STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46095 Based on record reviews, observations, and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the area of skin treatments (Resident #9). This was for 1 of 21 MDS records reviewed. The findings included: 1. Resident #9 was admitted to the facility on [DATE] with diagnosis that included a stage 3 pressure ulcer. Resident #9's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated her cognition was intact and she had range of motion limitations to one side of her lower extremity. The area for skin conditions for Resident #9 was coded for 1 stage 3 pressure ulcer that was present upon admission/entry or reentry, and no pressure reducing device for chair was noted. Review of Resident #9's care plan, last revised on 11/11/24, included a focus area that read Resident #9 was at risk for pressure ulcer development related to impaired mobility and her comorbidities. The interventions included pressure reducing mattress on her bed and for staff to encourage her to shift her weight frequently when sitting up in chair. An observation and interview were conducted on 01/23/25 at 10:38 AM with Resident #9. She stated she had a pressure reducing cushion for her wheelchair. She pointed at her wheelchair and stated, That's it right there as she pointed at a cushion in her wheelchair, it's been there since I was admitted to the facility. An observation revealed a pressure reducing cushion in the seat of Resident #9's wheelchair. An Interview was conducted on 01/24/25 at 11:10 AM with the MDS Coordinator. She verified the MDS quarterly dated 11/11/24 was not coded for Resident #9 having a pressure reducing device for her wheelchair. The MDS Nurse indicated it was an oversight that was not coded correctly. An Interview was conducted on 01/24/25 at 12:14 PM with the Administrator. She indicated the MDS assessment should be accurately coded in all care areas.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46095 Based on record review, observation, and resident and staff interviews, the facility failed to ensure a resident who was dependent on staff assistance for nail care received assistance when needed for 1 of 4 residents (Resident #11) reviewed for activities of daily living (ADL). The findings included: Resident #11 was admitted to the facility on [DATE] with diagnoses that included vascular dementia. Resident #11's annual Minimum Data Set assessment dated [DATE] indicated her cognition was severely impaired. There were no refusals of care, and no behaviors coded. Resident #11 was dependent on staff for oral hygiene, toileting hygiene, shower/bath, dressing, personal hygiene, bed mobility, and transfers. She had range of motion limitations on both sides of her upper and lower extremities. She was coded as receiving hospice services. Resident #11's active care plan, last revised on 11/17/24, included the focus area of an activity of daily living (ADL) self-care deficit and required assistance with ADL. Interventions included she required total assistance with bathing. There were no interventions for nail care. A review of Resident #11's nursing progress notes from 11/26/24 to 01/21/25 revealed no refusals of nail care documented. A review of Resident #11's shower schedule revealed she refused her shower on 12/30/24 and 01/20/25. An observation occurred of Resident #11 on 01/21/25 at 9:50 AM and 12:49 PM. She was lying in bed with her eyes open and was humming a song. Fingernails to both hands were medium in length, past the tips of fingers, and 6 out of 10 fingernails were jagged on the tips with a brown substance under her ring finger and middle finger of the left hand. An interview was conducted on 01/23/25 at 11:15 PM with Nursing Assistant (NA) #6. She stated she provided nail care on resident's shower days and as needed. NA #6 indicated when she provided showers, she tells the residents it's a spa day so she can get the nails as well. Normally she did not have any refusals. She could not recall the last time she provided Resident #11's nail care. She was unable to state why her nail care had not been completed. NA #6 confirmed she was Resident #11's direct care NA on 01/21/24 but she did not remember if she looked at her nails that day. An observation occurred of Resident #11 on 01/23/25 at 11:50 AM and at 2:45 PM. She was still lying in bed with her eyes open, smiling, and was humming a song. Fingernails to both hands were medium in length, past the tips of fingers, and 6 out of 10 fingernails were jagged on the tips with a brown substance under her ring finger and middle finger of the left hand. An observation and interview were conducted on 01/23/25 at 1:20 PM with Nurse #4. She stated Resident #11's fingernails needed to be cut, shaped up, and cleaned. Resident #11 was observed eating pudding with her fingers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 01/23/25 at 1:39 PM with NA #7 who was familiar with Resident #11. She stated she tried to look at Resident #11's nails when she worked with her because she would put her hands in her brief at times. She stated she provided nail care on residents' shower days and as needed. An interview was conducted on 01/23/25 at 1:50 PM with NA #8. She was familiar with Resident #11 and was assigned to care for her. She stated it was Resident #11's shower day today which she had not yet provided, and she would provide nail care at that time. An interview was conducted on 01/24/25 at 12:15 PM with the Director of Nursing (DON). She stated nails should be groomed during showers and as needed, to include Hospice residents. The DON indicated the NAs used hand wipes prior to the resident eating meals so Resident #11's jagged and dirty nails should have been discovered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50415 Based on record reviews, observations, and interviews with staff and the Nurse Practitioner, the facility failed to provide care in a safe manner for 1 of 7 residents reviewed for falls (Resident #72). On 8/26/24 Resident #72 slid out of the bed to the floor while care was being provided by Nurse Aide (NA) #9. The incident resulted in a cut and swelling to the left eyelid. Resident #72 was sent to the emergency department (ED) and required 3 dissolvable sutures to close the wound over his left eye. On 1/12/25 Resident #72 was placed on his side during incontinence care by NA #3 and fell off the bed hitting his head on the side table when the NA reached for cream. Resident #72 was sent to the ED and required sutures to repair a laceration on his left upper eyelid. This deficient practice affected one of seven residents reviewed for falls (Resident #72). The findings included: Resident #72 was originally admitted to the facility on [DATE] with diagnoses that included a stroke with left hemiplegia (paralysis on one side of the body). A review of the quarterly Minimum Data Set, dated dated dated [DATE] revealed that Resident #72 was severely cognitively impaired without mood or behavioral concerns. He was dependent on staff for toileting, bed mobility, personal hygiene, oral hygiene, bathing, and dressing. The care plan for Resident #72, last revised/reviewed on 8/7/24, included the following focus areas: - A focus area for requiring assistance due to the resident being dependent on staff for activities of daily living (ADL) care related to a stroke. The interventions initiated on 4/22/22 included that Resident #72 was dependent on staff for toileting, totally dependent on 2 staff for repositioning and turning in bed. - A focus area for risk for falls due to a previous fall with risk for additional falls. This care area was initiated on 4/22/22. The interventions stated staff were to ensure the call light and frequently used objects were within the resident's reach. a) An Event Summary Report dated 8/26/24 written by Nurse #3 indicated Resident #72 had a witnessed fall in his room during ADL care. The narrative of the incident indicated Nurse Aide #9 (NA) was performing personal care for Resident #72 when he slid off the bed. The NA was unable to stop the fall. Resident #72 was noted with swelling and a cut on his left eyelid. Multiple attempts were made to contact NA #9 for an interview by phone. NA #9 no longer worked for the facility, and he was unable to be reached. Multiple attempts were made to contact Nurse #3 for an interview by phone. She no longer worked for the facility, and she was unable to be reached. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	A physician note dated 8/26/24 indicated Resident #72 sustained an eye injury while he had received care from NA #9. The resident was observed on the floor by nursing staff who had reported Resident #72 slid from the bed during morning care. He was assessed with swelling and a cut on his left eyelid. The resident was sent to the emergency department (ED) for evaluation. The physician indicated that the facility would take all necessary precautions to prevent recurrences, and the note stated that the care plan should be reviewed for ways in which to prevent additional falls. Resident #72 was evaluated at the emergency department on 8/26/24. A cat scan (A computed tomography scan is a medical imaging technique used to obtain detailed internal images of the body) was completed and did not reveal any acute fractures of the facial bones. Resident #72 received 3 dissolvable sutures to close the wound over his eye and was deemed safe to return to the nursing facility on 8/26/24 On 1/23/25 at 3:00 PM, the Administrator and Director of Nursing (DON) were interviewed. The Administrator stated that Resident #72 fell from bed during care being provided by one staff member (NA #9) when there should have been two staff members present while providing personal care as outlined in the Kardex. b) A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #72 was severely cognitively impaired without mood or behavioral concerns. He was coded as requiring assistance of 2 people for bed mobility and was dependent on 2 people for bathing, dressing and toileting. The Kardex for Resident #72 dated 1/12/24 indicated under the category of safety, the resident should always be a two-person assist for personal care. It further stated under the category of mobility, that the resident was totally dependent on two-person staff for repositioning and turning in bed. Review of hospital records revealed Resident #72 was transferred and assessed at the hospital on 1/12/25 around 11:12 PM. A cat scan was completed and did not reveal any acute fractures of the facial bones. The ED summary indicated the resident had a laceration through the superficial tissue on the lateral aspect of the left upper eyelid which extended approximately 2.5 centimeters. Resident #72 received sutures to repair the laceration and then the emergency department physician deemed the resident safe for transfer back to the facility at 2:49 AM on 1/13/25. A nursing progress note dated 1/13/25 at 2:02 AM indicated Nurse #1 observed Resident #72 lying on the floor next to the right side of the bed. She documented NA #3 told her that he had the resident lying on his side on rolled-up linen while he was completing incontinent care for Resident #72. When NA #3 reached for cream the resident rolled off the bed hitting the left side of his head on the side table and then fell on to the floor. The resident had a laceration to the left eye with a moderate amount of bleeding. The progress note revealed that Nurse #1 notified the Nurse Practitioner, Administrator, Director of Nursing, and the responsible party about the fall. Resident #72 was sent to the ED. A progress note written by the Nurse Practitioner (NP#1) dated 1/13/25 at 10:10 PM indicated Resident #72 had a witnessed fall in his room on 1/12/25. The narrative indicated Resident #72 had left periorbital (around the eye) swelling with crusted blood. The note revealed that the left eye was swollen shut. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	NA #3 was interviewed on 1/23/25 at 6:01 PM. He stated that he checked on Resident #72 shortly after he went on duty due to him being a heavy wetter, and he noted that he was very wet. NA #3 stated that he did not want the resident to lay in a wet bed, so he decided to go ahead and change him and his bed linens. The NA indicated that he had his left hand placed on the resident's hip and that the resident was facing him. NA #3 stated that the barrier cream he applied with incontinent care for Resident #72 was at the foot of the bed. The NA stated he reached for the cream with his right hand. He stated while he opened the cream the resident fell forward. The NA reported that the side table was pulled forward and caused Resident #72 to catch the corner of the table with his eye. The NA indicated that he tried to control the motion of the fall. NA #3 stated he had completed Resident #72's care by himself multiple times in the past. He indicated that he had read the Kardex and thought that the two-person assistance for the resident referred to transfers and not ADL care. Nurse #1 was interviewed on 1/23/25 at 7:02 PM. She was the nurse on duty the night Resident #72 fell . She stated she had just left the resident's room after providing care to his roommate. She stated NA #3 was providing care for Resident #72. Nurse #1 indicated she heard a noise from the hall and went back into Resident #72's room. She stated that Resident #72 was lying on the floor bleeding from his eye. She stated she instructed the NA to notify the other nurse to call emergency medical services while she held pressure to stop the bleeding. She stated that Resident #72 was supposed to have two people assisting with his ADL care, and that information is recorded on the Kardex for the resident's care. She indicated that she was not aware that the NA was providing ADL care to the resident by himself. On 1/24/25 at 10:21 AM an interview was conducted with the Nurse Practitioner (NP). He stated that he assessed Resident #72 the day after his fall. He indicated that the resident's left eye was swollen shut and had scattered areas of dried blood around the eye area. He stated he could visualize the eyelids and did not note an excessive amount of bloody drainage in the area. The Administrator was interviewed in conjunction with the Director of Nursing (DON) on 1/24/25 at 12:40 PM. The Administrator stated falls were discussed every morning in their stand-up meeting. She stated those who attended the meeting included herself, DON, the therapy department, social work, nurse managers, activities, and the physician or nurse practitioner. The team discussed residents at risk for falls and developed interventions and updated their care plans. She stated that NAs were supposed to check the Kardex of each resident before working with them and providing care to determine what their level of care included. The Administrator stated the DON and nurse managers were monitoring for use of the Kardex, and that the Quality Assurance team had updated the Kardex to make it more interactive and that the NAs would have to begin checking it off in documentation each shift. She stated NA #3 should have had another staff member assisting with Resident #72's care as his Kardex indicated. The facility provided the following corrective action with a compliance date of 1/21/25: Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	On 1/12/25, Resident #72 was assessed by Nurse #1 and observed with a laceration to the left eye, no signs of pain, vital signs were obtained. Subsequently, immediately after the assessment, the nurse completed notifications to the doctor and responsible party (RP) for the resident. She received orders to send the resident to the emergency room (ER) for evaluation. Resident #72 was sent to the ER for evaluation on 1/12/25 and returned to the facility within a few hours on 1/13/25 with orders carried out from the ER visit after visit summary. The cat scan was negative. The physician and RP were updated by the primary nurse. NA #3 was placed on leave until the investigation was completed. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. On 1/14/25 the Nurse Consultant completed an audit of all current residents with falls in the last 7 days to identify any residents with injuries sustained from a fall during bed mobility. This audit was completed on 1/16/25. The result concluded that 0 of 11 residents sustained an injury from a fall during bed mobility during care. From 1/14/25 through 1/20/25, the Director of Nurses, Registered Nurse (RN) Support, and RN Supervisor completed random observations and demonstrations of bed mobility on different shifts, different days, to ensure Certified Nursing Assistants were providing bed mobility using the Kardex to ensure care was provided according to the plan of care. This was completed on 1/20/25. This audit consisted of random observations or demonstrations to identify if staff were able to demonstrate proper bed mobility, if there were any concerns with the bed mobility, and if there was any injury or change in condition observed. The results included: - Staff were able to demonstrate proper bed mobility - Staff utilized the Kardex prior to performing care - Staff utilized the correct number of providers for performing bed mobility - Concerns with the bed mobility - Observations of any injury or change in condition observed The DON implemented corrective action to include immediate education and training on Kardex and bed mobility with return demonstration to ensure care was provided according to the plan of care. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 1/14/25, the DON began in-servicing all full-time, part-time, and as needed (PRN) registered nurses and licensed practical nurses, certified nursing assistants, medication aides, including agency staff, on preventing falls. This training included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	- Preventing falls from bed during care - Common causes of falls - Identifying falls risk - General falls prevention strategies - How to access the Kardex - Nursing immediate actions - Post fall documentation and ongoing assessment The DON or designee will ensure falls education is included as a part of general orientation. The DON will ensure that any of the above identified staff who do not complete the in-service training by 1/20/25 will not be allowed to work until the training is completed. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The Quality Assurance committee met on 1/14/25 and agreed to begin utilizing the QA monitoring tool to audit all staff to ensure they provided safe bed mobility, correct use of the Kardex, and falls prevention strategies. The DON and nurse management will monitor bed mobility compliance weekly times three weeks and monthly for two months or until resolved by the Quality Assurance (QA) Committee. The monitoring included observations of 4 or more aides on various shifts to include the weekends. Reports will be presented to the QA Committee by the Administrator or Director of Nursing to ensure corrective action was initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the monthly QA meeting. The monthly QA meeting is attended by the Administrator, DON, MDS Coordinator, therapy, Health Information, and the Dietary Manager. Reports were presented to the monthly quality assurance (QA) committee to ensure compliance and corrective action. Include dates when corrective action will be completed. The date of compliance was 1/21/25. As part of the validation process completed on 1/24/25, the plan of correction was reviewed and verified through review of the plan of correction audit sheet completed by the facility, the in-service records, and staff interviews. Observations and interviews were conducted with Nurse Aides (NAs) and NAs were observed as they reviewed the Kardex before providing resident care. The NAs stated that they reviewed the Kardex for each resident to determine the level of care the resident required. They indicated that they had received in-service education regarding fall and accident prevention and using the Kardex to provide accurate resident care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinehurst Healthcare & Rehabilitation Center	300 Blake Boulevard Pinehurst, NC 28374

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 0689 Level of Harm - Actual harm Residents Affected - Few	Interviews with nurses revealed they had received in-service training related to fall and accident prevention and use of the Kardex to provide accurate resident care. The validation process verified the facility's date of correction of 1/21/25.