

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

PRINTED: 08/14/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/11/2024
NAME OF PROVIDER OR SUPPLIER SAINT JOSEPH OF THE PINES HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 103 GOSSMAN ROAD PINEHURST, NC 28374		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 582 SS=D	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and</p>	F 582		8/2/24	

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

TITLE

(X6) DATE

Electronically Signed

08/02/2024

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 582	<p>Continued From page 1</p> <p>periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to issue a Centers for Medicare and Medicaid Services (CMS), CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to 1 of 3 residents reviewed for SNF Beneficiary Protection Notification Review</p>	F 582	<p>F582 Medicaid/Medicare Coverage/Liability Notice</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of</p>		

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F 582	<p>Continued From page 2 (Resident # 50).</p> <p>Findings included:</p> <p>Resident #50 was admitted to the facility under part A Medicare services on 5/22/24.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was discussed by telephone with Resident #50's responsible party on 6/17/24. The notice indicated that Medicare coverage for skilled services was to end 6/19/24 and the resident would remain in the facility.</p> <p>A review of the medical record revealed a CMS-10055 SNF ABN (ABN) was not provided to the resident or responsible party.</p> <p>An interview was conducted with the Social Worker on 7/10/24 at 12:26 PM and he revealed that Residents # 50 planned to remain in the facility and the social worker made the resident and family aware that there would be a private pay cost. The social worker further revealed the SNF ABN form was not issued because the family had appealed the Notice of Medicare Non-Coverage (NOMNC) and he thought he had to wait to issue the SNF ABN notice until after the NOMNC appeal decision had been received.</p> <p>An interview was conducted with the Administrator on 7/11/24 at 9:56 AM revealed the social worker had not yet issued the SNF ABN to Resident #50 because he did not want to confuse the family member by issuing the SNF ABN notice before the NOMNC appeal decision had been finalized.</p>	F 582	<p>correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <ol style="list-style-type: none"> On 7/11/24 the Director of Social Services issued an ABN to resident #150 On 7/31/24 the Director of Social Services reviewed the last 30 days of NOMNCs and ABNs and residents that were affected are no longer residents of this community. Effective 8/1/24 The Executive Director, Director of Clinical Services, Business Office Manager, and the Director of Social Services were re-educated regarding the process of when an NOMNC and ABN must be presented to a resident, by Brenda Sowash RN, Director Clinical Assessment Practice. Effective 8/2/24/ The Executive Director will review all discharges where an ABN must be issued and verify it has been completed timely. The ABN will be sent to the BOM to complete second check and will upload that into Vision. Any concerns regarding the timeliness of the ABN will be addressed promptly. Results of the monitoring of the ABN will be reviewed at the monthly at QAPI for 1 month or until a pattern of compliance is 		

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F 582	Continued From page 3	F 582	established.		
F 609 SS=E	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to report allegations of abuse to Adult Protective Services (APS). This deficient practice was for 4 of 4 residents reviewed for</p>	F 609	<p>F609 Reporting of Alleged Violations</p> <p>This plan of correction constitutes a written allegation of compliance.</p>	8/2/24	

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F 609	<p>Continued From page 4</p> <p>abuse. (Resident # 41, Resident #324, Resident #72 and Resident #223).</p> <p>Finding included:</p> <p>1. A review of the Initial Allegation Report for an allegation of misappropriation of property submitted on 6/18/24 at 3:47 PM indicated the facility became aware of the alleged incident on 6/18/24 at 1:00 PM for Resident #41. The allegation details revealed Resident #41 alleged that someone stole \$100 from her pocketbook. The initial report indicated local law enforcement was notified on 6/18/24 at 2:30 PM. The initial report did not indicate APS was notified.</p> <p>The Investigation Report completed on 6/24/24 for the 6/18/24 incident concerning Resident #41 indicated APS was not notified of the allegation of misappropriation of resident property.</p> <p>During an interview with the Director of Clinical Services 7/11/24 9:52 AM he indicated that he did not contact APS and that he was not aware APS needed to be notified an allegation of misappropriation of resident property</p> <p>During an interview with the Administrator on 7/11/24 at 10:08 AM he indicated that he did not know APS needed to be notified of an allegation of misappropriation of resident property.</p> <p>2. A review of the Initial Allegation Report for an allegation of misappropriation of property submitted on 6/18/24 at 3:47 PM indicated the facility became aware of the alleged incident on 6/18/24 at 1:00 PM for Resident #72. The allegation details revealed Resident #41 alleged that someone stole \$20 from her pocketbook. The initial report indicated local law enforcement</p>	F 609	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>1. On 7/31/24 APS was notified of the alleged violations for Resident # 41, Resident # 324, Resident # 72, and Resident # 223.</p> <p>2. On 7/31/24 The Director of Clinical Services reviewed the last 6 months of reported alleged violation and all residents with alleged violation were affected the alleged deficient practice.</p> <p>3. Effective 7/31/24 the Executive Director, Director of Clinical Services and Director of Nursing were educated regarding the process of notifying Adult Protective Services (APS) for all reported alleged violations by Emma Duquette RN Regional Director of Quality and Risk Management</p> <p>4. Effective 8/2/24/24 the Executive Director will review each Report of Alleged Violations to ensure APS were notified, Monday – Friday for 3 months, any concerns regarding APS not being notified will be addressed promptly. Results of the reporting process to APS will be reviewed at the monthly at QAPI for 3 months or</p>		

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F 609	<p>Continued From page 5</p> <p>was notified on 6/18/24 at 2:30 PM. The initial report did not indicate APS was notified.</p> <p>The Investigation Report completed on 6/24/24 for the 6/18/24 incident concerning Resident #72 indicated APS was not notified of the allegation of misappropriation of resident property.</p> <p>During an interview with the Director of Clinical Services 7/11/24 9:52 AM he indicated that he did not contact APS and that he was not aware APS needed to be notified of the allegation of misappropriation of resident property</p> <p>During an interview with the Administrator on 7/11/24 at 10:08 AM he indicated that he did not know APS needed to be notified of the allegation of misappropriation of resident property.</p> <p>3. A review of the Initial Allegation Report for an allegation of resident abuse submitted on 7/2/24 at 3:57 PM indicated the facility became aware of the alleged incident on 7/2/24 at 12:00 AM for Resident #324. The allegation details revealed Resident # 324 alleged the accused pushed resident #324 into the shower, shut the door to the shower and did not come back when Resident #324 yelled for help. Resident #324 also alledged the accused told Resident #324 to shut up, and to go to bed. The initial report indicated no injuries occurred and local law enforcement was notified on 7/2/24 at 2:06 AM. The initial report did not indicate whether APS was notified.</p> <p>The Investigation Report completed on 7/9/24 for the 7/2/24 incident concerning Resident #324 indicated the allegation was not substantiated and</p>	F 609	until a pattern of compliance is established.		

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F 609	Continued From page 6 APS was not notified of the allegation of resident abuse. During an interview with the Director of Clinical Services 7/11/24 9:52 AM he indicated that he did not contact APS and that he was not aware APS needed to be notified of the allegation of resident abuse. During an interview with the Administrator on 7/11/24 at 10:08 AM he indicated that he did not know APS needed to be notified of the allegation of resident abuse. 4) A review of the Initial Allegation Report for an allegation of abuse with no serious bodily injury was submitted on 6/7/24. The report indicated the facility became aware of the incident on 6/7/24 at 10:00 AM for Resident #223. The allegation details read Resident #223 alleged that another resident hit her in the hip. The initial report indicated law enforcement was notified on 6/7/24 at 11:06 AM. The initial report did not indicate that APS was notified. The Investigation Report completed on 6/14/24 for the 6/7/24 incident concerning Resident #223 revealed that APS was not notified for an allegation of abuse. On 7/11/24 at 9:43 AM, an interview occurred with the Administrator and the Director of Clinical Services. They stated they were not aware that APS had to be notified regarding an allegation of abuse.	F 609			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information.	F 732		8/2/24	

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F 732	<p>Continued From page 7</p> <p>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations, and staff interviews, the facility failed to ensure the daily</p>	F 732	F732 Posted Nurse Staffing Information This plan of correction constitutes a		

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F 732	<p>Continued From page 8</p> <p>nurse staffing sheets were completed and posted for 1 of 30 days reviewed (07/08/24) for staffing.</p> <p>Findings included:</p> <p>On 07/08/24 at 09:51 AM the daily nurse staff sheets observed in the lobby of the facility was dated 06/28/24 through 07/01/24.</p> <p>An interview was conducted on 07/08/24 at 09:52 AM with the Administrator. He stated that he had been at the facility about six weeks, and they had a change in the staffing position. He stated the Director of Nursing (DON) had been posting the daily nurse staff postings however she was on vacation and the postings had not been updated since 07/01/24. He then stated he would get it updated right now.</p> <p>An interview was conducted on 07/09/24 at 3:30 PM with the Staff Coordinator. She stated she had been in her current position since 07/07/24 and she was still learning her duties. She indicated she did not post nurse staffing in the lobby for 07/08/24. She explained that the Director of Nursing (DON) had been handling some things but was currently on vacation.</p> <p>An interview was conducted on 07/11/24 at 10:03 AM with the Administrator. He stated his expectation was for the daily nurse staff sheets to be completed and posted 7 days a week.</p>	F 732	<p>written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <ol style="list-style-type: none"> Effective 07/08/24 the Executive Director posted the Daily Nurse Staffing sheets in the lobby. Effective 07/08/24 No residents were affected by the alleged deficient practice. Effective 8/2/24 the Director of Clinical Services re-educated the Director of Nursing and the Scheduling Coordinator regarding the process for posting the Daily staffing information, daily in the lobby. Effective 8/2/24 the Director of Nursing/designee will review the Daily staffing Sheets and will Initial and date them to ensure they are posted timely and provide all the required information, daily Monday – Sunday for 30 days. Any concerns regarding the posting of the Daily staffing sheets will be addressed promptly. Results of the monitoring of the Daily staffing sheet will be reviewed at the monthly at QAPI for 1 month or until a pattern of compliance is established. 		