PRINTED: 02/25/2013

FORM APPROVED OMB NO. 0938-0391

F312 SS=D 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility falled to provide showers to 3 (Residents # 5, #6 & #7) of 3 sampled residents who were dependent on the staff for bathing. Findings included: 1. Resident #5 was admitted to the facility on 8/5/03 with multiple diagnoses including Hyporension, Osteoporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/77/2 indicated that Resident #5 had impaired cognitive status and was totally dependent on the staff for bathing. Review of the facility's shower schedule revealed that Resident #5 was schedule to have a shower twice a week on Wednesday and Saturday. The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday), 2/9/13 (Saturday) and 2/13/13 (Wednesday) did not have documented that Resident #5 was provided a special time reviews will be documented on residents found to have been affected by the alleged deficient practice; A. Resident #5, #6, and #7 are being provided their shower's via shower schedule with documentation that supports services were provided. 2. Identify other residents who have the potential to be affected by the alleged deficient practice; A. Resident #5, #6, and #7 are being provided their shower's via shower schedule with documentation that supports services were provided. 2. Identify other residents who have the potential to be affected by the alleged deficient practice; A. Facility will audit 100% of all residents shower records who are schedule with the facility on Provided showers. Audits viil be completed by Director of Nursing or Nursing Supervisor or Social Services, Nursing Supervisor or Administrator, Initial interviews started on March 6, 2013. Resu	CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-0		
NAME OF PROMDER OR SUPPLIER FIVE OAKS MANOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 312 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide showers to 3 (Residents # 5, #8 & #7) of 3 sampled residents who were dependent on the staff for bathing. Findings included: 1. Resident #5 was admitted to the facility on 8/5/30 with multiple diagnoses including Hypirtension, Osteoporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/7/12 indicated that Resident #5 was scheduled to have a shower twice a week on Wednesday and Saturday. The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday), 2/9/13 (Saturday) and 2/1/3/13 (Wednesday), 2/9/13 (Saturday) a	STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A. BUILDING			TION		
STREET ADDRESS, CITY, STATE, ZIP CODE			345186					1	
FIVE OAKS MANOR Cap in Concord, No. 28027 Co	NAME OF DD	OWNER OR SUPPLIER	540100		eto!	ET ADDDESS	CITY STATE ZID CODE	02/1	7/6010
Convertive action(s) accomplished for those residents from the alleged deficient practice; A. Resident #5, #6, and #7 are being provided their shower's via shower scheduled to the facility on 3/5/03 with multiple diagnoses including. Hypertension, Osteporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/17/12 indicated that Resident #5 shower schedule do have a shower twice a week on Wednesday and Saturday. Services, Nursing Supervisor on Administrator. Initial interview started on Meart 6, 2013. Results of insertive words on record the services action on the start for bathing. The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday) did not have documentation that Resident #5 shower scheduled to have a shower documentation that Resident #5 shower schedule on the start for bathing. The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday) 2/9/13 (Saturday) and 2/13/13 (Wednesday) did not have documentation that Resident #5 was provided a PROMDERS PLAN CORDET TO SHOULD BE CROSS-REPERSON (CROSS-REPERSON (CROSS-REPER					41	3 WINECOFF	SCHOOL ROAD		
DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide showers to 3 (Residents # 5, #6 & #7) of 3 sampled residents who were dependent on the staff for bathing. Findings included: 1. Resident #5 was admitted to the facility on 8/5/03 with, multiple diagnoses including Hypèrtension, Osteoporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/17/12 indicated that Resident #6 had impaired cognitive status and was totally dependent on the staff for bathing. Review of the facility's shower schedule revealed that Resident #5 was scheduled to have a shower twice a week on Wednesday, 2/9/13 (Saturday) and 2/13/13 (Wednesday), 2/9/13 (Saturd	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREF	ıx	F (EA	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO SS-REFERENCED TO THE APP	ULD BE	(X5) COMPLETION DATE
This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide showers to 3 (Residents # 5, #6 & #7) of 3 sampled residents who were dependent on the staff for bathing. Findings included: 1. Resident #5 was admitted to the facility on 8/5/03 with multiple diagnoses including Hypertension, Osteoporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/7/12 indicated that Resident #5 had impaired cognitive status and was totally dependent on the staff for bathing. Review of the facility's shower schedule revealed that Resident #5 was scheduled to have a shower twice a week on Wednesday and Saturday. The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday), 2/9/13 (Saturday) and 2/13/13 (Wednesday) did not have documentation that Resident #5 was provided a		DEPENDENT RESI A resident who is ur daily living receives maintain good nutril	DENTS nable to carry out activities of the necessary services to	F	312	thos affe prac	se residents found to have cted by the alleged defice ctice; Resident #5, #6, and #7 provided their shower's schedule with documer	e been ient are being s via shower atation that	3-14-1 3
On 2/13/13 at 4:15 PM, nursing assistant (NA) #1 (second shift) was interviewed. The NA revealed 3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:		by: Based on record refacility failed to prove 5, #6 & #7) of 3 sandependent on the sincluded: 1. Resident #5 was 8/5/03 with multiple Hypertension, Ostellatest quarterly Minicassessment dated Resident #5 had imwas totally dependent was totally dependent with the shower book with the shower	eview and staff interview, the vide showers to 3 (Residents # inpled residents who were taff for bathing. Findings admitted to the facility on diagnoses including oporosis and Arthritis. The imum Data Set (MDS) 11/7/12 indicated that inpaired cognitive status and ent on the staff for bathing. by's shower schedule revealed as scheduled to have a shower ednesday and Saturday. by's reviewed. The shower rednesday, 2/9/13 (Saturday) esday) did not have a Resident #5 was provided a PM, nursing assistant (NA) #1			pote defi A. B.	ential to be affected by to cient practice; Facility will audit 100% residents shower recorscheduled to be provided ally x 60 days then we weeks to assure they approvided showers. Audits of audits will be documented on shower facility will interview residents daily x 60 day weekly x four (4) week they are being provided via schedule. Interview completed by Director Services, Nursing Suparated on March 6, 20 of interviews will be don resident interview fallowers.	he alleged % of all ds who are ed shower eekly x 4 re being lits will be of Nursing . Initial ch 6, 2013. e r audits tool. five (5) ys then s to assure d showers ys will be of Social ervisor or interviews 113. Results ocumented orm for	

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.

If continuation sheet Page 1 of 12

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345186	B. WIN			02/14	/2013
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027				
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F 312	scheduled. The NA firesidents needed 2 promites the bed to the siget help due to short. On 2/14/13 at 8:55 A interviewed. The NA when she could not because they were siven was very heavy. NA residents, the nail cashowers would not be could not be coul	urther stated that most of the person assist for transfer hower bed and it was hard to of staff. I.M., NA #3 (first shift) was a stated there were times get all of her work done short of staff and the workload are got neglected and re provided to the residents. I.M., NA #2 (first shift) was a stated that because they ost of the time, showers and rovided to residents. I.M., NA #2 (first shift) was a stated that because they ost of the time, showers and rovided to residents. I.M. The shower and rovided to the facility on a diagnoses including the latest quarterly MDS (23/13 indicated that armory and decision making obtailly dependent on the staff of shower schedule revealed as scheduled to have a shower may and Thursday. I.M. The shower ursday revealed no a shower was provided to hower sheet for 2/11/13 that a bed bath was provided	F	312	A. Facility will audit 100% residents shower record scheduled to be provide daily x 60 days then we weeks to assure they are provided showers. Audic completed by Director or Nursing Supervisor. audits started on March Results of audits will be documented on shower B. All licensed nurse's/nur assistants were in-servifollowing topics; • ADL care provided dependent resident resident residents who is uncarry out activities living receives the services to mainta nutrition, groomin personal oral hygi • All showers must documented on she records to include assistant's signatu with charge nurse. • All refusals must documented in remedical record by In-services were completed on or before 3-14-13 by (SDC) Staff Development Coor. or Director of Nursing. 4. Monitoring of corrective as ensure the alleged deficient not recur:	s who are d shower ekly x 4 e being ts will be of Nursing Initial a 6, 2013. audits tool. sing ced on the d for ts- A nable to of daily necessary in good ng ad ene. be ower nursing are along signature. be sident's nurses.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 312	On 2/13/13 at 4:15 (second shift) was it that residents were scheduled. The NA residents needed 2 from the bed to the get help due to sho On 2/14/13 at 8:55 interviewed. The N when she could not because they were was very heavy. N residents, the nail of showers would not On 2/14/13 at 9:10 interviewed. The N were short of staff in the short of staff	PM, nursing assistant (NA) #1 nterviewed. The NA revealed not getting shower as further stated that most of the person assist for transfer shower bed and it was hard to	F	312	A. Reports of findings and disciplinary action, if a will be reported to the Quality Assurance commonthly x 3 months to need for continued into amendment of plan. Fibe reported by Admin	pplicable, facility nmittee review the ervention or ndings will	
	8/3/05 with multiple Dementia. The late dated 12/26/12 ind memory and decisionally dependent of Review of the facilithat Resident #7 with twice a week on M. The shower book is sheet for 2/7/13 (Tigocumentation that Resident #7. The	admitted to the facility on e diagnoses including est annual MDS assessment icated that Resident #7 had ion making problems and was on the staff for bathing. Ity shower schedule revealed ras scheduled to have a shower onday and Thursday. Was reviewed. The shower hursday) revealed no ta shower was provided to shower sheet for 2/11/13. It that a bed bath was provided					

CENTERS	FOR MEDICARE &	MEDICAID SERVICES					0936-0381
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40,000	345186		A. BUIL B. WIN			02/14	/2013
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027 SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BY				(X5) COMPLETION DATE
F 312	to Resident #7 instead On 2/13/13 at 4:15 F (second shift) was in that residents were a scheduled. The NA residents needed 2 from the bed to the get help due to shore. On 2/14/13 at 8:55 interviewed. The Nawhen she could not because they were was very heavy. Naresidents, the nail of showers would not. On 2/14/13 at 9:10 interviewed. The Nawhers would not. On 2/14/13 at 9:10 interviewed. The Nawhers would not. The facility must president of the Name of the Side of the Side of each resident of the Side of each resident. This REQUIREME by: Based on record resident in the side of the side o	PM, nursing assistant (NA) #1 Interviewed. The NA revealed and getting shower as further stated that most of the person assist for transfer shower bed and it was hard to a tof staff. AM, NA #3 (first shift) was A stated there were times get all of her work done short of staff and the workload A #3 said if she had a lot of are got neglected and be provided to the residents. AM, NA #2 (first shift) was A stated that because they most of the time, showers and provided to residents. DIET MEETS NEEDS OF ovide each resident with a le, well-balanced diet that ritional and special dietary dent. NT is not met as evidenced eview, observation, staff and		312 F 360	 Corrective action(s) according those residents found to haffected by the alleged depractice: A. Residents #3, #8, and #9 a well balanced diet as ord physician which includes Identify other residents we potential to be affected by deficient practice; 	nave been ficient are receiving ered by protein. who have the	3-14-13
	well balanced diet	, the facility failed to provide a which included protein to 3 & #3) of 3 sampled residents					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION	(X3) DATE SUR' COMPLETE		
AND PLAN OF	CORRECTION		A. BUILDI	NG)
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F 360	1. Resident # 9 was 12/8/12 with multiple Diabetes Mellitus. T Set (MDS) assessm that Resident #9's concentrated for Resident #9's concentrated for Resident #9's diet. Interview with the at 10:30 AM revealed carbohydrate diet. The menu for the 20 carbohydrate diet word for breakfast and waffle (2 each). On 2/14/13 at 7:50 observed in the main breakfast. Her tray or any protein production of the second for breakfast. She withis time. She indicated for breakfast. She most of the time the followed. On 2/14/13 at 8:30 interviewed. She second for 2/14/13 at 8:30 interviewed.	admitted to the facility on a diagnoses including The quarterly Minimum Data ent dated 12/26/12 indicated ognitive status was intact. cian's orders revealed that the was carbohydrate controlled the dietary staff #2 on 2/14/13 and that 2000 calorie consistent as equivalent to controlled 2000 calorie consistent or 2/14/13 was reviewed. The was cereal of choice, egg,	F 36	A. Facility will audit ten (10 trays daily x 60 days ther weeks to assure complian physician's diet order; metray matches tray ticket, resident meal trays contanutritional content, inclu Audits will be completed breakfast, lunch and din random selections. Audit completed by Dietary Manager/Nutritionist, K Manager or Dietary Conaudits started on March Results of audits will be Quality Improvement M audit tool. B. Facility will interview five daily x 60 days then wee assure compliance with followed and meal tray ticket and to ensure resic contain appropriate nut including protein. Interviews started on Manager/Nutritionist, K Manager or Dietary Coninterviews started on Manager/Nutritionist, K Manager or Dietary Coninterviews started on Manager/Nutritionist, K Manager or Dietary Coninterviews started on Manager or Dietary Coninterviews started on Manager or Dietary Coninterviews wild documented on Quality Meal Satisfaction Survey 3. Measures/systematic chaplace to ensure that the apractice does not recur: A. Facility will audit ten (10 trays daily x 60 then we to assure compliance will diet order; menu and matches tray ticket, and resident meal trays continutritional content, including londer, inclu	n weekly x 4 nee with nenu and meal and to ensure ain appropriate ding protein. from ner meals by ts will be itchen isultant. Initial 6, 2013. documented on leal Accuracy re (5) residents kly x 4 weeks to menu's being natches tray dent meal trays ritional content, riews will be itchen isultant. Initial arch 6, 2013. Il be Improvement y. anges put in alleged deficient of resident meal ekly x 4 weeks th physician's eal tray to ensure ain appropriate	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			C C	
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F 360	she did not know who main dining room did breakfast including For a small amount breakfast on 2/14/13 slow in cooking the stated the substitute cereal, pancake and 2. Resident #8 was 1/13/12 with multiple Diabetes Mellitus. To dated 12/14/12 indic cognitive impairment Review of the physical diet. Interview with at 10:30 AM reveals carbohydrate diet. The menu for the 2 carbohydrate diet for Breakfast and waffle (2 each) On 2/14/13 at 7:50 observed in the mat breakfast. His tray or any protein product of the physical diet.	y the seven residents in the dinot receive eggs for Resident #9. AM., cook #1 stated they only of eggs on the tray line for 8 because the steamer was eggs that morning. She for eggs would be double 1 hot cereal. admitted to the facility on ediagnoses including the annual MDS assessment cated that Resident #8 had att. cian's orders revealed that the was carbohydrate controlled the dietary staff #2 on 2/14/13 and that 2000 calorie consistent was equivalent to controlled 000 calorie consistent or 2/14/13 was reviewed. The was cereal of choice, egg, and AM, Resident #8 was ain dining room eating was observed to have no eggs tucts. The tray had biscuit, grits at card did not have allergy to	F	360	Audits will be completed from breakfast, lunch and dinner random selections. Audits will completed by Dietary Manager/Nutritionist, Kitche Manager or Dietary Consulta audits started on March 6, 20 Results of audits will be doed Quality Improvement Meal audit tool. B. Facility will interview five (5 daily x 60 days then weekly assure compliance with men followed and meal tray mate ticket and to ensure resident contain appropriate nutrition including protein. Interview completed by Dietary Manager/Nutritionist, Kitch Manager or Dietary Consul interviews started on March Results of interviews will be documented on Quality Imp Meal Satisfaction Survey C. All dietary staff will receive training on the following to Providing each resnourishing, palatabalanced diet that daily nutritional andietary needs of each including appropring content. Providing a well be with all items on methat matches meal following physicia In-services will be completed by consulting Registered Dietician on or before March 14, 2013.	neals by and the second	

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRÚCTION	(X3) DATE SUR	VEY .	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
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F 360 Continued From page 6 On 2/14/13 at 8:30 AM, dietary staff #1 was interviewed. She stated that the menu for breakfast included eggs. She further stated that she did not know why the seven residents in the main dining room did not receive eggs for breakfast including Resident #8. On 2/14/13 at 8:33 AM., cook #1 stated they only had a small amount of eggs on the tray line for breakfast on 2/14/13 because the steamer was slow in cooking the eggs that morning. She stated the substitute for eggs would be double cereal, pancake and hot cereal. 3. Resident #3 was admitted to the facility 3/24/11. Cumulative diagnoses included Diabetes mellitus. An Annual Minimum data Set dated 12/18/12 indicated Resident #3 was cognitively intact. A review of physician's orders for February 2013 revealed that Resident #3 was on a carbohydrate controlled no added salt diet. On 2/13/13 at 3:32 PM., Resident #3 stated she seldom received a meat for her breakfast. She said she received powdered eggs but she could not eat them. The menu for the 2000 calorie consistent carbohydrate diet for 2/14/13 was reviewed. The menu for breakfast was cereal of choice, egg, and waffle (2 each). On 2/14/13 at 8:33 AM., cook #1 stated they only had a small amount of eggs on the tray line for breakfast on 2/14/13 because the steamer was	F 360	4. Monitoring of corrective a ensure the alleged deficien not recur; A. Report of findings and subst disciplinary action, if applicab reported to the Quality Assura Committee monthly x 3 month need for continued intervention amendment of plan. Findings reported by Administrator.	equent le, will be nce is to review the n or		

PRINTED: 02/25/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 360 F 363 SS=E	slow in cooking the estated the substitute cereal, pancake and	eggs that morning. She for eggs would be double hot cereal. IEET RES NEEDS/PREP IN	F 360 F 363	Corrective action(s) accomple those residents found to have affected by the alleged deficing practice: A. All resident's nutrition being meet in accordance physician ordered diet a	e been ent nceds are ce with and	3-14-13
	residents in accorda dietary allowances of Board of the Nationa	e nutritional needs of nce with the recommended if the Food and Nutrition al Research Council, National es; be prepared in advance;		following menus prepar advance. 2. Identify other residents who potential to be affected by the deficient practice: A. 100 % audit of physicia diets will be completed	have the ne alleged nn ordered	
	by: Based on record re resident interviews,	T is not met as evidenced view, observation, staff and the facility failed to follow the ast, lunch and dinner) of 3 Findings included:		diet order matches mea Audit will be completed before 3-14-13 by Dieta Manager/ Nutritionist. audit will be documente physician order/meal ti tool. B. Facility will audit ten (I tray ticket. I on or ry Results of ed on cket audit	
	The menu for lunch steak noodles as the On 2/13/13 at 12:15 observed in the din served beef macard smothered steak nomenu. On 2/14/13 at 8:15 interviewed. She s	au for the week was reviewed. (2/13/13) was smothered e main dish. 5 PM, lunch meal was ing rooms. Residents were oni casserole and not oddles as planned on the AM, Resident #9 was tated that it happened most of enu was not being followed.		meal trays daily x 60 da weekly x 4 weeks to ass compliance with physic order, adherence to me tray matches tray ticke will be completed for b lunch, and dinner meal selections. Audits will l by Dietary Manager/N Kitchen Manager or D Consultant. Initial aud on March 6, 2013. Resu will be documented on Improvement Meal Ac tool.	ure cian's diet cu and meal ct. Audits reakfast, by random ce completed utritionist, ietary its started ults of audits Quality curacy audit	
	On 2/14/13 at 8:20	AM, dietary staff #1 was · tated that she served beef		C. Facility will interview resident's daily x 60 da weekly x 4 weeks to as	ys then	

Facility ID: 953488

FORM CMS-2567(02-99) Previous Versions Obsolete

CENTERS FOR MEDICARE & MEDICAID SERVICES

F 363 Continued From page 8 macaroni casserole instead of smothered steak noodles because she did not have hamburgers. 2. The menu for dinner (2/13/13) was fried chicken as the main dish. On 2/13/13 at 5:30 PM, dinner observation in the dining rooms was conducted. Residents were served baked chicken instead of fried chicken as planned on the menu. On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of the time that the menu was not being followed. F 363 Compliance with menu's being followed and meal tray matches tray ticket. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial interviews started on March 6, 2013. Results of interviews will be documented on Quality Improvement Meal Satisfaction Survey. 3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur: A. 100 % audit of physician ordered diets will be completed to verify diet order matches meal tray ticket. Audit will be completed on or before 3-14-13 by Dietary Manager/ Nutritionist, Results of	EY
FIVE OAKS MANOR (X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 363 Continued From page 8 macaroni casserole instead of smothered steak noodles because she did not have hamburgers. Continued From page 8 macaroni casserole instead of smothered steak noodles because she did not have hamburgers. The menu for dinner (2/13/13) was fried chicken as the main dish. On 2/13/13 at 5:30 PM, dinner observation in the dining rooms was conducted. Residents were served baked chicken instead of fried chicken as planned on the menu. On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of the time that the menu was not being followed. On 2/14/13 at 8:20 AM, dietary staff #1 was interviewed. She stated that the facility did not intervie	2013
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serve fried chicken only baked chicken. On 2/14/13 at 10:30 AM, dietary staff #2 was interviewed. She verified that the facility did serve fried chicken and she did not know why it was not served to the residents. 3. The menu for breakfast (2/14/13) included cereal of choice, eggs and waffle. On 2/14/13 at 7:50 AM, breakfast observation was conducted in the main dining room. Seven of seven residents did not have eggs in their trays. Their diet cards did not have documentation that they disliked eggs or they were allergic to eggs. On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of	

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRU NG	ICTION	(X3) DATE SURV COMPLETER		
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F 364 SS=D	On 2/14/13 at 8:20 A interviewed. She sta why the residents in not served eggs for the 483.35(d)(1)-(2) NUTPALATABLE/PREFEE Each resident received food prepared by me value, flavor, and appalatable, attractive, temperature. This REQUIREMENT by: Based on record regresident interviews, palatable food to 3 (sampled residents value) Findings included: 1. Resident #4 was 8/4/12 with multiple Mellitus and Congequarterly MDS asset indicated that Resident was 100 at 2/13/13 at 2:50 interviewed. She signed the green bear and the green bear and the green bear was 100 at 2/13/13 at 2:50 interviewed. The egg was hard, rice and the green bear	M, dietary staff #1 was sted that she did not know the main dining room were preakfast. FRITIVE VALUE/APPEAR, R TEMP Tes and the facility provides athods that conserve nutritive pearance; and food that is and at the proper T is not met as evidenced view, observation, staff and the facility failed to serve Resident # 2 #3 & #4) of 3 who were interviewed. Admitted to the facility on diagnoses including Diabetes stive Heart Failure. The issment dated 1/15/13 lent #4's cognition was intact. PM, Resident #4 was tated that she had problems food was terrible. The fried was hard, the beef was greasy is were uncooked. She stated to the staff about it but	F 3	In-s or b Died 4. M er no	Providing each rwith a nourishing palatable, well be diet that meets the nutritional and so dietary needs of resident including alternate means satisfying the research the nutrient needs. Meeting the nutrient needs. Meeting the nutrient needs of resident following menury prepared in advoration for planned menury prepared in advoration for planned menury nust be approved in the planned menury prepared in advoration for planned menury nutritionist or learny Manage Nutritionist or learny Manage Nutritionist or learny Manage Nutritionist or learny posted for use. Pervices will be completed or need or menus posted for use. Pervices will be completed or need or recurs of findings and significant poot recurs. Report of findings and significant poot recurs. Report of findings and significant poot recurs. Assurance Committee months to review the necontinued intervention of amendment of plan. Fin be reported by Adminis	g, alanced he daily pecial each ng of sident's ritional ts s ance. rom eason(s) ed by riting and l on the or resident ubsequent plicable, puality nonthly x 3 ed for or dings will		
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F 364 SS=D	On 2/14/13 at 8:20 A interviewed. She stawhy the residents in not served eggs for I 483.35(d)(1)-(2) NU PALATABLE/PREFE Each resident receive food prepared by me value, flavor, and appalatable, attractive, temperature. This REQUIREMENT by: Based on record regresident interviews, palatable food to 3 (sampled residents verifications included: 1. Resident #4 was 8/4/12 with multiple Mellitus and Congerquarterly MDS asset indicated that Resident on 2/13/13 at 2:50 interviewed. She stawith the food. The legg was hard, rice wand the green beant	AM, dietary staff #1 was ated that she did not know the main dining room were breakfast. TRITIVE VALUE/APPEAR, ER TEMP Tes and the facility provides athods that conserve nutritive apearance; and food that is and at the proper T is not met as evidenced view, observation, staff and the facility failed to serve Resident # 2 #3 & #4) of 3 who were interviewed. admitted to the facility on diagnoses including Diabetes ative Heart Failure. The sament dated 1/15/13 lent #4's cognition was intact. PM, Resident #4 was fated that she had problems food was terrible. The fried was hard, the beef was greasy is were uncooked. She stated to the staff about it but			1. Corrective action(s) accompresidents found to have been alleged deficient practice: A. Resident's #2, #3, and #4 amprepared by methods that ovalue, flavor, appearance; apalatable, attractive and semproper temperature. 2. Identify other residents who potential to be affected by the deficient practice A. Facility will complete temper test trays one (1) daily x 60 x4 weeks to assure compliants atteffederal regulations. To checks of test trays will be a Dietary Manager/ Nutrition Manager or Dietary Consulations. Temperature checks of test completed for breakfast, luby random selection. Result checks of test trays will be a temperature checks/test tray initial audits started on Ma. Facility will interview five (x 60 days then weekly x 4 who food served conserves flavo palatable, attractive and se appropriate temperature. I completed by Dietary Manager, or Dietar Initial interviews started or Result of audits will be doc Quality Improvement meal survey.	e receiving food conserve nutritive and food that is rved at the be he alleged crature checks of days then weekly nee with emperature completed by nist, Kitchen Itant, trays will be nech, dinner meals ts of temperature documented on my audit tool, arch 6, 2013. The state of the perature districtive of the perature documented on my audit tool, arch 6, 2013. The state of the perature districtive of the perature distriction of the perature of	

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F 364	On 2/14/13 at 8:30 A observed. Resident The fried egg looked not eat it. The staff vegg to the trash. On 2/14/13 at 8:45 A was interviewed. Shresident in the reside complained about for Review of the grievarevealed that reside concerns with food. 2. Resident #2 was 4/13/12. Cumulative Diabetes Mellitus, H (gastroesophageal in 12/17/12 indicated F intact. On 2/13/13 at 11:00 President stated that complained within the food being bland and was cold and it She stated everyon had been done about On 2/14/13 at 8:45 was interviewed. Stated that says interviewed.	M, breakfast meal was #4 was served fried egg. I hard and the resident did was observed to discard the AM, administrative staff #1 ne stated that she had a ent council meeting who hod. Ince log for February, 2013 Ints/families had expressed admitted to the facility on the diagnoses included: hypertension and GERD reflux disease). In Data Set (MDS) dated Resident #2 was cognitively AM., the Resident Council at the residents had the last two months about the and not enough variety. PM., Resident #2 stated the and said it was not seasoned thad always been that way, the knew about it but nothing	F 36	3. Measures/systematic chan ensure that the alleged ded does not recur: A. New menus will be imple before 3-14-13. B. Facility will complete tem test trays one (1) daily x 6 x 4 weeks to assure compl state/federal regulations. checks of test trays will b Dictary Manager/ Nutriti Manager or Dietary Com Temperature checks of te completed for breakfast, by random selection. Res checks of test trays will b temperature checks/test t Initial audits started on M C. Facility will interview five x 60 days then weekly x 4 food served conserves fla palatable, attractive and appropriate temperature completed by Dietary Makitchen Manager, or Die Initial interviews started Result of audits will be d Quality Improvement me survey. D. All dietary staff will rece training on the following • Providing eac nourishing pa balanced diet nutritional an needs of each the proper test • Providing foo methods that value, flavor a food that is pa and at the pro • Appropriate to for (hot foods)	mented on or perature checks of days then weekly liance with Temperature e completed by onist, Kitchen sultant, sist trays will be lunch, dinner meals ults of temperature e documented on ray audit tool. March 6, 2013. e (5) residents daily weeks to assure vor, appearance, is served at . Interviews will be anager/Nutritionist, stary Consultant. on March 6, 2013. ocumented on eal satisfaction live additional g topics; h, resident with a latable, well that meets the daily d special dietary resident served at		

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be delivered compliance complianc	rviced on the ery- Meals must d timely to assure with proper re to ensure atisfaction- Food referable res (hot foods are and cold foods are) by fursing. ction to ensure the vill not recur: sequent e, will be reported e committee he need for dment of plan.	