

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

Amended

PRINTED: 08/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2013
NAME OF PROVIDER OR SUPPLIER  THE OAKS OF BREVARD			STREET ADDRESS, CITY, STATE, ZIP CODE 300 MORRIS ROAD BREVARD, NC 28712	
(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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and resident and staff interviews the facility staff failed to honor a resident's choice for frequency of bathing. (Resident #34)</p> <p>The findings included:</p> <p>Resident #34 was admitted to the facility on 01/30/12 with diagnoses which included generalized pain, Parkinson's disease and dysarthria.</p> <p>Resident #34's most recent Quarterly Minimum Data Set (MDS) dated 07/03/13 indicated she had mild cognitive impairment. Further review with the MDS revealed Resident #34 was coded as not having rejected care. The MDS assess Resident #34 as needing extensive assistance of one person with personal hygiene and minimal assistance of one person for bathing.</p> <p>An interview was conducted on 07/09/13 at 8:34 AM with Resident #34. She stated she receives two baths per week but she would like to have three baths per week. She stated she is scheduled for baths on Tuesday and Friday.</p>	F 242	<p>Resident #34 has been placed on the shower schedule for showers 3 times a week per her request and will be reflected on the daily assignment sheet.</p> <p>All residents have been interviewed to ensure their shower choices are being met. This will be documented in the nurses notes and will be reflected in the care plan with updates quarterly when the MDS is completed. The same process will be followed with new admissions.</p> <p>All licensed and unlicensed nursing staff have been inserviced regarding resident choices and the process to be followed by the Director of Health Services (DHS). New hires will be educated of this process during orientation.</p> <p>The DHS/RN Supervisor will monitor for compliance with resident choices related to shower frequency weekly for four weeks and then monthly for two months to ensure action plan is in compliance by checking Interim Care Plans and Quarterly Care Plan updates.</p>	8/8/13

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

TITLE

(X6) DATE

*E. Pandy Bryan, RN - Director of Health Services*

7/30/13

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 242	Continued From page 1  On 07/11/13 at 9:26 AM an interview was conducted with Nurse #1 who works first shift with Resident #34. Nurse #1 stated showers were assigned by room number and are given twice per week. She stated upon admission residents are asked their preference as far as time of day they prefer to receive their shower or bath and whether they would prefer a tub bath or a shower. Nurse #1 further stated residents may receive showers more frequently if they ask but residents are not asked about how often they would like to have a shower or a bath.  On 07/11/13 at 9:42 AM an interview was conducted with the House Supervisor (HS). The HS stated showers are a set schedule by room number but if a resident would prefer to have their shower on a different day they would accommodate their request. The HS stated that if a resident asks or if they need a shower more frequently they would get one. She went on to explain residents are not asked about desired frequency of bathing only if they desire to bathe AM or PM and if they desire a shower or a bath.  On 07/11/13 at 9:48 AM an interview was conducted with the Director of Nursing (DON). The DON stated residents are given showers twice per week. She stated if a resident requested showers more frequently they would give them. She stated staff have informed residents they would receive two showers per week. The DON went on to say "We don't ask them if they would like to bathe more frequently but if they would, they would have to ask."	F 242	Continued from page 1  All new admissions will be audited for compliance. Tracking and trending of the results of the monitoring will be reported to the Quality Assurance Performance Improvement Committee by the DHS for recommendations and changes based on the results of the monitoring on a quarterly basis.	8/8/13	
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312			

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F 312	<p>Continued From page 2</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 observations, medical record review, and resident and staff interviews facility staff failed to provide mouth care for 1 of 3 residents observed for mouth care. (Resident #34)</p> <p>The findings included:</p> <p>Resident #34 was admitted to the facility on 01/30/12 with diagnoses which included generalized pain, Parkinson's disease and dysarthria.</p> <p>Resident #34's care plan updated 07/2013 for self care deficit with ADLs (activities of daily living) as evidenced by need for assistance with bathing, dressing and grooming was reviewed. The goal for this care plan was Resident #34 will be clean, dry, well groomed and her ADL needs met through next review. An intervention among others was to maintain hygiene and skin integrity.</p> <p>Resident #34's most recent Quarterly Minimum Data Set (MDS) dated 07/03/13 indicated she had mild cognitive impairment. Further review with the MDS revealed Resident #34 was coded as not having rejected care. The MDS assess Resident #34 as needing extensive assistance of one person with personal hygiene.</p>	F 312	<p>Resident #34 was provided mouth care. She also had a visit at the dentist on 7/10/13 to ensure any dental concerns were addressed. Mouth care is being provided by nursing staff and completed dental assessment showing acceptable oral hygiene by dentist on 8/5/2013.</p> <p>Dental assessments have been completed on all residents. . Dental referrals will be provided and oral care will be provided. Oral care will be documented daily and Monitored for compliance weekly for four weeks and then monthly for two months. All new admissions will have oral assessments upon admission and placed on the electronic charting system for care provided. Licensed and unlicensed nursing staff have been In-serviced regarding the importance of mouth care, the assessment process along with the update of the care plan. Education included what to look for when performing mouth care that should be reported to the nurse. New hires will be educated on this process during orientation.</p>	8/8/13	

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F 312	<p>Continued From page 3</p> <p>An observation was made on 07/09/13 at 8:50 AM of Resident #34. Her teeth were noted to contain food debris especially her bottom teeth.</p> <p>An observation was made on 07/10/13 at 2:40 PM of Resident #34 sitting in the hall in her wheelchair. Her teeth were noted to have food debris as well yellow scum in her top teeth. Resident 34's top gums were red.</p> <p>During an interview with Resident #34 on 07/10/13 at 2:40 PM she stated staff had not assisted her to brush her teeth that day. She stated her top teeth were her own and her bottom teeth were dentures.</p> <p>An interview was conducted on 07/10/13 at 2:44 PM with Nursing Assistant (NA) #1 who was working with Resident #34 that day. NA #1 stated she knew how to care for the residents and what their needs were by receiving report from the previous shift and from working with the residents over time. She stated she was not aware if there was a written care sheet for staff to refer to for resident's needs. She stated Resident #34 had top dentures and her own bottom teeth. NA #1 stated she did not brush Resident #34's teeth that day as she already had her denture in when she came in that morning.</p> <p>On 07/10/13 at 3:00 PM an interview was conducted with NA #1. NA #1 looked at Resident #34's teeth and stated that she needed mouth care. NA #1 stated she should have noticed and provided mouth care that morning. She further stated she thought that Resident #34 had upper dentures but in fact she had lower dentures and her natural upper teeth. She stated she did not notice the resident needed mouth care and that</p>	F 312	<p>Continued from page 3</p> <p>The DHS/RN Supervisor will monitor the oral hygiene charting weekly for compliance for four weeks and then monthly for two months to ensure compliance and expectations regarding the importance of oral care and report the results of the tracking and trending to the Quality Performance Quality Improvement committee for suggestions and recommendations on a quarterly basis.</p>	8/8/13	

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F 312	Continued From page 4 was why she had not provided it.  On 07/10/13 at 3:05 PM and interview was conducted with the Director of Nursing (DON). The DON stated there was a resident care guide for each resident kept in a notebook at the nurse's station. She stated her expectation was for the NAs to provide mouth care at night and in the morning for each resident. She further stated if residents have dentures they should be removed at night, cleaned and put back into the resident's mouth in the morning.	F 312			