PRINTED: 11/16/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345186	B. WING			1	C 21/2017
NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR				41	TREET ADDRESS, CITY, STATE, ZIP CODE 3 WINECOFF SCHOOL ROAD ONCORD, NC 28027	1 03/	21/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 280 SS=E	PARTICIPATE PLAN 483.10 (c)(2) The right to participate and implementation plan of care, including the right to be including the right to be included in the plan revisions to the pers (ii) The right to participate and amount, frequency, other factors related plan of care. (iv) The right to receip included in the plan (v) The right to receip included in the plan (v) The right to see the right to sign after sign of care. (c)(3) The facility sharing to participate in shall support the resplanning process must be planning process must be right to participate in shall support the resplanning process must be planning process must be plann	cipate in the planning process, identify individuals or roles to anning process, the right to ad the right to request con-centered plan of care. Cipate in establishing the outcomes of care, the type, and duration of care, and any to the effectiveness of the Live the services and/or items of care. The care plan, including the unificant changes to the plan all inform the resident of the his or her treatment and sident in this right. The last— Lision of the resident and/or ive. sment of the resident's	F:	280			10/20/17
ABORATORY	DIRECTOR'S OR PROVIDER	X/SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE

Electronically Signed 10/11/2017

Facility ID: 953488

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: 345186		` '	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C 09/21/2017	
		B. WING					
NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR				STREET ADDRESS, CITY, STATE, ZIP COI 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027		W/2 1/2011	
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F 280	Continued From page 1		F 28	30			
	the comprehensive a	care plan must be- 7 days after completion of					
	includes but is not limited to (A) The attending physician. (B) A registered nurse with responsibility for the resident.						
	(C) A nurse aide with resident.	responsibility for the					
	(E) To the extent practine resident and the resident and the An explanation must medical record if the and their resident reprot practicable for the resident's care plan. (F) Other appropriate disciplines as determor as requested by the (iii) Reviewed and resident residen	e staff or professionals in ined by the resident's needs are resident. vised by the interdisciplinary assment, including both the					

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						С	
		345186	B. WING			09/21/2017	
NAME OF PROVIDER OR SUPPLIER			•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
EN/E 041/	0.144100			4	13 WINECOFF SCHOOL ROAD		
FIVE OAK	S MANOR			С	ONCORD, NC 28027		
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F 280	Continued From pag	e 2	F 2	280			
	· -	T is not met as evidenced					
	by:	. Is not mot as evidenced					
	_ -	view, staff interview and			Corrective action accomplished for	-	
	resident interviews th	ne facility failed to provide the			those residents found to have been		
	resident the opportur	nity to participate in the care			affected by the deficient practice;		
		3 of 3 residents. The			a. Residents #130, #55, and #31 wer	e	
	findings included:				interviewed on 10/6/2017 and asked if		
				they wish to participate in their care pla			
	1. Review of the Me			and if they wish for any other parties to			
	Resident #130 was a			participate in their care plan. If they			
	8/11/14 and readmitt including chronic obs			wished for other parties to attend their care plan they identified them to the			
	Alzheimer's Disease			interviewer so the party may be contac	tod		
	hyperlipidemia.			These interviews were documented on	icu.		
	nypompiaonia.			care plan audit tool.			
	A review of the Quar	terly Minimum Data Set			Corrective action will be accomplish	hed	
		revealed the Brief Interview			for those residents having potential to b		
	for Mental Status sco	ored Resident #130 as			affected by the same deficient practice	by;	
		ly impaired. The resident did			a. 100% audit of all facility residents		
		s of rejection of care or			inquire about their wishes for care plan		
	evaluation during the	e assessment period.			participation. All residents with the cognitive capacity to be interviewed an	d	
	Interview on 9/18/17	at 11:45 AM with Resident			participate in the audit asked if they wis		
	#130 revealed she ha			to participate in their care plan and if the			
	plan meeting.				wished for other parties to participate in	-	
	j				their care plan. If they wish for other		
		at 10:50 am with the MDS			parties to participate in their care plan		
	Nurse revealed that t			they identified the participating party fo	r		
	invitations to the care				the interviewer. Audit documented by		
		f each resident. The MDS			care plan team using care plan audit to	ol	
Nurse stated that the Inte					by the interviewer.		
		onsible Party for Care e meeting the resident is			Measures/Systemic changes put in place to ensure that the deficient practice.		
	•	is discussed. The MDS			place to ensure that the deficient practi does not recur;	\ C	
		e never invited a resident to			a. Upon scheduling of care plans, all		
	the care plan meeting				residents capable of providing a		
	and plan modeling	3 .			participatory response will be asked if t	hev	
	Interview on 9/20/17	at 11:11 am with the Social			wish to participate in their care plan an	-	
	Worker revealed that			identify any other parties they wish to			

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F 280	the Responsible Part not be present at the resident is the Respo given an invitation let stated that after the content of the Interdisciplinary Team residents know what plan meetings. 2. Review of the Med Resident #55 was ad 12/5/11 and readmitte including chronic kidr hemipelegia following: A review of the Quart (MDS) dated 7/6/17 r for Mental Status scomoderately cognitivel have some occasions evaluation during the Interview on 9/18/17 #55 revealed he had plan meeting. Interview on 9/20/17 Nurse revealed that the invitations to the care Responsible Party of Nurse stated that the meets with the Responsible Party of Planning and after the informed about what	arty for the care plan Worker stated, "Sometimes y would rather the resident meeting. Unless the insible Party they are not iter." The Social Worker hare plan meetings the in makes a round and lets the was discussed at the care dical Record revealed mitted to the facility on hed on 3/10/17 with diagnoses hey disease, dysphasia and in cardio vascuar accident. Herly Minimum Data Set hevealed the Brief Interview hared Resident #55 as hy impaired. The resident did has of rejection of care or hassessment period. At 1:40 PM with Resident hot been invited to a care at 10:50 am with the MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident. The MDS he facility mails out he plan meeting to the heach resident is he discussed. The MDS he facility for Care he meeting the resident is his discussed. The MDS he resident to	F 28	participate in their care plan. will be documented in the res A monitoring tool will be comp by care plan team for 12 wee document all interviews and r residents. b. Additional training to care to include the resident's right in the development and imple his or her person-centered pla c. All new members of the of team will receive training on t right to participate in the deve implementation of his or her person-centered plan of care orientation 4. Monitoring of corrective a ensure the deficient practice of a. Report of audit findings of reviewed monthly times 3 mo facility Quality Assurance med accuracy and completion.	sident record. pleted weekly eks to responses of e plan team to participate ementation of an of care. care plan the resident's elopment and during initial action to will not recur; will be onths during		

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F 280	Interview on 9/20/17 and Worker revealed that to the Responsible Part meeting. The Social the Responsible Part not be present at the resident is the Responsible part is the Responsible part not be present at the resident is the Responsiven an invitation let stated that after the contending the properties of the prope	at 11:11 am with the Social she mails out an invitation arty for the care plan Worker stated, "Sometimes y would rather the resident	F 2	80		