STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345238	A. BUILDING _____ B. WING _____	C 06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - CHARLOTTE	4009 CRAIG AVENUE CHARLOTTE, NC 28211

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID #BMIZ11.	F 000		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272		7/16/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/08/2015

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F 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete care area assessments for 2 of 3 residents sampled for comprehensive assessments related to nutrition. (Residents #194 and #198). Findings included: 1. Resident #194 was admitted to the facility 03/05/15 with diagnoses which included end stage renal disease, diabetes mellitus, amputation of both lower extremities, and anemia. A review of Resident #194's medical record revealed a diet order written by the resident's physician on 03/09/15. The physician ordered a low concentrated sweets, low potassium, and low phosphorus diet. An admission Minimum Data Set (MDS) dated 03/12/15 indicated the resident's cognition was intact. The MDS specified the resident was on a therapeutic diet, required supervision for eating, and was on dialysis while a resident in the facility. A Care Area Assessment (CAA) associated with the admission MDS related to nutrition specified the resident consumed meals in the resident's room and main dining room. The resident was a double amputee and able to feed self with tray set up and the resident had fluctuating body weight due to a diagnosis of end stage renal disease and being on dialysis. Additional diagnoses appeared on a checklist that contained cardiovascular disease, depression, diabetes, and	F 272	White Oak Manor-Charlotte conducts and initial and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. The summary information regarding the additional assessment performed in the care area triggered by the completion of the MDS. This documentation supports the clinical decision regarding the CAA(Care Area Assessment)triggers and where in the clinical information related to the CAA, whether the identified problem was included in the Plan of Care. **Resident #194 and #198 Nutritional CAAs summaries have been reviewed and will be modified to accurately reflect location of the comprehensive note addressing all trigger areas. **The care plan team (MDS Coordinators, Registered Dietitian, Social Services, and Activities) will be re-educated by the White Oak Management Corporate MDS Consultant by 7/9/2015 to Clarify the CAA summary requirements, including the location of the comprehensive note. Newly hired care plan members will receive this education during their job specific orientation by the Corporate Consultant.	

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F 272	Continued From page 2 gastrointestinal problems. No narrative was written to address the risks posed to the resident, contributing factors, and why the findings required interventions. An interview was conducted with MDS Coordinators #1, #2, and #3 on 06/18/15 at 4:04 PM. MDS Coordinator #3 explained the CAA should contain contributing factors that made the care area trigger. All the MDS coordinators stated a CAA was an analysis of a resident's problem areas that triggered from the MDS. The MDS Coordinators stated they understood the checklists were part of the CAA itself. They further explained each discipline was responsible for completing the CAA for their area, and the Registered Dietician was responsible for completing the Nutrition CAA. An interview was conducted with the Registered Dietician (RD) on 06/18/15 at 4:21 PM. She stated she understood the checklists were part of the CAA. The RD stated she thought she was completing the CAA as required. An interview was conducted with the Director of Nursing (DON) on 06/18/15 at 4:33 PM. The DON stated a CAA should explain why an area triggered from the MDS assessment and she expected CAAs were written correctly. 2. Resident #198 was admitted to the facility on 04/30/15. Diagnoses included dementia and subdural hematoma. Review of Resident #198's care plan dated 05/06/15 identified a problem area of nutrition related to weight loss and poor appetite. Goals and interventions were in place to support weight maintenance. Review of the Minimum Data Set (MDS) dated 05/12/15 indicated Resident #198 required	F 272	**An audit of the Nutritional CAAs summaries for the 6/18/15 thru 7/16/15 will be completed by 7/16/15 by the MDS Coordinators and the White Oak Management Corporate Consultant to identify of the location of the note is identified. If issues are found with the CAAs summaries they will be modified. **The MDS Coordinators will monitor subsequent CAAs summary completion to assure ongoing compliance to F272. This will be completed on an ongoing basis. The reviews will be conducted monthly for 3 months, then as needed. **The Director of Nurses (DON) and the MDS Coordinator will audit the CAAs summary completion audit for 3 months, then quarterly for 2 quarters to assure compliance with F272. **Identified trends will be reviewed with the Quality Improvement Committee weekly for 4 weeks, then monthly times 3 months and make recommendations for system changes as needed. The DON is responsible for ongoing compliance to F272.	

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F 272	Continued From page 3 extensive assistance of one staff member to eat and also required a mechanically altered diet. Review of the Care Area Assessment (CAA) for Nutrition dated 05/12/15 revealed an analysis of findings describing Resident #198's nutritional problem as fluctuating meal intakes due to a diagnosis of dementia. The CAA also indicated a care plan will be developed due to fluctuating meal intakes. The CAA indicated no further description of the nutritional problem, no additional causes or contributing factors, and no risk factors related to a nutritional problem. An interview was conducted with MDS Coordinators #1, #2, and #3 on 06/18/15 at 4:04 PM. They stated a CAA was an analysis of a resident's problem area triggered from the MDS. The MDS Coordinators stated they understood the CAA Worksheet to be part of the CAA itself. They further explained each discipline was responsible for completing the CAA for their discipline, and the Registered Dietician was responsible for completing the Nutrition CAA. An interview was conducted with the Registered Dietician (RD) on 06/18/15 at 4:21 PM. She stated she understood the CAA Worksheet to be part of the CAA. She further explained the CAA did not fully analyze Resident #198's nutritional problem or the reasons for including it in the care plan. An interview was conducted with the Administrator and the Director of Nursing (DON) on 06/18/15 at 4:33 PM. The DON stated the Nutrition CAA for Resident #198 was limited and did not present a clear picture of the problem area. She further explained the CAA should present a clearer analysis of the nutritional problem.	F 272		
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		7/16/15

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F 441 SS=D	Continued From page 4 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		

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F 441	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and policy review, the facility failed to follow proper handwashing techniques during 1 of 4 observed meal services. The findings included: The facility Handwashing policy stated for staff to either have washed hands with soap and water for 20 seconds or to have used 60-90% ethanol or isopropanol gel until dry to prevent the spread of infection. This was required between caring for each resident. On 06/18/2015 at 12:44 PM during the lunch meal observation it was observed Nurse Aide (NA) #1 closed the lid on the bedside commode in room of Resident #71 with her bare hands. NA #1 was then observed to exit room of Resident #71 without washing or sanitizing her hands. NA #1 then went to the food cart in the hall, removed a meal tray and delivered it to Resident #45 across the hall. NA #1 was observed to have removed the plate cover and set up tray for Resident #45 before exiting room. Upon return to food cart an interview was conducted with NA #1. She stated she should have washed her hands prior to beginning delivery and set up of the meal tray but she just got in a hurry and forgot to wash them. An interview on 06/18/2015 at 2:42 PM with the Director of Nursing revealed her expectations were for all nursing staff to wash their hands prior to providing care and upon exiting resident rooms after completing their care. The Director of Nursing stated each caregiver was taught hand hygiene as part of the Infection Control training that was provided during orientation.	F 441	White Oak Manor-Charlotte has an established and maintains an Infection Control Program that is designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease infection. White Oak Manor-Charlotte also performs surveillance and investigates the spread of infection; controls outbreaks; cross contamination based on standard precautions. White Oak Manor-Charlotte maintains records and administers corrective actions as indicated to maintain compliance with F441. **NA #1 has been re-educated on proper infection control measures involving hand washing as it relates to meal delivery. This re-education was done on 6/18/15 by the Staff Development Coordinator (SDC). **The NA's will receive re-education on hand washing as it relates to meal tray delivery by the SDC and will be completed by 7/16/15. Newly hired NAs will receive this education during their job specific orientation with the SDC. This will be an annual re-education for the NAs and will be reviewed during staff meetings on 7/14/15 and 7/15/15 by the DON. ** The facility has provided an antiseptic hand washing station on each resident care areas. Both avenues of hand hygiene are available for all employees in and out of resident care areas. **A sign has been posted on each dietary	

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F 441	Continued From page 6	F 441	cart to alert staff as needed hand washing. **The Nursing Administrative Staff (DON, Assistant DON and Nursing Unit Coordinators) began random monitoring to identify areas of non-compliance. The SDC will conduct observations for hand washing weekly for 4 weeks, monthly times 3 months, then periodically thereafter to assure ongoing compliance to F441. The SDC will continue to monitor for hand washing during their routine monthly rounds with re-education provided for hand washing when indicated. **Identified trends or patterns will be reviewed by the Quality Improvement Committee weekly for 4 weeks then monthly for 3 months, with recommendations made as indicated. **The DON is responsible for ongoing compliance to F441	