

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

PRINTED: 04/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER THE PINE VALLEY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1519 ROBERT E LEE DRIVE WILMINGTON, NC 28412		
(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the use of adaptive dining equipment. The finding is:</p> <p>During morning observations in the home on 4/16/24, Staff G cut client #5's waffles and bacon with a rocker knife. At no time was client #5 given the opportunity to participate in hand over hand assistance with cutting her breakfast.</p> <p>Review on 4/15/24 of client #5's Individual Program Plan (IPP) dated 1/23/24, revealed adaptive equipment for client #5 consist of glasses for distance, gait belt, rollator and rocker knife.</p> <p>Further review on 4/16/24 of client #5's physician orders signed 4/5/24 revealed client to use rocker knife for all meals to increase her fine motor skills.</p>	W 249			

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 249	Continued From page 1 During an interview on 4/16/24, the program director confirmed client #5 should have been the one using the rocker knife even if it was with hand over hand assistance.	W 249			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is: Review on 4/15//24 of the facility's fire drills conducted 6/2023 through 3/2024 revealed the following: - 3rd shift fire drills were conducted on 8/11/23 at 5:45am, 11/30/23 at 6:28am and 2/11/24 at 12:00am.	W 441			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and #6) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 4/15/24 at	W 460			

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W 460	<p>Continued From page 2</p> <p>5:25pm, client #6 sat down at the table for dinner. Client #6 received garlic chicken with noodles, mixed vegetables and a cupcake for dessert.</p> <p>Record review on 4/15/24 of client #6's most current physician orders signed 1/9/24 revealed a prescribed diet of sugar free, use of large maroon spoon and meats cut up. Portions limited to one serving except vegetables and 3:00pm sugar free snack.</p> <p>B. During observations in the home on 4/16/24 at 7:15am, client #1 sat down at the table for breakfast. Client #1 received two waffles and a piece of turkey bacon. Staff G was observed to use a rocker knife and cut client #1's waffle up into pieces ranging in size from 1 to 2 inches.</p> <p>Record review on 4/16/24 of client #1's physician orders signed 4/5/24 revealed a prescribed diet of low cholesterol, low saturated fat, bite size diet.</p> <p>Interview on 4/16/24 with the nurse confirmed client #6 is prescribed a sugar free diet and should have been given a dessert that was sugar free. The nurse revealed that client #1 is prescribed a bite size diet and bite size pieces should be approximately the size of a dime. The nurse confirmed client #1 should not have had pieces of a waffle that exceeded the size of a dime.</p>	W 460			