

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>F550 D Based on record review, interviews with family and staff, the facility failed to provide the resident representatives choices of COVID -19 facilities for facility-initiated resident transfers to another Long-Term Care Facility for 6 of 6 residents reviewed for choices (Resident #2, #4, #5, #6, #7, and #8). Findings included: A. Resident #2 was re-admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #2 also had the following diagnosis; [MEDICAL CONDITION] disorder, [MEDICAL CONDITION], type 2 diabetes mellitus, major [MEDICAL CONDITION] and [MEDICAL CONDITION]. The quarterly Minimum Data Set ((MDS) dated [DATE] coded the resident as being cognitively intact. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 10:47 pm of the residents transfer to Wilson Pines to take place on 7-19-2020. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #2's representative. Resident #2's representative was interviewed on 7-22-2020 at 10:13 am by telephone. The representative stated she did receive a phone call from the facility at 10:45 pm on 7-18-2020 to inform her the resident was being moved to Wilson Pines the next day because of testing positive for COVID-19. The representative stated that she was not offered a choice of optional facilities. The resident state the facility did tell her once the resident tested negative on two occasion for COVID-19 the resident could be returned to Pine Ridge. B. Resident #4 was re-admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #2 also had the following diagnosis; [MEDICAL CONDITION], diabetes mellitus, depression malnutrition The quarterly Minimum Data Set ((MDS) dated [DATE] coded the resident as being cognitively intact. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 11:25 pm of the residents transfer to Wilson Pines to take place on 7-19-2020. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #4's representative. Resident #4's representative was interviewed on 7-22-2020 at 11:16 am by telephone. The representative stated she did receive a phone call from the facility on 7-18-2020 around 12:30 am that resident #4 was being transferred to Wilson NC due to testing positive for COVID-19. The representative stated she was not given a choice of other facilities C. Resident #5 was admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #5 also had the following diagnosis; Displaced intertrochanteric fracture of left femur, [MEDICAL CONDITION], dementia. The quarterly Minimum Data Set ((MDS) dated [DATE] was in progress and revealed resident was severely cognitively impaired. Review of the facility progress note written by SW #2 dated 7-18-2020 revealed the resident's representative was notified by telephone at 9:14 pm of the residents positive COVID-19 test result and they will be provided with updates as the facility is made aware. An additional progress note written by SW#1 revealed a second call was made to the representative at 11:09 pm that the resident will be moved to the facility Wilson Pines that she and will admit tomorrow. The note stated the resident's representative inquired about moving the resident back to Pruitt. A review of a progress note written by the DON at 3:40 pm stated the representative was informed of the need to set up the transportation if the facility in Hight Point was her desire and was also informed this needed to be completed by 4:00 pm or the resident would need to leave on the next ambulance for Wilson Pines skilled nursing facility. The note stated the representative was very upset and did not understand why this transfer could not wait until Monday. The representative referenced they are not consenting to moving resident #5 to any facility except the Pruitt Health in High Point. The note stated the DON and the admissions representative explained this was a public health issue and that for the greater number of resident's safety, the transfer must be made today. The note stated that as of this writing the representative had not provided any information regarding the transfer to Pruitt Health in High Point, anticipate resident to be picked up and transported to Wilson Pines SNF at approximately 4:00 pm today. Daughter notified. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #5's representative. Resident #5's representative was interviewed on 7-22-2020 at 11:42 am by telephone. The representative stated the facility called at 8:00 or 9:00 pm on Saturday July 18, 2020 to inform him the resident was being moved to Wilson Pines the next day because of testing positive for COVID-19. The representative inquired as to why they were moving the resident to a facility three hours away and was told by the caller that they had three nursing homes and two of them are full so this is the only one the resident could go to. The representative stated he was not given a choice of other facilities. He stated he told the facility that they wanted the resident to go to a facility in High Point however the facility responded they would not have been able to have reached any other facilities until Monday. The representative stated another family member made several calls on Sunday and the resident did not go to Wilson Pines. The representative stated, I think they told me she would be returning but I can't remember. An interview was completed by telephone on 7-22-20 at 1:02 pm with residents #5's alternate contact representative. The representative stated she had called back to the facility at 8:00 am on Sunday 7-19-20 and was told the resident was moving to Wilson NC and was not presented the name of the facility. The representative told the facility that she did not give their consent to move resident #5 and would take legal action if she was moved. The representative was able to secure an admission to Pruitt Health in High Point and contacted Pine Ridge to inform them of the move. The Representative stated the facility needed to know when the resident was going to be picked up and if she was not picked up by 4:00 pm she will be moved to Wilson Pines. The representative stated they did not say resident #5 would be coming back as they wanted her out of there. D. Resident #6 was admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #6 also had the following diagnosis; [MEDICAL CONDITION], high blood pressure, Chronic obstructive [MEDICAL CONDITION] disorder, malnutrition, anxiety, depression and chronic pain. The quarterly Minimum Data Set ((MDS) dated [DATE] coded resident as being cognitively intact. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 10:16 pm of the residents positive COVID-19 test result and that the resident was being moved to the isolation on 7-18-2020 and admitted to Wilson Pines tomorrow 7-19-2020. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #6's representative. Resident #6's legal representative was interviewed on 7-22-2020 at 12:12 pm by telephone. The representative stated she did receive a phone call from the social worker at 10:30 pm to inform her the resident was being moved to Wilson Pines in Wilson, NC on Sunday because of testing positive for COVID-19. The resident stated that the social worker did not give her a choice of optional COVID-19 facilities. The representative stated the facility told her the resident could return to Pine Ridge when she gets well. E. Resident #7 was admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #7 also had the following diagnosis; [MEDICAL CONDITION], Opioid dependency, heart failure, obesity,</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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 345144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER PINE RIDGE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 706 PINEYWOOD ROAD THOMASVILLE, NC 27360	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) chronic obstructive [MEDICAL CONDITION] disorder, depression, mood disorder, [MEDICAL CONDITIONS]. The quarterly Minimum Data Set ((MDS) dated [DATE] specified the resident's cognition was severely impaired. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 11:18 pm of the residents positive COVID-19 test result and the resident was being admitted to Wilson Pines tomorrow 7-19-2020. Review of the facility progress note written by the Licensed Practical Nurse dated 7-19-2020 at 2:01 pm stated the resident left on a stretcher via non-emergency transport to Wilson Pines. Medications and eye glasses sent with resident. Narcotic medications not sent with resident. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #7's representative. The legal representative contacted the Stated Agency Director and reported she had been contacted on 7-18-2020 at 11:30 pm that resident #7 was positive for COVID-19. The next morning a voice mail was left on the representative's phone that they would be transferring her mother to another facility for covid positive patients and she was to call the facility back. She contacted the facility and asked them to check out Pruitt in High Point as she would like her mother transferred there as she did not want her mother to go to Wilson Pines. The facility called her at 12:30 pm on 7-19-2020 and told her mother was on the van to Wilson Pines. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 11:18 pm of the residents positive COVID-19 test result and the resident was being admitted to Wilson Pines 7-19-2020. F. Resident #8 was admitted to the facility on [DATE] and transferred to another Long-Term Care Facility on 7/19/2020 after testing positive for COVID-19. Resident #8 also had the following diagnosis; [MEDICAL CONDITION], opioid dependency, heart failure, obesity, chronic obstructive [MEDICAL CONDITION] disorder, depression and [MEDICAL CONDITION]. The quarterly Minimum Data Set ((MDS) dated [DATE] specified the resident's cognition was severely impaired. Review of the facility progress note written by the social worker dated 7-18-2020 revealed the resident's representative was notified by telephone at 10:52 pm of the residents positive COVID-19 test result and the resident was being admitted to Wilson Pines tomorrow 7-19-2020. The SW documented the family prefers Forsyth Hospital. Review of the facility progress note written by the Licensed Practical Nurse dated 7-19-2020 at 3:46 pm stated the resident discharged from the facility on a stretcher via non-emergency transport to go to Wilson Pines. All medications sent with resident except narcotics. There was no documentation in the record that choices of other COVID-19 facilities were offered to resident #8's representative. Resident #8's representative was interviewed on 7-22-2020 at 12:31 pm by telephone. The representative stated she did receive a phone call from the facility at 10:53 pm on 7-18-2020 to inform her the resident was being moved to Wilson Pines the next day because of testing positive for COVID-19. The representative explained she told the facility she would prefer the resident go to the hospital due to Wilson Pines being 4 hours away. The facility stated the resident to the hospital stated they would not be able to move the resident to the hospital but would be moving the resident to Wilson Pines. She told the facility that she really did not want her going that far and asked if there was anything closer. The facility responded we have a facility in Greensboro but that is full. The representative stated that she was not offered a choice of optional COVID-19 facilities. The facility's social worker was interviewed on 7-23-2020 at 11:01 am by telephone. The social worker stated she had contacted all resident representatives on the evening of 7-18-20 to inform them of the residents positive COVID -19 [DIAGNOSES REDACTED]. When the social worker was asked if they were given a choice of optional COVID-19 facilities, she stated, we told them they were going to Wilson Pines, and we knew for a fact they had beds available as the other two sister facilities did not have beds available. We already had transportation set up. The Social Worker did not address why the representatives were not presented a choice of optional COVID-19 facilities. An interview was completed with the Director of Nursing (DON), the Administrator and the Regional Vice President on 7/23/2020 at 2:46 pm via a conference telephone call. The DON stated the facility received the positive COVID-19 test results on Saturday July 18, 2020 at 6:30 pm. Corporate Leadership directed the DON to move all COVID-19 positive residents to Wilson Pines in Wilson, NC. The administrator and the DON did not address why the representatives were not presented a choice of optional COVID-19 facilities.</p>		