

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

PRINTED: 01/09/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2012
NAME OF PROVIDER OR SUPPLIER THE OAKS AT SWEETEN CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 3884 SWEETEN CREEK RD ARDEN, NC 28704	
(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)
F 225 SS=D	483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225 This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law. #1 On 1/4/12 a 24 hour report was submitted to NC Health Care Personnel Registry for Resident #1 and Resident #2. On 1/9/12 a 5 day report was submitted to NC Health Care Personnel Registry for Resident #1 and Resident #2. #2 An interview of 10 residents able to be interviewed has been completed by the MDS Coordinator on 1/4/12. A body audit was completed by the Supervisor and MDS Coordinator of 10 non-inter viewable residents on 1/5/12.	1/20/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Theresa McEntee
ADMINISTRATOR
01-19-2012

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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F 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and review of facility records, the facility failed to submit a twenty-four hour report and five-day report to the Health Care Personnel Registry for two (2) of two (2) alleged staff to resident abuse investigations. (Resident #'s 1 and 2).</p> <p>The findings are:</p> <p>1. Review of the facility's abuse investigation for Resident #1 revealed an investigation was initiated on 11/23/11. The description of the violation noted the resident and daughter had reported a nursing assistant had been mean and the resident was afraid of her.</p> <p>An interview was conducted on 01/04/12 at 10:05 AM with the Director of Nursing (DON). She stated she could not provide evidence a twenty-four hour report and five day report had been submitted to the State's Health Care Personnel Registry.</p> <p>An interview with the Administrator on 01/04/12 at 4:45 PM revealed she was unaware if a twenty-four hour report or five day report had been submitted to the State's Health Care Personnel Registry.</p> <p>2. Review of the facility's abuse investigation for Resident #2 revealed an investigation was initiated on 12/27/11. The description of the violation noted Nursing Assistant (NA#1) had witnessed verbal abuse of Resident #2 by NA #2. Further review of the investigation documented</p>	F 225	<p>An interview with 5 family members will be completed by the Social Worker and documented on QI tool. No further allegations or evidence of abuse have been reported.</p> <p>A Quality Improvement tool interviewing 2 family members a week x1 months for abuse/neglect will be done by the Social Worker.</p> <p>#3 The Director of Nursing and Nursing Home Administrator have been re-educated by the Regional Clinical Nurse on 1/4/12 on the reporting in accordance with state law of alleged violations.</p> <p>Current licensed staff have been re-educated on 1/16/12 by DON and Supervisor on the abuse prohibition policy and reporting within 24hrs and follow up within 5 days to the NC Health Care Personnel Registry.</p>	

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F 225	<p>Continued From page 2</p> <p>the nursing assistant had been suspended the same day the incident had occurred and terminated three days later.</p> <p>An interview was conducted on 01/04/12 at 10:05AM with the Director of Nursing (DON). She said she could not provide evidence a twenty-four hour report and five day report had been submitted to the State's Health Care Personnel Registry.</p> <p>An interview with the Administrator on 01/04/12 at 4:45 PM revealed she was unaware if a twenty-four hour report or five day report had been submitted to the State's Health Care Personnel Registry.</p>	F 225	<p>Unlicensed staff have been educated by the Supervisor on the abuse/neglect policy and completed on 1/16/12.</p> <p>Newly hired employees will receive the abuse/neglect policy during orientation from the DON or designee.</p> <p>#4 The Nursing Home Administrator will report the findings of the Quality Improvement tool to the Quality Improvement/Risk Management committee monthly x 10 months.</p>	