

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067022	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28445
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey, follow up survey, and complaint investigation survey on November 6 - 7 2014. The complaint investigation was initiated by the Onslow County Department of Social Services on November 5, 2014.	D 000		11-7-14
D 079	<p>10A NCAC 13F 0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F 0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain the facility in a clean and orderly manner free of obstructions and hazards for 3 of 6 resident bedrooms, 4 of 5 bathrooms used by residents, the 200 hallway, and the laundry room and free of bed bug infestation.</p> <p>The findings are: Interview with the Housekeeper/Personal Care Aide (HK/PCA) upon arrival at the facility on 11/6/2014 at 10:15am revealed: -The HK/PCA had been employed at the facility for "about three months" -The HK/PCA worked Monday through Friday from 7am to 4pm -The duties as housekeeper were to clean all</p>	D 079	 <p>As of 11-7-2014 Pinewood Harbor LLC put a policy in place that all Rooms + Bathrooms will be cleaned daily, maintained, uncluttered, in an orderly manner free of hazards. Administrators + PCC will will do random checks weekly to make sure Housekeeper is doing his job properly and that Rooms Remain clean and odor free. All Rooms have been cleaned and are Bed Bug Free</p>	11-7-14

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bethesda DeLuna TITLE: Manager (X6) DATE: 12-23-2014

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE NC 28448
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 1</p> <p>rooms, dust, clean the bathrooms, and ensure paper towels and toilet paper were in the bathrooms</p> <p>-He did small maintenance duties such as when facility was infested, he took off wallplate covers and replaced them</p> <p>Observation on the 200 hall on 11/6/2014 at 10:35am revealed: -A large black plastic trash bag tied up and sitting against the wall by room 201 -More than 8 brownish-black spotted areas on the hallway floor in different sizes and shapes in front of the black plastic trash bag sitting against the wall by room 201.</p> <p>Observation of room 201 on 11/6/2014 at 10:35am revealed: -The bed closest to the room door (Bed A) only had a fitted sheet which was approximately ¾ stained with a yellowish-gold color</p> <p>Observation of the H/C Bath on the left side of the 200 hall on 11/6/2014 at 11:42am revealed: -The bathroom floor was spotted with a dark brownish-black substance from the door to the drain in the center of the floor -An area on the floor around the toilet was spotted with a dark brownish-black substance that was stuck to the floor -The inside bottom of the bathtub had a loose dark brownish-black substance from the drain to the center of the bathtub.</p> <p>Interview with the Housekeeper on 11/6/2014 at 11:42am revealed: -The shower and bathtub in the H/C bathroom was out of order. -The bathroom door had been locked and there had been signs posted on the bathroom door</p>	D 079	<p>and Staff have been untrained on Bed Bugs. Policy put in place on 11-7-2014 Housekeeper, and med techs, Adm. Rec check daily for Bed Bugs. Any signs exterminator is contacted ASAP to come in and maintain any Bug issues that arise. new liners, Bed Bug covers have been purchased for all Bed & Box springs & mattress to ensure a safe sleeping environment for all Residents. Residents were untrained and made aware they have cream + Benzyl if needed. also they were asked to let staff know if they see any signs of Bed Bugs to please tell staff immediately</p>	11-7-14

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 2</p> <p>about the shower and tub being out of order to keep the residents from using the bathroom, but the residents would take the signs down, unlock the door, and use the bathroom anyway</p> <p>Observation of room 207 on 11/6/2014 at 11:17am revealed the grill covering to the heater unit was laying on the floor to the right of the heater</p> <p>Observation of the bathroom between rooms 207 and 209 on 11/6/2014 at 11:17am revealed: -The inside of the bathroom sink was colored with small specks of a loose brownish color particle. -The entire inside of toilet bowl was heavily streaked and stained with a dark brownish-black substance -There was a slippery loose white powdery substance on the floor in front of the toilet -The tile grout on the floor close to the wall at the bathroom entrance was stained with a dark brownish-black substance.</p> <p>Interview with the Housekeeper on 11/6/2014 at 12:05pm revealed: -The resident in room 207 had "messed with the heater". -The toilet had been cleaned on 11/5/2014 -Resident bathrooms were cleaned every other day. -The Housekeeper usually cleaned resident rooms when the residents were at lunch</p> <p>Observations on the 100 hall with the Administrator on 11/6/2014 at 12:20pm revealed: -There were mattresses leaning against the left side of the wall in the hallway -There was a pile of trash swept up against the right side of the wall of the 100 hall common</p>	D 079	<p>Residents are asked to please help with this problem. Staff were asked to please assure all Residents Rooms, Areas were checked daily and Pinewood Harbor is Team Hand along with the Administrator to continue to make sure Residents have a clean safe Environment and Bed Bug Free. Exterminator is here from work checking all Rooms making sure Pinewood Harbor Remains, Bed Bug Free and our Residents have a clean place to live.</p>	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28443
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 3</p> <p>bathroom area</p> <p>Interview with the Administrator on 11/6/2014 at 12:25am revealed: -There were no residents currently living on the 100 hall because the hall was being treated for bedbugs. -Staff had just assisted a resident to bathe in the common bathroom area because the shower in the shower room on the 200 hall was out of order</p> <p>Observation of the Housekeeper on 11/6/2014 at 12:50pm revealed the housekeeper was cleaning on the 200 hall and going in and out of resident rooms</p> <p>Observation of the bathroom used by residents in rooms 207 and 209 on 11/6/2014 at 1:05pm revealed: -The toilet bowl remained soiled and stained -The bathroom floor around the toilet remained with a white slippery powdery substance -The floor tile remained soiled</p> <p>Observations on the 200 hall on 11/6/2014 at 4:30pm revealed: -The hallway floor continued to have dirty spots on the floor by room 201. -The toilet bowl and sink in the bathroom used by residents in room 207 and 209 had been cleaned</p> <p>Observations in the front dayroom on 11/7/2014 at 10:12am revealed the wall to the right of the entrance had a loose wire extending out of a small cut-out in the wall.</p> <p>Observation of the laundry room on 11/7/2014 at 10:40am revealed: -A resident was doing laundry. -The laundry room floor was dirty and wet</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER SURVEILLANCE IDENTIFICATION NUMBER HAL067022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28445
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 4</p> <p>-The trashcan next to the dryer was filled to the top</p> <p>Random observations on the 200 hallway 11/7/2014 between 9:30am and 12:30pm revealed:</p> <p>-The hallway floor continued to have dirt, spots on the floor by room 201</p> <p>-Bed A in room 201 continued to have the yellow stained sheet covering.</p> <p>-The inside of the toilet bowl in room 206 was stained at the water line and there were brown circular stains on the top front edge of the toilet bowl.</p> <p>-The grill covering on the heating unit in room 206 was detached from the wall on the right side of the heating unit</p> <p>-Two electrical outlet covers were missing from outlets on the left wall of room 206</p> <p>-A soiled incontinent pad lay on the floor to the left of the entrance next to the head of Bed A. There was a blackish colored dead bug on top of the incontinent pad laying on the floor in room 206</p> <p>Observation of the HK/PCA on 11/7/2014 at 12:15pm revealed the Housekeeper was mopping in the 200 hallway.</p> <p>Interview with the HK/PCA on 11/7/2014 at 12:15pm revealed:</p> <p>-He mopped in the facility in the morning.</p> <p>-The Medication Aide on the night shift was supposed to mop also. By the time the housekeeper came back the next morning the floors were dirty again. If the same spots were still on the floor on 11/7/2014 as were there on 11/6/2014, that meant the night Medication Aide did not mop.</p> <p>Continued interview with the HK/PCA on 11/7/2014 at 12:15pm revealed:</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER SUPERCLIA IDENTIFICATION NUMBER: HAL067002	(X2) MULTIPLE OF INSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28443
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	<p>Continued From page 5</p> <p>11/7/2014 at 12:25pm revealed: -First thing in the mornings he swept the bedrooms to the center hall and vac. he then sweep the trash up -The Housekeeper/PCA would then dust the bedrooms -The Housekeeper/PCA sprayed a germ killer around the base of the bed -The Housekeeper/PCA sprayed a germ killer over resident comforters</p> <p>Confidential interviews with Residents during the survey revealed: -The housekeeper did not clean the bathrooms in resident rooms -The Housekeeper says "he does not do bathrooms" -The Housekeeper sweeps the bedroom floor only -The resident did not like that staff does not go near the bathroom to clean -The Housekeeper says he only sweeps and mop the floor. -Nobody cleans the building when the housekeeper is off on weekends -The resident swept her own room and hallway on the weekend</p> <p>Interview with the Administrator on 11/7/2014 at 1:20pm revealed: -There was no cleaning schedule on the facility -The Administrator talked to the Housekeeper/PCA on 11/6/2014 about a cleaning schedule.</p> <p>Interview on 11/7/14 at 2:07pm with a family member of Resident #2 revealed: -The resident is visually impaired and hearing impaired. -She noticed when she visited, the resident did</p>	D 079		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28443
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D 079	<p>Continued From page 6</p> <p>not have bed linens -The resident's room floor - locked fire had not been swept in 4 or 5 months -There was a television sitting in the middle of the floor (she thought that was very unclean) -There was black stuff on the wall and she did not want to speculate what it was -She was offended by the way the resident's personal environment was kept and thought it was not safe and home like -The unclean disorderly environment contributed to the family's decision to remove the resident from the facility</p> <p>Confidential interview on 11/6/14 at 10:32am with a resident revealed: -She had not seen any bed bugs in the facility in a long time. -She had not been bitten recently by bed bugs.</p> <p>Observation on 11/6/14 at 10:44am - drawers in dresser no bed bugs noted</p> <p>Interview on 11/6/14 at 11:24am with another resident revealed: -She had not seen any bedbugs in the facility in weeks. -She had not been bothered by the infestation and had not been bitten - The exterminator was treating the facility on a regular basis -The facility had treated and stored most of their personal items clothes and allowed them 2 to 3 outfits</p> <p>Observation on 11/6/14 at 1:45pm of a section of the building where residents no longer lived revealed: -Live bed bugs observed in the crevices of a dark</p>	D 079		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER PINEWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 325 SCUNE ROAD HOLLY RIDGE, NC 28440		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 7 blue mattress propped against the wall in the closed section of the building -Live bed bug on the door frame -Live bed bug on the base board along the wall in the hall way of the closed section of the building Interview on 11/7/14 at 9:44am with the Administrator revealed: -The resident feedback regarding the bed bug infestation there had been improvement -The exterminator will treat the facility 3 times per month until the facility is bed bug free -The exterminator had visited the facility in the last week	D 079		11-7-14
X D 105	10A NCAC 13F-0311(a) Other Requirements 10A NCAC 13F-0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews the facility failed to assure that all residential care home heating units and a hot water heater were maintained in a safe and operating condition The findings are: Observations of the facility on 11/6/2014 during the tour from 10:35am to 12:00pm revealed hot water temperature ranges from 88 degrees Fahrenheit to 156 degrees Fahrenheit Observation of the Housekeeper at the facility are	D 105	AS OF 11-7-2014 Pine Wood Harbor LLC put a policy in place to assure that all Safety, Electrical, Mechanical, and Plumbing Equipment is working properly in the Home and is maintaining safe and good operating conditions for each Resident + Staff. Admin / Housekeeper will weekly check to make	11-7-14

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1067012	(X2) MULTIPLE CORRECTIONS: A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28445
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D 105	<p>Continued From page 9</p> <p>Observation on 11/6/2014 between 11:00am and 1:10pm revealed: -The housekeeper hit the service button on top of the hot water heater and a puff of air was heard which sounded like something was popping out. -The housekeeper stated the pilot light on the water heater had come back on.</p> <p>Confidential interviews with residents during the survey revealed: -The water temperature is hot -The water temperature is cold -The water was cold when the resident tried to take a shower. Staff said they had to turn it on. -Sometimes the water temperature is good but they have to turn on the hot water heater.</p> <p>Observation of the heating unit in room 205 on 11/6/2014 at 11:17am revealed: -The heater grill cover was detached from the wall and laying on the floor to the left of the heater. -The heating unit did not make a sound when turned on. -No hot or cold air blew out of the heater when it was turned on by the resident.</p> <p>Observations of the heating unit in room 205 on 11/7/2014 at 10:50am when the resident called the heating unit on revealed: -The heater grill cover was detached from the wall. -The grill cover fit loosely on top of the heater. -A grinding sound came out of the heating unit. -No hot or cold air blew out of the heater.</p> <p>Confidential interviews with residents during the survey revealed: -Someone had worked on the heater but did not put it back together.</p>	D 105	<p>Caution Signs will be put up + Bus company will be called to maintain hot water heaters. Pat & Asha will check water temp every week to make sure readings are within the guidelines and that no resident is ever inconvenienced by no hot water. Even Resident as of 11/8/2014 has no hot water that is working properly. The heater on a weekly basis will be checked to make sure heater are working properly on each floor. The sign policy was put in place on 11/8/2014 that at least a</p>	11/8/14

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER OR SUPPLIER IDENTIFICATION NUMBER: HAL067022	(X2) MULTIPLE COMPLETE DATE: A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 125 SOUND ROAD HOLLY RIDGE, NC 28445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 105	<p>Continued From page 10</p> <ul style="list-style-type: none"> -It got cold in the residents room at night -The resident could not open the blinds during the day to let the sun in -No heat in the residents room -Have told a medication aide that the heater does not work -Try to keep roommate warm with a blanket on the bed <p>Observation of two more heating units in resident rooms on 11/7/2014 revealed black tape was used to tape the heating unit and no power</p> <p>Interview with the HK/PCA on 11/7/2014 at 12:05pm revealed</p> <ul style="list-style-type: none"> - A resident was messing with a heater and tore it up -Have some aggressive residents who mess with the heaters -The Housekeeper did not know the heating unit in room 205 was not working <p>Continued interview with the HK/PCA on 11/7/2014 at 12:25pm revealed</p> <ul style="list-style-type: none"> -The HK/PCA was not aware of any residents asking for blankets -No one had ever told the HK/PCA that they were cold -The HK/PCA was not aware of any of the air conditioning units that were not working -The HK/PCA had been told by the administrator that once Resident #3 started messing with the heating unit there was nothing that they could do until the electrician came <p>Observation of the heating unit in room 205 on 11/7/2014 at 2:15pm revealed the heater unit was blowing out warm air and the heater unit continued to be in operation and the unit</p>	D 105	<p>Heater malfunctions Refer to Actim/REC/ Housekeeper. So proper company can be contacted to come out and fix the problem. Resident will be told out of his or her room to another room that has a heater in making sure that this is fixed</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER IDENTIFIER IDENTIFICATION NUMBER HAL087W22	(X2) MULTIPLE DISTRICTS A-BUILDING: _____ B-BUILDING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 125 SOUND ROAD HOLLY RIDGE, NC 2844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY EACH DEFICIENCY MUST BE PRECEDED BY ALL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CLEARLY REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETE DATE
D 105	Continued From page 11 Interview with the Administrator on 11/7/14 at 2:50pm revealed -No residents had voiced complaints they were cold -The residents may have voiced complaints they were cold Interview with a 3rd shift medical aide (MA) on 11/7/2014 at 3:25pm revealed -Only one resident had voiced being cold -The MA attributed the resident being cold because the resident was cold The facility submitted the following to Protection on 11/6/2014 -Pinewood Harbor Administrator contacted a Plumber and Electrician to come to the facility to maintain any machines that are not working properly to accommodate all residents -Pinewood Harbor will put a procedure in place to assure all residents have proper working equipment. Administrator will also inservice staff and residents on notifying the Administrator in a timely manner that any machine or equipment is not working properly. Administrator will contact Plumber, Electrician and keep a log of the station for any issues that may arise and immediately notify proper technicians. CORRECTION DATE FOR THE ABOVE VIOLATION SHALL NOT EXCEED DECEMBER 22, 2014	D 105		11-7-14
D 113	10A NCAC 13F 0111 Other Building 10A NCAC 13F 0111 Other Building (d) The hot water system shall be of sufficient size to provide an adequate supply of hot water to the	D 113	policy was put in place on 11-7-2014 To make sure	11-7-14

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER(S) IDENTIFYING INFORMATION HALLS, etc.	(X2) MULTIPLE CORRECTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD POLLY RIDGE, NC 28441
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D 113	<p>Continued From page 12</p> <p>kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The water temperature at all fixtures used by residents shall be maintained at a minimum of 103 degrees F (38 degrees C) and shall not exceed 120 degrees F (46.7 degrees C). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews, and chart reviews, the facility failed to assure that water temperatures for all of 5 fixtures used by the residents were maintained between 103 degrees Fahrenheit (F) and 120 degrees F. The water temperatures ranging from 88 to 100 degrees F.</p> <p>The findings are:</p> <p>Observations on 11/5/2014 at 10:45am, four of the revealed: - Hot water temperature at the bathroom sink fixture in room 20 was 88 degrees F at 10:45am</p> <p>Interview with the Administrator on 11/5/2014 at 10:46am revealed a fire man was working on something in the area that might have been the reason the water temperature was low.</p> <p>Interview with the fire man on 11/5/2014 at 10:47am revealed he was not working on anything that would affect the water temperatures.</p> <p>Observation of the Housekeeper Patricia Davis (HR PCA) on 11/6/2014 at 10:45am revealed:</p>	D 113	<p>water temps were done on a daily basis and Readings are to be maintained 100-116 as well as series to ensure safety for residents use. water temps are written down - daily in water temp log Book and checked by RCO / Adm on a daily basis to assure temps are in a safe range for All Residents. Adm / RCO / Housekeepers are all checking water temps. Also before any shower is given water temp is being checked to ensure water is at safe temp for use.</p>	11-7-14
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Division of Health Service Regulation		STATE OF CONNECTICUT		DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		MULTIPLE DEFICIENCIES IN A BUILDING		11/07/2014	
NAME OF PROVIDER OR SUPPLIER PINEWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 125 SOUND ROAD OLLY RIDGE, CT 06441			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY APPROPRIATE REGULATORY OR SCIENTIFIC BASIS AND/OR ACTION PLAN OF CORRECTION SHOULD BE LISTED AND REFERENCED TO THE APPROPRIATE DEFICIENCY)	DEFICIENCY TAG	(X5) COMPLETE DATE		
D 113	Continued From page 13 <p>-The HK/PCA went into a room where there were water tanks, a washer and dryer and the mechanical equipment room.</p> <p>-The HK/PCA identified a tank in the basement to the mechanical equipment room that controlled the water temperature for the resident bathrooms and showers and the second hot water tank for the kitchen by the labels on the outside of the hot water tanks.</p> <p>-The HK/PCA reached up on top of the hot water heater closest to the mechanical room and flipped a switch. A switch that had been turned on was heard. The HK/PCA confirmed the hot water heater had turned on.</p> <p>Interview with the HK/PCA on 11/7/2014 at 10:48am revealed: -The switch will flip off if the temperature using the hot water. -The HK/PCA did not know why the switch would flip off. -The HK/PCA was told by the maintenance department building equipment would do that.</p> <p>Observations on 11/7/2014 during inspection of the facility four revealed: -Hot water temperature at the bathroom sink shared by rooms 207 and 208 was 113 degrees F at 11:38am with sink.</p> <p>Interview with the HK/PCA on 11/9/2014 at 11:40am revealed: -He did not know who checked the temperatures at the facility. -He had just started working at the facility about 2 months ago. -He knew the staff in the kitchen checked the water temperatures in the kitchen. -He had not seen a staff member check the temperatures at the sink closest to the resident</p>	D 113			

Division of Health Service Regulation		(X1) PROVIDER NUMBER OR LSC IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 1235 SOUND ROAD HOLLY RIDGE NC 28443		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (CITE THE DEFICIENCY FROM THE REGULATORY SCHEME)	DEFERRED TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 18 shared by rooms 201 and 209 (sink and thermometer) and 104 (facility digital thermometer) located in room 201. -At 12:02pm the bathroom sink was shared by residents in rooms 201 and 209. Steam was visible within 3 seconds of turning the fixture on. The water temperature in the bathroom sink shared by residents in rooms 201 and 209 was 160 (facility digital thermometer) degrees Fahrenheit at 11:57am. -At 12:08pm the bathroom sink was used by residents in room 201 and 209. Steam was visible within 3 seconds of turning the fixture on. The water temperature at the bathroom sink shared by residents in room 209 was 160 (facility digital thermometer) and 158 (facility digital thermometer) degrees Fahrenheit. At 12:10pm the facility administrator was requested to assist with the hot water problem and staff and residents of the room were notified. Interview with the administrator at 12:10pm revealed: -The Administrator would have been notified throughout the facility concerning hot water and residents of the hot water. -An electrician was at the facility at 12:11pm. -The Administrator will call the gas company again. Interview with the electrician at 12:15pm as he looked at an adjustment on the hot water heater revealed: -The gas company sets the temperature of the hot water heater. -The thermostat on the hot water heater heater cut could be set to 130 degrees and looked like it was set at 130 degrees.	D 13		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) FACILITY NUMBER HALL 100 (X2) MULTIPLE CONSTRUCTION BUILDING _____ WING _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINEWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 335 SOUND ROAD WOLLY RIDGE, NC 28448
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(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR SCENARIO)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 113	<p>Continued From page 16</p> <p>Interview with the Administrator on 11/2/14 at 12:00pm revealed the following information on the hot water heaters in the facility:</p> <ul style="list-style-type: none"> -She could not recall seeing the thermostat dial attached to the hot water heaters -The dial in the thermostat room had been 120 and 140 degrees -The Administrator did not know the facility water temperatures were not -The water temperature readings that had been documented on the water temperature logs were 115 - 121 degrees <p>Observation on 11/6/2014 at 10:00am revealed the bathroom sink fixture in the bathroom on the right side of the 100 had a survey thermometer was 132 (survey thermometer) and 124 (facility digital thermometer) degrees</p> <p>Interview with the Administrator on 11/2/14 at 12:06pm revealed the following information in the shower room on the right side of the 100 hall with staff assistance:</p> <p>Interview with the Administrator on 11/2/14 at 12:40pm revealed:</p> <ul style="list-style-type: none"> -No residents had reported any problems with the water temperature in the facility -The county Department of Health had taken the water temperatures at the facility and the results were made and there was nothing about the water temperatures <p>The county Department of Health visited the facility July 2014</p> <p>Review of the facility file revealed that on 7/1/2014 a survey of the facility was conducted and revealed the problem with the hot water in the lavatory and bathing hot water in the facility</p>	D 113	
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Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		A. BUILDING: _____		11/07/2014
B. WING: _____		C. FACILITY ADDRESS: CITY STATE ZIP CODE		
NAME OF PROVIDER OR SUPPLIER HAL 317522		PINEWOOD HARBOR 103 SOUND ROAD HOLLY RIDGE, NC 28441		
(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCY AND REGULATORY OR SCENARIOS IDENTIFICATION	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued from page 11 note on the addendum page on the report that the hot water in some rooms was 113-114 degrees Interview with the Resident Care Coordinator (RCC) on 11/6/2014 at 12:40pm. The RCC Sometimes the RCC or HRPCA check the water temperature in the resident rooms. -The RCC and HRPCA check the water temperature at the resident room shower area. -The RCC did not know what the hot water fixture needed to be maintained. Rechecks of water returns in resident rooms used by residents revealed -At 1:00pm the hot water temperature at the bathroom sink in room 201 was 111 degrees F and 202 was 112 degrees F. -At 1:15pm the hot water temperature at the bathroom sink in room 203 was 110 degrees F and 204 was 111 degrees F. Continued rechecks of the water temperature on 11/6/2014 used by residents revealed -At 3:40pm the hot water temperature at the bathroom sink in room 201 was 110 degrees F. -At 3:50pm the hot water temperature at the bathroom sink in room 202 was 111 degrees F. -At 3:50pm the hot water temperature at the bathroom sink in room 203 was 111 degrees F. Rechecks of water returns in resident rooms used by residents revealed -At 11:20am the hot water temperature at the bathroom sink in room 201 was 111 degrees F.	D 113		

Division of Health Service Regulation		(X1) PROVIDER IDENTIFICATION IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. BUILDING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 125 SOUND ROAD MOLLY RIDGE, NC 28441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY DATE WHEN IDENTIFIED BY SCIENTIFIC EMPLOYEE)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued from page 2 -At 11:34am the hot water tank in the bathroom sink fixture showed 170 degrees. Forms 201 and 210 were created and signed (surveyor item one and two) and 210 was (facility item one and two) Review of daily hot water temperature for September 2014 revealed: -No documented water temperature readings for September 1 - 11, 2014. -On 9/14/2014 a water temperature of 172 degrees was documented. No fixture was identified. -On 9/17/2014 a water temperature of 173 degrees was documented. No fixture was identified. -On 9/18/2014 a water temperature of 170 degrees was documented. No fixture was identified. -On 9/21/2014 a water temperature of 172 degrees was documented. No fixture was identified. -On 9/23/2014 a water temperature of 172 degrees was documented. No fixture was identified. Review of daily hot water temperature readings for October 2014 revealed the following temperature readings documented were 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000. -On 10/01/2014 a water temperature of 176 degrees at Cam was documented. No fixture was identified. -On 10/02/2014 a water temperature of 174 degrees at 1111 was documented. No fixture was identified. -On 10/03/2014 a water temperature of 172 degrees at 1111 was documented. No fixture was identified. -On 10/04/2014 a water temperature of 170 degrees at 1111 was documented. No fixture was identified. -On 10/05/2014 a water temperature of 168 degrees at 1111 was documented. No fixture was identified. -On 10/06/2014 a water temperature of 166 degrees at 1111 was documented. No fixture was identified. -On 10/07/2014 a water temperature of 164 degrees at 1111 was documented. No fixture was identified. -On 10/08/2014 a water temperature of 162 degrees at 1111 was documented. No fixture was identified. -On 10/09/2014 a water temperature of 160 degrees at 1111 was documented. No fixture was identified. -On 10/10/2014 a water temperature of 158 degrees at 1111 was documented. No fixture was identified. -On 10/11/2014 a water temperature of 156 degrees at 1111 was documented. No fixture was identified. -On 10/12/2014 a water temperature of 154 degrees at 1111 was documented. No fixture was identified.	D 113		

Division of Health Service Regulation		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ HAND SIGNED: _____		(X3) DATE SURVEY COMPLETED 11/07/2014	
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE 305 SOUND ROAD HOLLY RIDGE, NC 28440					
(X4) ID PREFIX TAG	DEFICIT #	DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
D 113	Continued From page 19	11/06	<p>degrees at 3:00 was documented as 78.5 degrees was identified</p> <p>-On 10/27/2014 a water temperature of 78.5 degrees at 12:00 was documented as 78.5 degrees was identified</p> <p>-On 10/28/2014 a water temperature of 78.5 degrees at 12:00 was documented as 78.5 degrees was identified</p> <p>-On 10/27/2014 a water temperature of 78.5 degrees at 12:00 was documented as 78.5 degrees was identified</p> <p>Internal monitoring was performed on 11/06/2014 at 4:05pm he said</p> <p>-He identified his initials as those documented on the daily temperature log for November 2014 and October 2014</p> <p>-He did not check water temperature in the kitchen</p> <p>-He only checked water temperature in the kitchen and not in the restrooms</p> <p>-He did not know how the water temperature readings got documented on the temperature log of November 2014</p> <p>-He indicated that water temperature readings be documented on the daily temperature log</p> <p>Correction: The water temperature was documented at 78.5 degrees at 12:00 on 11/06/2014</p> <p>-The manager notified the resident and advised that the water temperature was 78.5 degrees</p> <p>-Water temperature was 78.5 degrees</p> <p>-Restroom sink fixture got not right way</p> <p>-When washing hands the resident turned on the water and by the time the resident put hands under the water the water was cold</p> <p>-The resident had placed hands under sink and pulled the faucet handle because the water was</p>				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) MULTIPLE CONSTRUCTION IDENTIFY BUILDING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR	STREET ADDRESS CITY STATE ZIP CODE 155 SOUND ROAD WOLLY RIDGE, NC 28446
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(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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D 113	Continued From page 20 hot. The resident had a problem with hot water. -Some of the residents report that when they have to turn the water on, it is hot. -Hot water gets hotter than normal, so they turn on the hot water heater - the water is hot. -The resident got up, and the water temperature was 100. -if hot water is turned on, it is very hot, but after a while it cools down to 100. you! -Resident had a problem with hot water temperature was 100. -Never heard any other people say that temperature was hot. The facility is in compliance with the Protection on 11/06/2014. -Facility Administrator contacted the state to inquire if facility is in compliance with the the most of the appropriate means. The gentleman stated that he could meet at the thermostat readings. He said that the temperature in the room is acceptable for residents. -7:00am staff on duty for each day will check the water temps and make sure the temperature is 100-116 before the residents can use the water to assure safety for each day. The facility contacted a plumber who will be on site on 11/9/2014 to make sure the hot water heaters and pipes to assure that the temperatures will be safe for resident use. -Caution hot water signs were placed on all resident bathrooms. -The facility plan to purchase a device for checking water temperature in all bathrooms being used. The facility will now make sure water heaters and pipes are working correctly, and will be on site.	D 113		
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION HAZARD ID: _____		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINEWOOD HARBOR		STREET ADDRESS CITY STATE ZIP CODE _____ _____ _____ TELEPHONE NO. _____ FAX NO. _____	
(X4) ID PREFIX TAG D 131	SUMMARY OF DEFICIENCY Continued From page 22 -There was no documentation for Staff A Interview with the administrator revealed -Staff A had a TB skin test at the end of July 2014 -Staff A had not had a TB skin test while employed at the facility -Staff A volunteered at the facility 2 months ago -Staff A was placed on medical leave at the end of 2013 -Staff A was waiting for the administrator to come to the facility to administer the TB skin test Interview with the administrator on 11/20/14 at 1:45pm revealed -The administrator was responsible to ensure TB skin testing was done -The administrator thought it took 2 weeks to get the TB skin test done -The administrator did not remember her name she had 2 weeks to get the TB test done -The administrator said TB testing was not health care to come to the facility to administer the TB skin test to Staff A Interview with the administrator on 11/20/14 at 2:15pm revealed -The administrator said the TB test was done at the facility every week but Staff A was not living at the facility Observation of Staff A on 11/20/14 at 1:45pm during the TB test -Staff A was wearing a mask and gloves -Staff A was waiting outside the facility -Staff A went in and out of the facility at intervals during the day	(X5) COMPLETE DATE 11/07/2014	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Requirements before working or living in the home.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD NURSING		STREET ADDRESS SECURITY STATE PROCEEDS LINDS SOUND ROAD HOLLY RIE, N.C. 28443	
(X4) ID PREFIX TAG D 131	DEFICIENCY DESCRIPTION Combined Facility # 25 The facility is in violation of 11-17-2014-28100000 Pinwood nursing home has called the medical director to come in the facility on Monday, 11/10/2014 to do TB skin test to all staff. The medical director did not come. As of 11-7-2014 Pinwood nursing home is in violation of 11-17-2014-28100000 The medical director is not going to come into the facility to do TB skin test to all staff. CORRECTION DATE FOR THE DEFICIENCY 11/22/2014	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY D 131	(X5) COMPLETE DATE 11-10-14
D 137	DEFICIENCY DESCRIPTION 10A NCAC 18B-01-01 (b) (1) (i) (1) Each staff person should have a home address. The facility has no substantiated findings on the North Carolina Health Care Personnel Registry according to 8B-01-01(b). This rule is a regulation. Based on observations, interviews, and review of personnel files, the facility failed to ensure 1 of 4 staff had a substantiated home address. Findings on the North Carolina Health Care Personnel Registry: NONE 11/10/14	D 137 11-7-2014 Pinwood Huber put a policy in place that no one is to work in the Adult Care Home without having a Registry check done before hiring. It needs to say Had no Substantiated findings. REC + Adm. will do Registry checks, Background checks Before any person works in the Home.	11-10-14

Division of Health Service Regulation		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE NON-RESOLUTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOUR		STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD -OLLY RID E, NC 28445			
(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCIES (X1) DEFICIENCIES IDENTIFIED BY THE REGULATOR (X1) DATE OF IDENTIFICATION	D DEFECT CODE	REGULATORY PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE TAKEN (X5) REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETE DATE	
D 137	<p>Continues from page 24</p> <p>Review of Staff A's personnel file revealed: -Staff A has hired as a Home Health Aide (Payscale Care Staff) on 11/13/14 -There was no documentation of training or Personal Registry (PPR) completion until 11/3/2014 -There was no documentation of PPR completion prior to 11/3/2014</p> <p>Interview with the Administrator on 11/3/2014 at 4:00pm revealed: -The Administrator is not personally responsible for completing PPR's -The HC of the facility is not responsible -The Administrator had been following computer programs and had been instructed by the HC of the facility</p> <p>Clarification: A HC of the facility is not responsible for PPR's as work is at the facility -Staff A is not a Home Health Aide (HHA) while the resident stayed at the facility</p> <p>Interview with Director of the facility on 11/3/2014 revealed: -Staff A worked as a Home Health Aide (HHA) as a Foster Care Home Care Aide -Staff A stated he had never completed any training for PPR's -Staff A stated he had never worked for the resident's home care agency and was not employed by the facility at the time of the deficiency -Staff A worked at the facility from Friday from 7am to 3pm -Staff A worked at the facility from 11:00 am to 3:00 pm on 11/3/2014 -Staff A worked at the facility for 12 months ago</p>	D 137			

Division of Health Service Regulation		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X2) MULTIPLE DEFICIENCY BUILDING: _____		X3) DATE SURVEY COMPLETED 11/07/2014	
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOUR		STREET ADDRESS 316 SOUNE ROAD HOLLY RID E, NC 28445		CITY AND STATE ESS CITY STATE 28002			
(X4) ID PREFIX TAG	DEFICIENCY IDENTIFICATION	DEFICIENCY CODE	DEFICIENCY DESCRIPTION	DEFICIENCY CORRECTION PLAN	DEFICIENCY COMPLETE DATE		
D 137	Continued From page 23 -Sign A was placed on the page and to and of October 29 4	D 137					
D 234	104 NCAC 13F 0721 Tuberculin Test Medical Exam with Tuberculin Test 104 NCAC 13F 0721 Tuberculin Test Examination & Interpretation (a) Upon admission to a long-term care facility, all residents who are 15 years of age or older must be tested for tuberculosis. In compliance with this condition, the facility must adhere to the following requirements: 1. The facility must adhere to the requirements of the rule and available guidance, including the Department of Health and Human Services Tuberculin Control Program and the Medical Center Foreign Born Services. 2. The facility must have a written policy based on records of the facility and the facility must ensure that all new residents (2 and #3) were tested for tuberculosis (TB) disease prior to admission to the facility and that control measures adopted by the Commission for Health Services. The findings are: The facility's policy for testing new residents is dated 10/20/14 and is: Diagnosis includes Schizophrenia, Bipolar Disorder, Epilepsy, Anxiety Disorder, Post-Traumatic Stress Disorder, Glaucoma, History of Stroke, and Foot Gangrene. Resident #3 was tested for TB on 10/29/14.	D 234		11/05/14 2014 No one will walk or live in the Home unless a TB skin test is done. A policy was put in place on 11/1/2014. Res A11 will make sure upon hire, as live in Resident has the Requirements for TB testing before working or living in the Home. TB test are kept in a Book and available at all times for Review.	11-10-14		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROJECT: _____ PINewood HARBOR		STREET ADDRESS CITY STATE ZIP CODE 325 SOUND ROAD HOLLY RIDGE, NC 28445	
(X4) ID PREFIX TAG D 234	CORRECTIVE ACTION TAG (EACH DEFICIENCY SHOULD BE FULLY RESOLVED BEFORE THE NEXT SURVEY)	ID PREFIX TAG 0104	(X5) COMPLETE DATE
(X1) DEFICIENCY 01-2014 The TB skin test was not done on resident #48485114. The TB skin test was not done on resident #2... The Chief Nurse... 2... 4... Interview on 11/16 and 13 reported the facility... The facility...		(X3) PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER TYPE: <u>LONG TERM CARE</u> (X2) MULTIPLE CONSTRUCTION BUILDING: _____ WING: _____		(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HOME CARE		STREET ADDRESS CITY STATE ZIP CODE 100 SOUND ROAD HOLLY RIDGE, NC 28445
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY	PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
D 338	Continued From page 20 10A: CAC 13F.1901 (RESIDENT RIGHTS)	11-7-14
D 338	An additional rule was created and added to the existing rule regarding the Declaration of Resident Rights. This rule is not in compliance with the TYPE VI VIOLATION.	on 11-7-2014 Policy put in place by the new rules also training done by Adm/Rec on Resident Rights. Resident Rights are hanging in the Facility for Adm to see Adm/Rec will daily monitor and exercise the Resident Rights according to the Rules and Regulations of the State of North Carolina. All Staff were reviewed and reinforced these Rights of each Resident. All Residents are to be treated with utmost respect at all times and all needs they have are met and compliance if come

Division of Health Service Regulation		(X2) MULTIPLE INSTRUCTION A. BUILDING _____ B. _____	(X3) DATE SURVEY COMPLETED 11/07/2014
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DATE OF SURVEY: _____	
NAME OF PROVIDER OR OFFICE PINEWOOD NURSING		STREET ADDRESS CITY STATE ZIP CODE 325 SOUTH ROAD HOLLY RIDGE, NC 28450	
(X4) ID PREFIX TAG	STATE OF NORTH CAROLINA EXPIRES: _____ RE-ENTRY: _____	(X) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
D911	<p>On 11/06/2014, the surveyor observed a deficiency in the facility's policies and procedures regarding resident rights. The facility's policies and procedures do not clearly define the facility's responsibility to ensure that residents' rights are protected and that the facility complies with applicable laws and regulations. The facility's policies and procedures do not clearly define the facility's responsibility to ensure that residents' rights are protected and that the facility complies with applicable laws and regulations.</p> <p>The findings are:</p> <p>1. The facility's policies and procedures do not clearly define the facility's responsibility to ensure that residents' rights are protected and that the facility complies with applicable laws and regulations.</p>	0011	
D912	<p>On 11/06/2014, the surveyor observed a deficiency in the facility's policies and procedures regarding resident rights. The facility's policies and procedures do not clearly define the facility's responsibility to ensure that residents' rights are protected and that the facility complies with applicable laws and regulations.</p> <p>The findings are:</p> <p>1. The facility's policies and procedures do not clearly define the facility's responsibility to ensure that residents' rights are protected and that the facility complies with applicable laws and regulations.</p>	0012	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) MULTIPLE CONSTRUCTION BUILDING NUMBER _____ BUILDING _____		(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR CAUSAL PARTY PINEWOOD HEALTH		STREET ADDRESS CITY STATE ZIP CODE 315 SOUND ROAD HOLLY RIDGE, NC 28441		
(X4) ID PREFIX TAG	DEFICIENCY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D934	<p>Code 156. Facility must have a written infection control program that is approved by the state health department. The program must include the following:</p> <ul style="list-style-type: none"> 1. A written policy and procedure manual that is approved by the state health department. 2. A written policy and procedure manual that is approved by the state health department. 3. A written policy and procedure manual that is approved by the state health department. 4. A written policy and procedure manual that is approved by the state health department. 5. A written policy and procedure manual that is approved by the state health department. <p>The facility must have a written infection control program that is approved by the state health department. The program must include the following:</p> <ul style="list-style-type: none"> 1. A written policy and procedure manual that is approved by the state health department. 2. A written policy and procedure manual that is approved by the state health department. 3. A written policy and procedure manual that is approved by the state health department. 4. A written policy and procedure manual that is approved by the state health department. 5. A written policy and procedure manual that is approved by the state health department. 	D934	<p>All Staff have Infection Prevention Exercise and also they assessed the meets state guide lines. We will head up these exercises and Rec/ Adm. will assure Infection Pre. done</p>	

Division of Health Care Regulation		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIVE ACTION		X(2) MULTIPLE CONSTRUCTION A. S. I. D. NO. _____ B. I. D. NO. _____		(Y3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER PINWOOD HARBOR		STREET ADDRESS 316 SOUND ROAD BOLLY RIDGE		CITY STATE ZIP CODE E. NC 28452		
(X4) ID PREFIX TAG	DEFICIENCY	REG. NO.	DEF. NO.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D934	Continued from page 2		2014			
D992	<p>On 11/7/2014, the surveyor observed that the facility was not following the policy regarding drug testing for all employees. The facility stated that they had a policy in place, but it was not being followed. The facility stated that they had a policy in place, but it was not being followed. The facility stated that they had a policy in place, but it was not being followed.</p>		2012	<p>Policy put in place on 11-7-2014 that Before working in an Adult Care Home A Drug Test must Be Done. Pine Wood Harbor Adm/ LCC will make sure before Hire the applicant is informed of a drug test and no one is hired without a drug screening.</p>	11-7-14	

Herring, Belverly G

From: Forte, Hope
Sent: Monday, January 05, 2015 2:56 PM
To: alison_nezbeth@onslowcountync.gov
Cc: Coats, Tony; Rodgers, Marie; Herring, Belverly G
Subject: Pinewood Harbor 2014-12-29 POCA GYV911
Attachments: Pinewood Harbor 2014-12-29 POCA GYV911.pdf

Please find the Plan of Corrections submitted for the survey on November 7, 2014 attached to this e-mail.

If you have any questions regarding the information provided in or attached to this email, please call our office at (910) 592-2932. Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

Sincerely,

Hope Forte, RN

Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Hope Forte, Nurse Consultant
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