STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345101	A. BUILDING _____ B. WING _____	C 10/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENFIELD OAKS NURSING AND REHABILITATION CENTER	208 CARY STREET ENFIELD, NC 27823

(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 312 SS=D	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, observation and staff interviews the facility failed to provide the necessary foot care for 1 (Resident #1) of 2 sampled residents who required total assistance from staff for personal hygiene. Findings included: Resident #1 had diagnoses of Hypertension, Dementia, and Anxiety Disorder. The resident was coded on the most recent Quarterly Minimum Data Set assessment dated 7/17/2015 as totally dependent on staff for personal hygiene and grooming. The resident's current care plan had a focus area dated as last reviewed on 8/27/2105 that stated, "Requires assistance for personal hygiene characterized by daily maintaining of appearance related to: Cognitive Impairment, resident is resistive to care at times." One of the interventions for this focus area was to provide total care for hygiene and grooming. An observation was made of the feet of Resident #1 on 10/2/2015 at 1:45PM. The resident had on dirty white socks that were soiled around the cuff of the sock. The socks were removed by a nursing assistant and revealed dry cracked peeling feet.	F 312	Enfield Oaks Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Enfield Oaks Nursing and Rehabilitation Center¿s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Enfield Oaks Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F 312 483.25(a)(3) ADL Care provided for dependent residents Foot care was provided for resident #1 on	10/30/15

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

Electronically Signed | 10/12/2015

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F 312	Continued From page 1 The nursing assistant was interviewed on 10/2/2015 at 1:45 PM. She stated that she had just finished providing care for Resident #1. She further stated that the resident's feet were dry and she needed to put lotion on them. The Director of Nursing was interviewed on 10/2/2015 at 3:25 PM. She agreed the nursing assistant should have changed the socks and put lotion on the feet of Resident #1 during care prior to it being brought to her attention.	F 312	10-02-15 by NA #1 and clean socks were applied to the resident¿s feet. The resident¿s feet were then checked by the Director of Nursing (DON) to ensure proper foot care had been provided by NA #1. Resident # 1 was seen by the podiatrist on 10/8/15. A 100% foot care audit was initiated for all residents, to include resident #1 on 10/07/15 and completed on 10/09/15 by the DON. All residents feet were soaked with warm soapy water, nail care provided, dried and lotion applied by the DON and Treatment Nurse during the audit. Any areas of concern were immediately addressed by the DON. 100% in-service was initiated on 10/07/15 by the DON and Staff Facilitator Assistant for nursing assistants, to include NA#1, on providing proper ADL care, to include foot care for the residents. All new nursing assistants will be trained during orientation by the Staff Facilitator regarding the need to provide proper ADL care, to include foot care for the residents. 100% inservice was initiated by the DON on 10/12/15 for all licensed nursing staff, to include licensed agency nurses, on providing nail care for residents or notifying the Social Worker (SW) of the need to arrange podiatry consults for those residents who require podiatry care. In-services to be completed by 10/22/15 All new licensed nursing staff will be inserviced during orientation by the Staff Facilitator regarding the need to provide nail care for residents and notifying the SW of the need to arrange podiatry consults for those residents who require	

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F 312	Continued From page 2	F 312	podiatry care. Nursing assistants will provide ADL care, to include foot care, for all residents to include dependent residents to ensure the residents are well groomed and maintain good personal hygiene. The nursing assistant will remove the resident¿s socks if present and clean and examine the feet daily during ADL care. Lotion will be applied to resident¿s feet during ADL care daily by the assigned nursing assistant. Toe nails will be trimmed by the nursing assistant as needed after ensuring the resident does not have a diagnosis of Diabetes. If the nursing assistant is unable to trim the toe nails due to thickening of nails or diagnosis of Diabetes, he or she will report the need to the licensed nurse who will trim the toe nails if able or notify the SW so that a podiatry consult can be arranged. The Treatment Nurse will observe 10% of resident¿s feet, to include resident #1, for the need to refer to the podiatrist weekly x 8 weeks then monthly x 2 months using a Toe Nail Audit Tool. Audits will be conducted by the DON, MDS Nurse, and or Licensed Nurse to observe the nursing assistants performing ADL care including nail care on 10% of the residents, 3 x¿s a week times 4 weeks, then weekly times 4 weeks, then monthly times 2 months utilizing the QI ADL Care Audit Tool, which includes foot care. Any areas of concern will be addressed immediately by re-education of staff. The Administrator will review and initial the ADL Care Audit Tool and Toe Nail Audit Tool weekly x 8 weeks then monthly x 2 months.	

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F 312	Continued From page 3	F 312	The DON will compile audit results of the QI ADL Audit Tool and Toe Nail Audit Tool and present to the Quality Improvement Committee for recommendations monthly x 4 months. Identifications of potential trends will be used to determine the need for further action and/or frequency of continued monitoring.	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews the facility failed to provide the necessary care and services for the grooming of toe nails for 1 (Resident #1) of 2 sampled residents who required total assistance from staff for personal hygiene. Findings included: Resident #1 had diagnoses of Hypertension, Dementia, and Anxiety Disorder. The resident was coded on the most recent Quarterly Minimum Data Set assessment dated 7/17/2015 as totally dependent on staff for personal hygiene,	F 328	F 328 483.25(k) Treatment/care for special needs Foot care was provided for resident #1 on 10-02-15 by NA #1 and clean socks were applied to the resident¿s feet. The resident¿s feet were then checked by the Director of Nursing (DON) to ensure proper foot care had been provided by NA #1. Resident # 1 was seen by podiatry on 10/8/15. A 100% foot care audit was initiated for all residents, to include resident #1 on	10/30/15

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F 328	Continued From page 4 grooming, and mobility. The resident's current care plan had a focus area dated as last reviewed on 8/27/2105 that stated, "Requires assistance for personal hygiene characterized by daily maintaining of appearance related to: Cognitive Impairment, resident is resistive to care at times." One of the interventions for this focus area was to provide total care for hygiene and grooming. An observation was made of the feet of Resident #1 on 10/2/2015 at 1:45PM. The toenails of the resident were approximately a half an inch long and were thick curling into the skin. The Director of Nursing and the Administrator were interviewed on 10/2/2015 at 3:25 PM. They both confirmed that they had observed Resident #1' s feet that day and agreed the resident needed podiatry services. The Administrator further stated that the facility had a podiatrist come in quarterly but Resident #1 did not fit the criteria for podiatry services. The Administrator stated that an appointment would be made for the resident to receive podiatry services. Record review revealed Resident #1 had last received podiatry services on 6/12/2014.	F 328	10/07/15 and completed on 10/09/15 by the Director of Nursing (DON). All residents feet were soaked with warm soapy water, nail care provided, dried and lotion applied by the DON and Treatment Nurse during the audit. Any residents that required podiatry care were placed on the list for in-house podiatry to see on next scheduled visit. Residents that did not meet the criteria to see the in-house podiatrist had appointments made by the Social Worker on 10/12/15 for outside podiatry care. 100% in-service was initiated on 10/07/15 by the DON and Staff Facilitator for nursing assistants, to include NA#1, on providing foot care for the residents. All new nursing assistants will be trained during orientation by the Staff Facilitator regarding the need to provide proper foot care for the residents. 100% inservice was initiated by the DON on 10/12/15 for all licensed nursing staff, to include licensed agency nurses, on providing nail care for residents or notifying the Social Worker of the need to arrange podiatry consults for those residents who require podiatry care. In-services to be completed by 10/22/15. All new licensed nursing staff will be inserviced during orientation by the Staff Facilitator regarding the need to provide nail care for residents and notifying the SW of the need to arrange podiatry consults for those residents who require podiatry care. When providing daily ADL care, nursing assistants will remove the resident¿s socks if present and clean and examine the feet daily during ADL care. Lotion will	

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F 328	Continued From page 5	F 328	be applied if the skin is dry. Toe nails will be trimmed as needed by the nursing assistant after ensuring the resident does not have a diagnosis of Diabetes. If the nursing assistant is unable to trim the toe nails due to thickening of nails or diagnosis of Diabetes, he or she will report the need to the licensed nurse who will trim the toe nails if able or notify the Social Worker so that a podiatry consult can be arranged. The Treatment Nurse will observe 10% of resident¿s feet, to include resident #1, for the need to refer to the podiatrist weekly x 8 weeks then monthly x 2 months using a Toe Nail Audit Tool. Audits will be conducted by the DON, MDS Nurse, and or Licensed Nurse to observe the nursing assistants performing nail care, 3 x¿s a week times 4 weeks, then weekly times 4 weeks, then monthly times 2 months utilizing the QI Foot Check Audit Tool. Any areas of concern will be addressed immediately by re-education of staff. The administrator will review and initial the QI Foot Check Audit Tool and Toe Nail Audit Tool weekly x 8 weeks then monthly x 2 months. The DON will compile audit results of the Foot Check Audit Tool and Toe Nail Audit Tool and present to the Quality Improvement Committee for recommendations monthly times 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring.	