STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345331	A. BUILDING _____ B. WING _____	C 11/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARDIS OAKS	5151 SARDIS RD CHARLOTTE, NC 28270

(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 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, staff and family interviews, and record review, the facility failed to provide an ongoing program of activities related to past interests for 1 of 3 sampled residents with impaired cognition. (Resident #161). The findings are: Review of Resident #161's annual Minimum Data Set (MDS) dated 12/9/11 revealed an assessment of memory problems with severely impaired decision making skills. Staff identified listening to music as a preference. Review of the Care Area Assessment for activities dated 12/9/11 revealed a requirement for passive activity with staff provision of one to one interactions in order to provide socialization. Review of Resident #161's most recent MDS dated 8/31/12 revealed the resident rarely or never understood others, could not make self understood, and had short term and long term memory problems. Review of Resident #161's care plan dated 9/12/12 revealed Resident #161 required staff	F 248	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed soley because it is required by the provisions of Federal and State law. F 248 On 11/8/12, the Recreation Therapy Supervisor met with Resident #161's husband to complete an activities likes/preferences reassessment. Based on this reassessment, the resident's care plan was updated to reflect activities approaches based on likes/preferences. Because all residents participating in a one-to-one activity program have the potential to be affected by the cited deficiency, the medical records and care plans for these residents have been reviewed by the Recreation Therapy Supervisor and/or designee, to ensure activities approaches were based on likes/preferences. To address systemic changes the facility implemented a new documentation tool titled, "Record of One-To-One Activities". On 11/26/12, the Administrator conducted staff education with the Recreation Therapy department regarding the new documentation tool. The Recreation Therapy Supervisor will conduct staff education for staff responsible for utilizing this documentation tool.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Colin Clade — TITLE: Administrator — (X6) DATE: 12/5/12

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.

Original signature 11-29-12 mh

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F 248	Continued From page 1 assistance in order to remain socially stimulated. Approaches to achieve engagement in one to one activities in her room included the following: receipt of a monthly activity calendar for family to track when activities are offered; provision of a radio for resident's independent use; family visits often and provide added socialization; and resident enjoys monthly haircuts in the room. Review of a physician's progress note dated 10/17/12 revealed Resident #161's debility caused inability for transfer out of the bed. Observations on 11/5/12 at 11:00 AM, 2:30 PM, 3:15 PM and at 4:00 PM revealed Resident #161 awake in bed in the private room. The room contained no radio and no television. There were no visitors or staff at the time of these observations. Observations on 11/6/12 at 9:31 AM, 10:35 AM, 3:09 PM and at 4:11 PM revealed Resident #161 awake and in bed. The room contained no radio and no television. There were no visitors or staff at the time of these observations. Observation on 11/7/12 at 9:56 AM, 10:43 AM, 11:22 AM, 1:45 PM and 2:20 PM revealed Resident #161 awake and in bed. The room contained no radio and no television. There were no visitors or staff at the time of these observations. Interview with Resident #161's family member on 11/7/12 at 2:45 PM revealed removal of the television and radio from the Resident's private room occurred over a month ago. The family member explained Resident #161 did not appear	F 248	Audits will be conducted by Performance Improvement/Patient Safety Coordinator weekly on a random sample of residents participating in the one-to-one activity program. Results will be reported to the Administrator on a weekly basis and to the Quality Assurance/Process Improvement (QAPI) Committee monthly for 90 days at which time frequency of monitoring will be determined.	12/5/12

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F 248	Continued From page 2 to watch or listen to the television. The family member reported Resident #161 received daily family visits and used to enjoy reading and music. Interview with Nurse Aide (NA) # 3 on 11/8/12 at 8:39 AM revealed Resident #161's television was turned on for him and it was difficult to determine if the Resident missed listening to music. NA # 3 explained the Resident could hear the weekly church group in the activity room since the door to the room was always open. NA #3 reported the Resident was bedbound and did not leave the room. Interview with the Activity Director (AD) on 11/8/12 at 8:46 AM revealed she was not aware of the removal of the television and radio from Resident #161's room. The AD reported Resident #161's care plan included listening to music daily. The AD explained a musician came to Resident #161's room every Monday evening.	F 248		
F 253 SS=B	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to clean and dust resident furnishings in 5 of 14 rooms on the 300 hall. (Rooms #314-B, #315-B, #318, #311-A, #312-A and B.) The findings are:	F 253	F 253 Employee responsible for 300 Hall was reprimanded and re-trained in proper cleaning procedures. Temporary staffing was utilized to assist EVS Tech in bringing all rooms on 300 hall up to quality standards.	

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F 253	Continued From page 3 1. Observations on 11/05/12 at 12:16 PM revealed room 314 B with a heavy buildup of dust on the bookshelf and television stand. Follow up observations on 11/06/12 at 11:45 AM and on 11/07/12 at 8:30 AM revealed the same heavy buildup of dust on the furniture. 2. Observations on 11/05/12 at 3:02 PM revealed room 315 B with a heavy buildup of dust on the book shelf and food spills inside the over bed table tray compartment. Follow up observations on 11/06/12 at 11:50 AM and on 11/07/12 at 8:35 AM revealed the same buildup of dust and food spills on the furniture. 3. Observations on 11/05/12 at 3:16 PM revealed room 318 with food spills down the sides and in the cup holder of the resident's personal chair. Follow up observations on 11/06/12 at 11:52 AM and on 11/07/12 at 8:38 AM revealed the same food spills on the furniture. 4. Observations on 11/05/12 at 4:32 PM revealed room 311 A with a heavy build up of dust on the television stand and wardrobe. Follow up observations on 11/06/12 at 11:55 AM and on 11/07/12 at 8:40 AM revealed the same. 5. Observations on 11/05/12 at 4:40 PM revealed room 312 A with a heavy buildup of dust of the television and wardrobe. Follow up observations on 11/06/12 at 11:58 AM and on 11/07/12 at 8:42 AM revealed the same buildup of dust on the furniture. 6. Observation on 11/05/12 at 4:42 PM revealed	F 253	EVS Management conducted a facility-wide assessment for cleanliness to ensure all rooms met quality standards. In addition to providing daily routine cleaning, daily thorough clean checklists have been implemented to ensure every room on every hall is thorough cleaned at a minimum of once a month. EVS Management will continue to assign each EVS Tech 1 to 2 rooms daily that must be thorough cleaned by the end of each day. Audits will be conducted daily by EVS Management. Results will be reported to the Administrator on a weekly basis and to the Quality Assurance/Process Improvement(QAPI) Committee monthly for 90 days at which time frequency of monitoring will be determined.	11/9/12

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F 253	Continued From page 4 room 312 B with a heavy buildup of dust of the television and wardrobe. Follow up observations on 11/06/12 at 11:59 PM and on 11/07/12 at 8:43 AM revealed the same buildup of dust on the furniture. On 11/07/12 at 10:30 AM, the Environmental Services Supervisor (EVS) was interviewed and stated dusting the furniture was done as needed. Observations were made at this time with the EVS who stated these furnishings were in need of dusting and/or cleaning. The EVS stated these areas should have been cleaned and his expectations were for house keeping staff to dust and clean food spills on resident furniture daily if needed.	F 253		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure proper respiratory care equipment was available for 1 of 5 residents. (Resident # 72).	F 328	F 328 On 11/8/12, Resident #72 received the BiPap machine & setting were set in accordance with physician's orders.	

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F 328	Continued From page 5 The findings are: Resident #72 had diagnoses which included obstructive sleep apnea. The admission Minimum Data Set dated 07/12/12 assessed the resident as having no memory or cognitive problems. Medical record review revealed a physician's order dated 07/06/12 for the Bi-Pap machine setting to be at 8.0 and the BiPap to be placed on at bedtime and taken off in the morning. Current physician orders updated 11/02/12 revealed the same order for the BiPap machine. On 11/06/12 at 9:10 AM, a Bi-Pap machine was observed on the resident's bed side table. At this time Resident # 72 stated the machine was broken and had not worked for about 6 weeks. Review of a nurse's note (on the back of the medication administration record) dated 10/01/12 documented "BiPap not working, patient to have it fixed, awaiting to see MD." Record review revealed a consult from Resident #72's pulmonary physician dated 10/12/12. Documentation revealed the resident was being seen in follow up of her sleep apnea and there had been no deterioration in her respiratory status since last visit. The Physician assessment was Obstructive sleep apnea and documented the machine was working well for her and this machine needed fixing or a new machine was needed. The consult stated the resident's machine was totally nonfunctional and needed the Durable Medical Equipment (DME) company to evaluate the BiPap. The consult included an	F 328	Because all residents utilizing respiratory equipment have the potential to be affected by the cited deficiency, Central Supply conducted a respiratory equipment audit, to ensure each functioned properly. To address systemic changes the facility implemented a new process for residents returning from appointments with orders for respiratory equipment. The unit secretary will provide the charge nurse a list of residents with orders for respiratory equipment. The charge nurse will verify the orders have been processed & the respiratory equipment is in place. The Director of Nursing will conduct staff education on this new process with the nursing staff. Audits will be conducted by the Nurse Manager weekly on a random sample of residents with orders for respiratory equipment. Results will be reported to the Administrator on a weekly basis and to the Quality Assurance/Process Improvement (QAPI) Committee monthly for 90 days at which time frequency of monitoring will be determined.	12/5/12

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F 328	Continued From page 6 order for DME dated 10/12/12. An interview was conducted with Nurse #1 on 11/06/12 at 10:00 AM who stated he knew the machine was not working and thought they were waiting on the resident's physician to order a new machine. Nurse #1 stated he thought the staffing coordinator had followed up on this but was not sure. An interview was conducted with the B unit coordinator (Nurse #2) on 11/08/12 at 8:30 AM. Nurse #2 stated she did not know anything about the machine not working. Nurse #2 stated when a resident returned from a doctor's visit that usually the resident's physician would send an order then that order would be called in when the resident returned from the visit. Nurse #2 stated the facility should have followed up and called the DME company since the new machine had not been received and this order "fell through the cracks." An interview was conducted with Nurse #3 on 11/08/12 at 8:50 AM. Nurse #3 stated the machine had been broken for a while, but was unsure of how long. Nurse #3 stated she thought someone had called the MD or maybe the company several times but was unsure of who or when they had called. An interview was conducted with the SC (Staffing Coordinator) on 11/08/12 at 9:00 AM. The SC stated she did not know anything about a new machine being ordered, but about 3 weeks ago Resident #72 had asked her if a new machine had arrived. The SC stated she did not follow up on resident equipment as a rule but had called	F 328		

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F 328	Continued From page 7 the doctor's office to inquire about the machine but had not heard anything back. An interview was conducted with the DON (Director of Nursing) on 11/08/12 at 10:42 AM. The DON stated the need for the DME should have been followed up on before this date. The DON stated when a resident returned from any doctor's visit or consult, she expected the nurse on the unit would follow up regarding orders and/or any information that the resident might bring back with them.	F 328		
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, dining observations, and observations of a test tray, the facility failed to serve foods at palatable temperatures from the B unit dining hall for four of five sampled residents. (Residents #93, 161, 72, and 15). The findings include: 1. Resident interviews revealed concerns related to food palatability as follows: a. Resident #15's annual Minimum Data Set dated 02/15/12 assessed the resident as having	F 364	F 364 Dietary Manager met with Resident #15 to review the facility's revised tray delivery process & the expectation that hot foods will be served hot. Dietary Manager met with Resident #72 to review the facility's revised tray delivery process & the expectation that hot foods will be served hot. Dietary Manager met with Resident #93 to ensure resident understands that staff can reheat meals.	

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F 364	Continued From page 8 no problems with cognition, had the ability to understand others and was able to make self understood. During an interview on 11/05/12 at 11:58AM, Resident #15 stated the food was usually cold when it was delivered to her. The resident stated the breakfast foods were cold every morning and grits or oatmeal would not even melt butter. The resident stated she just did not eat breakfast. b. Resident #72's Admission Minimum Data Set dated 07/12/12 assessed the resident as having no problems with memory or cognition. During an interview on 11/06/12 at 8:52 AM, the resident stated the breakfast meal was always cold by the time she got it delivered to her room. Resident #72 stated she just ordered and ate cereal and yogurt for breakfast because by the time she got her tray it was always cold. c. Resident #93's annual Minimum Data Set dated 8/27/12 assessed the resident as having the ability to understand others, able to make self understood and had no problems with cognition. During an interview on 11/06/12 at 8:13 AM, Resident #93 revealed the dinner meal delivered to the room were "sometimes" cold. Resident #93 explained she did not know staff could reheat the meals and did not inform staff of the cold meal. Resident #93 reported she could not estimate the frequency of the cold meals. An observation occurred on 11/07/12 at 7:30 AM of the breakfast meal in the B dining hall. An insulated cart was delivered to the dining room containing the breakfast foods and foods were placed on the steam table to serve. Observation of the steam table revealed steam rising from the	F 364	To ensure Resident #161 & additional residents that require feeding assistance receive hot food, the tray delivery process was revised. These trays are now plated from the steam table after staff have completed tray delivery to residents that are independent with eating. Staff will then take the tray directly to the resident & have dedicated time to provide feeding assistance. The Dietary Manager & Director of Nursing provided staff education on this revised process. Breakfast carts on B unit (The Garden) are now split. The trays for the first half of the hall are delivered & then the cart is returned to the dining room for plating the second half of the hall. Changed the process of cooking eggs from the steamer to cooking eggs on the stove in a pan. This produces a more dense egg which better maintains heat. To maintain the temperature inside the pan, lids were ordered to cover foods while on the steamtable. Lids were delivered on 11/27/12. A minimum of 10 test trays will be conducted weekly by the Dietary Manager or designee. In addition, the Dietary Manager or designee will randomly monitor tray passing times to ensure tray pass times are minimized. Results of test tray & tray passing time audits will be reported to the Administrator on a weekly basis and to the Quality Assurance/Process Improvement(QAPI) Committee monthly for 90 days at which time frequency of monitoring will be determined.	12/5/12

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F 364	Continued From page 9 individual compartments. Temperatures of the foods placed on the steam table were as follows: scrambled eggs-196 degrees Fahrenheit (F), grits-201 degrees F, waffles-192 degrees F, bacon-177 F. At 7:31 AM, Dietary Aide #1 began plating food for residents present in the B dining hall. An interview with Dietary Aide #1 at 7:31 AM revealed that each resident that eats in the B dining hall is served individually as they arrive. After all the residents in the dining hall are served, then plating begins for those trays that will be delivered to the 300 and 400 hall residents. No lids were observed covering the foods during meal service or at the completion of plating. At 7:46 AM the dietary aide, the unit manager, and a nurse aide were observed preparing trays for to be delivered to the 300 hall. The dietary aide was observed plating the food onto an unheated plate and placing it atop the steam table. The nursing aide and unit manager then covered the plate with an insulated dome lid, placed it directly on the tray (not on any insulated base), added the remaining condiments and beverages, and placed the tray on an open ended meal cart. At 8:00 AM the full open ended meal cart was rolled to the 300 hall by the unit manager and parked it in the hall. The unit manager was observed notifying the nurse aides on the hall that the trays had arrived. At 8:03 AM the first tray was delivered on the 300 hall. At 8:04 AM the dietary aide, the unit manager, and nurse aide were observed preparing trays to be delivered to the 400 hall. The same process that was observed for preparing the trays on the 300 hall were observed to take place for those	F 364		

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F 364	Continued From page 10 trays prepared for the 400 hall. A test tray was requested on 11/07/12 at 8:14 AM. The test tray was placed on the 200 hall cart along with the residents' trays. The cart was rolled to the 400 hall at 8:16 AM. The first resident on the 400 hall was served at 8:17 AM. At 8:42 AM on 11/07/12 the last resident on the 400 hall was served their breakfast meal tray. Staff were not observed asking residents if their food was warm or if it needed reheating. Observation of the food on the test tray revealed the grits to be in a separate bowl with a plastic cover. Upon removal of the plastic cover, steam was not observed to rise from the grits. No steam or heat was noted to rise from the plated food items (eggs, bacon, waffle) when the domed lid was removed. The Dietary Manager (DM) and the surveyor tasted the test tray at 8:44 AM. The DM and the surveyor a\agreed that the scrambled eggs and waffle were not hot. The DM was interviewed on 11/07/12 at 8:48 AM. The DM stated that the temperature of the food was checked when it was prepared in the kitchen and placed in the oven to keep it warm before it was transported in the insulated compartment to the steam table in the B unit dining room. The DM also stated that temperatures were taken on the steam table prior to service. During a follow-up interview with the DM on 11/08/12 at 8:32 AM, the DM revealed the DM was aware of residents concerns with their breakfast trays being cold in the morning and it had been addressed. The DM supplied documentation entitled Dietary Satisfaction	F 364		

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F 364	Continued From page 11 Follow-up for September 2012. The documentation revealed the following action taken in response to residents' concerns with cold breakfast trays: all food temperatures will be checked prior to service and will be within proper holding range, or they will be sent back to the kitchen for reheating. The action did not include any system which checked the temperatures once the tray left the kitchen. 2. Review of Resident #161's most recent Minimum Data Set dated 8/31/12 revealed the Resident rarely or never understood others, could not make self understood with impaired cognition. Resident #161 required the physical assistance of one person for eating. Observation on 11/6/12 at 8:25 AM revealed Nurse Aide (NA) #1 delivered the breakfast meal to Resident #161. NA #1 placed the meal on the over the bed table and exited the room. Observation on 11/6/12 at 8:48 AM revealed NA #1 entered Resident #161's room and repositioned Resident #161. NA #1 began to feed Resident #161. NA #2 entered the room and asked NA #1 for assistance with another resident at 8:50 AM. NA #1 informed Resident #161 she would return and exited the room. Continued observation revealed NA #1 returned to Resident #161's room at 8:57 AM. NA #1 repositioned Resident #161 and mixed two pats of butter into grits. The butter did not melt. NA #1 fed Resident #161 one spoonful of pureed eggs at 8:58 AM. Resident #161 grimaced and uttered a sound. NA #1 asked the Resident if the eggs were too cold and exited the room to reheat the meal.	F 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345331	A. BUILDING _____ B. WING _____	C 11/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 364	Continued From page 12 Interview with NA #1 on 11/6/12 at 9:02 AM revealed she could not assist Resident #161 with eating upon receipt of the breakfast meal due to other residents' needs. NA #1 reported she reheated meals when residents complained of temperature. NA #1 could not estimate the frequency of the requests.	F 364		