3 add thickener with the container scoop looking at the level in the nose cup. During breakfast the beverage appeared to be nectar thick and client #5 drank fluid without</p> | W 340 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 340 | <p>Continued From page 1 difficulty.</p> <p>Interviews on 11/9/18 at 7:00 AM with staff #1 indicated she pours thickener directly into the cup and checks the level prior to adding fluid. Further interviews with staff #2 indicated she pours thickener into the cup without measuring then checks level in cup and staff #3 uses scoop to add thickener to cup indicating directions on the container.</p> <p>Review on 11/8/18 of client #5's person centered plan (PCP) dated 10/9/18 revealed he is on a mechanical soft diet with nectar thick liquids.</p> <p>Interview on 11/9/18 with the facility nurse revealed staff have been trained to thicken client #5's liquids following the printed directions on the product container. Further interview with the facility nurse confirmed staff require additional training to consistently prepare client #5's diet consistency.</p> | W 340 | | | |