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

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

NAME OF PROVIDER OR SUPPLIER PINEVIEW SIMMARY STATEMENT OF DEFICIENCIES (PRES) (STY, STATE, ZIP CODE 2589 PINEVIEW DRIVE WINSTON SALEM, NO 27105 SIMMARY STATEMENT OF DEFICIENCIES (PRES) (FACI) DEFICIENCY MUST BE PERCEIDED BY EILL REGULATORY OR LSC LIDENTIFYING INFORMATION) W 340 NURSING SERVICES (CFR(s): 483,460(c)(5)(f) 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. 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: Observations in the group home during recertification survey (9/10 - 9/11/24 revealed staff doning latex gloves during the dimer and breakfast meal. Continued observations revealed staff doning latex gloves (during the dimer and over hand, fleeding the client's meals, and wiping the client's mouth without odfing their latex gloves, cleaning hands, and obtaining a new pair of gloves. For example, staff B was assisting client #3 with her dinner meal and staff As as 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 spon food from her plate. Staff A nat 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 #3 without changing gloves throughout the dinner meal. Subsequently staff A returned to the table donning a new pair of gloves and staff B moved back to client #3 without changing gloves throughout the dinner meal.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
INAME OF PROVIDER OR SUPPLIER PINEVIEW SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 340 NURSING SERVICES (CFR(s): 483.460(c)(5)(i) 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. 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: Observations in the group home during recertification survey 9/10 - 9/11/24 revealed staff donning latex gloves during the clients meals, and wijning the client smalls, and wijning the client smal	34G024		34G024	B. WING _			09/	11/2024
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 340 NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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. 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: 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 mouth without doffing their latex gloves, cleaning hands, and obtaining a new pair of gloves. For example, staff B 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 spoon food from her plate. Staff B moved back to client #3 with the dinner meal. Subsequently, staff B moved back to client #3 with the dinner meal. Subsequently staff A returned to the table donning a new pair of gloves and staff B moved back to client #4 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 with out changing gloves throughout the dinner meal.	NAME OF PROVIDER OR SUPPLIER				5260 PINEVIEW DRIVE	DE		
CFR(s): 483.460(c)(5)(i) 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. 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: 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. Staff A vas 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 sassist with the dinner meal. Subsequently, staff A returned to the table donning a new pair of gloves and staff B moved back to client #2 to sign on 9/11/24 during the	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
gloves and assisting various clients with serving foods, wiping mouths, and pouring drinks. ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.460(c)(5 Nursing services mus other members of the appropriate protective measures that include training clients and stahealth and hygiene m This STANDARD is r Based on observation interview, the facility f sufficiently trained reg of latex gloves. The fill Observations in the grecertification survey donning latex gloves obreakfast meal. Contistaff assisting various over hand, feeding that the client's mouth with gloves, cleaning hand of gloves. For example client #5 with her dinnistaff A was assisting of meal. Staff A received touched her watch and to spoon food from he the dining table and set to client #2 to assist we subsequently, staff A donning a new pair of back to client #5 without throughout the dinner. Subsequent observationed by which is subsequent observationed by which is subsequent observationed in the dinner.	t include implementing with interdisciplinary team, and preventive health e, but are not limited to aff as needed in appropriate ethods. Not met as evidenced by: Instantial to assure all staff were garding the appropriate use anding is: Toup home during 9/10 - 9/11/24 revealed staff during the dinner and anued observations revealed at clients with serving hand are client's meals, and wiping the ending and obtaining a new pair te, staff B was assisting the meal on 9/10/24 and client #2 with the dinner and a call from her watch and a call from her watch and a continued to help client #2 to plate. Staff A had to leave taff B moved from client #5 with the dinner meal. The provided in the provided in the provided in the staff B moved from client #5 with the dinner meal. The plate is the staff B moved form on 9/11/24 during the led staff donning latex various clients with serving and pouring drinks.					(C) PATE

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.

Facility ID: 922393

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		34G024	B. WING		09/11/2024
NAME OF PROVIDER OR SUPPLIER PINEVIEW			1	STREET ADDRESS, CITY, STATE, ZIP CODE 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105	,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
W 476	latex gloves, sanitizing obtaining a new pair multiple clients. Review of documents policy and procedure regarding hand hygiene policy gloves that states "Dudonning gloves and a review revealed that gloves after taking caserve-do not wear the care of more than on the light of the latest of the light of the latest o	re not observed doffing their ng, or washing hands, and of gloves after assisting s on 9/11/24 revealed a manual dated 1/19/24 ene. Continued review of the revealed a policy on use of econtaminate hands before after glove removal." Further the policy states "remove are of the person we e same pair of gloves for the e person." with the qualified intellectual nal (QIDP) confirmed that the was current. Continued DP confirmed that staff is from client to client and policies regarding hand B) s individually and uneaten not met as evidenced by: assure health and safety of 3 in the facility by not med was discarded prior to	W 32		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G024	B. WING _			9/11/2024	
NAME OF PROVIDER OR SUPPLIER PINEVIEW				STREET ADDRESS, CITY, STATE, ZIP CO 5260 PINEVIEW DRIVE WINSTON SALEM, NC 27105			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 476	orange juice. Continu client #1, client #2, ar chocolate milk from a container of milk. Furthat all clients consumed in consumed a conservations revealed regular milk remained breakfast meal and the expiration date of 8/2. Interview on 9/11/24 of disabilities profession chocolate milk was keeplaced in the refrigeration breakfast meal. Continued to continue milk was keeplaced in the refrigeration of the continue milk was keeplaced in the refrigeration.	ed observations revealed and client #3 to be served freshly opened gallon ther observations revealed need the chocolate milk and second cup. Additional at the chocolate milk and I on the dining table after the se chocolate milk had an 1/24. With the qualified intellectual al (QIDP) revealed that the ept in the freezer and then attor to serve with the nued interview with the expired foods should not be	W 4	76			