

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

PRINTED: 09/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/07/2015
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352		
(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 000	INITIAL COMMENTS	F 000			
F 372 SS=E	<p>There were no deficiencies cited as a result of this complaint investigation survey of 8/7/15. Event ID #WY9O11. Intake # NC00108677.</p> <p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure that the doors of two of two dumpster were kept closed and failed to make sure the area around the dumpsters were kept clean and free of debris. The findings included: The dumpster area was observed during the initial tour on 8/4/15 at 10:54 AM. Four disposable gloves were observed on the ground behind the left dumpster and 2 disposable gloves were on the ground between the 2 dumpsters. On 8/5/15 at 8:27 AM the dumpster area was observed. Outside the enclosed dumpster area on the cement pad 6 disposable gloves, straw paper and 5 cardboard food boxes were observed on the ground. On 8/6/15 at 8:09 AM the dumpster area was observed. The left dumpster, left side door was observed opened and one disposable glove was on the ground behind the right dumpster. Outside the enclosed dumpster area on the cement pad 3 disposable gloves and more cardboard pieces were observed on the ground. Directly behind the cement pad, 10 feet out 4 disposable gloves were observed on the grass.</p>	F 372	<p>Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Scottish Pines Rehabilitation and Nursing. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>F 372 DISPOSE GARBAGE & REFUSE PROPERLY</p> <p>1) On 8/7/2015, facility Director of Environmental Management Services (EMS) cleaned the dumpster area and ensured that all disposable gloves, straw</p>	8/21/15	

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

TITLE

(X6) DATE

Electronically Signed

08/21/2015

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 372	Continued From page 1 On 8/7/15 at 8:23 AM the dumpster area was observed. Both dumpster doors on the left side of each dumpster was observed open and 2 disposable gloves were on the ground between the 2 dumpsters. During an interview with the Chef Manager on 8/7/15 at 10:06 AM he stated that his staff knew to close the dumpster doors. The Chef Manager indicated he would contact environment services to clean up the area immediately. During an interview with the Environmental Management Services (EMS) Manager on 8/7/15 at 10:19 AM he stated that he expected when staff take out the trash they should remove their disposable gloves put them into the dumpster and close the doors.	F 372	papers and cardboard food boxes were disposed of properly and ensured surrounding area was free of debris. 2) On 8/12/2015, all environmental and facility services employees were re-in-serviced by facility Director of Environmental Management Services (EMS) on ensuring that all dumpster doors are closed after each use and to check all areas of the parking lot to ensure that they are free of debris at all times. See attachment A.1-A.2. 3) Beginning on 8/12/2015, facility maintenance assistant or designee will patrol the dumpster area three times per day. The first round in the morning, second round before lunch and the final round at the end of the day. See attachment B. 4) Beginning on 8/12/2015, facility maintenance assistant or designee will ensure that dumpster area is swept and hose down at a minimum of once a week with ¿Suma Dock¿ (dumpster cleaner). See attachment C.1-C.3. 5) On 8/14/2015, all dietary employees were re-in-serviced by facility registered dietician on the proper waste disposal process. See attachment D. 6) On 8/17/2015, facility posting placed at employee entrance/exit to remind all employees to assist in keeping facility lot clean and to discard of disposable gloves in proper trash dispenser (and not on the ground). See attachment E. 7) Results of plan and audits will be discussed during morning administrative meeting weekly x 4 weeks with adjustments to plan made as needed		

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F 372	Continued From page 2	F 372	<p>followed by:</p> <p>8) Results of audits and compliance with plan will be discussed and minutes recorded x 4 months during the facility's monthly QAPI meeting, with adjustments to plan made as needed, followed by:</p> <p>9) Results of audits and compliance with plan will be discussed and minutes recorded quarterly x 3 quarters during the facility's quarterly QAPI committee meeting, with adjustments to plan made as needed followed by:</p> <p>10) Should revisions be necessary, appropriate staff will be re-in-serviced by DON or appropriate designee.</p> <p>11) Any revisions to plan will require monitoring steps to begin again at step 7.</p>		