STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345284	A. BUILDING _____ B. WING _____	C 12/10/2015

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THE OAKS	901 BETHESDA ROAD WINSTON SALEM, NC 27103

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F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to assess the estimated free water requirements of a resident on a tube feed, for a period of 3 days, failed to provide water flushes to increase the free water received by a resident; so that the resident's total estimated daily free water fluid needs would be met, for a period of 3 days, and failed to order and implement a cleansing and dressing change regimen for a resident's gastrostomy tube site for 1 of 3 Residents (Resident #1). The findings included: 1a. Resident #1 was admitted on 11/27/15 with diagnoses including: digestive system aftercare	F 322	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 322	1/15/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/06/2016

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F 322	Continued From page 1 (gastrostomy tube [G-tube] placement), dysphasia and hypertension. Review of the Manufacturer ' s information for Glucerna 1.2 revealed it had 805 ml free water per 1000 ml formula. Hopsital Records dated 11/25/15 revealed Resident #1 had a Gastrostomy tubs surgically placed on 11/25/15. Review of the Hospital Orders dated 11/26/15 revealed the tube feeding orders were: full strength Diabetisource at 75 ml (milliliters) per hour continuous and 30 ml water flush every 4 hours. Review of the Hospital Discharge Orders revealed that tube feeding and water flush orders were not listed with the discharge orders. There was a hand written note with the list of discharge medications that indicated " we will use Glucerna 1.2 ". Review of the physician's orders on 11/27/15 revealed an order for Glucerna 1.2 at 75 ml (milliliters) per hour for 24 hours, every shift. There was also an order for Resident #1 to be NPO (nothing by mouth). Further review of the Physician's Orders dated 11/27/15 - 11/29/15 revealed no orders for water flushes to the G-tube or via the G-tube with medication passes. On 11/30/15 the physician's orders revealed the following orders: -flush the G tube with 200 ml water, every shift. -flush (G tube) with 30 ml of water and then administer medications separately. Dissolve each medication in 10-15 ml water and flush with 5 ml after each medication and flush with 30 ml as the final flush, every shift. Review of the Medication Administration Record (MAR) revealed water flushes per G-tube were initiated 11/30/15 on second shift (3 PM - 11 PM).	F 322	1a Corrective Action for Resident Affected For resident #1: Resident was discharged from the facility on 12/4/2015. The RN completing the admission orders for Resident #1 was educated on 12/15/15 by the Director of Nursing regarding obtaining appropriate orders on admission/re-admission for G-tube flushing by ensuring that flush orders are included in the admission orders on discharge from the hospital. If no orders are included in the discharge orders from the hospital, then the RN completing the admission orders for the resident will clarify this with the admitting physician who will provide G-Tube flush orders on admission including the amount in ml and how often this flush will be given. This will include the Medication Flush Protocol for medication being given by G-Tube of: Flush with 30ml of H2O. Administer each medication separately. Dissolve each in 10-15 ml of H2O and flush with 5 ml H2O after each medication. Flush with 30ml H2O as final flush. A Dietary Communication Form will then be filled out with the resident’s PO status and the orders for the G-Tube formula and rate and also the flush amount and frequency of administration to the Dietary Manager and place the yellow copy in the hard chart. If the physician prefers to begin the facility standing orders of 200ml per shift flush, a Dietary Communication Form will be filled out with the resident’s PO status and the orders for the G-Tube formula and rate and also the flush amount and frequency of administration to the Dietary	

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F 322	Continued From page 2 The electronic record indicated a Dietary Assessment was completed on 12/4/15. The printed Dietary Assessment was titled Dietary Review and indicated that the effective date of the assessment was 11/27/15. The reason for the date discrepancy was undetermined. Review of the Dietary Assessment revealed the orders for the resident's tube feeding were Glucerna 1.2 at 75 ml/hr and that the flush orders were for 200 ml per shift. Resident #1's most recent weight was listed as 213 pounds. The summary note indicated there were no further recommendations. Telephone interview with the Regional Dietician on 12/10/15 at 9:33 AM revealed that she did not consulted about Resident #1 when he was admitted. She stated that Nursing staff were supposed to alert the Dietary Manager when resident's with a tube feeding were admitted so the DM can email her and she can then remotely complete a review to determine what the resident's estimated free water needs are and review to ensure their nutritional needs are also being met. She stated that with the resident's weight being 213 pounds (96.6 kilograms) she would estimate his free fluid needs at 2400 ml/day (25 ml per kg of body weight) but that 2100 per day could also be adequate. She added that both the Diabetisource formula that was used in the hospital and the Glucerna 1.2 used at the facility have approximately the same water content and that at 75 ml/hour Resident #1 would have received 1,449 ml free water in 24 hours. She added that with the amount of fluid the resident would have received with medication passes (370 ml/24 hours), that 200 ml per shift water flushes were sufficient to meet the resident's free water requirements for hydration and the resident should have received this	F 322	Manager and place the yellow copy in the hard chart. The Dietary Manager will contact the Registered Dietician for G-Tube evaluation including assessment of free water including the implementation of the Medication Flush Protocol for medication being given by G-Tube as outlined above and a copy of the discharge summary with Ht and Wt obtained on admission. The Dietician will then use the Ht, Wt, Diagnoses and orders from the discharge summary to ensure the G-Tube flush order meets the hydration needs of the resident being admitted or readmitted. Further clarification of teaching of obtaining flush orders will be completed by 1/15/16. The Nurse Practitioner who approved the original admission orders for Resident #1 no longer works for this facility. Corrective Action for Resident Potentially Affected All residents who are new admissions or readmissions on a G-Tube feeding have the potential to be affected by this practice. All current G-tube residents were identified and assessed for appropriate flush orders and that the Registered Dietician had evaluated the G-tube flush amounts and how often on 01/05/16 by Nurse Manager. Systemic Changes The Nursing staff RNs and LPNs (full time, part time, and PRN) were in-serviced by Director of Nursing and Staff Development Coordinator on 12/30/15 and completed by 01/06/16 regarding appropriate G-tube flush orders	

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F 322	Continued From page 3 starting on the day of admission. On 12/10/15 at 10:17 AM Nurse #1 was interviewed and stated that she did not review the admission orders and that other staff " in the front office " take care of that. She added that the Nurse Practitioner also reviewed the orders. Nurse #1 said that since the facility used electronic records she only saw medications and treatments on the computer screen when there was something due for the resident and that it did not occur to her that there were no prompts or pop ups for Resident #1 to have a water flush. Nurse #1 acknowledged that resident's with a G-tube always had some sort of water flush ordered unless perhaps they were taking fluids by mouth but that she just didn ' t notice Resident #1 did not have one ordered at admission. Nurse #1 stated that she was also the resident's Nurse 11/30/15 - 12/3/15 and on 12/4/15 at the time of his discharge to the hospital. She added that the resident had not shown any signs of dehydration due to not receiving water flushes for the first 3 days of his 7 day facility stay. On 12/10/15 at 11:20 AM Nurse #2 was interviewed. She stated that she had processed the resident ' s admission orders. She added that she had not thought about clarifying water flush orders for the resident as she had been more focused on getting the formula orders clarified. Nurse #2 said that the formula orders were not specified in the hospital discharge summary but it was determined that the resident had been receiving a formula (Diebetisource) that the facility did not carry, so she had focused on ensuring they had orders for an equivalent formula that the facility did use (Glucerna 1.2). Nurse #2 acknowledged that typically resident ' s with tube feed orders also have orders for a water flush unless there was a documented clinical	F 322	at admission/re-admission. In-service included education obtaining appropriate orders on admission/re-admission for G-tube flushing by ensuring that flush orders are included in the admission orders on discharge from the hospital. If no orders are included in the discharge orders from the hospital, then the RN completing the admission orders for the resident will clarify this with the admitting physician who will provide G-Tube flush orders on admission including the amount in ml and how often this flush will be given. This will include the Medication Flush Protocol for medication being given by G-Tube of: Flush with 30ml of H2O. Administer each medication separately. Dissolve each in 10-15 ml of H2O and flush with 5 ml H2O after each medication. Flush with 30ml H2O as final flush. A Dietary Communication Form will then be filled out with the resident's PO status and the orders for the G-Tube formula and rate and also the flush amount and frequency of administration to the Dietary Manager and place the yellow copy in the hard chart. If the physician prefers to begin the facility standing orders of 200ml per shift flush, a Dietary Communication Form will be filled out with the resident's PO status and the orders for the G-Tube formula and rate and also the flush amount and frequency of administration to the Dietary Manager and place the yellow copy in the hard chart. The Dietary Manager will contact the Registered Dietician for G-Tube evaluation including assessment of free water including the implementation of the	

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F 322	Continued From page 4 rational not to provide it. She also acknowledged that there was no documented clinical rationale for Resident #1 not to receive water flushes. Nurse #2 added that even without orders it was standard practice and part of the facility protocol to provide water with medication passes given via G-tube, even if there was not an order, so she indicated it was the water flush amount of fluid that had been missed not the medication pass amount. 1b. Resident #1 was admitted on 11/27/15 with diagnoses including: digestive system aftercare (gastrostomy tube [G-tube] placement), dysphasia and hypertension. Hopsital Records dated 11/25/15 revealed Resident #1 had a Gastrostomy tubs surgically placed on 11/25/15. Review of the Physcian Orders for 11/27/15 - 11/29/15 revealed no orders for cleansing of the G-tube site or for dressing changes to the G-tube site. Review of the Physician Orders for 11/30/15 revealed " cleanse feeding tube site with wound cleanser and apply dry dressing. Assess peri-wound tissue every day shift " . Review of the Nursing Notes from 11/27/15 - 11/30/15 revealed notes indicating that there were no issues observed with the Gastrostomy stoma site, however the note did not specify that the area had been cleansed or that a new dressing was applied. Review of the Treatment Administration Record (TAR) revealed the cleansing and dressing changes to the G-tube site were initiated 11/30/15. On 12/10/15 at 10:17 AM Nurse #1 was interviewed and stated that she did not review the admission orders and that other staff " in the	F 322	Medication Flush Protocol for medication being given by G-Tube as outlined above and a copy of the discharge summary with Ht and Wt obtained on admission. The Dietician will then use the Ht, Wt, Diagnoses and orders from the discharge summary to ensure the G-Tube flush order meets the hydration needs of the resident being admitted or readmitted. The Dietician will review all residents with G-Tube Feedings quarterly or more frequently as needed. Any in-house RNs, LPNs (full time, part time, and PRN) staff who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Clarification of training will be completed by 1/15/16 by the DON or Management RN. Any staff who could not be reached for in-service training will not be allowed to work until training is completed. The entire process will be posted in med rooms as a reference and reminder of the process. Quality Assurance Director of Nursing or Management Nurse will monitor this issue using the QA survey tool G-Tube Adm/Readm Orders. Facility will monitor compliance by auditing all new admission G-tube and re-admitted G-tube residents for appropriate flush orders. This will be done on admission/re-admission weekly for 3	

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F 322	Continued From page 5 front office " take care of that. She added that the Nurse Practitioner also reviewed the orders. Nurse #1 said that since the facility used electronic records she only saw medications and treatments on the computer screen when there was something due for the resident and that it did not occur to her that there were no prompts or pop ups for Resident #1 to have the G-tube site dressing changed. She added that when she did assess the G-tube site and change the dressing (11/3015 - 12/4/15) there were no signs of infection and that there were no signs of infection when the resident was discharged to hospital on 12/4/15. On 12/10/15 at 11:20 AM Nurse #2 was interviewed. She stated that she had processed the resident ' s admission orders. She added that she had not thought about clarifying orders for Resident #1's G-tube site to have a dressing change because she was more focused on ensuring the tube feeding orders were clarified. Nurse #2 added that with an established G-tube dressing changes may not be necessary but that since the resident's G-tube was new cleansing of the site, changing the dressing and monitoring for signs of infection was should have been ordered and initiated on the day of admission.	F 322	months by the Support Nurse or Unit Manager. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads. Date of Compliance: 01/15/16 The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 322 1b Corrective Action for Resident Affected For resident #1: Resident was discharged	

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F 322	Continued From page 6	F 322	from the facility on 12/4/2015. The RN completing the admission orders for Resident #1 was educated on 12/15/15 by the Director of Nursing regarding obtaining appropriate orders on admission/re-admission for G-tube dressings according to the Care of Enteral Feeding Tube policy that states, “Typically dressings are utilized for new tube placements until directed by surgeon or if the site has drainage”. Further clarification of teaching of obtaining G-Tube dressing orders was done by the Director of Nursing on 1/15/16. The Nurse Practitioner who approved the original admission orders for Resident #1 no longer works for this facility. Corrective Action for Resident Potentially Affected All residents who are new admissions or readmissions with a G-Tube feeding tube have the potential to be affected by this practice. All current G-tube residents were identified and assessed for appropriate G-Tube dressing orders on 01/05/16 by Nurse Manager and Director of Nursing. Systemic Changes The Nursing staff RNs and LPNs (full time, part time, and PRN) were in-serviced by Director of Nursing and Staff Development Coordinator on 12/30/15 and completed by 01/06/16 regarding appropriate G-tube dressing orders at admission/re-admission. In-service included education obtaining appropriate orders on admission/re-admission for G-tube dressings by ensuring that dressing	

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F 322	Continued From page 7	F 322	orders are included in the admission orders on discharge from the hospital if appropriate. If no orders are included in the discharge orders from the hospital, then the RN completing the admission orders for the resident will clarify this with the admitting physician if needed. Any in-house RNs, LPNs (full time, part time, and PRN) staff who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Clarification of training will be completed by 1/15/16 by Management Nurses. Any staff who could not be reached for in-service training will not be allowed to work until training is completed. Quality Assurance Director of Nursing or Nurse Manager will monitor this issue using the QA survey tool G-Tube Adm/Readm Orders. Facility will monitor compliance by auditing all new admission G-tube and re-admitted G-tube residents for appropriate dressing orders. This will be done on admission/re-admission weekly for 3 months by the Support Nurse or Unit Manager. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator	

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F 322	Continued From page 8	F 322	for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads. Date of Compliance: 01/15/16	