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

PRINTED: 11/14/2019 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	
		34G295	B. WING		11/	11/13/2019	
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	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 368	that all drugs are act the physician's order the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure to be chedred the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure to be chedred the pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure to be chedred the pressure was great the pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the pressure was great the pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM. Further review revealed parameter pressure was great the physician included orders for 8:00 AM and Lisino AM.	g administration must assure dministered in compliance with ers. s not met as evidenced by: tion, record review and m for drug administration drugs were administered in ysician's orders for 1 of 1 d during medication	W 36	58			
ABORATOR'	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE	

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

(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.

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

PRINTED: 11/14/2019 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	
		34G295	B. WING		11.	/13/2019	
NAME OF PROVIDER OR SUPPLIER PINEWOOD GROUP HOME				STREET ADDRESS, CITY, STATE, Z 2101 BEAUTY STREET STATESVILLE, NC 28625	<u>.</u>		
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	N SHOULD BE COMPLETION	
W 368	than 60. Interview with facilit indicated staff A sho call nurse prior to the medications because (less than 60). Nurnot contact the on crate as ordered. Furnursing staff reveals the low pulse as ordered advised staff to 50mg, one tablet ar	y nursing staff on 11/13/19 buld have contacted the on ne administration of se client #1's pulse was 59 sing staff confirmed staff did call nurse to notify of the pulse urther interview with the ed that if staff A had reported dered, nursing staff would to not administer Toprol XL and Lisinopril 10mg, one tablet. ailed to administer medications	W 3	668			