

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

PRINTED: 04/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 000}	INITIAL COMMENTS	{W 000}			
	A follow-up survey was completed on April 11, 2024 for deficiencies cited on January 16-17, 2024. The deficiency W249 was corrected; the following deficiencies W120, W260, W441, W454, W460 and W473 remained out of compliance.				
{W 120}	SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)	{W 120}			
	The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure outside services received current individual program plans (IPP) and behavior support plans (BSP) for 4 out of 4 audit clients (#2, #3, #4 and #5). The findings are:  A. Review on 1/16/24 of documentation provided at client #2's day program revealed there were no IPP and BSP available.  B. Review on 1/16/24 of documentation provided at client #3's day program revealed there were no IPP and BSP available.  C. Review on 1/16/24 of documentation provided at client #4's day program revealed the IPP was dated 11/18/15.  D. Review on 1/16/24 of documentation provided at client #5's day program revealed the BSP was dated 1/11/19 and the IPP for 12/20/19.  Interview on 1/16/24 with Staff B and Staff C revealed they have never received any plans on				

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 120}	Continued From page 1 the clients.  Interview on 1/16/24 with the Quality Assurance Consultant (QAC) revealed the facility had provided the day program with a large binder of the clients' plans which were supposed to be current. The QAC acknowledged that he could not locate any current plans at the day program and revealed the Qualified Intellectual Disabilities Professional (QIDP) was no longer with the company.  A follow-up survey was conducted on 4/11/24.  Interview on 4/11/24 with the home manager (HM) revealed she had not provided the day program with updated IPP and BSP materials.  Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and had not provided the day program with the clients updated IPP and BSP materials.	{W 120}			
{W 260}	<b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(2)  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 4 audit clients (#4) was revised at least annually. The finding is:  Review on 1/16/24 of client #4's IPP, dated 3/31/22, revealed no revisions or updates to goals. In addition, updated diet information to	{W 260}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 260}	Continued From page 2 change client #4's diet texture from bite-sized to pureed had not been added. The IPP was signed by the Qualified Intellectual Disabilities Professional (QIDP) on 3/31/22 with a hand written date, 3/10/23, added at the top of the second page. Noted doctor appointments were dated for years 2021 and 2022. No formal goals were included in the IPP.  Review on 1/17/24 of client #4's goal data revealed formal training for bathing, range of motion, and setting his place at the dining table with target dates of 3/31/23.  Review on 1/17/24 of client #4's nutritional evaluation, dated 11/7/23, revealed a diet change from bite-sized pieces to pureed.  Interview on 1/17/24 with the Quality Assurance Consultant (QAC) revealed client #4's IPP should be updated to include changes in progress and dietary needs annually, or when significant changes are made.  A follow-up survey was conducted on 4/11/24.  Interview on 4/11/24 with the home manager (HM) revealed she did not have a record of a revised IPP for client #4.  Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and did not have a revision of client #4's IPP.	{W 260}			
{W 441}	EVACUATION DRILLS CFR(s): 483.470(i)(1)  and under varied conditions to-	{W 441}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 441}	Continued From page 3 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at varied times throughout the shift. The finding is:  Review on 1/16/24 of fire drills revealed monthly drills with shifts designated as first, second, or third. No actual times were recorded for fire drills.  Interview on 1/17/24 with the Quality Assurance Coordinator (QAC) revealed the facility should always record the dates on fire drills so that varied times could be determined.  A follow-up survey was conducted on 4/11/24.  Record review on 4/11/24 of the facility's fire drills revealed no drills had been conducted since the plan of correction date.  Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and did not have copies of additional fire drills.	{W 441}			
{W 454}	INFECTION CONTROL CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff used proper glove hygiene to prevent cross contamination. This had the potential to effect all clients (#1, #2, #3, #4 and #5) in the home. The	{W 454}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 454}	Continued From page 4 finding is:  During evening observations in the home on 1/16/24, Staff G was observed to wear gloves and carry a soiled linen to the hallway and place in a hamper. Staff G returned to the kitchen, swept the floor, wiped down the counter tops and placed gloved hands in water in sink basin before discarding his gloves and washing his hands.  Review on 1/17/24 of the Infection Control Manual revealed, gloves must be worn when touching surfaces that might be contaminated. Replace disposable gloves as soon as possible if visibly soiled.  Interview on 1/17/24 with the Quality Assurance Consultant (QAC) revealed when handling soiled linens, staff should dispose of their gloves afterwards.  A follow-up survey was conducted on 4/11/24.  Observations in the home on 4/11/24 from 3:30-3:45pm revealed Staff J wore disposable gloves as he walked throughout the home, knocked on doors to check on clients and while working in the common areas.  Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and did not have any materials on current infection control training with staff.	{W 454}			
{W 460}	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing,	{W 460}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 460}	<p>Continued From page 5 well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #4 received his specially-modified diet as indicated. This affected 1 of 4 audit clients. The finding is:</p> <p>Observation in the home on 1/16/24 at dinner revealed client #4 was served and consumed a baked potato and a chicken taco. The baked potato was pureed in consistency; the chicken taco was ground texture. On 1/17/24 at breakfast, client #4 was served and consumed two waffles with syrup and eggs without incident. The waffles with syrup were ground texture; the eggs were pureed. Client #4 had no issues with consuming the meal.</p> <p>Review on 1/17/24 of client #4's nutrition evaluation, dated 11/7/23, revealed his food should be pureed in texture.</p> <p>Interview on 1/17/24 with the home manager revealed the home had pictures of what food textures should be, but staff had not been trained on revised diet plans and textures.</p> <p>A follow-up survey was conducted on 4/11/24.</p> <p>During observations in the home on 4/11/24 from 3:30-3:45pm, no snacks or meals were given to clients. The clients were in their rooms or watching television.</p> <p>Interview on 4/11/24 with the home manager revealed she did not have any material for review</p>	{W 460}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 460}	Continued From page 6 for dietary training.	{W 460}			
{W 473}	<p>Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and did not have any materials for dietary training.</p> <p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that food was served at the proper temperature for 1 of 4 audit clients (#4) . The finding is:</p> <p>During dinner observations in the home on 1/16/24 at 4:40 pm, Staff F assisted client #4 to process boneless chicken breast, tortilla and baked potato to a puree consistency. The contents of the blender were emptied into two bowls and place on the counter with a paper towel covering it thereafter. Client #4 did not want to eat dinner right away and did not come to the table until 5:45 pm. Neither Staff F or the Home Manager (HM) reheated the food for client #4 before transferring the food onto his plate. Client #4 began to eat his food.</p> <p>Interview on 1/16/24 with the HM revealed she did not reheat the food for client #4. Interview with the HM revealed they did not test food temps prior to serving and did not know how to calculate the food temperatures when she tried, per the surveyor's request. The HM acknowledged they did not want to serve the food to the clients hot and would wait 10 minutes for the steam to stop and present it lukewarm.</p>	{W 473}			

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

PRINTED: 04/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>739 ARTHUR MADDOX ROAD</b> <b>SANFORD, NC 27330</b>		
(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 473}	Continued From page 7  A follow-up survey was conducted on 4/11/24.  During observations in the home on 4/11/24 from 3:30-3:45pm, no snacks or meals were given to clients; there were no opportunities to check food temperature.  Interview on 4/11/24 with the home manager revealed she did not have any material for review for dietary training.  Interview on 4/11/24 with the qualified intellectual disabilities professional (QIDP) revealed she started 2 months ago and did not have any materials for dietary training.	{W 473}		