

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE GREENS AT PINEHURST REHAB &amp; LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>205 RATTLESNAKE TRAIL PINEHURST, NC 28374</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff and Medical Director (MD) interviews and record review, the facility failed to reinforce alert and oriented (A&amp;O) residents to wear face mask while out of their rooms in the hallways and failed to implement additional infection control (IFC) measures such as encouraging and enforcing social distancing, and hand hygiene for 5 (Resident #3, #7, #12, #18 and #19) of 15 reviewed for IFC. The findings included: Review of the facility COVID-19 policy updated 7/9/20 read in part as follows: Residents are asked to wear face mask when not in their rooms (leaving the room only when emergency situation), remind residents to participate in social distancing and assist with frequent hand washing. 1. Resident #3 was admitted on [DATE] with cumulative [DIAGNOSES REDACTED]. His quarterly Minimum Data Set ((MDS) dated [DATE] indicated his Brief Interview for Mental Status (BIMS) score was 15 meaning no cognitive impairment. He was not coded for any behaviors and coded for supervision for hygiene. Resident #3's care plan dated 3/12/20 read there were changes in socialization due to facility wide restriction of visitation due to community health advisory. Interventions read that Resident #3 was non-compliant with wearing a face mask while in the hallways and to ensure he was aware of the approved IFC facility practices. Resident #3's September 2020 Physician orders did not include any orders regarding face mask contraindication. Resident #3's nursing note dated 6/9/20 at 10:10 AM read he was asked to wear face mask while in the hallway. Resident #3 refused. Resident #3's nursing note dated 6/9/20 at 11:52 AM read he was stopped in the hallway due to not wearing a face mask. Resident #3 stated he did not like being stopped and felt he was being singled out. The nurse explained that all residents were to wear a face mask when out of their rooms unless the residents refused, they were care planned or there was a MD order stating otherwise. Resident #3 stated the MD told him that he didn't have to wear a face mask. Resident #3 was told he would be care planned for refusing to wear a face mask. Resident #3's nursing note dated 6/9/20 at 8:06 PM read he was in the hallway without a face mask. The nurse explained the reason for the face mask use. Resident #3 verbalized understanding but continued to be non-complaint. Resident #3's nursing note dated 6/10/20 at 2:51 PM read he was noted in the hallway without a face mask. Resident #3 was care planned to not wear one. Another resident approached him attempting to tell him that he needed to put on a mask. Resident #3 told the other resident he did not have to wear one. Review of an MD progress note dated 8/10/20 read Resident #3 was extremely claustrophobic and expressed strong objections to wearing a face mask due to anxiety. It was recommended that Resident #3 be exempt from wearing a face mask while in public spaces. The progress note did not include any other IFC measures to be practiced for Resident #3. Resident #3 was observed on 9/1/20 at 9:50 AM sitting at Nursing Station (NS) #1 next to 3 other residents and he was not wearing a face mask or social distancing. Interview with Nurse #1 on 9/1/20 at 9:50 AM stated Resident #3 refused to wear a face mask and was reminded often. He stated he was unsure if he was exempt from wearing a face mask. Nurse #1 stated Resident #3 was also noncompliant with social distancing and had to be reminded. Interview with Nurse #5 on 9/1/20 at 9:55 AM stated Resident #3 was very upset about having to wear a face mask when he was out of his room. She stated she thought the MD wrote an order saying he didn't have to wear a face mask. Nurse #5 she was not aware of any additional IFC interventions implemented for Resident #3. She observed Resident #3 sitting with 3 other residents at NS #1 and asked the residents to separate. Resident #3 propelled his wheelchair to his room. Nurse #5 stated Resident #3 was frequently at NS #1 and had to be reminded to socially distance. She stated she thought he was independent with hand hygiene but had not watched him perform hand hygiene. In another interview with Nurse #1 on 9/1/20 at 11:15 AM, he stated Resident #3 was A&amp;O and he had the right to refuse wearing a face mask when he was out of his room. Nurse #1 stated he occasionally reminded Resident #3 to move away from other residents. Nurse #1 stated he thought Resident #3 was able to wash his own hands but he had not observed Resident #3 perform hand hygiene. Interview on 9/1/20 at 11:30 AM, Resident #3 stated was only able to tolerate wearing a face mask for brief periods of time but the mask caused him anxiety. Resident #3 stated it was hard to social distance at NS #1 because so many residents like to sit there. Observed were paper towels and soap available in his room. He stated he was able to wash his hands when dirty. When asked how often he washed his hands, he stated, a couple times a day and said sanitizer was available if he needed it. Resident #3 stated he was aware of the interventions the facility put in place for IFC. Interview with Infection Control Preventionist (ICP) Nurse on 9/2/20 at 1:42 PM stated Resident #3 was exempt from wearing a face mask when out of his room due to panic attacks. He stated the facility could not force residents to stay in their rooms if they were exempt from wearing a face mask. ICP Nurse stated he was not aware that Resident #3 and 3 other residents were all sitting side by side at NS #1 yesterday. He stated residents should remain 6 feet apart when out of their room. He stated he had reinforced with the staff and residents the importance of wearing a face mask, social distancing and hand hygiene on multiple occasions. Telephone interview with the MD on 9/2/20 at 2:42 PM he stated the standard was for residents to wear a face mask when out of their room. The MD stated Resident #3 had expressed extreme concerns regarding anxiety he experienced if he wore a face mask. He stated he did not write a Physician order exempting him from wearing a face mask but thought he documented it in a progress note. The MD stated his expectation would be the facility ensure Resident #3 was socially distanced when out of his room and hand hygiene be done frequently. Interview on 9/2/20 at 4:00 PM, the Director of Nursing (DON) stated her expectation was that residents wear a face mask when out of their rooms but Resident #3 was exempt. She stated it was challenging to get some of the A&amp;O residents to be compliant with IFC practices. She stated she was not aware that residents including Resident #3 were gathered at NS #1 and not social distancing yesterday. The DON stated she felt Resident #3 was washing his hands frequently and hand sanitizer was readily available. The DON stated it was her expectation that A&amp;O residents who refuse to wear a face mask consistently when out of their room that other interventions be implemented to ensure IFC. 2. Resident #7 was admitted on [DATE] with cumulative [DIAGNOSES REDACTED]. Her quarterly Minimum Data Set ((MDS) dated [DATE] read her Brief Interview for Mental Status (BIMS) score was 15 meaning no cognitive impairment. She was not coded for any behaviors and coded independent for hygiene. Resident #7's care plan dated 3/12/20 read she was at risk for ill effects related to a change in socialization, access to external influencers and visitation due to the facility wide restriction of visitation due to the community health advisory. Interventions read Resident #7 prefers to not wear her face mask secondary to difficulty wearing it with her oxygen and to ensure she was aware of the approved IFC facility practices. Resident #7's September 2020 Physician orders did not include any orders regarding face mask contraindication and an order for [REDACTED]. #7's nursing notes from 3/1/20 to present did not include any documentation that a face mask was contraindicated or that she was noncompliant with wearing her face mask. Resident #7 was observed on 9/1/20 at 1:42 PM at Nursing Station (NS) #2 without a face mask. There were 2 other residents within 6 feet distance to Resident #7. She stated she did not have to wear a face mask because she was on oxygen. Her oxygen was not in use at this time. Resident #7 stated she was aware of social distancing. She stated she doesn't stay at NS #2 long but only to ask for assistance when needed then returned to her room. Resident #7 stated she had soap and paper towels in her room and hand sanitizer was available. She stated she was able to perform her own hand hygiene. Resident #7 was observed on 9/2/20 at 2:58 PM driving her motorized wheelchair down the skilled hallway. She was not wearing a face mask and not wearing her oxygen. Interview with Infection Control Preventionist (ICP) Nurse on 9/2/20 at</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>1:42 PM stated if a resident could refuse a COVID-19 test, they could refuse to wear a face mask when out of their room. He stated Resident #7 did not wear a face mask due to her oxygen. He stated the facility could not force residents to stay in their rooms if there was a valid reason for not wearing a face mask when out of their room. ICP Nurse stated he was not aware that Resident #7 was at NS #2 yesterday and not socially distancing. He stated she was A&amp;O and she should remain 6 feet apart when out of her room. The ICP Nurse stated Resident #7 performed her own hand hygiene and she had hand sanitizer available. He stated he had reinforced with the staff and residents the importance of wearing a face mask, social distancing and hand hygiene on multiple occasions. Interview with Nursing Assistant (NA) #6 on 9/2/20 at 3:00 PM she stated Resident #7 was noncompliant with not wearing her face mask. She stated it did not do any good to remind Resident #7 because she always stated she didn't have to wear a face mask because she was prescribed oxygen. NA #6 stated Resident #7 was noncompliant with wearing her oxygen as well. She stated Resident #7 was frequently out of her room at NS #2. NA #6 stated several residents sat at NS #2 but those residents were confused and had to be separated from each other. Telephone interview with the MD on 9/2/20 at 2:42 PM he stated the standard was for residents to wear a face mask when out of their room. The MD stated he was aware that Resident #7 was noncompliant with wearing a face mask due to her oxygen. The MD stated his expectation would be the facility to implement other measures for IFC, ensure Resident #7 was socially distanced when out of her room and hand hygiene be done frequently. Interview on 9/2/20 at 4:00 PM, the Director of Nursing (DON) stated her expectation was that residents wear a face mask when out of their rooms. She stated it was challenging to get some of the A&amp;O residents to be compliant with IFC practices. She stated she was not aware that residents including Resident #7 were gathered at NS #2 not social distancing yesterday. The DON stated she felt Resident #7 was washing her hands frequently and hand sanitizer was readily available. The DON stated it was her expectation that A&amp;O residents who refuse to wear a face mask when out of their rooms, other interventions be implemented to ensure IFC. 3. Resident #12 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Her quarterly Minimum Data Set (MDS) read her Brief Interview for Mental Status (BIMS) score was 15 meaning no cognitive impairment. She was not coded for any behaviors and coded for extensive assistance with hygiene. Resident #12's care plan dated 3/12/20 read she was at risk for ill effects related to a change in socialization, access to external influencers and visitation due to the facility wide restriction of visitation due to the community health advisory. Interventions read to ensure she was aware of the approved IFC facility practices. Resident #12's September 2020 Physician orders did not include any orders regarding face mask contraindication. Review of Resident #12's nursing notes from 3/1/20 to present did not include any documentation that a face mask was contraindicated or that she was noncompliant with wearing her face mask. Resident #12 was observed on 9/1/20 at 11:10 AM sitting in the main hallway near Nursing Station (NS) #1 not wearing a face mask. Resident #12 was observed again on 9/1/20 at 4:00 PM sitting in the main hallway near NS #1 with her face mask pulled down under her chin. She stated she did not like wearing the face mask and she often pulled it down off her nose and mouth when she was out of her room. Resident #12 stated there were other residents that didn't have to wear a face mask while out of their rooms. She stated she chose to sit in the hallway rather than at NS #1 because there were too many residents gathered there. She stated she needed staff assistance with hand hygiene. She stated staff did not assist her in washing or sanitizing her hands throughout the day. Interview with Nurse #5 on 9/2/20 at 9:55 AM, she stated Resident #12 was noncompliant with keeping her face mask over her nose and mouth but she preferred to sit in the hallway away from other residents. She stated she needed frequent reminders to keep her mask on but she still pulled it down. Nurse #5 stated hand sanitizer was readily available. Interview with Infection Control Preventionist (ICP) Nurse on 9/2/20 at 1:42 PM stated if a resident could refuse a COVID-19 test, they could refuse to wear a face mask when out of their room. He stated Resident #12 frequently removed her face mask when she was out of her room. He stated the facility could not force residents to stay in their rooms if they were noncompliant. He stated he had reinforced with the staff and residents the importance of wearing a face mask, social distancing and hand hygiene on multiple occasions. Telephone interview with the MD on 9/2/20 at 2:42 PM he stated the standard was for residents to wear a face mask when out of their room. The MD stated he was aware that Resident #12 was noncompliant with wearing a face mask properly. The MD stated his expectation would be the facility encourage the use of her face mask, implement other measures for IFC and ensure Resident #12 was socially distanced when out of her room and hand hygiene be done frequently. Resident #12 was observed on 9/2/20 at 3:30 PM sitting in the main hallway near NS #1 with her face mask pulled down under her chin. Interview on 9/2/20 at 4:00 PM, the Director of Nursing (DON) stated her expectation was that residents wear a face mask when out of their rooms. She stated it was challenging to get some of the A&amp;O residents to be compliant with IFC practices. She stated Resident #12 preferred to sit in the hallway away from other residents but frequently pulled her mask down exposing her nose and mouth. The DON stated it was her expectation that A&amp;O residents who refuse to wear a face mask consistently when out of their room, other interventions be implemented to ensure IFC. 4. Resident #18 was admitted on [DATE] a [DIAGNOSES REDACTED]. His annual Minimum Data Set (MDS) dated [DATE], read his Brief Interview for Mental Status (BIMS) score was 15 meaning no cognitive impairment. He was not coded for any behaviors and coded independent with hygiene. Resident #18's care plan dated 3/12/20 read he was at risk for ill effects related to a change in socialization, access to external influencers and visitation due to the facility wide restriction of visitation due to the community health advisory. Interventions read resident was non-compliant with wearing a face mask while in the hallways. Staff were to remind and encourage him to wear a face mask as needed. Interventions also read to ensure he was aware of the approved IFC facility practices. Resident #18's September 2020 Physician orders did not include any orders regarding face mask contraindication. Review of Resident #18's nursing notes from 3/1/20 to present did not include any documentation that a face mask was contraindicated or that he was noncompliant with wearing her face mask. Observation of Resident #18 on 9/1/20 at 1:30 PM was propelling his wheelchair down the skilled hallway while not wearing a face mask. Resident stated he had right to refuse to wear a face mask. He stated this COVID is a scary thing. He put on his face mask and stated he didn't understand why the face mask was so important if other residents were not wearing face mask. He stated staff had reminded him to put on his face mask occasionally but he was only going out to the smoking area which was not too far. Observation on 9/2/20 at 11:10 AM, Resident #18 was propelling his wheelchair down the main hallway without a face mask. Interview with Infection Control Preventionist (ICP) Nurse on 9/2/20 at 1:42 PM stated if a resident could refuse a COVID-19 test, they could refuse to wear a face mask when out of their room. He stated Resident #18 was frequently reminded to put on his face mask but he ignored staff. He stated the facility could not force residents to stay in their rooms if they were noncompliant. He stated he had reinforced with the staff and residents the importance of wearing a face mask, social distancing and hand hygiene on multiple occasions. Interview with Nursing Assistant (NA) #6 on 9/2/20 at 3:00 PM stated Resident #18 was noncompliant with wearing his face mask when he was out of his room and he was reminded frequently but he dismissed staff. She stated Resident #18 mostly stayed in his room only leaving to go outside to smoke. She stated there was soap and paper towels in his room and he also had hand sanitizer. NA #6 stated she was not certain that Resident #18 was [MEDICATION NAME] hand hygiene as recommended. Telephone interview with the MD on 9/2/20 at 2:42 PM he stated the standard was for residents to wear a face mask when a they were out of their room. He stated it was his expectation was that all residents wear a face mask when out of their rooms unless a face mask was contraindication. He stated Resident #18 was noncompliant with wearing his face mask when he was out of his room. The MD stated his expectation would be the facility encourage the use of his face mask, implement other measures for IFC and ensure Resident #18 was socially distanced when out of his room and hand hygiene be done frequently. Interview on 9/2/20 at 4:00 PM, the Director of Nursing (DON) stated her expectation was that residents wear a face mask when out of their rooms. She stated it was challenging to get some of the A&amp;O residents to be compliant with IFC practices. She stated Resident #18 was only out of his room to go smoke but should still wear a mask to go out to the smoking area. She stated he was reminded frequently. The DON stated she felt he was washing his hands frequently and hand sanitizer was readily available. The DON stated it was her expectation that A&amp;O residents who refuse to wear a face mask consistently when out of their room, other interventions be implemented to ensure IFC. 5. Resident #19 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Her annual Minimum Data Set ((MDS) dated [DATE] her Brief Interview for Mental Status (BIMS) score was 15 meaning no cognitive impairment. She was not coded for any behaviors and coded for extensive assistance with hygiene. Resident #19's revised care plan dated on 3/31/20 read she was at risk for ill effects related to a change in socialization, access to external influencers and visitation due to the facility wide restriction of visitation due to the community health advisory. Interventions read to ensure he was aware of the approved IFC facility practices. Resident #19's September 2020 Physician orders did not include any orders regarding face mask contraindication. Review of Resident #19's nursing notes from 3/1/20 to present did not include any documentation that a face mask was contraindicated or that she was noncompliant with wearing her face mask. Observation of Resident #19 on 9/2/20 at 11:15 AM sitting at Nursing Station (NS) #2 without a face mask. There was no other residents</p>		

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 2)</p> <p>observed near her. Resident #19 stated her mask was on the back of her wheelchair and she couldn't reach it. The Infection Control Preventionist (ICP) Nurse assisted with getting her the face mask. She stated she sometimes forgot to put on her face mask until staff reminded her. Interview with ICP Nurse on 9/2/20 at 1:42 PM stated if a resident could refuse a COVID-19 test, they could refuse to wear a face mask when out of their room. The ICP Nurse stated staff must have forgotten to put on her face mask when she was coming out of room to sit at NS #2. He stated he had reinforced with the staff and residents the importance of wearing a face mask, social distancing and hand hygiene on multiple occasions. Telephone interview with the MD on 9/2/20 at 2:42 PM stated the standard was for residents to wear a face mask when a they were out of their room. He stated it was his expectation was that all residents wear a face mask when out of their rooms unless a face mask was contraindication. The MD stated his expectation would be the facility staff assist Resident #19 with donning her face mask when she was out of her room. Interview with Nursing Assistant (NA) #6 on 9/2/20 at 3:00 PM she stated Resident #19 was usually compliant with wearing her face mask when she was out of her room but she needed frequent reminders to keep it pulled up over her nose and mouth. Interview on 9/2/20 at 4:00 PM, the Director of Nursing (DON) stated her expectation was that residents wear a face mask when out of their rooms. She stated it was challenging to get some of the A&amp;O residents to be compliant with IFC practices. She stated Resident #19 liked to sit at NS #2 and do puzzles books. She stated someone must have forgot to assist her with putting her face mask on. The DON stated staff should have noticed Resident #19 sitting at NS #2 not wearing her face mask. The DON stated it was her expectation that A&amp;O residents who needed assistance with putting on a face mask, staff do it and encourage Resident #19 to keep her mask up over her nose and mouth.</p>		