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

PRINTED: 11/14/2019 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER PINEWOOD GROUP HOME STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 PROVIDERS PLAN OF CORRECTION 1624 CHOOL ADMINISTRATION CFR(S). 4361 PREVIOUS STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 STREET ADDRESS. GITY. STATE. ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625 PROVIDERS PLAN OF CORRECTION 1624 CHOOL ADMINISTRATION CFR(S). 4361 PREVIOUS STATE. ZIP CODE 2101 PAPETY TAG STATESTILLE, NC 28625 W 368 The University of The APPROPRIATE STATESVILLE, NC 28625 The CIRCLE CORRECTION 1102 PREVIOUS STATE. ZIP CODE 2101 PAPETY TAG STATESTILLE, NC 28625 PROVIDERS PLAN OF CORRECTION 1102 PAPETY TAG STATESTILLE, NC 28625 PROVIDER SPLAN OF CORNECTION 1102 PAPETY TAG PROVIDER SPLAN OF CORNECTION 1102 PAPETY 1102 PAPETY 1102 PAPETY 1102 PAPETY 1102 PAPETY 1102	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
PINEWOOD GROUP HOME 210 BEAUTY STREET STATE SUILLE, NC 28625 PROVIDER OR SUPPLIED (EACH DEFICIENCY MIST SEP PRECEDED BY VILL AGE (EACH DEFICIENCY) W 368 The Nurse will re-inservice staff on notifying the Nurse when Client #1 all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administered in compliance with physician's orders for 1 of 1 client (#1) observed during medication administration. The finding is: Observations on 11/13/19 in the group home at 7:10 AM revealed client #1 entering the medications. Further observations revealed staff A assisting client #1 with a blood pressure check. The results of the blood pressure check were observed to be 125/68 with a pulse of 59. Continued observations revealed client #1 to be assisted with receiving medications which included Toprol XL. Somg, one tablet at 8:00 AM. Further review of the physician orders revealed physician orders date 10/3/19, which included orders for Toprol XL. 50mg, one tablet at 8:00 AM. Further review of the physician orders revealed parameters for client #1 is blood pressure to be checked twice daily before giving medications. The instructions indicated that nursing staff was to be notified if the client's blood pressure was greater than 150/90 or less than 90/60, or if the pulse was greater than 10 for less			34G295	B. WING			11/13/2019		
PREFIX TAG REGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOCAL DEFICIENCY MATCH AND REPORTANT BETWEEN THE APPROPRIATE DEFICIENCY MATCH AND REPORTANT BETWEEN THE APPROPRIATE LITERAL DEFICIENCY MATCH AND REPORTANT HE APPROPRIATE LITERAL DEFICIENCY MATCH AN					STREET ADDRESS, CITY, STATE, ZIP CODE 2101 BEAUTY STREET				
CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure all drugs were administration failed to assure all drugs were administration administration. The finding is: Observations on 11/13/19 in the group home at 7:10 AM revealed client #1 entering the medication administration or for forming medications. Further observations revealed staff A assisting client #1 with a blood pressure check. The results of the blood pressure check were observed to be 125/86 with a pulse of 59. Continued observations revealed client #1 to be assisted with receiving medications which included Toprol XL 50mg, one tablet and Lisinopril 10mg, one tablet. Lisinopril and Toprol XL are medications used to treat hypertension. Review of the record for client #1 on 11/1/3/19 revealed physician orders dated 10/3/19, which included orders for Toprol XL 50mg, one tablet at 8:00 AM and Lisinopril 10mg, one tablet at 8:00 AM. Further review of the physician orders revealed physician orders dated 10/3/19, which included orders for Toprol XL 50mg, one tablet at 8:00 AM and Lisinopril 10mg, one tablet at 8:00 AM and Lisinopril 10mg in client #1 to be assisted whice daily before giving medications. The instructions indicated that nursing staff was to be notified if the client's blood pressure was greater than 150/90 or less than 90/60, or if the pulse was greater than 150/90 or less than 90/60, or if the pulse was greater than 150/90 or less than 90/60, or if the pulse was greater than 150/90 or less than 90/60, or if the pulse was greater than 150/90 or less than 90/60, or if the pulse was greater than 150/90 or less than 90/60 or less taff to report the place is greater than 150/90 or less than 90/60, or if the pluse was greater than 150/90 or less than 90/60 or if the pluse was greater than 150/90 or less than 90/6	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	FIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRI		BE	COMPLETION DATE	
BORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.460(k) The system for drug that all drugs are ad the physician's orde This STANDARD is Based on observati interview, the system failed to assure all d compliance with phy client (#1) observed administration. The Observations on 11/7:10 AM revealed climedication administration medications. Furthe A assisting client #1 The results of the bloobserved to be 125/8 Continued observations assisted with receiving included Toprol XL 500 Continued observations used to the revealed physician or included orders for Tomatical to the pressure to be check medications. The inspursing staff was to be pressure was greater 90/60, or if the pulse order.	administration must assure ministered in compliance with rs. not met as evidenced by: on, record review and for drug administration rugs were administered in sician's orders for 1 of 1 during medication finding is: 13/19 in the group home at ent #1 entering the ration room for morning robservations revealed staff with a blood pressure check. The proof of the pulse of 59. Ons revealed client #1 to be find medications which Ding, one tablet and Lisinopril sinopril and Toprol XL are treat hypertension. for client #1 on 11/13/19 reders dated 10/3/19, which oppol XL 50mg, one tablet at ril 10mg, one tablet at ril 10mg, one tablet at 8:00 of the physician orders for client #1's blood ed twice daily before giving structions indicated that the notified if the client's blood than 150/90 or less than was greater than 110 or less		868	The Nurse will re-inservice staff of notifying the Nurse when Client # blood pressure is greater than 15 or less than 90/60 or if the pulse if greater than 110 or less than 60. The clinical team will monitor throeompleting 2 medication assessment weekly for a period of one month on a routine basis. The Client In the future, the Nurse will ensure is properly trained on following client parameters in regards to reporting	ugh nents then, e staff ent y vitals.		

Any deficiency statement ending with an astersk (*) 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				210 ST			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE
W 368	than 60. Interview with facilit indicated staff A sho call nurse prior to the medications because (less than 60). Nurse not contact the on contact the one cate as ordered. Furnitising staff revealed the low pulse as ordered have advised staff to 50 mg, one tablet and the low pulse as ordered.	y nursing staff on 11/13/19 ould have contacted the on the administration of the client #1's pulse was 59 ouing staff confirmed staff did that increased with the end that if staff A had reported the left of the pulse of the pulse of the pulse of the pulse of that if staff A had reported the left of the pulse of the	W 3	68			