PRINTED: 09/18/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING _____ B. WING _____	08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD RD THOMASVILLE, NC 27360

(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
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to administer the insulin dosage ordered for 1 of 3 residents and 7 opportunities (Resident # 106). The findings included: Resident #106 was admitted on 8/14/09 and readmitted on 9/6/11 with diagnoses including diabetes and vascular dementia. The 7/12/12 quarterly Minimum Data Set (MDS) assessment revealed Resident # 106 was moderately cognitively impaired. Review of the Medication Regimen Review Note to Attending Physician/Prescriber dated 8/13/12 revealed " (Name of resident) currently receives Lantus (a type of insulin) 15 units SQ (subcutaneous) at bedtime in addition to Novolin R sliding scale insulin. Recent fasting blood glucose levels have ranged from 174-266. Afternoon readings 187-319. Please consider increasing this resident ' s Lantus to 17 units SQ nightly and increase by 2 units every 3 days until fasting glucose < (less than) 150. " Further review revealed the physician agreed to the recommendation on 8/21/12. Review of the Physician Orders dated 8/21/12	F 333	Pine Ridge Health & 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 Health & Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health & Rehab reserves the right to refute any of the deficiencies on this Statement of Deficiencies through informal Dispute Resolution formal appeal procedure and/or any other administrative or legal proceeding	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janice Hedrick	Administrator	9/21/2012

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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	345144	A. BUILDING _____ B. WING _____	08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD RD THOMASVILLE, NC 27360

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F 333	Continued From page 1 revealed " Lantus to 17 units sq (subcutaneous) nightly at bedtime and increase by 2 units q (every) 3 days until fasting blood glucose < 150. " Review of the Medication Administration Record (MAR) for 8/21/12 through 8/29/12 revealed Resident # 106 received 17 units of Lantus insulin at bedtime evenings from 8/21/12 through 8/29/12. Further review of the MAR for 8/21/12 through 8/29/12 revealed Resident # 106 ' s fasting blood glucose was recorded as ordered on Monday ' s, Wednesdays and Fridays at 6:30 AM. On 8/23/12 (day three post implementation of the order) Resident # 106 ' s fasting blood glucose was recorded as 168. The other fasting blood glucose readings during this time period were 8/24/12 (219), 8/27/12 (219) and 8/29/12 (253). All of these results were over 150 but the Lantus was not increased as ordered. The first opportunity to increase the Lantus as ordered was identified as 8/23/12 and each day following was another opportunity for a total of 7 opportunities (8/23/12 through 8/29/12). Interview with Nurse # 1 on 8/30/12 at 11:10 AM revealed that she transcribed the order to the Medication Record. She stated that the nurse who gave the Lantus at bedtime should have reviewed the blood glucose results to determine if the dose needed to be increased. She acknowledged the oversight was a medication error and stated she would report it to the Nursing Supervisor. Interview with the Nursing Supervisor on 8/30/12 at 11:15 AM revealed that she had some concerns with the original order and was worried a required increase in the Lantus insulin dosage	F 333	For Resident #106 the Medication Administration Record was rewritten to reflect clear dates/dosage and for titration of insulin by the charge nurse on 8/30/2012. The DON notified the physician on 8/30/2012. The current order was discontinued and a new order received. The DON and/or QI Nurse reviewed 100% of the physician orders for all residents receiving insulin to verify correct orders and transcription to the Medication Administration Record on 9/3//2012. No further issues were identified. All Nurses will be inserviced on transcription of orders and administration per the Medication Administration Records to include insulin by the Staff Facilitator. The DON or ADON will audit Medication Administration Records of all residents receiving insulin to include Resident #106 during monthly reviews of Physician Orders and MARs utilizing a QI tool. The DON or ADON will follow up as appropriate on any concern upon identification. The results of the audits will be forwarded to the Executive QI Committee monthly x3 and quarterly thereafter for the identification of potential trends, for follow-up as deemed necessary and to determine the need for and/or frequency of continued QI monitoring.	9/27/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	346144	A. BUILDING _____ B. WING _____	08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD RD THOMASVILLE, NC 27360

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F 333	Continued From page 2 would be missed. She stated that the nurse who gave the evening dose of Lantus should have checked the blood glucose results to see if the doseage of Lantus insulin to be given should be increased. She also said she would write up a medication error report in regards to the wrong dosage having been given to resident # 106 and would contact the physician to determine how he wanted to proceed.	F 333		

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

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RECEIVED OCT 2 2012 CONSTRUCTION SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD RD THOMASVILLE, NC 27360

(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
K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This facility is Type III (211) protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.	K 000	Pine Ridge Health & 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 Health & Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health & Rehab reserves the right to refute any of the deficiencies on this Statement of Deficiencies through informal Dispute Resolution formal appeal procedure and/or any other administrative or legal proceeding.	
K 045 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/10/2012 following exit discharge illumination was observed as noncompliant as the specific findings include there were no exit discharge lighting on the emergency circuit at the required exits from the Activities and Therapy rooms.	K045	10/26/2012 The identified outside light at the therapy room was replaced with a double lighting fixture on 10/11/2012. All other outside emergency lights were checked by the maintenance supervisor to sure double lighting fixtures are in place and compliant.	
K 062 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Janice Hedrick — TITLE: Administrator — (X6) DATE: 10/24/2012

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD RD THOMASVILLE, NC 27360

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K 062	Continued From page 1 condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/10/2012 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against it being accidently turned off. CFR#: 42 CFR 483.70 (a)	K045	Continued The Maintenance Director will check outside emergency exit lights weekly for effective lighting. The results of the weekly monitoring will be forwarded to the next QI Committee monthly and quarterly thereafter for the identification of potential trends, for follow -up as deemed necessary and to determine the need for and/or frequency of continued monitoring. K062 The accelerated valve that is essential to the sprinkler system was wired into the fire panel and became electrically supervised on 10/19/2012. This is the only sprinkler system Riser Room for the facility to be checked. The accelerator valve will be monitored weekly by the maintenance director. The monitoring results will be forwarded to the Executive QI Committee monthly x3 and quarterly thereafter for the identification of potential trends, for follow-up as deemed necessary and to determine the need for and/or frequency of continued QI monitoring.	10/26/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING 02 - BUILDING 02 B. WING _____	10/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS	K 000		

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This facility is Type II unprotected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.

There were no Life Safety Code deficiencies noted at the time of the survey ni Building 2.

CFR#: 42 CFR 483.70 (a)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janice Fedrick	Administrator	10/24/2012

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