STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345477	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 SWEETEN CREEK RD ARDEN, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 282	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:
Based on record review, observation and staff interviews, the facility failed to follow care plan interventions for fluid restriction for one (1) of one (1) dialysis residents. (Resident #48).

The findings included:

Resident #48 was admitted to the facility on 05/08/06 and readmitted on 03/26/08 with diagnoses including late effect hemiplegia, late effect cardiovascular disease, cognitive deficit, pharyngeal dysphasia, hypertension, kyphosis, scoliosis, end stage renal disease and unavoidable weight loss due to hemodialysis.

Record review of the Minimum Data Set (MDS) dated 04/30/13 revealed Resident #48 had no hearing, speech and vision problems and was assessed with moderately impaired cognition. Resident #48 was assessed for most activities of daily living (ADL) as requiring extensive assistance with 2 person assist and a diet order for a therapeutic diet.

Record review of Resident #48's care plan dated 05/08/13 included a problem area of a renal diet and included an approach for a no added salt, low potassium diet and limit beverages to 240 cc each meal and 120 cc with each medication pass with no pitcher at bedside.

An interview was conducted on 08/15/13 at 3:25 PM with Resident #48. She stated her fluids had been restricted to 38 ounces each day. She stated the facility restricted her fluids although she would like more fluids. She reported she had to stay away from foods with high potassium, colas and chocolate.

The "Nurse Tech Information Kardex" (used by nurse aides to inform them of individual resident care needs) noted that Resident #48 should not have pitchers by the bedside.

Observation on 08/15/13 at 3:45 PM revealed Resident #48 had two water pitcher cups and two coffee cups in the room at the bedside.

On 08/15/13 at 3:46 PM Nurse #1 stated nurse aides monitor residents' fluid intake with meals and nurses monitor fluid intake with medications. Nurse #1 stated residents on fluid restrictions had not been allowed to have fluids at the bedside which was part of the care plan. Nurse #1 observed Resident #48 had fluid cups at the bedside and stated the cups should not have been in the room and that he was not aware the cups were in the room.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and staff interview the facility failed to promote privacy during a shower for 1 of 1 resident observed during a shower. (Resident #106)	F 164	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 soley because it is required by state and federal law. 1. Privacy was provided for resident #106 on 8/13/2013 by certified nurse assistant. Certified Nurse Assistant #3 was in-serviced by the Assistant Director of Clinical Services on privacy and providing privacy during ADL's and showers on 8/13/2013. 2. All residents have the potential to be affected by this citation. An audit was completed on 9/3/2013 of privacy and providing privacy during ADL's and showers by the Assistant Director of Clinical Services and/or Nursing Supervisor. 3. Licensed Nurses and Certified nurse assistants were in-serviced by the Assistant Director of Clinical services 8/16/2013-9/9/2013 on privacy and providing privacy during ADL's and showers. 4. The Director of Clinical Services and/or Nursing Manager will conduct Quality Improvement monitoring of privacy and providing privacy during ADL's and showers five times a week for two weeks, three times a week for two weeks, two times a week for two months, one time a week for three months. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until 100% compliance is obtained.	09/11/13

L

Vannia Prill, RN

TITLE: Director of Clinical Services

(X6) DATE: 9/3/13

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.

DHSR NH C Black Mountain WRO Received SEP 5 2013 by: PAM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 164	Continued From page 1 The findings included: Resident #106 was admitted to the facility 09/01/11 with diagnoses which included depression, Alzheimers and dementia with psychosis. The last Minimum Data Set assessment dated 05/18/13 assessed Resident #106 with severe cognitive impairment. The current care plan for Resident #106 dated 05/22/13 included the following problem; Self care deficit. Inability to complete self care task independently, impaired decision making with poor safety awareness. Diagnosis of Alzheimers disease. Approaches to this care plan problem included, Promote dignity; converse with resident while providing care. Assure privacy. On 08/13/13 at 9:34 AM while coming out of a room (located across from the shower room) Nurse Aide (NA) #3 was observed quickly opening the door of the shower room and exiting. The shower room door fully opened as NA #3 exited from the right and headed left, down the hall. As the door opened Resident #106 was observed fully unclothed, seated in a shower chair and, at the area just inside the door. In the moments the door remained opened (and Resident #106 realized she had been exposed to someone outside the shower room) the resident grabbed a towel and attempted to cover her upper body. On 08/13/13 at 10:30 AM NA #3 stated it was her first day working independently as she was just recently hired. NA #3 stated she had completed all training, including shadowing other nursing assistants to observe care. NA #3 stated she did	F 164	5. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Activities Director, Medical Director, Social Services, Maintenance Director, Minimum Data Assessment Nurse.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 164	Continued From page 2 give Resident #106 a shower that morning. NA #3 stated she did not realize Resident #106 had been exposed when she came out of the shower room and she forgot to pull the shower curtain. On 08/15/13 at 4:14 PM the Assistant Director of Nursing stated residents should never be exposed and, when providing showers, the privacy curtain should be pulled or, at a minimum, a resident should be covered.	F 164		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident interview and staff interviews the facility failed to treat 1 of 6 sampled residents with dignity and respect by leaving a resident wet during the breakfast meal. (Resident # 127) The findings included: Resident #127 was admitted to the facility on 04/30/13 and readmitted on 06/23/13 with diagnoses including oral pharyngeal dysphasia, peritonitis of abdominal cavity, muscle weakness, and depression. The initial Minimum Data Set (MDS) dated 05/07/13 indicated resident #127 was severely	F 241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 241	Continued From page 3 cognitively impaired. Resident #127 was assessed for most activities of daily living (ADL) as requiring extensive assistance with 2 plus person assist. Record review of nurses notes dated 08/14/13 revealed Resident #127 was incontinent of bowel and bladder. A review of Resident #127's care plan dated 05/01/13 included a problem of self care deficit and an inability to complete self care task independently. On 08/15/13 at 8:29 AM Resident #127 was observed in his room, with the door opened, sitting on the edge of the bed on a very wet and soaked sheet with his breakfast tray in front of him on the overbed table. He stated, "I am soaking wet and my breakfast is a mess." The nurse on the hall was passing medications close to the resident's room and a nurse aide was not visible on the hall. Resident #127 remained in a wet condition for about 20 minutes and when he was changed he was able to eat his breakfast. On 08/15/13 at 9:43 AM Resident #127 was interviewed. He stated he had been very upset that staff had delivered his breakfast tray and had not cleaned him up. He was not sure how long he had remained wet and expressed he could have been wet since the early morning shift. An interview was conducted on 08/15/13 at 9:50 AM with Nurse Aide (NA) #1. He stated he had been assigned to deliver and set up breakfast trays on 300 hall where Resident #127 resided. He said another nurse aide was supposed to be available to answer call bells during meal times. NA #1 reported he had delivered Resident #127's tray and the resident told him he was wet and	F 241	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 soley because it is required by state and federal law. 1. Incontinence care was provided to resident #127 on 8/15/2013 by certified nurse assistant. Certified nurse assistant #3was in-serviced by the Assistant Director of Clinical Services on providing assistance during meals, dignity and incontinent care when needed. 2. All residents have the potential to be affected by this citation. An audit was completed on 9/3/2013 of dignity and residents requiring toileting assistance during meal times by the Assistant Director of Clinical Services and/or Nursing Supervisor. 3. Licensed Nurses and Certified nurse assistants were in-serviced by the Assistant Director of Clinical services 8/16/2013-9/9/2013 on dignity and providing toileting assistance during meals.	09/11/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 241	Continued From page 4 dirty. NA #1 said he told Resident #127 he would handle it and left the room. NA #1 reported he told the Assistant Director of Nursing (ADON) that Resident #127 was very wet and he went back to the hall and continued to proceed with picking up meal trays. NA #1 said he should have provided incontinence care to Resident #127 when he had delivered his tray and the resident had told him he was wet and dirty. An interview was conducted on 08/15/13 at 10:01 AM with Nurse #1. He stated during meal times one nurse aide had responsibility for passing out meal trays and picking them up and another nurse aide has responsibility for answering call bells. Nurse #1 said he was unaware which nurse aide was supposed to answer call bells during the breakfast meal. Nurse #1 indicated a nurse aide had come from the 400 hall and had answered a few call bells on 300 hall and then left. Nurse #1 reported while he had passed medications he had checked on residents. Nurse #1 said he had observed Resident #127 in his room sitting up seated on the edge of the bed. He said the resident told him he wanted eggs. Nurse #1 said he had not noticed any odors or that Resident #127 was wet. Nurse #1 reported until he had been notified by the surveyor the resident had voiced he was wet and dirty, he had been unaware the resident needed assistance. Nurse #1 stated he was unsure if a nurse aide was available to assist with providing incontinence care to Resident #127. Nurse #1 revealed he found NA #1 coming out of a room with a tray and he told NA #1 he would assist him in providing incontinence care to Resident #127. On 08/15/13 at 10:11 AM the ADON stated during meal times one nurse aide had been assigned to	F 241	4. The Director of Clinical Services and/or Nursing Manager will conduct Quality Improvement monitoring of dignity and providing toileting assistance during meals times five times a week for two weeks, three times a week for two weeks, two times a week for two months, one time a week for three months. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until 100% compliance is obtained. 5. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Activities Director, Medical Director, Social Services, Maintenance Director, Minimum Data Assessment Nurse.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 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)	(X5) COMPLETION DATE
F 241	Continued From page 5 a hall to deliver meal trays and pick them up and another nurse aide had been assigned to answer call bells for all 5 halls. The ADON said NA #1 had reported Resident #127 was in a mess and that when he finished delivering trays he would provide incontinence care. The ADON revealed she headed down 300 hall toward Resident #127's room and was called by Human Resources staff to come to her office so she said she never made it to Resident #127's room to check on him or find out if he had received the care he needed. The ADON reported she was not sure which nurse aide was assigned to answer call bells during the breakfast meal. The ADON said the Unit Manager had assigned nurse aides during meal times. The ADON revealed her expectation was to locate a nurse aide or nurse to provide immediate assistance with incontinence care and not leave a resident wet. The ADON said in-services had been provided to staff in the last six months on dignity issues related to providing care. An interview was conducted on 08/15/13 at 11:06 AM with the Director of Nursing (DON) She stated that during meal times, one nurse aide had been assigned to deliver and pick up meal trays and another nurse aide had responsibility to answer call bells for all 5 halls. The DON revealed if a resident had voiced or rang a call bell for incontinence assistance, the expectation would be that the nurse aide should stop passing or picking up trays, alert the nurse on the hall, and get assistance to provide the care. The DON said in-services had been provided on dignity issues in orientation classes with new employees and ongoing covering a variety of dignity issues.	F 241		