

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2019
NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		11/22/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/07/2019

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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F 561	Continued From page 1 §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to honor a resident's choice and provide showers as scheduled for 1 of 2 residents (Resident #40) reviewed for choices. Findings included: Resident #40 was admitted to the facility on 6/4/19 with diagnoses that included, in part, hypertension and atrial fibrillation. The Patient Admission Data form which was completed upon Resident #40's admission to the facility on 6/4/19 revealed the "resident's preference of baths or showers at home was showers." The quarterly Minimum Data Set (MDS) assessment dated 9/11/19 revealed Resident #40 had moderately impaired cognition. She was dependent on staff for bathing. Resident #40's care plan updated 9/13/19 revealed a problem of activities of daily living (ADL)/personal care. An intervention included one person extensive physical assistance with bathing. The facility's shower schedule revealed Resident #40 was scheduled for showers on Wednesdays	F 561	Without admitting or conceding either the existence or scope or severity of the deficiencies, Piney Grove Nursing and Rehabilitative Center submits this plan of correction in order to be in compliance the regulations. F561 Resident #40 choices for showers have been honored and provided per resident's choice. Other resident having the potential to be affected: Residents within the facility requiring a preference and choice with showers/bed baths have had all of their care plans reviewed and preference updated. All care plans were updated on residents and personal preferences of residents with their choice was updated to reflect their preference of shower/bed bath. Measurements or systemic changes: The Nursing staff was in-serviced on the regulation of Self-determination related to honoring resident choice and providing showers as all residents have difference preferences and choices with showers within the facility. The in-services included information but not limited to honoring rights/choices, documentation,		

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F 561	<p>Continued From page 2</p> <p>and Saturdays during the 7:00 AM-3:00 PM shift. Further review of the medical record documentation revealed Resident #40 received a shower on 9/25/19 (Wednesday) and 10/9/19 (Wednesday). No shower was documented to have been provided on Saturday, 9/28/19 or Saturday, 10/12/19.</p> <p>On 10/22/19 at 9:17 AM an interview was completed with Resident #40 during which she stated she was "supposed to get a shower twice a week" (Wednesday and Saturday) but typically only received a shower on Wednesdays. Resident #40 added she wasn't sure why a shower was not given to her on Saturdays but indicated she wanted a shower twice a week.</p> <p>ADL documentation on 9/28/19 revealed Nurse Aide (NA) #1 provided personal care to Resident #40.</p> <p>On 10/24/19 at 1:41 PM an interview was completed with NA #1. She stated she was not assigned to Resident #40 on 9/28/19 and was unable to state why a shower was not given. She explained she documented ADLs in the electronic medical record (EMR) on behalf of an agency NA who was unable to access the EMR system.</p> <p>An interview on 10/25/19 at 1:10 PM with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) revealed they were unable to determine which NA worked with Resident #40 on 9/28/19.</p> <p>ADL documentation on 10/12/19 revealed NA #2 provided personal care to Resident #40.</p> <p>On 10/25/19 at 9:59 AM an interview with NA #2</p>	F 561	<p>communication with residents and./or representative, and communication with supervisor/licensed personnel. In-service was provided/instructed by the NHA, the DON, SDC and/or ADON starting weekly 11/5/2019 through 11/22/2019 ensuring compliance. Monitoring of compliance will be demonstrated by the DON, ADON, and SDC through the weekly quality assurance meeting with an audit tracking tool for compliance three times a week for four weeks and then weekly for two months.</p> <p>Monitoring to ensure the deficient practice does not reoccur: The DON and/or ADON will monitor this deficient practice in the quality assurance committee each month for the next (3) three months or as needed.</p>		

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F 561	Continued From page 3 revealed although she documented ADLs in the EMR, she had not provided care to Resident #40 on 10/12/19. She indicated there was an agency NA who worked on the hall that Saturday. Attempts to interview the agency NA who worked with Resident #40 on 10/12/19 were unsuccessful. During a follow up interview with Resident #40 on 10/25/19 at 11:38 AM she expressed that she would not refuse a shower if the staff offered one to her. She said she received showers on Wednesdays but showers were not offered to her on Saturdays. Resident #40 indicated she liked the showers and reported that it made her "feel good." A continuation of the interview with the DON on 10/25/19 at 1:10 PM revealed she was unsure why Resident #40 had not received showers on Saturdays. She said she had observed that staff gave showers to residents on the weekends. The DON explained there was a NA information book located at the nurse's desk that informed staff which residents needed showers on a particular day/shift. The DON confirmed that Resident #40 was scheduled for showers on Wednesdays and Saturdays and expected each NA provide a shower to their resident on the scheduled shower day.	F 561			
F 812 SS=D	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		11/22/19	

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F 812	<p>Continued From page 4</p> <p>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident, staff and transport driver interviews and record review, the facility failed to maintain appropriate temperatures of protein-based sandwiches that were transported with residents to the dialysis center for 1 of 1 resident (Resident #66) reviewed for dialysis.</p> <p>Findings included:</p> <p>Resident #66 was admitted to the facility on 7/13/19 with diagnoses that included, in part, end stage renal disease.</p> <p>The admission Minimum Data Set (MDS) assessment dated 7/13/19 revealed Resident #66 was cognitively intact and received dialysis.</p> <p>During a tour of the kitchen on 10/22/19 at 6:13 AM an observation of the reach in refrigerator revealed three gallon size plastic bags. Each bag contained a sandwich (two chicken salad</p>	F 812	<p>Resident #66 is provided with meals in "lunch type containers" when transported to dialysis to maintain appropriate temperatures.</p> <p>Other residents have the potential to be affected: Resident with in the facility requiring a meal to be transported to dialysis will be provided with a "lunch type container" ensuring appropriate temperature maintenance of their meal. All care plans for the dialysis residents requiring theses meals during transport have been updated to reflect such need.</p> <p>Measurement or systemic changes: The appropriate staff including but not limited to the dietary department and the nursing department was in-serviced on the regulation of store, prepare, distribute, and serve food in accordance with</p>		

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F 812	<p>Continued From page 5</p> <p>sandwiches and one pimento cheese sandwich), two juices, a container of applesauce and a package of cookies. An interview with the Cook revealed the plastic bags contained prepared lunches that were sent with the dialysis residents when they went to the dialysis center.</p> <p>On 10/22/19 at 9:56 AM an interview was completed with Resident #66 during which she stated she went to dialysis on Mondays and Fridays. She indicated she typically left the facility around 10:45 AM and returned by 4:30 PM. Resident #66 said the facility provided her with a bagged lunch that she took to the dialysis center. The lunch typically consisted of a protein-based sandwich such as pimento cheese, chicken salad, ham or turkey, juice, applesauce and a package of crackers or cookies. The resident revealed the lunch was provided in a gallon size plastic bag and was not transported in any type of cooler. She further stated the dialysis center had not provided a refrigerator or cooler for the lunch to be kept in, rather, Resident #66 carried the plastic bag with her belongings on the van ride to the dialysis center and then placed the bag on a side table in the dialysis treatment room.</p> <p>During an interview with Nurse #2 on 10/23/19 at 3:51 PM, she explained that a lunch was sent with Resident #66 when she went to dialysis. She said either the nurse or nurse aide (NA) picked up the lunch from the kitchen and gave it to the resident prior to leaving the facility.</p> <p>An observation of Resident #66 on 10/25/19 at 10:41 AM revealed the resident had received a lunch meal that was to be taken to dialysis. Medication Aide #1 handed the lunch to the resident. The lunch was in a gallon size plastic</p>	F 812	<p>profession standard for food service safety including meals provided with dialysis transportation and maintaining appropriate temperatures. This in-service was presented/instructed by the NHA, DON, and/or Dietary supervisor starting 11/5/2019 weekly through 11/22/2019. Individual "lunch type containers" were purchased and obtained by the facility on 10/29/2019 for all dialysis resident within the facility. The in-service included but not limited to information about documentation as deemed necessary, communication with residents and/or representative, communication with supervisor/licensed personnel, and providing of "lunch type containers" to resident requiring dialysis transportation, Monitoring compliance will be demonstrated by the DON, ADON, SD and the dietary supervisor with an audit tool 3 times a week for 4 weeks and then weekly for 2 months.</p> <p>Monitoring to ensure the deficient practice does not reoccur: The DON, ADON, SDC, and dietary supervisor will submit findings to the QAPI committee for 3 months or as needed for 3 months.</p>		

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F 812	<p>Continued From page 6</p> <p>bag and contained a turkey sandwich, two apple juices, a package of lemon cookies, a single serve cup of applesauce and a packet of mayonnaise. Upon receipt of the lunch, Resident #66 placed the plastic bag inside a plastic basin with some personal belongings. The resident indicated she kept the lunch with her on the ride to the dialysis center and said, "Sometimes I'll eat it after dialysis."</p> <p>An interview with Medication Aide #1 on 10/25/19 at 10:45 AM revealed the kitchen pre-packed the lunches for dialysis and gave them to nursing staff to distribute to residents.</p> <p>On 10/25/19 at 10:50 AM an observation was made of Resident #66 being placed onto the van for transport to dialysis. The plastic bag that contained the lunch was in the resident's plastic basin which was held by Resident #66.</p> <p>The Transport Driver was interviewed on 10/25/19 at 10:55 AM. He provided transportation to the dialysis center and reported he was not responsible for the resident's lunches. He explained the lunches were kept with each individual resident on the ride to the dialysis center and typically the resident held the lunch or it was placed in a pocket behind their wheelchair.</p> <p>On 10/25/19 at 2:59 PM an interview was completed with the Dietary Manager. She stated the kitchen prepared lunches that were sent with residents who went to dialysis. She reported the protein-based sandwich that was included in the bagged lunch was typically either turkey, chicken salad, ham, pimento cheese or peanut butter and jelly. The Dietary Manager explained the lunch was placed in a plastic bag and sent with a</p>	F 812			

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

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F 812	<p>Continued From page 7</p> <p>resident to the dialysis center. She verified the temperature of the sandwich should be at 41 degrees or below and added she didn't know how the temperature of the sandwich was maintained once it left the kitchen but thought the temperature rose once it left the refrigerator. She further indicated the facility had insulated bags/coolers but they had not been used for the dialysis lunches since she had worked at the facility, rather, a plastic bag was used. She said the best way to maintain the temperature of the sandwich was to use a cooler. The Dietary Manager acknowledged the facility was responsible to ensure food was transported in a manner that was safe and that meals were served at the proper temperature.</p> <p>An interview with the Administrator on 10/25/19 at 4:10 PM revealed she expected the temperature of the lunch meal be maintained in a manner that was safe for residents to eat when at the dialysis center.</p>	F 812			