

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

FEB 22 2013

PRINTED: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2013
NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027	
(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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interview, the facility failed to notify the</p>	F 157	<p>1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>A. Resident #1 no longer resides at our facility.</p> <p>2. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action taken:</p> <p>A. All residents who reside in the facility have the potential to be affected by the alleged deficient practice.</p> <p>B. Facility will audit 100% of all resident medical records who are sent to ER to assure compliance with notification of changes (F 157). Audits will be completed by Director of Nursing or member of Nurse Management. Documentation will be kept on ER notification audit tool</p> <p>C. All RP's are currently being notified of residents transfer to ER.</p> <p>D. Facility will have an associate from nurse management (DON or Nursing Supervisor) call and verify that RP was notified of all residents who were sent to ER. Verification will be documented on ER notification audit tool.</p> <p>3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:</p>	2-14-13

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

TITLE

(X6) DATE

John Wall

Administrator

2-19-13

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 157	<p>Continued From page 1</p> <p>responsible party that a resident was sent to the Emergency Room (ER) for 1 of 3 residents (Resident #1). The findings included:</p> <p>Resident #1 was admitted to the facility on 8/3/12 and readmitted on 10/24/12. Diagnoses included pneumonia, acute renal failure, chronic obstructive pulmonary disease and status post tracheotomy.</p> <p>Nurse ' s notes dated 12/13/12, written by Nurse #1, revealed that at 9:45AM Resident #1 was found unresponsive. The physician was called and ordered the resident to be sent to the ER. Emergency medical service was called and the resident was transferred to the emergency room at 10:10 AM. The nurse ' s note read in part, " RP (responsible party) notified of decline in condition and transfer to ER. "</p> <p>A facility " Resident/Family Concern Form " dated 12/17/12 revealed Resident #1 ' s RP voiced a concern that he was not notified of the resident ' s transfer to the hospital.</p> <p>Hospital records were obtained. The discharge summary indicated [REDACTED] was hospitalized from 12/13/12 - 12/26/12, then discharged to hospice care.</p> <p>During an interview on 1/17/13 at 8:43 AM, the RP stated he first became aware that the resident was transferred when a family member had gone to visit the resident, found the bed empty and asked staff what happened. The family member then told the RP.</p> <p>During an interview on 1/17/13 at 3PM, Nurse #1</p>	F 157	<p>A. Facility will audit 100% of all residents medical records who are sent to ER to assure compliance with notification of changes (F 157). Audits will be completed by Director of Nursing or member of Nurse Management. Documentation will be kept on ER notification audit tool.</p> <p>B. Facility will have an associate from nurse management call and verify that RP was notified of all residents who were sent to ER. Verification will be documented on ER notification audit tool.</p> <p>C. All Licensed nurse's were in-serviced on the following topic: Notification of change (F 157). In-service was completed by Director of Nursing on or before Feb. 14, 2013. Education included notification of changes (157). A facility must immediately inform the resident; consult with the resident's physician; and if known notify the resident's legal representative of an interested family member when there is:</p> <p>A. An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. A significant change in the resident's physician, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>C. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>D. A decision to transfer or discharge the resident from the facility.</p>		

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F 157	Continued From page 2 said she remained with the resident from the time the resident was found unresponsive until transfer to ER. Nurse #1 indicated that she had been assured by the supervisor that the supervisor would notify or had notified the RP. During an interview on 1/17/13 at 4:30 PM, Nurse #2 indicated she had helped with paperwork to expedite Resident #1 ' s transfer, but did not hear anyone actually call the RP. During an interview on 1/25/13 at 9:20 AM, Supervisor #1 stated that she was not involved in any aspect of Resident #1 ' s transfer, and did not call the RP. Supervisor #1 indicated that she was in a different part of the building, getting medications ready for return to the pharmacy, at the time and was not aware the resident ' s condition had changed.	F 157	4. Monitoring of corrective action to ensure the alleged deficient practice will not recur; A. Report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee monthly x3 to review the need for continued intervention or amendment of plan. Finding will be reported by Administrator.		
F 281 SS=C	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to develop a Cardio-Pulmonary Resuscitation policy failed to have documentation that the policy was communicated to residents or the responsible party at admission. According to North Carolina Rules for the Licensing of Nursing Homes subchapter 13D 10A NCAC 13D .2309	F 281	1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice: A. No residents have been affected by the alleged deficient practice. 2. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action taken: A. Facility will audit all new admits and re-admits admission packet weekly x6 then monthly x3 to assure Emergency Procedure- Cardio-Pulmonary Resuscitation	2-14-13	

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F 281	Continued From page 3 CARDIO-PULMONARY RESUSCITATION (a) Each facility shall develop and implement a Cardio-Pulmonary Resuscitation (CPR) policy. (b) The policy shall be communicated to all residents or their responsible party prior to admission. (c) Upon admission each resident or his or her responsible party must acknowledge in writing having received a copy of the policy. (d) The policy shall designate an outside emergency medical service provider to be immediately notified whenever an emergency occurs. (e) The policy shall designate the level of CPR that is available using terminology defined by the American Heart Association: American Heart Association terminology is as follows: (1) Heartsaver CPR; (2) Heartsaver Automatic External Defibrillator (AED); (3) Basic Life Support (BLS); or (4) Advanced Cardiac Life Support (ACLS). Interview with the Director of Nursing and Nursing Consultant on 1/17/13 at 4:15 PM revealed that they believed the facility had a CPR policy and that it was likely outlined in the Admission Packet for residents or the Responsible Party (RP) to sign at admission however they were not certain and stated they would look into it further. They were uncertain what the policy requirements were and were shown the rule as outlined in the North Carolina Rules for Licensing Nursing Homes as noted above. The Nursing Consultant stated she was also aware that the facility was required to	F 281	policy was communicated to resident or responsible party with acknowledgement in writing having received a copy of the policy. Any indentified non-compliance will be reported to Administrator immediately and corrections completed timely. Audits will be completed by Administrator. Results of audits will be documented on admission packet audit tool. B. Facility admission packet was updated on Feb. 7, 2013 by administration to include Emergency Procedure Cardio-Pulmonary Resuscitation policy and acknowledgement form. C. Emergency Procedure Cardio-Pulmonary Resuscitation policy is being provided to residents/RP's upon admission in writing and acknowledgement form is being completed. Associates within the admission office will be reviewing policy with residents/RP's and getting acknowledgement form completed. D. Emergency Procedure Cardio-Pulmonary Resuscitation policy has been revised to include all components outlined in NC Nursing Home Rule 10A NCAC 13D .2309. 3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:	

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F 281	<p>Continued From page 4</p> <p>have at least one staff member in the facility 24 hours a day who was certified at the CPR level indicated by the policy and both the DON and Nursing Consultant stated this aspect of the requirement was met and documentation would be provided to confirm this.</p> <p>On 1/23/13 the facility e-mailed a copy of the Admission Packet Checklist and the Medical Orders for Scope of Treatment form. Review of these documents revealed no information regarding the level of CPR available in the facility and no signature page for residents or RP 's to sign that they had been informed of the level of CPR care available in the facility.</p> <p>On 2/1/13 at 12:30 PM telephone interview with the Administrator and DON clarified additional information provided by the facility regarding staff with CPR certification and confirmed 24 hour coverage, by at least one staff member, at the Heartsaver level. However, the Administrator acknowledged that the facility did not have a document outlining the level of CPR care available at the facility for resident/RP information and for them to sign although whether or not CPR intervention was desired, in an emergency situation, was discussed and documented at admission and as needed.</p>	F 281	<p>E. Current residents an/or Responsible Parties will be informed of Emergency Procedure- Cardiopulmonary Resuscitation policy with acknowledgement forms attached by mail (completed 2/20/13) or in person. Process will be ongoing until 100% completed or parties refuse to cooperate. Director of Social Services will be responsible for tracking completion of current residents/responsible parties being informed of policy with acknowledgement form signed. Documentation will be completed on current residents/responsible parties tracking tool. Associates within Admission will be responsible for mailing or in person communications of Emergency Procedure- Cardiopulmonary Resuscitation policy.</p> <p>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur:</p> <p>A. Reports of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee monthly x3 to review the need for continued intervention or amendment of plan. Findings will be reported by Administrator.</p>		