

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345378	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/31/2022
NAME OF PROVIDER OR SUPPLIER  Pruitthealth-Rockingham		STREET ADDRESS, CITY, STATE, ZIP CODE  804 South Long Drive Rockingham, NC 28379	
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 0584  Level of Harm - Potential for minimal harm  Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31227</b></p> <p>Based on observations, resident and staff interviews and record review, the facility failed to ensure a resident room was free of urine odors (room [ROOM NUMBER]) and resident rooms were clean and in good repair (Room #'s 115, 107, 113, 117, 108, 110, 114, 116 and 127). The facility also failed to clean the Packaged Terminal Air Conditioner (PTAC) and ensure the filters were in place (room [ROOM NUMBER]). This was for 10 of 16 rooms reviewed for safe and clean environment. The findings included:</p> <p>1. Resident #16 was admitted on [DATE] into room [ROOM NUMBER].</p> <p>Review of her quarterly Minimum Data Set, dated dated dated [DATE] indicated she was cognitively intact.</p> <p>An observation and interview was completed on 8/21/22 at 3:25 PM with Resident #16. She was in her room sitting up in her wheelchair. There was a small area of the floor visible big enough for her wheelchair with a path to her bed. There was a pungent odor noted that smelled like urine but it was unclear if the odor emanating from the resident or the room. She stated the Administrator discussed the need to routinely clean her room sometime back and she agreed to let the Housekeepers (HKs) clean her room as long as they did not to touch or move any of her personal items.</p> <p>An observation was completed of Resident #16's room on 8/22/22 at 3:20 PM. It was unchanged from the previous observation with the same odor noted on 8/21/22. The small area visible on the floor where her wheelchair was sitting yesterday appeared to have what looked like spills that had dried, become dark in color and sticky. The strong smell of urine was again noted. Her bed was unmade but the sheets did not appear to have spills, stains or urine stains.</p> <p>An interview was conducted on 8/23/22 at 8:10 AM with the Administrator. She stated she and the Housekeeping Supervisor spoke with Resident #16 last month about the concerns related to the smell of urine in her room. The Administrator stated the HK Supervisor also tried to convince her to allow her room to be deep cleaned but Resident #16 refused.</p> <p>An observation was completed of Resident #16's room on 8/23/22 at 9:25 AM. It was unchanged from the previous observations.</p> <p>(continued on next page)</p>		

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.

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

TITLE

(X6) DATE

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<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>An interview was completed on 8/23/22 at 9:40 AM with HK #1. She stated she had worked at the facility for [AGE] years and was familiar with Resident #16. She stated Resident #16's room had a very strong smell of old urine. HK #1 stated Resident #16 allowed them to clean the bathroom but would not let them to clean her area of the room where the urine smell was very strong. She stated she was not aware of any occasion that Resident #16's room had been deep cleaned or thoroughly routinely cleaned.</p> <p>An interview was completed on 8/23/22 at 9:47 AM with the HK Supervisor. She stated sometime in July 2022, she and the Administrator met with Resident #16 about allowing her staff to deep clean or at least move some items in order to properly clean her room and surfaces but she refused stating the HK staff could clean around her personal items. The HK Supervisor stated she was aware of the strong urine smell on her side of the room but there was nothing the facility could do about it.</p> <p>An interview was completed on 8/23/22 at 9: 50 AM with HK #2. She stated Resident #16 would not allow the HK staff to properly clean her room to eliminate the urine smell but she refuses. She stated they were only allowed to clean around her personal items but the urine smell was also thought to be in her clothes and some of her personal items. HK #2 further stated Resident #16's room had not been deep cleaned since she was admitted back in April 2022.</p> <p>An interview was completed on 8/23/22 at 10:45 AM, Nursing Assistant (NA) #5. She stated Resident #16 was noncompliant with allowing the staff to assist her with her activities of daily living (ADLs) stated she would do it herself. NA #5 stated the urine smell on her side of the room was so bad that it was difficult to go into the room to assist her roommate with her ADLs.</p> <p>An interview was completed on 8/24/22 at 2:27 PM with the Administrator. She stated all resident rooms including room [ROOM NUMBER] where Resident #16 resided, were to be free of urine odors.</p> <p>40197</p> <p>2a. On 8/22/22 at 2:30 PM, the following were observed on A hall:</p> <ul style="list-style-type: none"> <li>- In room [ROOM NUMBER], there were several areas of missing baseboards at the corners of the wall and between the closet, with sheetrock exposed.</li> <li>- In room [ROOM NUMBER], several areas of missing baseboard to the corners of the wall and to the wall between the closet, with sheetrock exposed.</li> <li>- In room [ROOM NUMBER], three areas of peeling wall next to bed A.</li> <li>- In room [ROOM NUMBER], 4 tiles had come off from the wall behind the toilet, exposing wood.</li> </ul> <p>The Maintenance Director was interviewed on 8/22/22 at 2:40 PM and observed the damaged wall, missing baseboards and tiles. He stated administration was aware the rooms needed repair and there were plans in place for these repairs.</p> <p>On 8/23/22 at 2:10 PM, the Administrator was interviewed and stated renovations had started 6 weeks ago on the D hall and had plans to repair the remaining rooms on A, B, and C halls but it was taking longer to find a less expensive vendor/contractor.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Nurse #1 was interviewed on 8/23/22 at 3:30 PM and stated the condition of the rooms on A hall were the same (damaged walls, missing/peeling baseboards, missing floor tiles) since she started working at the facility in May of 2022. She reported management was aware of this.</p> <p>The Administrator provided an action plan on 8/23/22 which was reviewed. The action plan identified the missing tiles from resident rooms and resident rooms needed painting and new baseboards. The plan did not have dates as to when the repairs would start on the residents' rooms occupied on A hall.</p> <p>2b. On 8/22/22 at 4:20 PM, an observation of room [ROOM NUMBER]'s Packaged Terminal Air Conditioner (PTAC) unit revealed there were 2 missing filters and black scattered areas on the air vent slats.</p> <p>The Housekeeping Director was interviewed on 8/23/22 at 10:06 AM, who stated housekeeping staff only cleaned the outside of the PTAC units with a rag and did not change or replace filters. She stated she was aware of room [ROOM NUMBER] having black spots on the window curtains, window moldings and PTAC vent slats earlier this month (August 2022) and had cleaned the window curtains and moldings but left the PTAC vent cleaning to the maintenance department to complete.</p> <p>On 8/23/22 at 11:00 AM, an observation was made of room [ROOM NUMBER] where the Housekeeping Director was seen cleaning the PTAC unit and vent slats with a rag and brush. She confirmed there had been blackened areas to the vent slats, which was removed with the brush. There was also two filters in place as well. The housekeeping director stated the filters were present when she came in to clean the PTAC unit.</p> <p>The Maintenance Director was interviewed on 8/23/22 at 12:35 PM who stated he had been employed at the facility since June 2022. The Maintenance Director stated he observed the filters to the PTAC were not present during his morning rounds on 8/23/22 and replaced them. He was unable to state how long the filters had not been in place or the reason why. In addition, the Maintenance Director explained the housekeeping department was responsible for cleaning the PTAC unit to include the vent slats and he would continue the maintenance portion of the machines.</p> <p>The Administrator was interviewed on 8/23/22 at 2:10 PM and explained it was the responsibility of the housekeeping department to clean the PTAC filters as well as the outer part and vent slats. Anything that required the cover coming off would be the responsibility of the Maintenance department. She was unaware the filters were missing from the PTAC in room [ROOM NUMBER] but would have expected housekeeping staff to verify the filters were present and clean as well as the vent slats free from any debris when the rooms were cleaned daily.</p> <p>14652</p> <p>3. On 8/21/22 at 1:35 PM, the following were observed:</p> <ul style="list-style-type: none"> <li>- In room [ROOM NUMBER], the wallpaper approximately 2 feet was observed peeling off the wall behind and adjacent to the B bed and the baseboard was peeling from the wall in the resident's room.</li> <li>- Three ceiling vents on the hallway of B hall were observed to have black matter around them.</li> </ul> <p>On 8/22/22 at 2:30 PM, the following were observed:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- In room [ROOM NUMBER], the wallpaper and the baseboard were of same condition, peeling off the wall.</li> <li>- The 3 ceiling vents still with black matter around them.</li> <li>- In room [ROOM NUMBER], the baseboards were missing from the wall near the bathroom and the closet.</li> <li>- In room [ROOM NUMBER], the baseboard was off the wall in the bathroom.</li> <li>- In room [ROOM NUMBER], the baseboard was missing in the room.</li> <li>- In room [ROOM NUMBER], 2 floor tiles were missing and the area where the tiles were missing was black and the remainder of the floor was white tile.</li> </ul> <p>On 8/22/22 at 2:40 PM, the Maintenance Director was interviewed. He observed the wallpaper and the baseboards off the wall and the missing floor tiles and stated that the administration was aware of the rooms needed repair. The Maintenance Director stated the Administrator had the plans for these repairs. He also stated that the black matter on the ceiling vents was dusts from the roof and it needed to be cleaned.</p> <p>On 8/23/22 at 2:10 PM, the Administrator was interviewed. She stated that they had started the repair on D hall, and she already had plans to repair the rooms on A, B and C halls but it was taking a long time to find a less expensive vendor/contractor.</p> <p>On 8/23/22 at 3:20 PM, the Housekeeping Supervisor was interviewed. She observed the ceiling vents and stated that the black matter was dusts from the roof. She indicated that the vents were wet from the moisture and dust collected around them. She reported that the housekeepers had not been on this hall much since there was only 1 resident. The Housekeeping Supervisor was observed to brush the ceiling and the vents, and she was able to remove the black matter.</p> <p>On 8/23/22 at 3:30 PM, Nurse #1 was interviewed. She stated that the condition of the rooms on A and B halls were the same (peeling wallpaper, missing/peeling baseboards, missing floor tiles) since she started working at the facility in May of 2022. She reported the management was aware of it.</p> <p>The action plan provided by the Administrator was reviewed on 8/23/22. The action plan identified the tiles missing from resident's rooms and the resident's rooms needed painting and cove base. The plan did not have dates as to when the repairs would start on the residents' occupied rooms on A and B halls. The plan indicated that the floor tiles were ordered and will be replaced by the Maintenance Director.</p> <p>On 8/24/22 at 2:42 PM, the Administrator was interviewed. She stated that she was aware that residents' rooms needed repairs and they were looking for a less expensive vendor/contractor.</p>		

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<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40197</p> <p>Based on record review and resident, family and staff interviews, the facility failed to provide a written grievance response summary for 2 of 2 residents reviewed for grievances (Residents #22 and #4).</p> <p>The findings included:</p> <p>A review of the facility grievance policy dated 3/25/19, included, in part, the Administrator or designee will be responsible for follow-up with the patient, authorized individual or other representative to determine the grievance has been resolved and to ensure the grievance process is understood. A copy of the completed grievance form, if requested, may be given to the complainant.</p> <p>1. Resident #22 was admitted to the facility on [DATE]. A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated she was cognitively intact.</p> <p>Review of the facility grievance logs from April 2022 through August 2022 indicated 4 grievance forms were initiated by Resident #22:</p> <ul style="list-style-type: none"> <li>- On 5/27/22 a grievance form was initiated regarding food. The form indicated the Dietary Manager spoke with Resident #22 on 5/30/22 and was signed by the Administrator In-Training (AIT) and Administrator on 5/31/22. There was no indication a written summary was offered, requested, or provided.</li> <li>- Another grievance form dated 5/27/22. The form indicated the Activities Director spoke with Resident #22 on 5/31/22 and was signed by the Administrator and AIT on 5/31/22. There was no indication a written response was offered, requested, or provided.</li> <li>- On 6/27/22 a grievance form was initiated regarding the hand sanitizer. The form indicated the Housekeeping Director spoke with Resident #22 on 6/28/22 and was signed by the Administrator on 6/28/22. There was no indication a written response was offered, requested, or provided.</li> <li>- On 8/9/22 a grievance form was initiated regarding environmental concerns. The form indicated the Housekeeping Director investigated the claims on 8/9/22, cleaned the areas, and spoke with Resident #22 regarding the resolution. The Administrator signed the grievance form on 8/10/22. There was no indication a written response was offered, requested, or provided.</li> </ul> <p>On 8/23/22 at 11:10 AM, an interview occurred with Resident #22, who stated she had received verbal resolution of her past grievance concerns but had not been offered or provided a summary in writing.</p> <p>The Administrator and AIT were interviewed together on 8/23/22 at 11:20 AM. The AIT stated he maintained the facility grievance log and made sure the staff responsible for investigating the concern completed the form completely. They both stated they thought a written response was only needed when requested. The Administrator added it was her expectation for the facility to adhere to the regulatory guidance regarding written grievance response summaries.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>41437</p> <p>2. The facility's grievance policy dated 3/25/2019 stated the facility's Administrator or designee would be responsible for following up with the resident or resident representative to determine the grievance had been resolved and to ensure the grievance process was understood. A copy of the completed grievance may be given to the complainant.</p> <p>Resident #4 was admitted on [DATE].</p> <p>Resident #4's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident had moderately impaired cognition.</p> <p>The grievance log for July 2022 revealed a complaint by Resident #4's Responsible Party (RP) dated 7/25/2022. The grievance summary indicated the DON investigated the concerns. The grievance was signed by the DON and the Administrator and dated 7/25/2022. The grievance was not signed by the RP, nor did it indicate if the RP was satisfied with the resolution.</p> <p>On 8/23/2022 at 11:47 AM an interview was conducted with the resident's RP. He stated he voiced the grievance to the DON. The RP stated there was no follow up after that discussion. He further stated the Administrator in Training (AIT) spoke to him the following day about the grievance. The AIT stated he had spoken to staff and addressed the RP's concerns. The RP stated he did not get a written notice of resolution, nor was he offered a copy of the written resolution.</p> <p>On 8/23/2022 at 11:20 AM an interview was conducted with the Administrator and the AIT. The AIT stated he was responsible for maintain the grievance log and assigning staff to investigate the concerns. The Administrator and the AIT stated they were not aware a written response to a grievance was required.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41437</b></p> <p>Based on record reviews and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessments accurately in the areas of medication (Resident #1), nutrition (Residents #18 &amp; #1), and cognition, mood and pain (Resident #29) for 3 of 15 residents reviewed.</p> <p>The findings included:</p> <p>1. Resident #18 was admitted on [DATE] with diagnoses that included dysphagia (difficulty with swallowing).</p> <p>The resident's medical record included a progress note by the Registered Dietician (RD) dated 7/16/2022. The progress note indicated Resident #18 had a June weight of 151.8 pounds (lbs) and a July weight of 144.2 lbs. The RD noted the resident had a significant weight loss of greater than 5% in the previous thirty days.</p> <p>Resident #18's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident was dependent with meals and had no weight loss during the assessment period.</p> <p>On 8/24/2022 at 11:09 AM an interview was conducted with the Corporate MDS nurse. She stated the RD noted weight loss on 7/16/2022 therefore, the 7/20/2022 MDS should have been coded for weight loss.</p> <p>An interview was conducted with the Administrator and Director of Nursing on 8/24/2022 at 3:00 PM. The Administrator stated she expected MDS assessments to be coded accurately.</p> <p>14652</p> <p>2. Resident # 1 was admitted to the facility on [DATE] with multiple diagnosis including major depressive disorder and end stage renal disease (ESRD).</p> <p>a. Resident #1 had a doctor's order dated 11/7/21 for Abilify (an antipsychotic drug) 15 milligrams (mgs) by mouth daily for major depressive disorder. On 2/1/22, Abilify was decreased to 12 mgs daily and on 3/7/22, Abilify was increased back to 15 mgs daily. The order indicated that a gradual dose reduction (GDR) had been attempted for the Abilify on 2/1/22.</p> <p>Resident #1's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1 had received an antipsychotic drug for 7 days during the assessment period and a gradual dose reduction (GDR) had not been attempted.</p> <p>b. Resident #1's weights were reviewed and revealed that on 8/4/22, he weighed 415 pounds (lbs.)</p> <p>Resident #1's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1's weight was 404 lbs.</p> <p>(continued on next page)</p>		



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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Corporate MDS Nurse was interviewed on 8/24/22 at 10:50 AM. She reported that the facility did not have a full time MDS Nurse. She stated that the MDS Nurses from other sister facilities were helping complete the MDS at this facility by coming onsite and at times remotely. The Corporate MDS Nurse reviewed Resident #1's doctor's orders, resident's weights and the quarterly MDS assessment dated [DATE]. She had verified that a GDR had been attempted for the Abilify and the resident's weight was 415 lbs. during the assessment period. She stated that the MDS dated [DATE] was coded incorrectly under the medications (GDR) and the nutritional status (weight).</p> <p>The Administrator was interviewed on 8/24/22 at 2:42 PM. She stated that the facility did not have a full time MDS Nurse, and they were trying to recruit one. She indicated that the Corporate MDS Nurse had been helping them in completing their MDS in a timely manner and she expected the MDS to be coded accurately.</p> <p>3. Resident #29 was admitted to the facility on [DATE].</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed that Resident #29 had adequate hearing, clear speech and usually able to make self- understood and able to understand others. Sections C (cognitive patterns), D (mood) and J (health conditions) of the assessment were blank. Section C indicated that brief interview for mental status should be conducted with the resident however, CO 200 (repetition of three words), CO 300 (temporal orientation), CO 400 (recall) and CO 500 (summary score) were blank. Section D also indicated that mood interview should be conducted with the resident however, DO 200 (symptoms presence) and DO 300 (total severity score) were blank. Section D indicated that pain assessment interview should be conducted with the resident, however [NAME] 300 (pain presence), [NAME] 400 (pain frequency), [NAME] 500 (pain effect on function), and [NAME] 600 (pain intensity) were blank.</p> <p>The Corporate MDS Nurse was interviewed on 8/24/22 at 10:50 AM. She reported that the facility did not have a full time MDS Nurse. She stated that the MDS Nurses from other sister facilities were helping complete the MDS at this facility by coming onsite and at times remotely. The Corporate MDS Nurse reported that since the quarterly MDS assessment dated [DATE] was completed after the assessment reference (ARD) date, the interview could not be completed. She stated that the resident interview for the cognitive status, mood and pain should have been completed before or on ARD date, but it was not.</p> <p>The Administrator was interviewed on 8/24/22 at 2:42 PM. She stated that the facility did not have a full time MDS Nurse, and they were trying to recruit one. She indicated that the Corporate MDS Nurse had been helping them in completing their MDS in a timely manner and she expected the MDS assessment completed as required.</p>		



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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31227</p> <p>Based on staff interviews and record review, the facility failed to comprehensively care plan a resident (Resident #17) for refusals of activities of daily living (ADLs). This was for 1 of 15 reviewed for comprehensive care planning. The findings included:</p> <p>Resident #17 was admitted [DATE].</p> <p>Review of Resident #17's quarterly Minimum Data Set (MDS) dated [DATE] indicated he was cognitively intact.</p> <p>Review of Resident #17's comprehensive care plan indicated it was last revised on 8/19/22. He was care planned for assistance with his ADLs on 5/24/22. Interventions included shower and nail care every Monday, Wednesday and Fridays. There was no care plan for refusals of ADL assistance.</p> <p>Review of Resident #17's nurses notes revealed he refused his shower on 7/22/22 and 8/6/22. On both occasions, he was given a bed bath and shaved. There was no mention of nail care</p> <p>An interview was completed on 8/23/22 at 10:40 AM, with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON). Both stated Resident #17 was known to refuse his ADLs to include showers and nail care.</p> <p>An interview was completed on 8/23/22 at 10:45 AM, Nursing Assistant (NA) #5. She stated Resident #17 was known to refuse his showers and nail care.</p> <p>An interview was completed on 8/24/22 at 11:10 AM with the Corporate MDS Nurse. She stated the comprehensive care plan last revised on 8/19/22 should have included Resident #17's refusals of his ADLs. She stated the facility employed an as needed (prn) MDS Nurse and she along with MDS Nurse's from other facilities had been assisting with the completion of the care plans and it was likely an oversight.</p> <p>An interview was completed on 8/24/22 at 2:27 PM with the Administrator and the DON. Both stated they expected Resident #17's comprehensive care plan be complete and reflect his ADL refusals.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41437</b></p> <p>Based on observations, record reviews, and staff interviews, the facility failed to review and revise the care plan in the areas of fall interventions (Resident #4), pressure ulcers (Resident #1) and urinary incontinence (Resident #17) for 3 of 15 reviewed for care plan revision.</p> <p>The findings included:</p> <p>1. Resident #4 was admitted on [DATE] with diagnoses that included right sided weakness secondary to cerebral infarct (stroke).</p> <p>Resident #4's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident had not had any falls since prior assessment.</p> <p>Resident #4's comprehensive care plan was last revised 8/16/2022 by the Director of Nursing (DON) and included a focus for risk of falls. Interventions included keeping the bed in low position and a fall mat next to the bed when resident was in the bed.</p> <p>On 8/22/2022 at 8:44 AM the resident was observed lying in bed eating breakfast. There was no fall mat next to the resident's bed. The bed was in lowest position.</p> <p>On 8/23/2022 at 10:02 AM the resident was observed lying in bed watching TV. Her bed was in low position but there was no fall mat next to the bed.</p> <p>08/23/2022 at 11:47 AM an interview was conducted with Resident #4's Responsible Party (RP). The RP stated he visited daily and was typically in the facility for either lunch or dinner. He stated the resident had two falls from her bed, but it was a long time ago. He further stated the facility no longer placed a fall mat next to her bed.</p> <p>On 8/23/2022 at 11:51 AM an interview was conducted with Nurse Assistant (NA) #4 who was assigned to Resident #4. She stated the resident had not had a fall in over a year. She further stated they continue to leave the bed in low position when the resident was in bed, but they no longer used a fall mat.</p> <p>On 8/24/2022 at 10:45 an interview was conducted with the DON who stated she was aware Resident #4 did not have a fall mat next to her bed and her care plan interventions included a fall mat. She stated the resident had not had a fall in a long time and a fall mat was no longer being utilized. The care plan should have been updated to reflect the change.</p> <p>14652</p> <p>2. Resident #1 was admitted to the facility on [DATE] with multiple diagnoses including end stage renal disease (ESRD) and was on hemodialysis.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The dietary note dated 6/30/22 indicated that Resident #1's pressure ulcer on the left heel was healed.</p> <p>Resident #1's skin checks and Treatment Administration Records (TARs) from June, July and August 2022 did not indicate that the resident had a pressure ulcer.</p> <p>Review of Resident #1's care plan initiated on 5/19/22 and was reviewed on 8/4/22 was conducted. One of the care plan problems was resident has a pressure ulcer to left heel. The goal was resident's ulcer will not increase in size and will not exhibit signs of infection.</p> <p>Resident #1 quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that the resident did not have a pressure ulcer.</p> <p>The Corporate MDS Nurse was interviewed on 8/24/22 at 10:50 AM. She reported that the facility did not have a full time MDS Nurse. She stated that the MDS Nurses from other sister facilities were helping the facility in developing, reviewing and revising the care plans by coming onsite and at times remotely. The Corporate MDS Nurse reviewed Resident #1's medical records and the quarterly MDS assessment dated [DATE]. She had verified that Resident #1 did not have a pressure ulcer. She indicated that the care plan for the pressure ulcer should have been resolved when the care plan was reviewed on 8/4/22.</p> <p>The Administrator was interviewed on 8/24/22 at 2:42 PM. She stated that the facility did not have a full time MDS Nurse, and they were trying to recruit one. She indicated that the Corporate MDS Nurse had been helping them in developing, reviewing and revising the care plans and she expected the care plans to be reviewed and reviewed as indicated.</p> <p>31227</p> <p>3. Resident #17 was admitted [DATE].</p> <p>Review of Resident #17's cumulative Physician orders included an order dated 6/30/22 for a indwelling urinary catheter.</p> <p>Review of Resident #17's quarterly Minimum Data Set (MDS) dated [DATE] was coded for the presence of an indwelling urinary catheter and for urinary incontinence.</p> <p>Resident #17's comprehensive care plan last revised 8/19/22 read he was care planned for urinary incontinence and for an indwelling urinary catheter.</p> <p>Observations of Resident #17 on 08/21/22 at 1:44 PM, 8/22/22 at 11:00 AM and 8/23/22 at 10:35 AM revealed the presence of an indwelling urinary catheter.</p> <p>An interview was completed on 8/23/22 at 10:40 AM with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) indicated Resident #17 required the indwelling urinary catheter to aid in wound healing and has had the urinary catheter in place since March 2022.</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was completed on 8/24/22 at 11:10 AM with the Corporate MDS Nurse. She stated the care plan last revised on 8/19/22 should have been revised to not include the care area of urinary incontinence. She stated the facility employed an as needed (prn) MDS Nurse and she along with MDS Nurse's from other facilities had been assisting with the completion and revision of care plans and it was likely an oversight.</p> <p>An interview was completed on 8/24/22 at 2:27 PM with the Administrator and the DON. Both stated they expected Resident #17's MDS to be care planned only for the presence of his urinary catheter.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31227</p> <p>Based on observation, staff interviews and record review, the facility failed to provide incontinence care for a resident (Resident #20) dependent on staff for assistance with his activities of daily living (ADLS). This was for 1 of 3 residents reviewed for ADLs. The findings included:</p> <p>Resident #20 was admitted on [DATE] with a diagnosis of a Cerebral Vascular Accident.</p> <p>Review of his quarterly Minimum Data Set, dated dated dated [DATE] indicated severe cognitive impairment and total assistance with toileting. He was coded for being incontinent of bladder and bowel.</p> <p>Resident #20 was care planned for ADL assistance on 12/4/20 and last revised on 8/4/22. He was also care planned for urinary incontinence on 9/15/20 and last revied on 8/4/22. Neither care plan included the intervention of staff assistance with his toileting, hygiene and incontinence.</p> <p>An observation and interview was completed on 8/23/22 10:52 AM with Nursing Assistant (NA) #4. She confirmed she was assigned Resident #20 on 8/22/22 and 8/23/22. NA #4 removed Resident #20's old brief and it was noted to be saturated all the way up the back of the brief with urine, appeared color of honey and a strong smell of urine. There was also observed stool in between his buttocks. Observation of the cloth pad positioned underneath Resident #20 was noted to be saturated in the center of the pad extending out to but not to the pad edges. The pad had a strong smell of urine. There was no observed dark circle or dark urine in his brief or the pad. NA #4 stated she last changed Resident #20 around 8:00 AM this morning. She stated she normally provided Resident #20 incontinence care when she arrived in the mornings, then before lunch and after that, whenever she got a chance. NA #4 stated Resident #20 was a heavy wetter but was unable to explain why she did not increase his incontinence rounds.</p> <p>An interview was completed on 8/24/22 at 2:27 PM with the Director of Nursing (DON) and the Administrator. The DON stated it was her expectation that Resident #20 receive routine incontinence care and if he was known to need more frequent incontinence care, she stated it should be provided more frequently.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41437</b></p> <p>Based on hospital record review, facility record review, staff interviews, and interviews with the Physician and Nurse Practitioner, the facility failed to implement STAT (immediate) orders on a resident with a change in condition, delaying medical treatment four hours for 1 of 1 reviewed for urinary tract infections (Resident #31).</p> <p>The findings included:</p> <p>Resident #31 was admitted on [DATE] with diagnoses that included urinary retentions with bladder neck obstruction.</p> <p>Resident #31's quarterly Minimum Data Set (MDS) dated [DATE] indicated the resident was severely cognitively impaired, total dependent upon staff for assistance with activities of daily living and had an indwelling urinary catheter during the assessment period.</p> <p>The resident's comprehensive care plan was last revised 4/26/2022 and contained a focus for an indwelling urinary catheter related to bladder outlet obstruction. readmitted on [DATE] with diagnosis of sepsis, pyelonephritis, nephrolithiasis, and renal failure. Interventions included reporting signs of urinary tract infections.</p> <p>Facility record review revealed Nurse #3 documented Resident #31 was changed from his baseline mental status at 4:00 AM on 4/3/2022. Nurse #3 made on call provider aware resident had temperature of 104.1. The provider on call gave Nurse #3 verbal order for complete blood count (CBC), comprehensive metabolic panel (CMP), urine analysis with culture and sensitivity, and Rocephin (antibiotic) 2 grams (G) to be given intramuscularly. These were STAT (to be completed immediately) orders.</p> <p>At 4:19 AM on 4/3/2022 the hospital laboratory called Nurse #3 and stated they could not run the blood samples due to not having a demographic sheet or face sheet for resident #31.</p> <p>At 4:20 AM Nurse #3 documented she was unable to collect a urine sample via catheter and observed blood on the tip of the urinary catheter when it was removed.</p> <p>At 4:23 AM Nurse #3 documented she made the on-call provider aware she was unable to obtain a urine sample, the lab was unable to run the blood samples due to no demographic sheet, and she was unable to access the PIXUS system to obtain Rocephin or intravenous fluids. Nurse #3 was advised to push oral fluids until day shift nurse arrived.</p> <p>At 8:16 AM Nurse #2 documented she obtained urine and submitted to lab for urine analysis and culture and sensitivity.</p> <p>At 9:00 AM Nurse #2 documented all STAT orders were being implemented, intravenous normal saline was administered and resident received 2G of Rocephin.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview was conducted with Nurse #3 on 8/24/2022 at 4:16 PM. She stated she worked in the facility as a contract nurse in April of 2022 and she recalled Resident #31 very well. She stated she was in the facility with one other nurse, Nurse # 4 who was also a contract nurse. Nurse #3 stated she was not trained on how to print documents for lab specimens, and she did not have access to the PIXUS system. Nurse #4 also did not know how to print documents and did not have access to the PIXUS. Nurse #3 stated she called the on-call provider who also was not familiar with the facility, the resident, or the facility's electronic medical record system. Nurse #3 stated she was given verbal orders to push oral fluids until the day shift nurse arrived to complete the STAT orders. Nurse #3 stated she was concerned about the delay in treatment and had a discussion with the nursing supervisor at the time (now the DON) when she arrived the morning of 4/3/2022. She stated the nursing supervisor was not receptive to her concerns.</p> <p>Attempts to contact Nurse #2 were not successful.</p> <p>An interview was conducted with the Director of Nursing on 8/24/22 at 9:41 AM she stated she was not the DON in April of 2022 and she was not aware the contract staff did not have access to the PIXUS and did not know how to print documents for lab specimens.</p> <p>On 8/24/2022 at 12:22 PM an interview was conducted with the medical director, he stated he was not the provider on call 4/2-4/3/2022. He stated the facility does use an offsite service for coverage sometimes. He further stated if he gave a nurse STAT order for a resident who had a change in condition and the nurse could not complete the orders for any reason, it was his expectation the resident be transferred to the hospital to prevent any further decline that could occur in a 3-4 hour delay.</p> <p>On 8/24/2022 at 2:17 PM an interview was conducted with the Nurse Practitioner, she stated she did not recall getting a call from a nurse regarding Resident #31 and she did not know if she was the provider on call 4/2-4/3/2022. She stated if the nurse called her back and could not complete the STAT order, she would have ordered them to transfer the resident to the hospital.</p> <p>The facility did not provide documentation regarding the on-call provider 4/2-4/3/2022.</p> <p>An interview was conducted with the Administrator and DON on 8/24/22 at 2:45 PM. The Administrator stated the facility stopped using agency 6/30/2022 because the agency staff were struggling with how things were done in the facility, specifically policy and procedures.</p>		



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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14652</b></p> <p>Based on record review and interview with the Physician and staff, the facility failed to administer the medications, Renvela (used to lower the amount of phosphorus in the blood of patients receiving dialysis) and Calcium Acetate (used to treat hyperphosphatemia (too much phosphorus in the blood) in patients with ESRD who are on dialysis) as ordered for 1 of 2 sampled residents reviewed for dialysis (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on [DATE] with multiple diagnoses including end stage renal disease (ESRD). The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1's cognition was intact, and he was receiving dialysis while at the facility.</p> <p>Resident #1's care plans initiated on 5/18/20 and was last reviewed on 8/4/22 was reviewed. The care plan problem was resident receives dialysis three times a week on Monday, Wednesday and Friday related to ESRD. The goal was resident will not exhibit signs or symptoms of infection or clotting at shunt site. The approaches included resident request medications before dialysis.</p> <p>Resident #1 had doctor's orders dated 10/6/21 for Renvela 800 milligrams (mgs.) 3 tablets 3 times a day (9AM, 1PM and 5PM) for ESRD and on 11/7/21 for Calcium Acetate 667 mgs - 4 capsules 3 times a day (9AM, 1PM and 5 PM) for ESRD.</p> <p>Resident #1 had an order dated 10/6/21 to administer his 9AM medications at 6 AM on dialysis days (Monday, Wednesday and Friday). This order was discontinued on 7/19/22. Interview with the Director of Nursing (DON) on 8/23/22 at 9:10 AM revealed that Resident #1 used to leave the facility for dialysis around 6:30 AM. A doctor's order was obtained to administer his medications at 6AM so he would not miss his 9 AM dose. On 7/19/22, the order to administer his medications at 6:00 AM was discontinued since his dialysis time was changed to 12 noon and he had to leave the facility at 11:30 AM.</p> <p>Review of the Medications Administration Records (MARs) revealed that Renvela and Calcium Acetate were scheduled to be administered at 9AM, 1 PM and 5 PM and they were not administered consistently as ordered.</p> <p>The MARs revealed that Renvela was not administered on 5/2/22 (9AM), 5/3/22 (5PM), 5/7/22(1PM), 5/11/22(1PM), 5/13/22 (1PM), 5/18/22 (1PM), 5/23/22 (9AM &amp; 1 PM), 6/1/22 (9AM &amp; 1PM), 6/6/22 (1PM), 6/8/22(9AM), 6/20/22 (9AM &amp; 1PM), 6/22/22 (9AM &amp; 1PM), 6/29/22 (1PM), 7/1/22 (1PM), 7/13/22 (1 PM), 7/15/22 (1PM), 7/18/22 (1PM), 7/22/22 (1PM), 7/25/22 (1 PM), 7/27/22 (1 PM), 7/29/22 (1PM), 8/1/22 (1PM), 8/3/22 (1PM), 8/5/22 (1 PM), 8/8/22 (1 PM) and 8/10/22 (1 PM) due to resident unavailable.</p> <p>The MARS revealed that Calcium Acetate was not administered on 5/2/22 (9AM), 5/3/22(5PM), 5/7/22(1PM), 5/11/22 (1PM), 5/18/22 (1PM), 5/23/22 (9AM &amp; 1PM), 6/1/22 (9am &amp; 1PM), 6/8/22 (9AM), 6/20/22 (9AM &amp; 1PM), 6/22/22 (9AM &amp; 1PM), 6/29/22 (1PM), 7/1/22 (1PM), 7/13/22 (1PM), 7/15/22(1PM), 7/18/22(1PM), 7/22/22 (1PM), 7/25/22(1PM), 7/29/22 (1PM), 8/1/22 (1PM), 8/3/22(1PM), 8/8/22(1PM) and 8/10/22 (1 PM) due to resident unavailable.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #1's laboratory results were reviewed. The results were sent to the facility from the dialysis center. His phosphorus level (normal range 3 - 5.5) were:</p> <p>5/2/22 - 4.5</p> <p>7/4/22 - 5.7</p> <p>7/18/22 - 6</p> <p>8/1/22 - 6.9 - note written on the laboratory result too much phosphorus can cause serious bone and heart problems, itching, sores and red eyes. You can keep your phosphorus at goal by limiting the phosphorus that you eat and by taking a phosphorus binder as prescribed by your doctor. Make sure give binder before meals. In an interview with the Dialysis Nurse on 8/30/22 at 4:11 PM, she stated that the Physician or the Registered Dietician (RD) were responsible for writing notes/orders on the laboratory results, and she was not sure who reviewed the laboratory result dated 8/1/22 for Resident #1.</p> <p>Nurse #1 was interviewed on 8/23/22 at 9:21 AM. She verified that she was assigned to Resident #1 on 8/5/22 and 8/10/22 on day shift. She reported that the resident had to leave the facility around 11:30 AM for dialysis and came back around 5:30 PM. The Renvela and Calcium Acetate were scheduled at 9AM, 1PM and 5 PM and most of the time when he was out, these medications were not administered. The nurse reported she didn't know why the Physician, or the Nurse Practitioner (NP) was not informed but she would call the physician or the (NP) if the administration times could be changed so the resident would not miss any dose. Nurse #1 reported that there was no documentation in the medical records that the dialysis center was made aware that Resident #1 was not consistently receiving his Renvela and Calcium Acetate.</p> <p>Review of Resident #1's orders revealed that the administration times for Renvela and Calcium Acetate were changed to 6AM, 12 Noon and 6 PM on 8/23/22. Nurse #1 reported on 8/23/22 at 3:05 PM that the NP had called back and ordered to change the administration times for the Renvela and Calcium Acetate to ensure Resident #1 would not miss any dose.</p> <p>Resident #1 was interviewed and observed on 8/23/22 at 9:27 AM, He stated that he did not have any itching, sores or red eyes.</p> <p>Nurse #5 was interviewed on 8/24/22 at 9:50 AM. She reported that she just started working at the facility a month ago and she worked on 7/1/22, 7/15/22, 7/18/22, 7/29/22 and 8/3/22 on day shift. She stated that she was assigned to Resident #1. She reviewed the July and August 2022 MARs and indicated that she did not administer the 1 PM dose of Renvela and Calcium Acetate on these dates since the resident was out of the facility on dialysis.</p> <p>In an interview with the Dialysis Nurse on 8/30/22 at 4:11 PM, the Nurse stated that the dialysis center was not informed by the facility that Resident #1 was missing doses of his Renvela and Calcium Acetate when he was out on dialysis. She added that it was important for the dialysis staff including the RD and the physician to know to discuss options to ensure resident's medications were not missed during dialysis days.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Director of Nursing (DON) was interviewed on 8/23/22 at 9:25 AM. The DON stated that at times, she worked on the floor. She reported that she worked on the floor on 5/13/22, 5/18/22, 5/23/22, 6/1/22 and 8/1/22 on day shift. She reviewed the May, June and August 2022 MARs and stated that Renvela and Calcium Acetate were not administered on 5/13/22 (1PM), 5/18/22 (1PM), 5/23/22 (9AM &amp; 1 PM), 6/1/22 (9am &amp; 1 PM), and 8/1/22 (1PM) since Resident #1 was out of the facility on dialysis. She reported that the night shift nurses were responsible for administering the Renvela and the Calcium Acetate but there was no documentation that they had administered them at 6AM before the resident had left for dialysis.</p> <p>The Physician was interviewed on 8/24/22 at 12:08 PM. The Physician stated that he expected nursing to administer the medications as ordered for dialysis residents by either giving the medications prior to dialysis or by changing the time of administration</p> <p>On 8/24/22 at 2:42 PM, the Administrator was interviewed. She stated that she expected nursing to administer medications as ordered for dialysis residents.</p>		

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NAME OF PROVIDER OR SUPPLIER  Pruitthealth-Rockingham		STREET ADDRESS, CITY, STATE, ZIP CODE  804 South Long Drive Rockingham, NC 28379	
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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>14652</p> <p>Based on record review, observation and staff interview, the facility failed to complete and to post the nurse staffing information daily for 3 of 30 days reviewed.</p> <p>Findings included:</p> <p>During an observation on 8/21/22 at 2:45 PM and at 5:30 PM, the nurse staffing information posted in the lobby was dated 8/18/22.</p> <p>On 8/21/22 at 2:47 PM, the Director of Nursing (DON) was interviewed. She stated that she was the Director of Nursing (DON) and at times worked as the Registered Nurse (RN) supervisor for the weekend. She observed the nurse staffing information dated 8/18/22 posted in the lobby and indicated that the Scheduler was responsible for completing and posting the nurse staffing information daily.</p> <p>On 8/22/22 at 11:25 AM, the Scheduler was interviewed. She stated that she was responsible for completing and posting the nurse staffing information Monday through Fridays and at times on the weekends. She reported that she came to work late on 8/19/22 (Thursday) and forgot to complete and to post the nurse staffing information. She added that she did not work on 8/20/22 (Saturday) and on 8/21/22 (Sunday) and so the RN supervisor was responsible for completing and posting the nurse staffing information.</p> <p>On 8/24/22 at 9:50 AM, Nurse #5, worked on 8/21/22, was interviewed. The nurse stated that she did not complete the nurse staffing information since she was new to the facility and she didn't know who was responsible for completing and posting the nurse staffing information on the weekends.</p> <p>The Administrator was interviewed on 8/24/22 at 2:42 PM. She reported that the Director of Nursing (DON) was new to her position. She stated that she expected the Scheduler to complete and to post the nurse staffing information Monday through Friday and the nurse working on the floor to complete and to post the nurse staffing information on the weekends (Saturday and Sunday).</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 14652</p> <p>Based on record review and interview with the Pharmacy Consultant and staff, the Pharmacy Consultant failed to identify and to report drug irregularities regarding the facility's failure to administer the medications (Renvela(used to lower the amount of phosphorus in the blood of patients receiving dialysis) and Calcium Acetate (used to treat hyperphosphatemia (too much phosphorus in the blood)) as ordered for 1 of 6 sampled residents whose drug regimens were reviewed (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on [DATE] with multiple diagnoses including end stage renal disease (ESRD).</p> <p>Resident #1 had doctor's orders dated 10/6/21 for Renvela 800 milligrams (mgs.) 3 tablets 3 times a day (9AM, 1PM and 5PM) for ESRD and on 11/7/21 for Calcium Acetate 667 mgs - 4 capsules 3 times a day (9AM, 1PM and 5 PM) for ESRD.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #1's cognition was intact, and he was receiving dialysis while at the facility.</p> <p>Review of the Medications Administration Records (MARs) revealed that Renvela and Calcium Acetate were scheduled to be administered at 9AM, 1 PM and 5 PM.</p> <p>The MARs revealed that Renvela was not administered on 5/2/22 (9AM), 5/3/22 (5PM), 5/7/22(1PM), 5/11/22(1PM), 5/13/22 (1PM), 5/18/22 (1PM) and 5/23/22 (9AM &amp; 1 PM), 6/1/22 (9AM &amp; 1PM), 6/6/22 (1PM), 6/8/22(9AM), 6/20/22 (9AM &amp; 1PM), 6/22/22 (9AM &amp; 1PM), 6/29/22 (1PM), 7/1/22 (1PM), 7/13/22 (1 PM), 7/15/22 (1PM), 7/18/22 (1PM), 7/22/22 (1PM), 7/25/22 (1 PM), 7/27/22 (1 PM), 7/29/22 (1PM), 8/1/22 (1PM), 8/3/22 (1PM), 8/5/22 (1 PM), 8/8/22 (1 PM) and 8/10/22 (1 PM) due to resident unavailable.</p> <p>The MARS revealed that Calcium Acetate was not administered on 5/2/22 (9AM), 5/3/22(5PM), 5/7/22(1PM), 5/11/22 (1PM), 5/18/22 (1PM), 5/23/22 (9AM &amp; 1PM), 6/1/22 (9am &amp; 1PM), 6/8/22 (9AM), 6/20/22 (9AM &amp; 1PM), 6/22/22 (9AM &amp; 1PM), 6/29/22 (1PM), 7/1/22 (1PM), 7/13/22 (1PM), 7/15/22(1PM), 7/18/22(1PM), 7/22/22 (1PM), 7/25/22(1PM), 7/29/22 (1PM), 8/1/22 (1PM), 8/3/22(1PM), 8/8/22(1PM) and 8/10/22 (1 PM) due to resident unavailable.</p> <p>Resident #1's monthly drug regimen reviews (DRR) revealed that the Pharmacy Consultant had conducted the reviews on 5/26/22, 6/28/22, 7/19/22 and 8/23/22. The reviews did not indicate that the Pharmacy Consultant had identified and had reported to the Physician and or the DON that Resident #1 was not receiving his Renvela and Calcium Acetate as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/30/22 at 3:08 PM, the Pharmacy Consultant was interviewed by telephone. She stated that she was assigned to conduct the monthly DRR at the facility. She reported that she had reviewed Resident #1's drug regimens on 5/26/22, 6/28/22 and 8/23/22. She reported that another Pharmacy Consultant reviewed Resident #1's drug regimen on 7/19/22 and that Consultant had already retired. She stated that it was her understanding that the dialysis clinic was responsible for administering the Renvela and the Calcium Acetate to residents on dialysis. She also stated that she had not seen the laboratory results that were sent to the facility from the dialysis clinic. She reported that she did not know that the laboratory results from the dialysis center were scanned under the dialysis tab on the electronic records and not under the laboratory tab.</p> <p>On 8/31/22 at 10:20 AM, the Director of Nursing (DON) was interviewed. The DON stated that she started as DON in July 2022, and she had not received any report from the Pharmacy Consultant regarding Resident #1's missed doses of Renvela and Calcium Acetate. She also reported that she had not seen the laboratory results sent from the dialysis center.</p> <p>On 8/31/22 at 11:35 AM, the Administrator was interviewed. She stated that she expected the Pharmacy Consultant to identify and to report drug irregularities to the DON and or the Physician.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40197</p> <p>Based on observation, interviews and record review, the facility failed to provide a mechanical soft diet according to physician orders for 1 of 3 residents during dining observation (Resident #28).</p> <p>The findings included:</p> <p>Resident #28 was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease, dysphagia, and type 2 diabetes.</p> <p>Resident #28's active physician orders included an order dated 12/3/20 for a consistent carbohydrate/liberal diabetic, mechanical soft diet.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #28 had moderately impaired cognition and received a mechanically altered diet.</p> <p>During a dining observation on 8/23/22 at 8:30 AM, Resident #28 was observed in her room, sitting up in bed with her breakfast tray in front of her. There were 2 pieces of whole bacon on her plate. Resident stated she couldn't eat the bacon like it was served. Review of Resident #28's meal ticket revealed she was on a mechanical soft diet. Review of the meal tray revealed she received cheese grits, scrambled eggs and 2 pieces of regular texture bacon. Resident #28 had consumed her grits and eggs and stated she was full.</p> <p>Nurse Aide (NA) #1 was interviewed on 8/23/22 at 8:50 AM and confirmed she had served Resident #28's breakfast meal. She explained she set up her meal tray but didn't notice she had been served regular textured bacon instead of mechanical soft as ordered. NA #1 stated she should have reviewed the meal ticket at the time the breakfast meal was set up to ensure it was the correct ordered consistency.</p> <p>On 8/23/22 at 9:00 AM, an interview was conducted with the Dietary Manager (DM) and cook. The DM reviewed Resident #28's meal ticket and stated a mechanical soft diet would have ground meat. The cook explained the meal tickets were on the trays and as they passed by, she plated the food with what was listed on the ticket. The cook and DM indicated this was an oversight that Resident #28 received the wrong diet and should have received ground up bacon or sausage.</p>		



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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40197</p> <p>Based on record reviews, observations, resident, Pharmacy Consultant, family, and staff interviews, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to maintain implemented procedures and monitor interventions the committee put into place following the annual recertification and complaint survey conducted on 3/26/21. This was for 6 deficiencies that were cited in the areas of Safe/Clean/Comfortable/Homelike Environment, Grievances, Accuracy of Assessments, Activities of Daily Living (ADL) Care Provided for Dependent Residents, Drug Regimen Review/Report Irregular/Act On, and Infection Prevention and Control, previously cited on 3/26/21 and recited on the current recertification and complaint survey of 8/31/22. In addition, Infection Prevention and Control was also cited during an onsite follow-up and complaint survey on 5/19/21. The duplicate citations during three federal surveys of record shows a pattern of the facility's inability to sustain an effective QAPI program.</p> <p>The findings included:</p> <p>This citation is cross referenced to:</p> <p>1. F584- Based on observations, resident and staff interviews and record review, the facility failed to ensure a resident room were of urine odors (room [ROOM NUMBER]) and resident rooms were clean and in good repair (Room #'s 115, 107, 113, 117, 108, 110, 114, 116 and 127). The facility also failed to clean the Packaged Terminal Air Conditioner (PTAC) and ensure the filters were in place (room [ROOM NUMBER]). This was for 10 of 16 rooms reviewed for safe and clean environment.</p> <p>During the facility's recertification survey of 3/26/21 the facility failed to ensure resident rooms were in good repair for 8 of 9 resident rooms on the A and B hall.</p> <p>In an interview with the Administrator on 8/24/22 at 2:45 PM, she explained that renovations had started about six months ago on a hall that no one resided on. The renovations for the rest of the building were put on hold in attempts to find vendors/contractors that were more reasonably priced.</p> <p>2. F585- Based on record review and resident, family and staff interviews, the facility failed to provide a written grievance response summary for 2 of 2 residents reviewed for grievances (Residents #22 and #4).</p> <p>During the facility's recertification survey of 3/26/21 the facility failed to follow their grievance policy by not recording a grievance that had been verbally reported to staff for 1 of 1 resident reviewed for grievances.</p> <p>An interview with the Administrator on 8/24/22 at 2:45 PM revealed the facility had experienced some challenges due to staff and administrative turnover, which she thought contributed to the repeat citation.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. F641- Based on record review and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessments accurately in the areas of medication (Resident #1), nutrition (Resident #18, &amp; Resident #1), behavior (Resident #3) and cognition, mood, and pain (Resident #29) for 4 of 15 residents reviewed.</p> <p>During the facility's recertification survey of 3/26/21 the facility failed to accurately code the MDS assessment in the areas of medications, Preadmission Screening and Resident Review (PASRR), cognition, indwelling catheter, skin conditions, tobacco use, bowel and bladder and Activities of Daily Living (ADLs) for 12 of 27 residents reviewed.</p> <p>An interview with the Administrator on 8/24/22 at 2:45 PM revealed the facility had experienced some challenges due to staff and administrative turnover, which she thought contributed to the repeat citation. The facility currently was utilizing an as needed MDS nurse as well as nurses from other facilities to assist with completing the MDS assessments.</p> <p>4. F677- Based on observations, staff interviews and record review, the facility failed to provide incontinence care (Resident #20) dependent of staff for assistance with his activities of daily living (ADLS). This was for 1 of 3 residents reviewed for ADLs.</p> <p>During the facility's recertification survey of 3/26/21 the facility failed to provide nail care for 2 of 5 dependent residents reviewed for ADL assistance.</p> <p>An interview with the Administrator on 8/24/22 at 2:45 PM indicated the facility had experienced some challenges due to nursing staff, to include management, turnover. The corporation discontinued the use of agency staff. She added there was a new Staff Development Coordinator (SDC) who would be providing education to the nursing staff.</p> <p>5. F756- Based on record review and interview with the Pharmacy Consultant and staff, the Pharmacy Consultant failed to identify and to report drug irregularities regarding the facility's failure to administer the medications (Renvela(used to lower the amount of phosphorus in the blood of patients receiving dialysis) and Calcium Acetate (used to treat hyperphosphatemia (too much phosphorus in the blood)) as ordered for 1 of 6 sampled residents whose drug regimens were reviewed (Resident #1).</p> <p>During the facility's recertification survey of 3/26/21, the facility failed to act upon pharmacy recommendations for 3 of 6 residents reviewed for unnecessary medications.</p> <p>An interview occurred with the Director of Nursing and Administrator on 8/31/22 at 11:35 AM. The Administrator indicated the facility had experienced some challenges due to nursing staff and nursing management turnover.</p> <p>6. F880- Based on record reviews, observations, and interview with staff, the facility failed to follow their Infection Control policy and the Centers for Disease Control and Prevention (CDC) guidance by not placing an unvaccinated resident who was readmitted after being out of the facility for greater than 24 hours on transmission-based precautions for 1 of 2 (Resident #11) residents reviewed for transmission-based precautions.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the facility's recertification and complaint survey of 3/26/21, the facility failed to use hand hygiene after incontinence care and touched other surfaces in the resident's room with dirty, gloved hands for 1 of 1 resident observed.</p> <p>During the facility's onsite follow-up and complaint survey on 5/19/21, the facility failed to use hand hygiene after incontinence care and touched the resident's wound dressing, urinary catheter tubing and other surfaces in the resident's room with dirty, gloved hands for 1 of 2 residents observed.</p> <p>An interview with the Administrator on 8/24/22 at 2:45 PM indicated the facility had experienced some challenges due to nursing staff and management turnover. She added the Infection Control nurse was new to the facility and would be receiving further training regarding infection control guidelines.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41437</b></p> <p>Based on record reviews, observations, and interview with staff, the facility failed to follow their Infection Control policy and the Centers for Disease Control and Prevention (CDC) guidance by not placing an unvaccinated resident who was readmitted after being out of the facility for greater than 24 hours on transmission-based precautions for 1 of 2 (Resident #11) residents reviewed for transmission-based precautions.</p> <p>The findings included:</p> <p>Resident #11 was admitted on [DATE].</p> <p>The CDC guidance entitled, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, updated on 02/02/22 indicated the following regarding Managing New Admissions: In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission.</p> <p>The facility's policy titled COVID-19 Isolation and Cohorting Process, with effective date of 4/10/2020 and revised date of 8/22/2022 indicated unvaccinated or partially vaccinated residents who left the facility for greater than 24 hours would be treated as new admissions or readmissions and quarantined for 10 days after return.</p> <p>Resident #11's medical record revealed he refused COVID-19 vaccination. The resident was discharged to the hospital on 8/19/2022. The resident was readmitted to the facility on [DATE].</p> <p>On 8/24/2022 at 1:11 PM Resident #11 was observed in his room with his roommate. There was no signage on the door indicating the resident was quarantined.</p> <p>An interview was conducted with the Infection Control Preventionist (ICP) on 8/24/22 12:57 PM. She stated residents who are readmitted go back into their original room with their roommate, they do not quarantine regardless of vaccination status. When asked if that was in line with CDC guidelines, she stated she did not know CDC guidelines.</p> <p>On 8/24/2022 at 1:21 PM an interview was conducted with the Administrator. She stated readmissions who are not vaccinated should be quarantined for 10 days. Resident #11 should not have gone back into the room with his roommate. It was an oversight.</p> <p>On 8/24/2022 at 2:43 PM an interview was conducted with the Director of Nursing (DON) and the Administrator. The DON stated it was her expectation the ICP nurse have knowledge of the CDC guidelines and unvaccinated readmitted residents be quarantined for 10 days.</p>		