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 _____	C 12/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	706 PINEYWOOD ROAD 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 157 SS=D	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	F 157		12/16/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/16/2016

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F 157	Continued From page 1 as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to immediately notify the Responsible Party following an incident involving a pillow being placed over a resident's face by Resident #1 for 1 of 2 sampled residents (Resident #2). Findings included: Resident #2 was admitted to the facility on 06/20/16. Resident #2's Quarterly Minimum Data Set (MDS) revealed diagnoses of Alzheimer's disease, hemiplegia, and diabetes. Resident #2 was severely cognitively impaired. Resident #1 was admitted to the facility on 04/18/16. Resident #1's Quarterly MDS dated 10/26/16 revealed he was moderately cognitively impaired. Review of the Nurses Notes dated 11/20/16-11/28/16 revealed no documentation that notification of a pillow being placed over Resident #2's face on 11/20/16 by Resident #1 was made to Resident #2's Responsible Party (RP). Review of the Incident/Accident Report dated 11/29/16 revealed a late entry note showing that Nursing Assistant (NA) #1 reported she had seen another resident (Resident #1) attempting to put a pillow over Resident #2's face on 11/20/16. In an interview on 12/02/16 at 12:20 AM the Certified Medication Aide (CMA) who worked with	F 157	Pine Ridge Health 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 Health and Rehabilitation Center'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 and Rehabilitation Center 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. 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient	

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F 157	Continued From page 2 Resident #1 stated he was confused. She indicated that sometimes he made sense when he talked but not always. In an interview on 12/02/16 at 1:32 AM Nurse #2 stated when any type of incident occurred the physician, Administrator and RP were to be notified immediately. In an interview on 12/02/16 at 1:46 AM Charge Nurse #1 stated when an incident happened the nurse needed to notify the Administrator, the physician and the resident's family. In a telephone interview on 12/02/16 at 12:30 PM Nurse #1 stated she was Resident #2's nurse on 11/20/16. She indicated she was at the nurse's desk with Supervisor #1 when NA #1 reported Resident #1 had placed a pillow over Resident #2's face. Nurse #1 indicated she did not notify Resident #2's family. She stated Supervisor #1 told her she would take care of it. In an interview on 12/02/16 at 1:01 PM the Administrator stated the Nurse Practitioner (NP) was notified of the incident on 11/21/16. The NP came to the facility but did not examine Resident #2 nor did she notify Resident #2's family of what had happened. The Administrator stated Resident #2's RP was not notified until 11/26/16. The Administrator stated it was not acceptable that it took until 11/26/16 for Resident #2's RP to be notified and that she expected the nurses to report all incidents involving residents to their families and physicians right away. A telephone interview with Supervisor #1 was attempted on 12/02/16 at 1:27 PM. The telephone number provided by the facility had been disconnected. In a telephone interview on 12/02/16 at 7:02 PM Nurse #3 stated when an incident occurred the nurse caring for the resident needed to call the physician and the family. She indicated the nurse	F 157	practice. On 11/20/16, Nurse #1 assessed Resident #2 with no negative findings. on 11/21/16 NP was notified of incident and assessed resident #2. On 11/21/16, the nurse practitioner was notified of the 11/20/16 incident. on 11/22/16 resident #1 was assessed by nurse practitioner and RP was notified. On 11/26/16, Resident #2□s responsible party was notified of the 11/20/16 incident. 2. How the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 12/5/16, a 100% audit was started by the Director of Nursing (DON), staff facilitator (SF), and the registered nurse (RN) supervisor of the last 30 days of incident reports and nurse□ progress notes to ensure there was documentation of responsible parties (RP) notification. The audit was completed 12/16/16. The findings of no documentation of RP notification were addressed and documented immediately. 3. What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur. A 100% in-service was initiated by the DON and SF for all nurses regarding responsible party notification for any significant change in condition, new	

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F 157	Continued From page 3 should also put documentation in the nurse's notes that the physician and family had been notified. In a telephone interview on 12/03/16 at 11:40 AM the NP stated she did not speak to Resident #2's RP regarding the incident on 11/20/16. She indicated she expected the facility to follow their protocol for notification. In an interview on 12/03/16 at 2:28 PM the Interim Director of Nursing stated she expected the nurses to notify the physician, Administrator and RP immediately following any incident involving a resident.	F 157	incidents, and accidents. All nurses will be in-serviced by 12/14/16. Any nurse not in-serviced by 12/14/16 will not be allowed to work until they have completed the in-service. This in-service will be ongoing as all newly hired staff will be in-serviced during orientation process by the staff facilitator. 4. How the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility. The DON, assistant director of nursing (ADON), SF, and/or corporate consultant will review 100% of progress notes and incident reports weekly x 8 weeks then every-other-week x 8 weeks then once monthly x 8 weeks to ensure the physician or nurse practitioner and the responsible party were notified of incidents and accidents. This audit will be documented on the Notification Audit Tool. The results of the audits will be presented by the DON or ADON at the monthly QI committee and the quarterly executive QA committee meetings for 24 weeks for review and recommendations.	