

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Pinewood Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 433 North McGriff Street Whigham, GA 39897	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, staff interviews, and review of the facility policy titled, Infection Prevention and Control Program, the facility failed to maintain the outdoor garbage and refuse area in a sanitary condition. One of two dumpsters was observed with the lid left open, creating the potential to attract and harbor pests and insects. The facility census was 63. Findings include: A review of the facility policy titled, Infection Prevention and Control Program, last revised on 04/09/2026, documented under Waste Management: 21. The facility shall ensure that all dumpster lids and/or covers are kept closed at all times to maintain a safe, sanitary environment and to prevent attraction of pests and the potential spread of infection. Staff are responsible for ensuring lids and covers are securely closed after each use and are to report any damages or missing lids to the appropriate department for immediate repair or replacement. Observations on 05/31/2026 at 11:47 AM, 06/01/2026 at 1:44 PM, and 06/02/2026 at 11:44 AM revealed that one of the two dumpsters had its lid open. Interview on 06/03/2026 at 11:23 AM with the Certified Dietary Manager (CDM) confirmed that the garbage dumpster lids were open and not closed on 05/31/2026, 06/01/2026, and 06/02/2026. The CDM stated that she had previously instructed dietary staff to ensure that dumpster lids were closed immediately after use. The CDM emphasized that staff were expected to monitor dumpster use and ensure that lids remain closed to maintain proper sanitation standards and prevent potential pest concerns. Interview on 06/03/2026 at 11:25 AM with the Administrator confirmed that the garbage dumpster lid was open and not closed on 05/31/2026, 06/01/2026, and 06/02/2026. The Administrator stated that all staff shared responsibility for ensuring that the dumpster lids remained closed when not in use. The Administrator stated that all staff would be educated regarding the importance of keeping garbage dumpster lids closed when not in use to maintain a safe, sanitary, and pest-free environment.		

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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