STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	700 HOWIE MINE ROAD WAXHAW, NC 28173

(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	483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS (a)(2) 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 observations, record reviews, resident and staff interviews, the facility failed to provide nail care for 1 of 4 dependent residents (Resident # 166) reviewed for activities of daily living (ADL). The findings included: Resident #166 was admitted to the facility on 08/08/17 with hypertension, cerebrovascular accident (CVA) with left-sided hemiparesis and coronary artery disease. Review of Resident #166's care plan dated 08/08/17 for ADL revealed that he was dependent on staff for assistance with all ADL care related to his diagnosis of CVA with left sided hemiparesis. Additionally, review of his care plan dated 08/08/17 for skin breakdown related to decreased mobility, incontinence and diagnosis of CVA with left sided hemiparesis revealed an intervention to keep nails trimmed and edges smooth as needed. Review of Resident #166's admission Minimum Data Set (MDS) dated 08/15/17 revealed an assessment of intact cognition. The MDS indicated Resident #166 required extensive to total assistance of 1 person with all ADL. An observation and interview of with Resident #166 on 09/19/17 at 10:43 am revealed his toe	F 312	White Oak of Waxhaw ensures that residents that are unable to carry out activities of daily living receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; example nail care. Resident #166's toe nails are trimmed and clean. An audit was completed to observe all resident's toe nails for adequate care, and any resident in need of toe nail care (i.e. trimming and cleaning) will either be seen by the Podiatrist or a licensed nurse to provide care by 10/20/17. The RN Staff Development Coordinator is providing reeducation to the licensed nurse staff on providing referrals to Podiatrist when indicated, and to the CNA staff on observing toe nails on bath/shower days for each resident and reporting needed toe nail care to the charge nurse, by 10/20/17. All newly hired nursing staff will receive this education during their job specific orientation by the Staff Development Coordinator. The nursing administration (Director of Nursing, Staff Development Coordinator,	10/20/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Electronically Signed
TITLE
(X6) DATE — 10/12/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD** **WAXHAW, NC 28173**

(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	Continued From page 1 nails had not been trimmed since he was admitted and they were long and touching the inside of his shoe. He stated that he had mentioned it to the Social Worker and she had told him to talk with nursing about trimming his toe nails. He stated that he had mentioned it to the nurse (could not remember which one) and she had told him the Podiatrist would need to cut his nails. The resident stated he did not understand why the Podiatrist had to cut his toe nails since he was not diabetic. An observation of Resident #166 on 09/21/17 at 10:16 am revealed him sitting in his wheelchair in the common area watching TV. Nursing Assistant (NA) #1 assisted Resident #166 to his room and removed his brace, sock and shoe on his left leg and his sock and shoe on his right leg. His toe nails on both feet were observed to be approximately ¼ inch beyond the end of his toes. NA #1 stated the nursing assistants were not allowed to cut toe nails but they could file them. She stated that nail care was typically done after bath or shower and Resident #166 received his showers on 2nd shift. An interview on 09/21/17 at 10:20 am with Nurse #1 revealed that the Podiatrist typically cuts the resident's toe nails. She stated that she would have to check to see if the nurses were supposed to cut the toe nails of residents who were not diabetic. An interview on 09/21/17 at 12:13 pm with the Social Worker revealed the process for referral to the Podiatrist was for the family to sign a consent to see the Podiatrist. The Social Worker stated all diabetics were referred to the Podiatrist for nail care and the treatment nurse also made referrals	F 312	RN Treatment Nurse, and Nursing Supervisors) will observe a total of 10-15 residents toe nails weekly for two weeks, then monthly for two months, and periodically thereafter to ensure ongoing compliance. Observations and audits are discussed in the Monday through Friday morning Quality Improvement meeting for two weeks, then monthly for two months, and as needed thereafter with recommendations made as indicated. The Director of Nursing is responsible for ongoing compliance to F 312.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD WAXHAW, NC 28173**

(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	Continued From page 2 for residents that may not be diabetic to see the Podiatrist if their nails were thick. The Social Worker stated that Resident #166 did not currently have a Podiatry referral in place. An interview on 09/21/17 at 12:21 pm with the Treatment Nurse revealed that she did make referrals to Podiatry for residents. She also stated the nurses should be able to assess toe nails to determine if they could cut them or if they would need to be cut by Podiatry and make the referral. An interview on 09/21/17 at 3:40 pm with Nurse #2 revealed that she had not trimmed the resident's toe nails and was not aware that they needed to be trimmed. Nurse #2 stated Podiatry services usually trimmed the resident's toe nails. An interview on 09/22/17 at 3:01 pm with the Director of Nursing (DON) revealed her expectation was for all residents to have their toe nails trimmed and/or filed by the nurses or the Podiatrist. The DON stated she would expect the nurses to trim the resident's toe nails that are not referred for Podiatry services.	F 312		
F 314 SS=D	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure	F 314		10/20/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD WAXHAW, NC 28173**

(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 314	Continued From page 3 ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview, the facility failed to assess the skin and identify the formation of a pressure ulcer for 1 of 3 residents (Resident #166) reviewed with splint devices. The findings included: Resident #166 was admitted to the facility on 08/08/17 with hypertension, cerebrovascular accident (CVA) with left-sided hemiparesis and coronary artery disease. Review of Resident #166's care plan dated 08/08/17 for risk of skin breakdown revealed he was at risk due to decreased mobility, incontinence and diagnosis of CVA with left-sided hemiparesis. The goal was for Resident #166 to be free from any areas of skin breakdown through the next review date of 11/15/17. Interventions included in part: monitor skin daily with ADL care and notify nurse of any changes. Review of History and Physical by the facility physician dated 08/08/17 revealed under Musculoskeletal the resident had his left leg in a brace and was non-ambulatory. Review of a Skin Risk Data Collection Form	F 314	White Oak of Waxhaw ensures that a resident receives care consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individuals clinical condition demonstrates that they were unavoidable. Resident #166 is currently not wearing the AFO brace per the Therapist and Orthotic consult's recommendation. The ulcer that came from the AFO brace is being treated per the physician's orders. Other residents with AFO braces were checked by the RN Treatment Nurse and Therapist to ensure proper fit and that no ulcers were present on 9/22/17. The RN Staff Development Coordinator and Director of Nursing are providing reeducation to CNA staff on checking resident's skin daily, documenting in the Electronic Medical Record system, and reporting to the charge nurse if any new skin breakdown is observed; and to the licensed nurse staff on observing AFO braces for proper fit and observing the resident's skin under AFO braces by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ____ B. WING ____	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD WAXHAW, NC 28173**

(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 314	Continued From page 4 dated 8/10/17 revealed the resident was at risk of skin breakdown and preventive interventions were required. Review of Resident #166's admission Minimum Data Set (MDS) dated 08/15/17 revealed an assessment of intact cognition. The MDS indicated Resident #166 was at risk of skin breakdown due to decreased mobility, incontinence and left-sided hemiparesis which resulted from CVA. Review of Resident #166's admission Care Area Assessment (CAA) summary dated 08/22/17 for risk of pressure ulcers revealed his skin was intact but was at risk of skin breakdown due to decreased mobility, incontinent episodes and hemiparesis. An observation and interview of Resident #166 on 09/21/17 at 10:16 am revealed him sitting in his wheelchair in the common area watching TV. Nursing Assistant (NA) #1 assisted Resident #166 to his room and removed his ankle foot orthotic (AFO) brace, sock and shoe on his left leg. His left leg was noted to have an indentation where his brace had been on his leg, his left foot was edematous and erythematous and there was an area of skin breakdown on his left medial leg below the level of the knee. NA #1 stated that she had not placed the brace on the resident this morning but had been placed by the NA on 3rd shift (11:00 PM - 7:00 AM) who got him up and dressed him. The resident was also noted to have a 2 inch x 2 inch absorbent dressing on his left shin. NA #1 stated she had placed it there to cover a "sore" on his leg several days earlier and removed the dressing. The left shin area was erythematous. NA #1 stated she could not	F 314	10/20/17. Newly hired CNA and Nurse staff receive this education during their job specific orientation with the RN Staff Development Coordinator. The RN Treatment Nurse, Director of Nursing, or Staff Development Coordinator will remove and observe resident's skin under their AFO brace weekly for four weeks, then monthly for two months, and randomly thereafter to ensure compliance to F 314. Issues or trends identified during the observations are discussed in the Monday through Friday morning Quality Improvement meeting weekly for four weeks, monthly for two months, and as indicated thereafter with the QI committee making recommendations as indicated. The Director of Nursing is responsible for ongoing compliance to F 314.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	700 HOWIE MINE ROAD WAXHAW, NC 28173

(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 314	Continued From page 5	F 314		

remember if she had reported the area on his shin to the nurse. NA #1 left to find the nurse to evaluate the resident's skin breakdown. The resident stated that he was not aware the brace was tight on his leg because he did not have feeling in his affected leg. He stated however, the brace was removed every night before he went to bed because it was "so uncomfortable" he could "not stand to wear it in bed." He stated it did not hurt but was uncomfortable and he could not move or rest with it on his leg.

An interview on 09/21/17 at 10:20 am with Nurse #1 revealed that she was not aware of the resident's brace being tight on his leg, but observed the indented skin where the brace had been and measured the skin breakdown on his left medial leg to be 1.5 centimeters (cm) x 1.5 cm. Nurse #1 contacted Physical Therapy to come look at the brace.

An interview on 09/21/17 at 10:40 am with the Rehabilitation Director revealed the brace was too tight for the resident. The Rehab Director stated to Nurse #1 the resident should only wear his sock and shoe and she would arrange for the resident to be evaluated by the orthotics specialist to see if he needed another type of AFO brace or if adjustments could be made to the one that he was wearing. She instructed Resident #166 not to wear the brace and she would have him evaluated for a toe lift that would attach to his shoe to help with foot drop until the brace could be altered.

An interview on 09/21/17 at 12:21 PM with the Treatment Nurse revealed that she had just been notified of the pressure area by Resident #166's nurse and was there to evaluate the area. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345550	A. BUILDING ______ B. WING ______	09/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD** **WAXHAW, NC 28173**

(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 314	Continued From page 6	F 314		

evaluated the skin breakdown on the resident's medial leg and stated it was a Stage 2 pressure ulcer that measured 1.5 cm x 1.5 cm. The Treatment Nurse stated she had not been previously notified of any issue with his skin. She stated and demonstrated the area on top of his left foot was blanchable and the area on his shin that was previously bandaged was blanchable. The Treatment Nurse stated she would have expected the NAs to assess his skin as they were bathing or dressing the resident and report any changes to the nurse for treatment. The Treatment Nurse stated the NAs were supposed to fill out a skin assessment every time they bathed or showered a resident and if for some reason the resident is not bathed or showered the NAs should be looking at the skin when they are dressing the resident. The Treatment Nurse stated the NAs should report any skin changes to the nurse or to her as soon as possible.

An interview on 09/21/17 at 3:40 PM with Nurse #2 revealed that she was not aware the resident had any issues with his skin.

A telephone interview on 9/21/17 at 10:00 PM with NA #2 revealed he had not noticed any reddened areas or any skin breakdown on the resident's leg when he had put his brace on earlier in the morning.

An interview on 09/22/17 at 3:01 PM with the Director of Nursing (DON) revealed her expectation was for skin assessments to be done on admission, weekly for 4 weeks, and daily if the resident was at risk of skin breakdown. The DON stated she expected the NAs and nurses to identify any concerns with the resident's skin, initiate treatment and notify the Treatment Nurse.

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
	345550	A. BUILDING ______ B. WING ______	**09/22/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK OF WAXHAW	**700 HOWIE MINE ROAD** **WAXHAW, NC 28173**

(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