

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/02/2011
NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - SHELBY			STREET ADDRESS, CITY, STATE, ZIP CODE 401 N MORGAN ST BOX 790 SHELBY, NC 28150	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and medical record review, the facility failed to ensure nursing staff 1) rinsed soap from the skin during bathing, and 2) provided complete cleaning during incontinence care for one (1) of two (2) sampled residents. (Resident #1).</p> <p>The findings are:</p> <p>Resident #1 was readmitted 11/8/06 with diagnoses including Dementia, Cerebrovascular Accident and Diabetes. The most recent Minimum Data Set dated 12/28/10 indicated impairment of memory and cognition and total dependence on staff assistance for all care.</p> <p>On 3/2/11 at 10:30 a.m., Resident #1 was observed receiving bathing and incontinence care. Nursing Assistant (NA) #1 prepared a bath basin with warm water and a liberal quantity of shampoo/body wash. A layer of suds was observed on top of the bath water as the NA began bathing. A thorough bed bath was provided with the soapy water, but no rinsing of the soap was observed. The NA bathed the perirectal area then turned the resident to his back to bathe the groin and penis. No rinsing of the soap from the skin was observed. As the NA was near</p>	F 312	<p>White Oak Manor-Shelby is submitting this POC to comply with State Operations Manual section 7304D. This plan of correction does not constitute an admission of any of facts, allegations or conclusions stated in the CMS 2567 and is not intended for any other purpose other than compliance with sections 7304D of the State Operations Manual and authorizing regulations.</p> <p>F312</p> <p>White Oak Manor-Shelby does ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1. How Corrective Action will be Accomplished for Each Resident Found to Have Been Affected by the Deficient Practice.</p> <p>Resident #1 does receive thorough bathing, which includes the rinsing of soap, and complete cleaning during incontinence care.</p> <p>Nursing Assistant (NA)#1 has been given re-education on bed bath procedures and perineal care procedures. This re-education included rinsing of soap during bathing and perineal care following an incontinent episode during bathing. This re-education was completed with NA #1 by the Staff Development Nurse on March 3, 2011.</p>	3-21-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

✓ *Samia Crispo*

TITLE

✓ *NHA*

(X6) DATE

✓ *3-18-11*

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.

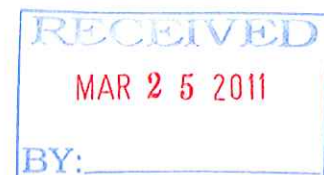
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BY: \_\_\_\_\_

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F 312	Continued From page 1 completion of care, the resident voided again. The NA briefly wiped the groin area with a personal hygiene wipe and applied a clean brief.  An interview with NA #1 on 3/2/11 at 10:50 a.m. revealed bathing and incontinence care included washing, rinsing and drying the skin when a soap product is used. The NA stated complete incontinence care of the male resident includes retraction of the foreskin and cleaning the penis.  An interview with the Director of Nursing (DON) on 3/2/11 at 12:45 p.m. revealed it was her expectation for staff to wash, rinse and dry the skin when a soap product is used with pericare, and the NAs should ensure complete cleaning of all residents.	F 312	2. How Corrective Action will be Accomplished for Those Residents Having a Potential to be Affected by the Same Deficient Practice.  Nursing staff (Nursing Assistants and Nurses) have been reeducated on the procedures for giving a bed bath and incontinent perineal care. This re-education was conducted by the Staff Development Nurse on March 4, 2011. The Staff Development Coordinator and Weekend Supervisor also completed this same in-service on the following dates: March 5-9, 2011, March 11, 2011, and March 13-18, 2011. Additional inservice dates will also be on March 19-20, 2011. This training will be repeated with newly hired Nurses and Nursing Assistants during orientation. This training will also be reinforced as necessary to ensure compliance.  3. Address What Measures Will be Put Into Place or Systemic Changes Made to Ensure that the Deficient Practice Will Not Recur.  Nursing staff (Nursing Assistants and Nurses) have been reeducated on the procedures for giving a bed bath and incontinent perineal care. This re-education was conducted by the Staff Development Nurse on March 4, 2011. The Staff Development Coordinator and Weekend Supervisor also completed this same in-service on the following dates: March 5-9, 2011, March 11, 2011, and March 13-	



18, 2011. Additional inservice dates will also be on March 19-20, 2011. This training will be repeated with newly hired Nurses and Nursing Assistants during orientation. This training will also be reinforced as necessary to ensure compliance.

3. Address What Measures Will be Put Into Place or Systemic Changes Made to Ensure that the Deficient Practice Will Not Recur.

Nursing staff (Nursing Assistants and Nurses) have been reeducated on the procedures for giving a bed bath and incontinent perineal care. This re-education was conducted by the Staff Development Nurse on March 4, 2011. The Staff Development Coordinator and Weekend Supervisor also completed this same in-service on the following dates: March 5-9, 2011, March 11, 2011, and March 13-18, 2011. Additional inservice dates will also be on March 19-20, 2011. This training will be repeated with newly hired Nurses and Nursing Assistants during orientation. This training will also be reinforced as necessary to ensure compliance.

Ongoing compliance to F312 will be monitored by the Staff Development Coordinator and the Assistant Director of Nursing by completing random observations of Nursing Assistants completing perineal care and bed baths to ensure compliance with both perineal care and bed bath techniques. Two Nursing Assistants on each of the three Nursing units (for a total of 6) will be observed weekly on a random basis for 4 weeks, then monthly for 3 months, and then periodically thereafter.

4. Indicate How the Facility Plans to Monitor Its Performance to Make Sure That Solutions are Sustained and Dates When Corrective Action will be Complete.

Ongoing compliance to F312 will be monitored by review of the random observations of Nursing Assistants completing bed baths and perineal care. The results of these observations

will be reviewed with the QI team weekly for 4 weeks, monthly for 3 months, and as needed thereafter for any additional recommendations.

The Administrator and the Director of Nursing are responsible for ongoing compliance to F312.

Compliance date for F312:  
March 21, 2011