

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

PRINTED: 11/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/31/2024
NAME OF PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330		
(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}			
{W 189}	<p>A revisit was conducted on October 31, 2024 for previous deficiencies cited on August 15, 2024. Deficiencies were recited. However, no new non-compliance was found.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: During the follow up survey conducted on 10/31/24, a review of the facility's Plan of Correction (POC) dated 10/14/24 revealed retraining would be completed on all BSP's (Behavior Support Plan). Staff would have access to the current BSP's prior to the training for review and opportunity to ask informed questions. The team would utilize the t-log feature in the EHR to communicate any BSP updates, revisions, or implementation to the staff members to ensure ability to perform duties effectively, efficiently, and completely.</p> <p>Interview on 10/31/24 with staff A revealed she was unaware of client A having a BSP.</p> <p>Interview on 10/31/24 with the qualified intellectual disabilities professional (QIDP) revealed that the facility had not completed the documentation for this citation. Therefore, the facility remains out of compliance.</p>	{W 189}			
{W 203}	<p>ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i)</p> <p>At the time of the discharge the facility must</p>	{W 203}			

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 203}	Continued From page 1 develop a final summary of the client's developmental, behavioral, social, health and nutritional status. This STANDARD is not met as evidenced by: During the follow up survey completed on 10/31/24, a review of the facility's Plan of Correction (POC) dated 8/14/24, revealed a final discharge summary from the group home had been developed and sent to the guardian. The QM director would review policy and revise as needed to ensure discharge procedures reflect transfers between facilities. The QM would inservice group home management on the discharge policy and the Regional Director would monitor as needed to ensure any individual transferring out of the facility had a discharge summary. An interview on 10/31/24 with the qualified intellectual disabilities professional (QIDP) revealed that the facility had not completed the documentation for this citation. Therefore, the facility remains out of compliance.	{W 203}			
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: A follow up survey was conducted on 10/31/24 review of the facility's Plan of Correction (POC) dated 8/14/24 revealed the Clinical Supervisor would obtain consent for restrictive programs for the guardian as needed any time a Behavior Support Plan (BSP) was implemented, updated, or revised. The Regional Director would monitor	{W 263}			

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{W 263}	Continued From page 2 quarterly to ensure all consents for restrictive programs are current and signed by the legal guardian. Interview on 10/31/24 the qualified intellectual disabilities professional revealed that the facility had not completed the documentation for this citation. Therefore, the facility remains out of compliance.	{W 263}			