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908 AVENT FERRY ROAD-HOLLY SPRINGS, NC 27540

PHONE: (919) 577-6749 FAX: (919) 557-6740

FACSIMILE TRANSMITTAL SHEET

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THE INFORMATION CONTAINED IN THIS FAX IS LEGALLY PRIVILEGD, CONFIDENTIAL AND INTENDED FOR USE OF THE INVIDUAL NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HERBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL VIA US MAIL.

THANK YOU.

November 11, 2020

Mrs. Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Pineridge Complaint & Annual Survey Pineridge 739 Arthur Maddox RD Sandford, NC 27330 MHL#053-027, Provider # 34G302

Dear Mrs Kimberly McCaskill:

See attached hard copy of the plan of correction (POC) for the Pineridge complaint and annual survey. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact me directly or Richard Gary. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

Tonya Beckwith, QP - Community Innovations

11/11/2020 17:14 (FAX) P.003/017

PROVIED: 10/22/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED FORM CMS-2567002-69) PreviousVersions Obsolete if continuation sheetPage 1 of 1.4 Event 10:900513 Facility (D:904000) CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED STATEMENT MALTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BLENG DEFICIENCIES AND PLAN OF 10/20/2020 CORRECTION 34G302 B WING SYREET ADDRESS, CITY, STATE, ZIP, CODE 739 ARTHUR NAME OF MADDOX ROAD SANFORD, NC 27330 PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 000 INITIAL COMMENTS W 000 An onsite recertification and complaint survey was completed on The facility will implement its policies and October 20, 2020 for intakes procedures to prevent reglect to include but not #NC0b168748, NC00168372 and limited to situations when clients experience NC00168206. The complaint injuries as a result of falls and are impacted by 12/4/20 Intakes were unsubstantiated. W 122 changes in their medical or developmental status. Deficiencies were cited however as W 122 a result of the recertification survey. CLIENT PROTECTIONS The Regional Director and the QIDP will provide CFR(s): 483.420 oversight of the home to ensure client protections requirements are met as evidenced and as The facility must ensure that butlined in the body of this subsequent plan of specific client protections requirements are met. correction effort. This CONDITION is not met as evidenced by: The facility falled to implement written policies and procedures that prohibit neglect of clients (W149). The cumulative effect of these W 149 W 149 systemic practices resulted in the facility's failure to provide statutorily mandated services of client protections to its clients. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement writter policies and procedures that prohibit mistreatment, neglect or abuse of RECEIVED the client. By DHSR Mental Health Licensure & Certification at 9:09 am, Nov 12, 2020 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews with staff, the facility neglected to put measures in place that would prevent 1 of 3 audit clients (#3) from falling out of his wheelchair and bed which put him at risk for repeated injures.

LABORATORY DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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.

DEBARTM	ENTAR GR	ALTH AND HUMANSERVICES				: 10/22/2020 MAPPROVEE
		vinus Versions Cárake	Event ID:	98Q531 Pacifity 1D:944000	lf continue:	ionalmet Page Cal
DEPARTM	entof he	ALTH AND HUMAN SERVICES		. I	FOR	: 10/22/2020 M APPROVEC
DEPARTM	ENTOR HE	alth and human services				: 1 0/22/2020 M APPROVED
	1	ALTH AND HUMAN SERVICES		•		: 10/22/2020 M APPROVEC
		EDICARE & MEDICAID SERVICES	3	OMB NO. 0938-0391	Con	STATLED AND
STATEMENT OF		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(C)VLLIFE	k	DATE SURVEY COMPLETS	ED
DEFICIENCIE		IOCH (ILIOA) IOIA MÓMÓCK!	A BLONG			
AND PLAN OF CORRECTION		34G302	B WING		10/2	20/2020
				STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR	*	
NAME OF PROVIDER	OB.			MADDOX ROAD SANFORD, NC 27330	•	
SUPPLIER F				i		
RIDGE GR	OUP					
HOME						
		CALING AND MINE COLUMN	· · · · · ·			
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TAG	REGULAT	ORY OR LSC IDENTIFYING INFORMATION)	TAĞ	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
			, , , , , , , , , , , , , , , , , , ,	The facility will put measures into pla	ace to prevent	12/4/20
W 149	Continue	od .	W 149	further falls for Client #3 to include b		
	From			to staff supervision, use of mat near		
	page 1 The			sleeping hours, use of seat belt duri hours, ambulation support, transfer		
	findings			assessment of client neurological, m	• • • • •	
	include:	1		behavioral status; updates to compr		
				functional assessment (CFA) and in		
		rdisciplinary team falled to sures in place to prevent		program pan (IPP).		
	further t	falls for client #3 which		The ever elime were discustianed as		
	resulted	in additional injuries.		The arm sling was discontinued as o recovered from previous fracture as		
		pservations in the facility on		by the Medical Provider.	· actos minica	
		at 10:05am client #3 was in room, sitting in his		-		
		alr, wearing a sling on his		For Client #3, the QIDP will schedule		
	right arm			meeting to review and update the Cl		
	Immediat	te Interview on 10/19/20		Behavior Support Plan (BSP) on stra prevention to include but not limited		
		A revealed client #3 had		belt, use of mat at bedside, ambulat		
		of his wheelchair several go and chipped a bone in		devices transfer support and complic		
	his shoul	der and was recovering				
	from that	injury.		The QIDP and Home Manager will p training to all staff in the home on up		12/4/20
		out afternoon and evening		CFA and IPP to prevent further falls.		
		ions on 10/19/20 in the r 120 minutes (4:35pm-		me a constant of the property the differ solding.	*	
	6:35pm)	client #3 did not wear his			AA44	
		transferred himself to the				
		m couch before staff could n. For example:		İ	**************************************	
		lons on 10/19/20 in the			неничения	
į	r	4:35pm revealed client #3 g in his wheelchair without		į	***************************************	
	his sling o	on his right arm. Client #3			опис	
		not wearing his seatbelt in Ichair. At 4:35pm, he stood			осениенте	
	up unass	isted before direct care			ментимен	
İ	staff coul	d get to him and transferred			м енения менения мен	
į		uch in the living room.			Auguste	

client #3 to put on his sling or fasten

	to the direction to the direction to the direction watch te sitting or remained facility unremained without it Staff A a several to supper, it continues the survivantes was several to th	ient #3 if he wanted to come ning room to eat supper. If declined and continued to levision in the living room, in the couch. Throughout the ear of observations in the nitl 6:30pm, client #3 di sitting on the couch nis sling on his right arm. In Staff C asked client #3 imes if he would like to eat but he declined and did to watch television until eyor departed at 6:35pm.	Event ID:	**************************************	1	If continue	Sondheet Poge 2 of
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	3	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: . 34G302	B MING	CONSTRUCTION		(X3) DATE SURVEY COMPLET	ED 20/2020
NAME OF PROVIDER OF SUPPLIER F RIDGE GR HOME	PINE			STREET ADDRESS, CITY, STATE, ZII MADDOX ROAD SANFORD, NC 2		THUR	
(X4) ID PREFIX TAG	(EACH D	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC		DULD BE	COMPLETION DATE
W 149	During of 10/20/20 sitting on assisted staff E. In on his right to his who seatblelt explained was to ke him from and gettill redirect of his right a staff E is a wheelche 6:37 am a with a sputhe dining Interview	bservations in the facility on at 6:15am client #3 was the side of his bed being with his socks and shoes by le was not wearing his sling th tarm. Staff E assisted him eelchair and gave him erbal cues to fasten his on his wheelchair. Staff E it to him that the seatbelt eep him safe and to prevent falling out of his wheelchairing injured. Staff did not dient #3 to put his sling on arm. Client #3 compled with request and fastened his sir belt. He ate breakfast at end scooped cereal and milk oon using his right hand at groom table.		The Home Manger will Friday- implementation include strategies and solient #3. The QIDP will monitor in revised IPP to include some prevent falls for Client #4. The Regional Director implementation of the restrategies and supports #3. This monitoring will more frequently to ensure	monitor Monito	vised IPP to to prevent falls for tation of the and supports to will monitor P to include nt falls for Client ce monthly or	12/4/20
	non-com seatbelt I allowing beside hi demonstr outside of the wall i will not a room. Sta instructer to sleep a beside hi he falls o Staff E st	audit client #3 can be very pliant with fastening his n his wheelchair and staff to put a met beside s bed at night. He rated that the mat is kept lient #3's bedroom along n the hallway because he llow staff to put it in his aff E stated they had been if to walt until client #3 goes and then to put the mat s bed to prevent injuries if ut of bed during the night, ated that client #3 is every 15 minutes during					

1/2020	17:1	7		(FAX)	P.00
	ļ				
	1				
		ed observations on 10/20/20			
		m revesied client #3 went to ication room. Client #3 was			
		significantly to the right and			
	-	repositioned in his			
		air. Client #3 was not			
		his sling on his right arm.			***************************************
		eminded him to go to his			
		and get his sling . Staff B			
		isted him with getting his sitioned on his right arm. At			***************************************
	the	stoned on his sight atm. At		1	
FORM CNC-3	5a%05-99) Pro	rvious Versions Consiete	Even+ID		If continuation theet Page 4 of 14
CENTER	S FOR M	EDICARE & MEDICAID SERVIC	E\$	ÒMB NO. 0938-0391	14 x 2 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1
STATEMENT OF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(KZMALTRU	f '	VEY COMPLETED
DEFICIENCIES AND PLAN OF			V STON		
CORRECTION		34G302	B WING		10/20/2020

NAME OF				STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR	
PRÓVIDER (PR			MADDOX ROAD SANFORD, NC 27330	***************************************
SUPPLIER P	INE			 	***************************************
RIDGE GR	OUP				www.
HOME	+			ļ	
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TAG	REGULAT	ORY OR LSC IDENTIFYING INFORMATION	YAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
				If Client #3 experiences or complains of p	ain or 12/4/20
W 149	المراجعة المراجعة	ed From page 3	30.445	discomfort, staff will contact the QP and t	201101 12/4/20
		on room door, client #3	VV 148	Nurse. The staff will follow the nurse instr	
		B that his arm hurt.			1
		ne medication pass, staff B	-	to administer pain medication as applicab	te to
		d the Nurse to inform her		physician's orders. The QP and /or home	
		int #3 had dropped a		manager will immediately follow-up with the	ne stan
		on the floor during		to ensure appropriate pain medication is	
		on administration, he was not given		administered. The staff will complete an ir	
		on for pain during the	1	report of the event as well. The home man	
i		on administration pass.		and the QP will ensure staff document on	tne
				incident report accordingly.	
		of nursing notes for		TL 05 - 31 1 4 11 - 11 4 11	
		revealed the following: Seen at local hospital for		The QP will in-service all direct care staff	
		ed weakness, fall and		protocol to address client pain or discomf	
-	for knee	•			12/4/20
		seen at local hospital for		The Regional Director will review all incide	
		ricle fracture (seizure and		reports weekly to ensure continued comp	liance.
1		of wheelchair) 9/9/20:		ļ.	
		d call from staff B client fell om floor on right side. Red		4	***************************************
1		oni licor on right side. Red noted on right outer arm,		ļ	***************************************
1	No other	injuries noted. He is		!	
l	currently	wearing a sling for a right	1		
		njury. 9/15/20: On 9/5/20			***************************************
		had follow up with local			VI
!		ic clinic where he was seen ospital on 8/26/20 for			
		t of right clavicle fracture.			
		edic visit, discussed the			
	importan	ce of, "keeping the right			
- 1	arm imm				
		Saw primary care provider		ı	
		up from Emergency			
	nabautu	ent visit on 8/26/20 and Primary care provider	İ		
	SAITHINAN				
		- *			
	ordered a	an EEG and CT scan of s brain to address recent			
	ordered a client #3' seizure a	an EEG and CT scan of s brain to address recent activity. Spoke with Nurse,			
	ordered a client #3' seizure a no acute	an EEG and CT scan of s brain to address recent			

11/11/2020 17:18 (FAX) P.007/017

FORM CMS/	and staff found cli witnesse seconds 9/15/20: client#3' residenti concerne eye and related. I	is in his bedroom, yelled fentered his bedroom and ent #3 on the floor. Staff and seizure for a few. Reported to Nurse that is Mother contacted the all manager and was about bleeding from his that this may be seizure.	Svená ID		#continua	tjanzheet Poge 5 o
CENTER STATEMENT	S FOR M	EDICARE & MEDICAID SERVICE: (X1) PROVIDER/SUPPLIER/CLIA	S Kanadira	OMB NO. 0938-0391	(X3) DATE BURVEY COMPLET	
OF DEPICIENCIE NIO PLAN OF CORRECTION	*	IDENTIFICATION NUMBER:	E MING			20/2020
NAME OF PROVIDER SUPPLIER I RIDGE GR	PINE	<u>L </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 758 AR MADDOX ROAD SANFORD, NC 27336	THUR	
(X4) ID PREFIX TAG	(EACH DE	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRÓVIDER'S PLAN OF CORRE (SACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	ついしつ きだ	(X5) COMPLETION DATE
W 149	Neurolog to take of emergen hospital no visible #3 comp Transpor evaluatio to staff h 9/28/20: His mat v 10/6/20: the bathr turned ar	ed From page 4 gy office and was instructed lilent #3 to the local cy department at the for evaluation. There were a signs of injury and client lained that his head hurt. rted to hospital for on. 9/23/20: Client reported a fell out of wheelchair. Client #3 fell out of his bed. was not next to his bed. Fell out wheelchair while in oom. Steff was present and ound to get his caddy and rd out of wheelchair onto		Staff will be in-service by QP on IPP for client #3 to include visual prevent falls and potential for fur	supervision to	12/4/20
	Review client #3 -9/23/20 assisting I heard c around a floor crylifloor and Body che after fall" taken: "C-9/24/20 client #3 holding u get glove	of Incident reports for revealed the following: at 12:22pm: "Staff was a client with his food when lient #3 yell. I turned and client #3 was on the ang. Assisted him off the completed a body check, ack revealed no bruises Preventative measures continue to Monitor", at 6:30pm: Just passed in his bedroom and he ap a piece of paper, went to so and heard a boom. I		Staff will be in-service by QP on mat during sleeping hours, 15-m and behavior strategies to addre non-compliance to updated IPP supports to prevent falls.	inute bed checks ss client #3's	12/4/20
	floor. We floor. He into his c measure: -9/28/20: rolled out his wheel assisted if	is room and he was on the helped him up off the said he was trying to get hair. Preventative s: "Continue to monitor." at 4:45am: Client #3 of bed and hit his eye on ichair. Both staff members him back into the bed and rst ald. Program manager and Deventative				

1 0 V	neasures taken: "Meeting with the eam and the parents." 0/1/20 at 1:30pm: Client #3 fell out if wheelchair in the hallway while he was on his way to the bathroom. We ssisted him into his wheelchair		, the state of the		· ·
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PRINTED: 10/22/2020 DEPARTMENT OF HEALTH AND HUMANSERVICES **FORM APPROVED** If continuations heet Page 6 of 14 TOPM CMS-0567(00-99) Previous Versions Obsell Facility 10:944500 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT (X1) PRÓVIDER/SUPPLIER/CLIA (XXXIII)FUE CONSTRUCTION (X3) DATE SURVEY COMPLETED OF DEFICIENCIES IDENTIFICATION NUMBER: A BUDNG AND PLAN OF CORRECTION 10/20/2020 34G302 9 WING STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR NAME OF MADDOX ROAD SANFORD, NC 27330 PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) IQ PREFIX ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (ÉACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 149 Continued From page 5 W 149 and checked him for injuries, No Injuries were noted. Notified the Staff will be in-service by QP on contact with the 12/4/20 qualified intellectual disabilities Nurse, Home Manager and QP on Client #3's professional, Preventative medical status to include but not limited to seizure Measures: "Continue to instruct activity, complaints of pain or discomfort. The QP staff on the importance of client #3 sitting back in his wheelchair." will also in-service staff on appropriate. notification, documentation to include completion Interview on 10/20/20 with the of the incident report and MAR as applicable. The facility nurse revealed client #3 has Regional Director will review and monitor incident a seizure disorder that is not well reports weekly to ensure continued compliance. controlled despite close attention to his medication regimen and many visits with his Neurology provider. Further interview with the Nurse The QP and home manager will in-service staff on revealed client #3 has pain updated IPP and/or BSP strategies and supports medication that can be given if client to include but not limited to fastening wheelchair #3 exhibits pain. She stated she has seat belt, and the use of the mat at Client #3's instructed staff to contact her If he has discomfort so the pain bedside during sleeping hours to prevent injury 12/4/20 medication can be administered. from falls. The Nurse stated client #3 should keep his right arm immobilized in a sling except when he is participating in physical therapy. Additional interview on 10/20/20 with the Nurse revealed client #3 has experienced continued falls from his wheelchair and from his bed. She emphasized that staff have been told repeatedly to ensure that his wheelchair belt is fastened and that his mat is next to his bed at night. She also stated that a bar has been installed on the wall in his

bedroom next to his bed to assist

Continued interviews with the facility Nurse revealed she had been contacted about another recent fall by the residence manager on 10/15/20 indicating that client #3 fell out of his bed onto the floor and that

him with transfers.

1/2020	17:	19		(FAX)	P.00
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		}			
	residend had a br	ne text she received from the se manager stated client #3 uise in the middle of his			
	back as	a result of the fall.			
	Review revealed	on 10/19/20 of client #3's record 1			
		- CALLER - C			
		an a a manura a de senar se la valencia de la deservación dela deservación de la deservación dela deservación de la deservación de la deservación de la dese			TED: 10/22/2020 FORM APPROVEC
FORM CNS-C	347(00 .99)7+	ealth and human services	Everat ID	(SOOS)) Facility ID: 922520 Heart	inuutionalheat Fage 7 of 14
CENTER TATEMENT	S FOR M	EDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	S populates	OMB NO. 0938-0391 CONSTRUCTION (X3) DATE SURVEY COMP	V.ETED
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ND PLAN OF ORRECTION	=	34G302	B WING		10/20/2020
		U+GOVA			10041400000000000000000000000000000000
NAME OF PROVIDER	Λ R			STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330	
SUPPLIER I				}	
RIDGE GR	ROUP				
HOME				1	
(X4) ID		MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
PREFIX TAG		FORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
W 149	[ed From page 6	W 149	9	
		a diagnosis of: hrenia, Moderate Intellectual		The QP will schedule a team meeting to review	12/4/20
	Disabilit	ies, a Seizure disorder and		the CFA and IPP to address Client #3's change	1
	. ,	ive Aphasia. Review of his al program plan (IPP) dated		in developmental, behavioral and medical status	8
		revealed he requires ace with toileting and most of		and the team will subsequently assess the impa on client's habilitation status and will then updat	
		living skills. Additional	 	the IPP accordingly.	,e
		evealed he uses a air for mobility and needs to			
	be remii	nded to fasten his seatbelt.		The QP will in-service staff on updates to Client #3's IPP. The home manager will monitor the	
		review revealed he received heelchair in June 2020.		implementation of the IPP M-F in the home. The	a
		al review revealed falls have ed since he will not comply		QP will monitor implementation of the IPP week	
		ng back in his wheelchair.		in the home.	THE PROPERTY OF THE PROPERTY O
	Review	on 10/19/20 of an addendum		The Regional Director and/or QA will monitor	
	to client	#3's IPP dated 9/8/20 I due to client #3's declining		implantation of the IPP in the home monthly or	
	health a	nd supports client #3		more frequently to ensure continued compliance).
		more assistance with I hygiene and daily support		·	***************************************
	staff are	to provide any physical			WASHINGTON TO THE PERSON TO TH
		ce needed for bathing, Iressed and other tasks.			-
		3 requires 1:1 assistance for sfers as needed for his			
	safety.	eri mir oci nenne i i zemenene Mille Thill II (1966)		,	
	Review :	on 10/19/20 of client #3's			
	behavio	r support program (BSP)			
	target be	2/16/19 revealed he has chaviors of aggression.			Anna de la companya del companya de la companya del companya de la
	spitting,	property destruction, severe n, AWOL, and fallure to			
	make re	sponsible choices. Further			
		avealed he ingests Lamictal, Acid, Quetapine and			
	Lorazep	am for behavior support.			
	BSP for	nary time out is listed in his aggression. Interventions			**************************************
		Reinforce client #3 with			-

11/11/2020 17:20 (FAX) P.010/017

	with pictu getting in client #3. upset, co preferred encourage	the enjoys looking at books lires. Staff should avoid to power struggles with When client #3 becomes inverse with him about topics. Staff should also ge client #3 to ask for help." buts.	:			
FORM CMS: DEPARTM	:56/102-09) Pre ENTOP HE	ALTH AND HUMANSERVICES WHEN VERTINE CHOOSE TO THE AND HUMANSERVICES EDICARE & MEDICAID SERVICES	Event ID:	990511 Facility 10:944500 OMB NO. 0938-0391	FOR Hoonimus Printei	x: 10/22/2020 M.APPROVED Synthest Page 8 of x: 10/22/2020 M.APPROVED
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G302	A BLIDNE B WING	3	(X3) DATE SURVEY COMPLET	ed 20/2020
NAME OF PROVIDER SUPPLIER I RIDGE GR HOME	PINE			STREET ADDRESS, CITY, STATE, ZIP CODE 739 AF MADDOX ROAD SANFORD, NC 27330	TTHUR	
(X4) ID PREFIX TAG	(EACH DE	MARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
W 149	Interview qualified professio #3 contin from his vibed. She asked to seatbelf i sling on his bedrafall out of bed. The very non-his seatbalso does his bed a there had changes has been client #3's interview not consision assistive/prevent ir client #3'. August 2' his clavid Record resubstantia	eview and Interviews ate client #3 had numerous		The QP will schedule a team methe CFA and IPP to address Clie in developmental, behavioral an and will subsequently assess the habilitation status and will then use of additional assistive device further injuries from falls. The QP will in-service staff on use and the implementation of the M-F in the home. The QP will me implementation of the IPP and Bhome. The Regional Director and/or Q/implementation of the IPP and Bhome.	ent #3's changes of medical status of medical status of impact on ipdate the IPP will consider the less to prevent opdates to Client anager will be IPP and BSP onitor is P weekly in the A will monitor is P in the home	12/4/20 12/4/20
	falls out of bed which his clavid medical for installatio room, he additional	f his wheelchair and his nesulted in him fracturing ie on 8/26/20. Despite ollow up and the n of a bar on his wall in his subsequently had nine I falls, several which n additional injuries. As a		}		

11/11/2020 (FAX) P.011/017 neglected to ensure his mat was placed beside his bed consistently. failed to ensure he wore his sling consistently, failed to ensure his seatbelt was fastened consistently in his wheelchair as well as consider other program measures to ensure client #3 was protected from additional injuries. All of these failures resulted in the neglect of client #3. Review of the facility's policy on neglect revealed, FORM CMS-256/02-94/PT-VISUS VETED 500-00/PT-CENTERS FOR MEDICARE & MEDICAID SERVICES Twent 10500511 Famility
OMB NO. 0938-0391 Familiay ID:944220 Hoombinumiionsheet Page 0 of 14 STATEMENT X1) PROVIDER/SUPPLIER/CLIA CONSTRUCTION X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: DEFICIENCIES AND PLAN OF 10/20/2020 34G302 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR NAME OF MADDOX ROAD SANFORD, NG 27330 PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (3:4) 10 PROVIDER'S PLAN OF CORRECTION COMPLETION DAYE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 149 Continued From page 8 W 149 "Neglect is any situation in which The QP will in-service all staff on the facility's 12/4/20 the caretaker does not provide care policy to prevent neglect. or services which in turn affect mental or physical health, safety, or well-being of a person. Neglect The QP will review all incident reports within 24 further refers to the failure of the caretaker to act spontaneously in hours to ensure implementation of the facility any situation which might adversely policy. affect the health, safety, or wellbeing of a person. Examples might include, but are not limited to the The Regional Director will review significant following: inadequate supervision by or failure of staff to control the incidents within 24 hours to ensure situation such as failing to help a implementation of the facility policy. client who has fallen, leaving clients unattended while assigned to be All incident reports will be reviewed weekly by the 12/4/20 with them, allowing clients to roam Regional Director and QP to ensure continued when they are scheduled for W 249 compliance. activities; failing to help staff who is W 249 in the process of intervening with a client and requesting help; failing to intervene in a situation in order to prevent possible harm or injury to the client or other clients.." PROGRAM IMPLEMENTATION CFR(s): 483,440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

is STANDARD is not met as idenced by: Based on observation, cord reviews and Interviews, the cility falled to assure a pattern of eractions supported the individual ogram plans (IPP) in the areas of sisting with transfers when abulating. This affected 1 of 3 audit
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PRINTED: 10/22/2020 DEPARTMENT OF HEALTH AND HUMANSERVICES FORM APPROVED FORM CMC=2567/02/99) Perminana Verminana Canadal Event (D:950511 Forder ID:944230 lfoontinuctionaliset Page 10 of 14 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT (X1) PROVIDER/SUPPLIER/CLIA 62MLTFLE CONSTRUCTION X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A BUCKS **CEFICIENCIES** AND PLAN OF 10/20/2020 CORRECTION 34G302 B WING NAME OF STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330 PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) The facility will ensure implementation of 12/4/20 W 249 w 249 individual program plan interventions and Continued From page 9 supports with ambulation and transfers to prevent clients (#3). The findings include: falls and potential injuries from falls. A. Staff failed to follow instructions regarding assisting client #3 with For Client #3, the use of the sling was transfers from wheelchair to chairs discontinued by the medical provider due to or his bed. client's recovery from the previous fracture. During afternoon and evening observations on 10/19/20 in the The comprehensive functional assessment (CFA) facility for 120 minutes (4:35pm-BSP and the Individual program Pan (IPP) will 12/4/20 6:35pm) client #3 did not wear his be updated to reflect interventions and supports sling and transferred himself to the living room couch before staff could required for Client #3 during ambulation and assist him. For example: transfers to prevent falls. These interventions will Observations on 10/19/20 in the include but not limited to supervision, use of seat facility at 4:35pm revealed client #3 belt, use of mat during sleeping hours, support was sitting in his wheelchair without during ambulation and transfers-all to prevent falls his sling on his right arm. Staff did and further injury. not verbally cue dient #3 to put on his sling or fasten his seatbelt. Client #3 was also not wearing his Home manager will monitor the implementation of seatbelt in his wheelchair. At the IPP/BSP for Client #3 and other clients daily 4:35pm, he stood up unassisted M-F. QIDP will monitor implementation of the 12/4/20 before direct care staff could get to IPP/BSP weekly in the home. him and transferred to the couch in the living room. The Regional Director and/or QA will monitor Review on 10/19/20 of an addendum implementation monthly in the home to ensure to client #3's IPP dated 9/8/20 compliance. revealed due to client #3's declining health and supports client #3 requires more assistance with 12/4/20 personal hygiene and daily support staff are to provide any physical assistance needed for bathing, getting dressed and other tasks. Client #3 requires 1:1 assistance for any transfers as needed for his safety.

Interview on 10/20/20 with the qualified intellectual disabilities

11/11/2020 17:23 (FAX) P.013/017

YORM CMG	#3 with a injuries. B. Staff placed n prevent	re staff should assist client any transfers to prevent If falled to ensure a mat was ext to client #3's bed to possible injuries from falls. ALTH AND HUMAN SERVICES ACTH Event ID: S (CMALTRE A BLIDNE B WING	OMB NO. 0938-0391 (X3) DA	PRINTED: 16/22/2020 PORM APPROVEE If continuction above 1 Page 11 of TE SURVEY COMPLETED 10/20/2020	
NAME OF			I	STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330	**************************************
PROVIDER				MADDOX NOWS SAIR OND, HE 27530	
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HOME	,		;		
(X4) ID		MARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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W 249		d From page 10 on 10/20/20 with the facility	W 249	,	
	nurse rev	realed client #3 has a			
	controlled	isorder that is not well d, despite close attention to			
	visits with	cation regimen and many nhis Neurology provider.			The second secon
		ed he has continued falls wheelchair and from his			
		emphasized that staff have repeatedly to ensure that			Name of the last o
	his whee	ichair belt is fastened and nat is next to his bed at			**************************************
	night, Sh	e stated she was contacted			
	residence	other recent fall by the manager on 10/15/20			
	bed onto	that client #3 fell out of his the floor and that his mat			
		next to his bed. She stated he received from the			
	residence	manager stated client #3 lise in the middle of his			***************************************
	back as a	result of the fall.			A
W 252		on 10/20/20 with the	W 252		
	staff repe	ofirmed she has asked atedly to put client #3's			
	mat riext	to his bed at night as he zure disprder and is at			
		urles if he falls out of		·	
	PROGRA	M DOCUMENTATION 83.440(e)(1)			
		tive to accomplishment			and the state of t
	individual	eria specified in client program plan	ļ		
		must be documented rable terms,	1		F-3
	,			1	**************************************
	"Y"1 5 JUMB 4.4	A PPIN A PROPERTY.		1	words and the second se
ĺ		NDARD is not met as if by: Based on record			1

11/11/2020 17:24 (FAX) P.014/017

	for 1 of 3 accurate	collect data as prescribed cilents (#6) in order to ly assess client progress us. The finding is:					
formems. Departm	367(01-99) Pre ENTOR HE	ALTH AND HUMANSERVICES vious Versions Closelite ALTH AND HUMANSERVICES	Beent II	190Q533 Fortifity 1D19440000		FOR Ifedatinusi PRINTEI	0: 10/22/2020 MAPPROVEC ioneheet Page 12 of 0: 10/22/2020 MAPPROVEC
CENTER STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S .	EDICARE & MEDICAID SERVICE: (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G382	S CONLITE. A SUCH B WINC	3		(X3) DATE SURVEY COMPLET	ED 20/2020
NAME OF PROVIDER SUPPLIER F RIDGE GR HOME	PINE			STREET ADDRESS, CITY, STATE, ZIF MADDOX ROAD SANFORD, NC 2		THUR	
(X4) ID PREFIX TAG	(EACH DE	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PL (EACH CORRECTI CROSS-REFERENCE DEF	VE ACTION SHO	DULD BE	COMPLETION DATE
W 252	Staff fail client #6" A. Review #6's Individual 9/1 following side dish independ review per routine w follow mo and perfollow mo and perfollow mo and perfollow mo and perfollow more purchasing the current Review objectives	er		The facility will ensure to bjectives reflect more consistent data collection toward identified objection toward identified objection collection toward identified objection toward identified objection collection days on the days on th	he individe frequent and to asset ive criterion will in-serves and control will highlight at a sheet will moniture appropriate data ger will procollection ring of the slients in tand/or QA	and more ass progress on. rvice staff on data collection th data as a reminder or data collection priate data ction in the home a collection. The ovide ongoing if issues are a data collection the home. will monitor data onthly to ensure	12/4/20 12/4/20
	b) Will following to July 2020 minuses August 20 minuses Septembe 2020; 11 minuses	outine ; 21)20; 15		The second secon			

	c) Will perhygiene to August 20 trained 12 September trained 6	erform or asks 220: times er 2020:	rai			
	October:2 data Interview	020 no on 10/20	0/20 with the QIDP			
FORM CMS-	revealed :			Event ID	990541 Facility ID-944500 I-f-continuation	muloci Paga 12 of
CENTER	7		E & MEDICAID SERVICE: DER/SUPPLIER/CLIA		OMB NO. 0938-0391	·
OF DEFICIENCIE AND PLAN OF CORRECTION	:S F		TIFICATION NUMBER:	A BLOW	16/2	20/2020
		1				
NAME OF PROVIDER SUPPLIER I RIDGE GR HOME	PINE				STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330	٧.
(X4) ID PREFIX TAG	(EACH DEF	ICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 252	were reco #6's training should be participating week. Whe monitor de stated it were the reside data week responsibing staff and of client, #6's PROGRAI MONITOF CHANGE 483,440(f) The individe reviewed as mental reta revised as not limited client is fall identified of efforts hav This STAN evidenced reviews an failed to er program pl and revise	ertain wirded ming. She recording in the recording in the renarch as the rence mare ly and it lifty as the recording of the recording of the recording to proper to situate the situate of the recording to proper to situate the recording to proper to situate the recording to proper to situate the recording to proper to situate the recording to proper the recording to proper the recording to proper the recording to proper the recording to proper the recording to proper the recording to the recording to proper the recording to the	hy direct care staff huses for client stated staff ng client #6's ese goals every d who was to blectives, she esponsibility of hager to check the ewas her ne QIDP to train he data to record is in her notes. The qualified professional and hary, including, but hions in which the rogress toward s after reasonable made. The facility he individual hwas reviewed bessary, This lit clients (#3).	W 257	The facility will ensure that the IPP is updated for all clients to address the need for revisions in training objectives. The QIDP will schedule a team meeting for Client #3 to review all applicable training objectives and assess the impact from changes in the client's medical, developmental and behavior status. The team will revise and/or develop new training objectives to address updated priority needs based on the review of the comprehensive functional assessment (CFA). The QIDP will update a monthly note on status of training objectives for Client #3. The QIDP will in-service all staff in the home on the updated training objectives for Client #3. In addition, the team will review other cleints training objectives in the home and update as applicable. QA and/or Regional Director will monitor program objective status, as far as the development and /or any updates of training monthly to ensure	12/4/20

11/11/2020 (FAX) P.016/017 on 8/26/20. Review on 10/19/20 of client #3's Individual program plan (IPP) dated 9/25/20 revealed he had the following written training programs: a) Will exercise utilizing his walker for minutes to PRINTED: 10/22/2020 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES If continuationsheet Page 14 of 14 FORM CAGACSAT(COAP) Pressous Versions Obsoline Event 10:000511 Facility ID:944200 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT (X1) PROVIDER/SUPPLIER/CLIA **EPICANS** CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A BLONG DEFICIENCIES AND PLAN OF 10/20/2020 CORRECTION B WING 34G302 STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR NAME OF MADDOX ROAD SANFORD, NC 27338 PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST 85 PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 257 Continued From page 13 W 257 increase mobility and improve ambulation. b) Will improve independent living skills by following a laundry schedule with verbal prompts for 12 consecutive months. c) Will wash his upper body for 90 consecutive days. Review on 10/19/20 of an addendum to client #3's IPP dated 9/8/20 revealed due to client #3's deciining health and supports client #3 requires more assistance with personal hygiene and daily support staff are to provide any physical assistance needed for bathing, getting dressed and other tasks. Client #3 requires 1:1 assistance for any transfers as needed for his safety. Interview with the QIDP on 10/20/20 confirmed client #3 fell out of his wheelchair during a seizure on 8/26/20 and fractured his right clavicle. Further interview revealed he is to keep his right arm immobilized in a sling except for when he is participating in physical therapy. Additional interview revealed that his written training programs were not modified at his IPP meeting on 9/25/20.

11/11/2020 17:26 (FAX) P.017/017