STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345446	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
College Pines Health and Rehabilitation	95 Locust Street Connelly Springs, NC 28612

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** Based on record review and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the area of medications for 1 of 5 sampled residents (Resident #6). The findings included:Resident #6 was admitted to the facility on [DATE] with diagnoses which included type 2 diabetes mellitus with hyperglycemia (high blood sugar).A review of Resident #6's physician admission orders dated 02/16/26 revealed an order for Lantus Solostar U-100 insulin (long-acting insulin and hypoglycemic medication used to manage blood glucose levels) 100 units per milliliter. Inject 10 units subcutaneously (under the skin) daily in the morning for diabetes.A review of Resident #6's February 2026 Medication Administration Record (MAR) revealed Resident #6 received insulin injections daily as ordered. Resident #6's quarterly Minimum Data Set (MDS) dated [DATE] was reviewed and did not indicate insulin injections or hypoglycemic medications had been received. An interview with the MDS Coordinator was conducted on 04/28/26 at 11:56 AM. The MDS Coordinator confirmed she completed the 02/20/26 MDS for Resident #6. The MDS Coordinator stated Resident #6 received insulin daily and the MDS assessment should have included both insulin injections and the use of hypoglycemic medication. She stated the insulin injections and hypoglycemic medication had been overlooked and the MDS had been coded incorrectly.An interview with the Corporate MDS Coordinator was conducted on 04/28/26 at 11:44 AM. The Corporate MDS Coordinator stated that all MDS assessments should be coded correctly for relevant medications.An interview conducted with the Director of Nursing on 04/29/26 at 2:35 PM revealed Resident #6 had received daily insulin injections and the MDS should be coded correctly for relevant medications.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to maintain window screens in resident's room in good condition (Resident #44, #31, #49, #54, #4, #19, #3, #15, #108, #32, #48, #92, #58, #73, #83, #7, #64, #106, #14,#94, #29, #38, #72, #53). The deficient practice affected 18 of 65 rooms on 6 of 6 halls observed for environmental concerns. Findings included:Observations of the window screen in room [ROOM NUMBER] on 04/27/2026 at 1:45 PM and 04/28/2026 at 11:32 AM revealed the window screen's metal frame was out of the track at the bottom of the window frame. The unsecured screen would make it possible for flying insects to enter if the window was open. On 4/29/26 a walking tour of the outside of the facility was conducted with the Maintenance Director from 2:00 to 2:50 PM and revealed the following 18 window screens that needed repair:room [ROOM NUMBER] showed the window screen's metal frame was bent and out of the track.room [ROOM NUMBER] did not have a window screen in place.room [ROOM NUMBER] showed the window screen to have a tear approximately 2 inches by 3 inches.room [ROOM NUMBER] had a tear approximately 4 inches by 2inches in the bottom of the window screen.Rooms #206, #210, #302, and #416 revealed the window screen's metal frame was out of the metal track.room [ROOM NUMBER] revealed a tear approximately 4 inches by 3 inches in the window screen.room [ROOM NUMBER] showed the window screen's metal frame was out of the metal track and revealed a tear approximately 2 inches by 2 inches in the bottom of the screen.room [ROOM NUMBER] showed the window screen to have a tear approximately 3 inches by 3 inches.room [ROOM NUMBER] showed the window screen's metal frame was out of the track at the bottom of the window frame.room [ROOM NUMBER] showed the screen missing from the window. room [ROOM NUMBER] showed a tear approximately 1 inch by 7 inches in the window screen. room [ROOM NUMBER] revealed a tear approximately 1 inch by 3 inches in the window screen. room [ROOM NUMBER] had a tear approximately 3 inches by 6 inches in the window screen.room [ROOM NUMBER] revealed no window screen on the window.room [ROOM NUMBER] revealed a tear approximately 4 inches by 2 inches in the window screen. An interview with Resident #14 in room [ROOM NUMBER] on 4/29/26 at 1:25 PM indicated he had no concerns with the window screen and had not opened his window since his admission. An interview with the Maintenance Director on 4/29/26 at 2:30 PM revealed he had only been employed with the facility for about two and a half months and had not yet established a good monitoring program of the windows. He reported he was aware of only two window screens that needed replacement and they were both in his office awaiting the new screen for the frames. He indicated all staff members could put in a work order if they noticed something in the building that required his attention, but he had not received any work orders for screen repairs. An interview with the Administrator on 4/29/26 at 3:18 PM revealed she expected all staff to alert maintenance staff to any issue and to fill out work orders for the concern. She reported that she was unaware there were that many screens that needed repairing. She stated the previous Maintenance Director had done an assessment of the window screens in early fall of 2025 and had repaired any that were damaged at the time.