

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

PRINTED: 09/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER PINEWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2101 BEAUTY STREET STATESVILLE, NC 28625		
(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 194	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(4)</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure direct care staff demonstrated the skills and techniques needed to implement the individual program plan (IPP) for 1 of 3 audit clients (#2). The findings include:</p> <p>During morning observations on 9/11/24 between 7:31am-7:48am revealed client #2 emerged from his bedroom with staff B (assigned 1:1) next to him and client #2 sat down on the sofa in the living room area. Continued observation revealed staff B to walk back and forward from sofa to the hallway near kitchen to check on another resident while leaving client #2 sitting alone on the sofa. Observations also revealed staff B to walk fully out of the living room into the kitchen when two other staff walked another resident into the living room area. Further observation revealed the two other staff were assisting another client with his adaptive equipment and did not engage with client #2.</p> <p>Review on 9/10/24 of client #2's IPP dated 4/1/24 revealed an addendum date 3/28/24 "staff must provide client #2 with 1:1 monitoring while awake and be within arm's reach while at home and in the community. For health and safety, hand mittens will be placed on client #2's hands if he engaging in PICA or attempting to tamper with or pull out the feeding tube."</p>	W 194			

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 194	Continued From page 1 Subsequent review on 9/10/24 of client #2's BSP dated 4/1/24 revealed target behaviors to include un-cooperation, entering others' personal space, AWOL, inappropriate food acquisition, and PICA Behaviors. Interview with the facility qualified intellectual disabilities professional (QIDP) on 9/11/24 confirmed client #2's level of supervision of 1:1(staff must be within arms reach). Further interview revealed that client #2 has made multiple attempts at pulling out his G-tube.	W 194			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 3 audit clients (#2 and #3). The finding is: A. During observations of medication administration on 9/11/24 at 7:22am, staff A was observed to administer Benztropine 1mg, Clonidine 0.1mg ER, Escitalopram 20mg, and Vitamin D3 2000 IU to client #3. No vital signs were taken prior to medication administration. Review on 9/11/24 of client #3's physician's orders dated 9/11/2024 revealed an order to check blood pressure and pulse before giving medications. If blood pressure is less than 90/60 or pulse less than 60 or if blood pressure is higher than 150/100 or pulse higher than 110,	W 368			

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W 368	<p>Continued From page 2 hold medication and call nursing.</p> <p>Interview on 9/11/24 with the facility's Nurse revealed client #3 should have had his blood pressure taken at least 30 minutes prior to Clonidine being administered.</p> <p>B. During observations of medication administration on 9/11/24 at 7:48am, staff A was observed to administer Lorazepam Oral 2ml, Ferrous Sulfate SOL 220/5ml, Fluoxetine SOL 20mg/5ml, Lactulose SOL 10g/15ml, Claritin 10ml liquid, Metoclopram SOL 5mg/5ml, Montelukast 10mg, Quetiapine 200mg, and Quetiapine 50mg to client #2. The three tablets were crushed and all medications were administered via G-tube with 30CC's of water flush before and after each administration. Further observation revealed staff A to push the thicker medication down the G-tube and staff A did not wear gloves while administering the medications to client #2.</p> <p>Review on 9/11/24 of client #2's IPP dated 4/1/24 revealed guidelines for G-tube feeding and medication administration. Further review of the G-tube feeding and medication administration guidelines revealed "do not push contents through G-tube, only administer via gravity. All meds should be crushed and dissolved in water or administered as liquid. Wash hands and wear gloves when handling G-tube".</p> <p>Interview on 9/11/24 with the facility's Nurse revealed staff A should have been wearing gloves while administering medications to client #2. Further interview revealed that staff A should not have pushed any medications or feed down the G-tube; medications and feed should go down the</p>	W 368			

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W 368	Continued From page 3 tube at its own pace without force. The Nurse revealed that staff A received training for client #2's G-tube guidelines recently.	W 368			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review and interview, the facility failed to ensure fire evacuation drills were conducted at least quarterly for each shift. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The findings are: Review on 9/10/24 of the facility's fire drill book from September 2023-August 2024 revealed there were no fire drills documented for the following quarters: 4th Quarter 2023 - December (3rd shift) 1st Quarter 2024 - March (3rd shift) 2nd Quarter 2024 - May (2nd shift) June (3rd shift) During an interview on 9/11/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed there were no documented fire drills for the months of December 2023, March, May, and June of 2024.	W 440			