

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

PRINTED: 02/09/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE RIDGE HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>706 PINEYWOOD ROAD</b> <b>THOMASVILLE, NC 27360</b>
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E 000	Initial Comments  An unannounced recertification survey was conducted 1/9/2023 to 1/12/2023. The facility was found in compliance with the requirement CFR483.73, Emergency Preparedness. Event ID #HGNV11.	E 000		
F 000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted 1/9/2023 to 1/12/2023. There were 20 allegations and they were unsubstantiated. Intake Numbers: NC00188958, NC00190496, NC00189432, NC00189425, NC00187624, NC00193681, and NC00190510.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary;	F 690		2/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/01/2023
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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 690	<p>Continued From page 1 and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and staff interviews, the facility failed to have written physician orders for the continued care of the indwelling urinary catheter for 1 of 3 residents reviewed for indwelling urinary catheter care (Resident #8).</p> <p>Findings included:</p> <p>An after-visit summary dated 12/5/2022 documented an emergency room visit on 12/5/2022 with the insertion of an indwelling urinary catheter.</p> <p>Resident #8 was admitted to the facility on 12/7/2022 with diagnosis to include retention of urine.</p> <p>A nursing admission assessment dated 12/7/2022 documented the indwelling urinary catheter.</p> <p>The admission Minimum Data Set (MDS) assessment dated 12/13/2022 assessed</p>	F 690	<p>F 690</p> <p>Pine Ridge Healthcare and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Pine Ridge Healthcare and Rehabilitation Center response to this statement of deficiencies does not denote agreement with statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Healthcare and Rehabilitation Center reserves the right to refute any of the deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>		

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F 690	<p>Continued From page 2</p> <p>Resident #8 to be moderately cognitively impaired. The MDS documented the use of an indwelling urinary catheter.</p> <p>The MDS care area assessment dated 12/13/2022 documented Resident #8 was unable to urinate while she was at home and the indwelling urinary catheter was placed during her hospitalization.</p> <p>A physician admission visit note dated 12/8/2022 documented the presence of an indwelling urinary catheter that was inserted due to her inability to urinate.</p> <p>A care plan dated 12/8/2022 addressed Resident #8's potential for a urinary tract infection (UTI) related to the indwelling urinary catheter. Interventions included to change the indwelling urinary catheter per the physician orders.</p> <p>Resident #8's medical record was reviewed and there were no physician orders for indwelling urinary catheter care.</p> <p>A nursing note dated 1/5/2023 written by Nurse #3 documented Resident #8 was seen by the facility physician and a urinalysis with culture and sensitivity (a test to determine infection of the urinary tract) was ordered.</p> <p>A physician order dated 1/6/2023 ordered a urinalysis for pain in the bladder.</p> <p>The urinalysis results on 1/8/2023 showed positive bacteria growth.</p> <p>A physician order dated 1/9/2023 ordered sulfamethoxazole/trimethoprim (an antibiotic)</p>	F 690	<p>On 01/09/2023 during a recertification and complaint survey at Pine Ridge Healthcare and Rehabilitation Center, the survey team observed Resident #8 did not have written licensed provider orders for the continued care of the indwelling urinary catheter.</p> <p>1. Address how the facility will correct the deficiency as it relates to the individual. Resident #8 continues to reside at the facility and continues to require an indwelling urinary catheter. On 01/12/23 Facility Management Nurse obtained and implemented written physician order for the continued care of Resident #8 indwelling urinary catheter. These orders were implemented on Resident #8 electronic Medication Administration Record (EMAR)/electronic Treatment Administration Record (ETAR).</p> <p>2. Address how the facility will act to protect residents in similar situations. On 01/12/2023 the nurse Unit Coordinator (UC) began a 100% audit of residents requiring indwelling urinary catheters to ensure these residents have written licensed provider orders for the continued care of the indwelling urinary catheter. This audit was completed 01/17/23. Any resident requiring an indwelling urinary catheter not having these required orders was immediately corrected by contacting the facility licensed provider and obtaining and implementing orders for the continued care of the indwelling urinary catheter. No</p>		

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F 690	<p>Continued From page 3</p> <p>800/160 milligrams by mouth twice per day for 10 days for UTI.</p> <p>Resident #8 was observed on 1/9/2023 at 10:41 AM. An indwelling urinary catheter was noted to be draining cloudy yellow urine. Resident #8 was interviewed at the time of the observation. Resident #8 reported she had a UTI and was going to start antibiotics. Resident #8 reported she felt generally poor, without specific complaints and hoped the antibiotics helped her.</p> <p>An interview was conducted with Nurse #1 on 1/11/2023 at 2:37 PM. The nurse reported that catheter orders would be entered upon admission to the facility if a resident had a catheter inserted at the hospital. Nurse #1 reported the physician would provide the orders, including the diagnosis for the indwelling urinary catheter use, the frequency of changing the catheter, and the type of catheter to use. Nurse #1 reported she was not aware Resident #8 did not have orders for the catheter.</p> <p>The Unit Manager (UM) was interviewed on 1/11/2023 at 3:08 PM. The UM explained that the nursing staff entered admission orders for new admissions after calling and talking to the physician. The UM reported that she was not aware Resident #8 did not have indwelling urinary catheter orders. The UM reported because the MDS captured the indwelling urinary catheter, a care plan was developed, and a standard of care was implemented. The UM reported Resident #8 started to feel bad a few days ago and a urinalysis was obtained. The UM reported Resident #8 had bacterial growth that showed an infection, and she was started on an oral antibiotic.</p>	F 690	<p>other residents requiring indwelling urinary catheters were identified as not having written licensed provider ordersindwelling urinary catheter care.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the problem does not recur. On 1/27/2023 the Director of Nursing (DON), nurse Unit Coordinator (UC), and special assigned nurse began education to facility/agency nurses obtaining and implementing orders for residents requiring indwelling urinary catheter care. This education will include any new admitted residents as well as residents presently residing in the facility. This education will be completed on 02/05/2023. On 01/27/2023 the DON added this education to the new hire packet and agency/contract nurse packet. Beginning 02/06/2023 the DON will mail education to any Contracted Agency/Facility nurse that has not completed education of on ensuring residents requiring indwelling urinary catheter have implemented written physician orders for the continued care of the indwelling urinary catheter After 02/05/2023, no Contracted Agency/Facility Nursing Staff will be allowed to work until education on ensuring residents requiring indwelling urinary catheter have implemented written physician orders for the continued care of the indwelling urinary catheter</p> <p>Beginning 02/06/2023 the DON,</p>		

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F 690	Continued From page 4  The physician (MD) was interviewed on 1/11/2023 at 3:56 PM. The MD reported he was not aware Resident #8 did not have orders for the care and management of the catheter. The MD reported that the indwelling urinary catheter should be changed every 30 days. The MD reported that that an indwelling urinary catheter increased the risk of a UTI, but he did not feel that Resident #8 developed the UTI because the catheter was not changed.  Nurse #2 was interviewed on 1/12/2023 at 1:10 PM. Nurse #2 reported she completed the admission assessment for Resident #8, but she did not enter the admission orders.	F 690	Treatment Nurse, UC, and/or assigned special project nurse will complete monitoring to ensure compliance of obtaining and implementing orders for residents requiring indwelling urinary catheter care. The DON, Treatment Nurse, UC, and/or assigned special project nurse will observe 6 random residents 5x/week x4 weeks, then 3x/week x4 weeks, then 2x/week x4 weeks ensure compliance of obtaining and implementing written orders physician orders for the continued care of the indwelling urinary catheter  Beginning 02/06/2023 the DON, Treatment Nurse, UC, and/or assigned special project nurse will report the findings of the monitoring: obtaining and implementing written licensed provider orders for the continued care of the indwelling urinary catheter to the members of the Cardinal Intradisciplinary Team once weekly x3 months to ensure compliance and review for further recommendations and/or follow up as needed for continued compliance. 4. Indicate how the facility will monitor its performance to make sure that solutions are sustained. Beginning the month of February 2023 and continuing for 3 months, the DON will report the findings of the monitoring: obtaining and implementing written physician orders for the continued care of the indwelling urinary catheter monthly to the members of Quality Improvement (QI) Committee meeting. The QI Committee will review this monitoring report for		

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F 690	Continued From page 5	F 690	further recommendations or follow up as needed for continued compliance to determine the need and/or frequency of the continued QI monitoring to ensure compliance is maintained.		
F 759 SS=D	<p>Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)</p> <p>§483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interviews the facility failed to maintain a medication administration error rate of less than 5% as evidenced by a medication rate of 8% (2 out of 25 opportunities) (Resident #69).</p> <p>Findings included:</p> <p>1. Resident #69 admitted to the facility on 12/20/2022 with diagnoses of stroke and difficulty swallowing.</p> <p>a. A review of Resident #69's medication orders revealed he had an order dated 12/20/2022 for Famotidine (a medication that reduces stomach acid)20 milligrams two times a day for gastric reflux to be given by gastrostomy tube.</p> <p>During an observation of Resident #69's medication administration on 1/11/2023 at 8:35 am Nurse #1 gave Resident #69 Famotidine 20</p>	F 759	<p>5. Date of completion 02/06/2023.</p> <p>F 759</p> <p>Pine Ridge Healthcare and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Pine Ridge Healthcare and Rehabilitation Center response to this statement of deficiencies does not denote agreement with statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Healthcare and Rehabilitation Center reserves the right to refute any of the deficiencies through informal dispute</p>	2/6/23	

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F 759	<p>Continued From page 6</p> <p>mg 1 tablet. Nurse #1 crushed the medication and mixed it in applesauce and gave the medication orally.</p> <p>b. Resident #69's orders were reviewed and revealed an order for Folbee (Vitamin B Complex Supplement) 5 milligrams for a supplement to be given by gastrostomy tube.</p> <p>During an observation of Resident #69's medication administration on 1/11/2023 at 8:35 am Nurse #1 gave Resident #69 Folbee Plus 1 tablet mixed in applesauce orally.</p> <p>Nurse #1 was interviewed on 1/11/2023 at 10:08 am and she stated she gave Resident #69's Famotidine 20 mg and Folbe Plus crushed in applesauce by mouth because his diet had changed to mechanical soft with thin liquids.</p> <p>An interview was conducted with the Unit Manager on 1/12/2023 at 1:25 pm and she stated Nurse #1 should have looked at the order and given Resident #69 his Famotidine 20 mg and Folbee Plus according to the Physician's orders. The Unit Manager also stated Nurse #1 should have notified the Physician of the change in Resident #69's diet orders and asked the Physician if he wanted to change the orders for his medication route.</p> <p>On 1/12/2023 at 11:24 am the Physician was interviewed and stated Nurse #1 did not request a change in the route of Resident #69's medications when his diet was changed to Mechanical Soft with thin liquids.</p> <p>During an interview with the Administrator on 1/12/2023 at 3:16 pm she stated Nurse #1 should</p>	F 759	<p>resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>On 01/09/2023 during a recertification and complaint survey at Pine Ridge Healthcare and Rehabilitation Center, the survey team observed the facility failed to maintain a medication administration error rate of less than 5%. This observation occurred during a medication pass observation when nurse #1 administered 2 crushed medication by mouth that should have been administered via gastrostomy tube.</p> <p>1. Address how the facility will correct the deficiency as it relates to the individual. Resident #69 no longer resides at the facility. Resident #69 had no adverse effect from receiving his medications by mouth. The facility licensed provider was notified and advised no additional care is needed as Resident #69 is presently on a mechanical soft diet with thin liquids. On 01/12/2023 Facility nurse Unit Coordinator (UC) educated Nurse #1 to follow medication routes per Licensed Practitioner order and electronic Medication Administration Record (EMAR)/electronic Treatment Administration Record (ETAR). This education included the need of Licensed Provider order change for medications to be given other than alternative method in the event of a diet change.</p> <p>2. Address how the facility will act to protect residents in similar situations. On 01/12/2023 the nurse Unit Coordinator</p>		

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F 759	Continued From page 7 have followed the orders written by the Physician when she gave Resident #69 his medications.	F 759	(UC) and Director of Nursing (DON) completed a 100% audit of residents requiring alternative administration of medication to ensure medication error rate is less than 5%. Any identified concerns were clarified with the facility licensed provider and corrections were made to resident orders as applicable. This audit was completed on 01/17/2023.  3. Address what measures will be put into place or systemic changes made to ensure that the problem does not recur. On 1/27/2023 the Director of Nursing (DON), nurse Unit Coordinator (UC), and special assigned nurse began education to facility/agency nurses and medication aides on alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%. This education will be completed on 02/05/2023. On 01/27/2023 the DON added this education to the agency/contract nurse new hire packet. Beginning 02/06/2023 the DON will mail education to any Contracted Agency/Facility nurse and medication aides that have not completed education of on alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%. After 02/05/2023, no Contracted Agency/Facility Nursing Staff will be allowed to work until education on alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than		



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F 759	Continued From page 8	F 759	<p>5%.</p> <p>Beginning 02/06/2023 the DON, Treatment Nurse, UC, and/or assigned special project nurse will complete monitoring to ensure compliance of alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%. The DON, UC, and/or assigned special project department head will observe 2 random nurses or medication aide 5x/week x 4 weeks, then 3x/week x4weeks, then 2x/week x4 weeks to ensure compliance of alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%. In addition, the facility pharmacy consultant will observe 1 nurse or medication aide performing medication pass monthly to ensure compliance of alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%. Any nurse or medication aide noted giving a medication different than the ordered route will be stopped immediately and re-educated to alternative administration of medication and Rights of Medication Administration.</p> <p>4. Indicate how the facility will monitor its performance to make sure that solutions are sustained.</p> <p>Beginning 02/06/2023 the DON, Treatment Nurse, UC, and/or assigned special project nurse will report the findings of the monitoring: alternative administration of medication and Rights of</p>		

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F 759	Continued From page 9	F 759	<p>Medication Administration to ensure medication error rate is less than 5%, to the members of the Cardinal Intradisciplinary Team once weekly x3 months to ensure compliance and review for further recommendations and/or follow up as needed for continued compliance.</p> <p>Beginning the month of February 2023 and continuing for 3 months, the DON will report the findings of the monitoring: to ensure compliance of alternative administration of medication and Rights of Medication Administration to ensure medication error rate is less than 5%, monthly to the members of Quality Improvement (QI) Committee meeting. The QI Committee will review this monitoring report for further recommendations or follow up as needed for continued compliance to determine the need and/or frequency of the continued QI monitoring to ensure compliance is maintained.</p> <p>5. Date of completion 02/06/2023.</p>		