

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

PRINTED: 09/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER PINEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105		
(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 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, document review, and interview, the facility failed to assure all staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is:</p> <p>Observations in the group home during recertification survey 9/10 - 9/11/24 revealed staff donning latex gloves during the dinner and breakfast meal. Continued observations revealed staff assisting various clients with serving hand over hand, feeding the client's meals, and wiping the client's mouth without doffing their latex gloves, cleaning hands, and obtaining a new pair of gloves. For example, staff B was assisting client #5 with her dinner meal on 9/10/24 and staff A was assisting client #2 with the dinner meal. Staff A received a call from her watch and touched her watch and continued to help client #2 to spoon food from her plate. Staff A had to leave the dining table and staff B moved from client #5 to client #2 to assist with the dinner meal. Subsequently, staff A returned to the table donning a new pair of gloves and staff B moved back to client #5 without changing gloves throughout the dinner meal.</p> <p>Subsequent observations on 9/11/24 during the breakfast meal revealed staff donning latex gloves and assisting various clients with serving foods, wiping mouths, and pouring drinks.</p>	W 340			

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.

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

PRINTED: 09/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER PINEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105		
(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 340	Continued From page 1 Additionally, staff were not observed doffing their latex gloves, sanitizing, or washing hands, and obtaining a new pair of gloves after assisting multiple clients. Review of documents on 9/11/24 revealed a policy and procedure manual dated 1/19/24 regarding hand hygiene. Continued review of the hand hygiene policy revealed a policy on use of gloves that states "Decontaminate hands before donning gloves and after glove removal." Further review revealed that the policy states "remove gloves after taking care of the person we serve-do not wear the same pair of gloves for the care of more than one person." Interview on 9/11/24 with the qualified intellectual disabilities professional (QIDP) confirmed that the hand hygiene policy was current. Continued interview with the QIDP confirmed that staff should change gloves from client to client and follow the company policies regarding hand hygiene.	W 340			
W 476	MEAL SERVICES CFR(s): 483.480(b)(3) Food served to clients individually and uneaten must be discarded. This STANDARD is not met as evidenced by: The facility failed to assure health and safety of 3 of 5 clients (#1, #2, #3) in the facility by not ensuring food consumed was discarded prior to the expiration date. The finding is: Observations in the group home on 9/11/24 at 8:15 AM revealed the clients to participate in the breakfast meal consisting of pancakes, eggs, fresh fruit, regular milk, chocolate milk, and	W 476			

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

PRINTED: 09/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER PINEVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105		
(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 476	<p>Continued From page 2</p> <p>orange juice. Continued observations revealed client #1, client #2, and client #3 to be served chocolate milk from a freshly opened gallon container of milk. Further observations revealed that all clients consumed the chocolate milk and client #3 consumed a second cup. Additional observations revealed the chocolate milk and regular milk remained on the dining table after the breakfast meal and the chocolate milk had an expiration date of 8/21/24.</p> <p>Interview on 9/11/24 with the qualified intellectual disabilities professional (QIDP) revealed that the chocolate milk was kept in the freezer and then placed in the refrigerator to serve with the breakfast meal. Continued interview with the QIDP confirmed that expired foods should not be provided to the clients.</p>	W 476		