

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Pine Knoll Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  156 Pine Knoll Drive Carrollton, GA 30117	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50878</b></p> <p>Based on observation, staff interview, and review of the facility policies titled, Dating and Labeling and Food Storage - Refrigerators and Freezers, the facility failed to discard food in the walk-in refrigerator by the use by date, to label opened food items in the walk-in refrigerator and dry storage area, and to follow recipes in the preparation of puree foods. This deficient practice had the potential to affect 102 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dating and Labeling dated [DATE] and revised [DATE] stated under Policy Statement: The kitchen will ensure food safety by maintaining proper dates and labels to all goods and ready to eat food products. Under Procedures, item two stated, Label products in storage with date the package was opened. Item four stated Ready to eat foods must be dated with a 72 hour use by date and discarded when expired. Item ten stated Discard all foods that expire immediately.</p> <p>Review of the facility policy for Food Storage - Refrigerators and Freezers dated [DATE] and revised [DATE] revealed under Refrigerator Food Storage item two section ii. All foods delivered by an approved vendor that are stored under refrigeration must be properly labeled and dated. Item iii. Stated Label with common name of food and Item iv. Date by which it should be consumed or discarded (use be date).</p> <p>Observation on [DATE] at 9:15 am during a tour of the kitchen with [NAME] NN (the Certified Dietary Manager (CDM) was on vacation) revealed one-walk-in refrigerator/cooler that had breakfast and snack items including but not limited to eggs, cheeses, sour cream, lunch meats, chicken and beef bases, mayonnaise, jelly, whipped spread, apple sauce, jelly and other condiments. Randomly checked foods revealed expired pasta salad on [DATE], lemon tea thickener expired [DATE], an expired bag of cut lettuce expired [DATE], and tomato bisque soup stored in aluminum steam table pan and not properly sealed or dated. There was a one-door reach in freezer containing bagged and undated waffles, broccoli florets, and chicken patties. The bag of chicken patties was open and not sealed or labeled/dated.</p> <p>During an interview on [DATE] at 2:15 pm with the CDM, she indicated the items would be used within the day. She added that all staff were responsible for ensuring items were labeled and dated before placing them into cooler or freezers.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation on [DATE] at 4:50 pm the same one-door upright single freezer, the same undated waffles, broccoli florets and chicken patties were still present and not labeled or dated.</p> <p>Observation on [DATE] at 9:25 am of pantry dry goods revealed an open bag of cornbread stuffing with no seal and no label or date.</p> <p>Menus posted in the hall were out of date, alternate menus were offered.</p> <p>Interview on [DATE] at 9:20 am with the CDM revealed that she acknowledged the presence of Styrofoam food take out containers being used due to a broken dishwasher. She stated that maintenance was responsible for ordering the part and that she could provide the date ordered and the expected delivery date. The CDM stated that staff were to use the FIFO (first in, first out) method when putting away delivered food products.</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** 51557</b></p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Handwashing/Hand Hygiene, the facility failed to ensure that all staff used proper hand hygiene during resident care. This failure had the potential to cause widespread infections among residents and staff.</p> <p>Findings include:</p> <p>Review of the policy titled Handwashing/Hand Hygiene Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infection. #2 states All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.</p> <p>During observation of west wing on 4/9/2025 at 7:49 am, Certified Nursing Assistant (CNA) FF entered room [ROOM NUMBER] answering a call light, and hand hygiene was not done at the alcohol dispenser outside the room or with soap and water in room [ROOM NUMBER]. The alcohol dispenser located outside of room [ROOM NUMBER] was half full and operational.</p> <p>During observation of west wing on 4/9/2025 at 7:58 am agency CNA GG leaving room [ROOM NUMBER] without hand hygiene or obtaining linens and re-entered the room without using hand hygiene. The alcohol dispenser outside of room [ROOM NUMBER] was full and operational.</p> <p>During observation of east wing on 4/9/2025 at 8:41 am, CNA II entered room [ROOM NUMBER] without using hand hygiene. The alcohol dispenser outside of room [ROOM NUMBER] was full and operational.</p> <p>Interview on 4/9/2025 at 7:51 am with CNA FF, she revealed she had received several inservices from the IP (Infection Preventionist) nurse on hand hygiene and she knew that she should use the alcohol gel between residents and soap and water after resident personal care. CNA FF revealed that she sometimes forgot hand hygiene when entering and exiting rooms.</p> <p>Interview on 4/9/2025 at 7:58 am with agency CNA GG revealed that she understood she should use soap and water before passing trays and with resident care, and alcohol gel should be used when going in and out of residents' rooms. GG CNA confirmed she did not use hand hygiene or alcohol when leaving and reentering room [ROOM NUMBER] with clean linen.</p> <p>Interview on 4/9/2025 at 8:47 am with CNA II revealed had been instructed on when and what kind of hand hygiene to use for best practice. CNA II stated she received inservices on hand hygiene every 2 weeks. CNA II confirmed she was aware that she should use hand hygiene when entering a resident's room, but sometimes forgot when she is in a hurry.</p> <p>Interview on 4/9/2025 at 1:43 pm with Licensed Practical Nurse (LPN)-Infection Preventionist (IP) revealed that she instructed all staff to wash hands with soap and water after performing personal care on a resident who has had a bowel movement, and any time hands were visibly soiled. She also instructed the staff to use alcohol gel between resident rooms, upon entering and exiting the room.</p> <p>(continued on next page)</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>Interview on 4/9/2025 at 4:10 pm with the Director of Nursing (DON) revealed that her expectation was for all staff to follow the hand hygiene policy.</p>