

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41009</p> <p>Based on record review and Responsible Party (RP) and staff interviews, the facility failed to provide a Centers for Medicare and Medicaid Services (CMS) Form 10055- Skilled Nursing Facility (SNF) Advanced Beneficiary Notification (ABN) and Form 10123-Notice of Medicare Non-Coverage (NOMNC) when the facility initiated discharge from Medicare Part A Services when benefit days were not exhausted. This was for 1 of 3 residents (Resident #31) reviewed for beneficiary notice protection.</p> <p>Findings included:</p> <p>Resident #31 was admitted to the facility on [DATE] under Medicare Part A covered skilled services.</p> <p>Resident #31's Medicare Part A covered skilled services ended on 1/22/25. He remained in the facility.</p> <p>A review of Resident #31's medical record revealed no evidence Resident #31 was provided with a CMS SNF-ABN and a CMS NOMNC form.</p> <p>On 4/8/25 at 1:49 PM an interview with the Business Office Manager (BOM) indicated Resident #31's Medicare Part A covered skilled services began on 11/20/24. She stated when these covered services ended on 1/22/25, Resident #31 had used 64 of his 100 covered days. She reported Resident #31 had remained in the facility.</p> <p>On 4/8/25 at 1:22 PM a telephone interview with Resident #31's Responsible Party (RP) indicated she was somewhat familiar with CMS SNF-ABN and CMS NOMNC forms. She stated she did not receive a CMS SNF-ABN and a CMS NOMNC for Resident #31 when his Medicare part A services ended on 1/22/25.</p> <p>On 4/8/25 at 1:26 PM an interview with the Social Worker (SW) indicated she would have been responsible for providing Resident #31 with a CMS SNF-ABN and a CMS NOMNC form when he was discharged from his Medicare Part A covered services on 1/22/25. She reported she had been new to her position in January 2025, and although she had received training on her position duties, she did not recall issuing the forms to Resident #31. She stated at some point the Director of Nursing (DON) had come to her and asked her if she was issuing the CMS SNF-ABN and CMS NOMNC forms, she had not been, and so she began issuing them at that time.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/8/25 at 1:34 PM the DON stated at some point someone came to her and let her know they didn't think the CMS SNF-ABNs and CMS NOMNCs were being issued. She reported she could not recall who notified her, or exactly when this was. She went on to say she had gone to the SW and let her know she was supposed to be issuing these for Medicare Part A residents.</p> <p>On 4/10/25 at 8:48 AM an interview with the Administrator indicated the SW had been relatively new to her position in January 2025, and as a result of this, had not issued the CMS SNF-ABN and CMS NOMNC forms to Resident #31 like she should have.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48230</p> <p>Based on record review and staff and Responsible Party interviews, the facility failed to accurately code Minimum Data Set (MDS) assessments in the areas of discharge (Resident #99) and dialysis (Resident #46) for 2 of 20 residents reviewed for MDS accuracy.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #99 was admitted to the facility on [DATE]. <p>A review of Resident #99's electronic health record revealed a discharge MDS assessment was completed on 3/3/25 and indicated the resident was discharged to the hospital.</p> <p>A nurse's note written by Nurse #2 dated 3/3/25 indicated Resident #99 was discharged with his medications, discharge paperwork and all his belongings. The note stated he was picked up by a transportation company. The note did not state Resident #99's discharge location.</p> <p>In an interview with Nurse #2 on 4/9/25 at 9:21 AM she stated Resident #99 was discharged home on 3/3/25.</p> <p>A telephone interview with Resident #99's Responsible Party (RP #1) was conducted on 4/9/25 at 8:18 AM. RP #1 stated Resident #99 was discharged home from the facility on 3/3/25.</p> <p>In an interview with MDS Nurse #1 on 4/9/25 at 9:42 AM she stated Resident #99's discharge MDS should have been coded as discharged home, not the hospital. She further stated the resident was supposed to be discharged on [DATE], but was picked up on 3/3/25. Due to him leaving a day earlier than expected, the discharge MDS was coded as an unplanned discharge which usually meant a resident went to the hospital and was miscoded as such.</p> <p>In an interview with the Administrator on 4/9/25 at 9:53 AM she stated the MDS completed on 3/3/25 should have captured that Resident #99 was discharged home, not the hospital.</p> <p>48295</p> <ol style="list-style-type: none"> Resident #46 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease. <p>A review of a Physician order dated 3/12/25 revealed an order for Resident #46 to receive dialysis Monday, Wednesday, and Friday at an offsite dialysis clinic.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] was not coded for dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the MDS Coordinator on 4/9/25 at 11:39 am she stated she was aware Resident #46 received dialysis. The interview further revealed that the MDS Coordinator routinely reviewed hospital discharge summaries and coded the MDS based on the reviews. The MDS Coordinator stated Resident #46 should have been coded for dialysis on the 3/13/25 MDS and the failure to do so had been an oversight.</p> <p>In an interview with the Administrator on 4/9/25 at 3:06 pm he stated the MDS completed on 3/13/25 should have captured that Resident #46 received dialysis.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	
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 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>48230</p> <p>Based on observations, record review and staff interviews the facility failed to implement their infection control practices and procedures when the facility Staff Development Coordinator (SDC) failed to don a gown before entering the room of a resident on Contact Precautions. The facility also failed to implement their policy for Enhanced Barrier Precautions (EBP) when Nurse #1 failed to wear a gown before entering a resident's room to provide medications via a gastrostomy tube (tube inserted directly into the stomach through a small hole in the abdomen to administer hydration, nutrition and medication). The deficient practice occurred for 2 of 20 staff (SDC and Nurse #1) observed for infection control practices.</p> <p>Findings included:</p> <p>1. Review of the facility policy titled Contact Precautions dated 4/2023 and revised on 6/13/24 stated in part: contact precaution recommendations include wearing a gown when entering room and caring for the resident.</p> <p>Review of the signage on the door to Resident #36's room read in part, Contact precautions, everyone must: wear a gown when entering the room and remove before leaving.</p> <p>During observation on 4/8/25 at 3:45 PM the Staff Development Coordinator (SDC) entered Resident #36's room wearing gloves and no gown. While in the room she helped the resident get comfortable in bed and took a soiled tissue from her to throw away. The SDC removed her gloves and washed her hands before leaving the room.</p> <p>During an interview with the SDC on 4/8/25 at 3:48 PM she stated she thought it was an Enhanced Barrier Precaution room. After reviewing the contact precautions signage on the door, she stated she should have donned a gown before entering the room.</p> <p>An interview with the Director of Nursing (DON), who was also the Infection Preventionist, was conducted on 4/8/25 at 3:56 PM. The DON stated the SDC should have donned a gown before entering the room of Resident #36. She further stated all staff were educated on infection prevention practices upon hire, yearly and as needed.</p> <p>In an interview with the Administrator on 4/8/25 at 4:10 PM he stated infection prevention practices must be followed at all times and the SDC should have donned a gown before entering Resident #36's room. He further stated all residents on contact precautions have an orange sign attached to their door so staff could easily know which precautions were required for which task.</p> <p>50404</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Wilson Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 403 Crestview Avenue Wilson, NC 27893	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the facility policy titled Enhanced Barrier Precautions dated 4/2023 and revised on 6/13/2024 stated in part; Enhanced Barrier Precautions (EBP) are used in conjunction with standard precautions to reduce the risk of Multidrug Resistant Organisms (MDRO) transmission during high-contact resident care activities. Includes the use of both gowns and gloves. The (EBP) apply to residents with the presence of indwelling medical devices with or without the presence of an MDRO infection or colonization. An example of indwelling medical devices includes feeding tubes.</p> <p>During an observation of medication administration on 4/9/25 at 9:53 AM, Nurse #1 entered resident #50's room which had an EBP sign posted on the exterior of the door, to administer medication via gastrostomy tube (a hollow tube inserted directly through the skin of the abdomen into the stomach to deliver nutrition, hydration and medication). Nurse #1 performed hand hygiene prior to entering the room and donned (put on) a clean pair of gloves but did not don a gown. Nurse #1 administered the medication using a feeding syringe (a large 2-part syringe used to administer oral medications) through a gastrostomy tube.</p> <p>In an interview with Nurse #1 on 4/9/25 at 10:15 AM she stated the hall nurse told her she didn't need to wear a gown; she could not remember the name of the nurse.</p> <p>An interview was conducted with the Quality Improvement Nurse on 4/9/25 at 10:25 AM. During the interview she stated the nurse should have worn a gown into a room with an EBP sign posted when administering medications through a gastrostomy tube.</p> <p>During an interview with the Director of Nursing (DON) on 4/9/25 at 10:40 AM, she stated she would have expected the nurse to wear a gown when administering medication through a gastrostomy tube and an EBP sign was posted on the door.</p> <p>An interview was held with the Administrator on 4/9/25 at 12:34 AM, at which time he stated when an EBP sign was posted, he would expect the nurse to wear a gown when administering medications through a gastrostomy tube.</p>		