

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/23/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - SHELBY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 N MORGAN STREET SHELBY, NC 28150</b>
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F 676 SS=D	<p>Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)</p> <p>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced</p>	F 676		2/19/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/09/2018
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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.

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F 676	<p>Continued From page 1</p> <p>by: Based on observations, record review and resident and staff interviews the facility failed to provide toileting assistance for 1 of 3 residents observed for activities of daily living (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 11/10/17 with diagnoses of high blood pressure, urinary tract infection, deep vein thrombosis, and diabetes.</p> <p>Review of the admission Minimum Data Set dated 11/17/17 revealed Resident #5 was cognitively intact and required extensive assistance with toileting.</p> <p>Review of the Resident Council Meeting minutes from 08/2017 to present revealed the Council had a concern at the 10/11/17 meeting that it was taking staff too long to answer call lights and provide care. The issue was taken to the Administrator and the Director of Nursing (DON) who had an in-service with staff on answering call lights as quickly as possible.</p> <p>Observations made on 01/23/18 beginning at 12:00 PM revealed Resident #5 to be sitting up in her wheelchair in her room with her call light on. Resident #5 told this surveyor she needed to go to the bathroom. A continuous observation was made of Resident #5's call light being on and no staff entering her room from 12:00 PM to 12:42 PM. At 12:42 PM Resident #5 told the surveyor she really needed to go to the bathroom, this surveyor told the nurse on the hall, who went to Resident #5's room and took her to the bathroom</p>	F 676	<p>F0676</p> <p>White Oak Manor-Shelby does provide the necessary care and services to ensure a resident's abilities in activities of daily living do not diminish.</p> <p>On January 23, 2018 on first shift, there were 48 residents occupying a 56-bed occupancy hall. There were four Nursing Assistants and two LPNs present for this shift on this specific hall. Resident #5 did not experience any negative outcome or change in condition. When Resident #5 rang call light for assistance, this was at 12pm and it was time for the lunch meal in the Dining Room and hall staff were assisting residents to the Dining Room for lunch (for those choosing to eat in the Dining Room). It is the expectation that any staff member available will respond to a resident's call light. The LPN for Resident #5 was passing medications and stated she did not notice Resident #5's call light on. Resident #5's call light will be answered in a timely manner.</p> <p>All Nursing Staff (Nursing Assistants, LPNs, and RNs) will receive re-education/reinservicing on being observant of any call light that is on and responding to the call light to ensure all residents' call lights are answered in a timely manner. This re-education/reinservicing was initiated with the Nursing Department on February 6 and February 7, 2018. Multiple Nursing Assistant meetings were scheduled for February 6, 2018 and were conducted by</p>		

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F 676	<p>Continued From page 2 at 12:45 AM.</p> <p>An interview conducted on 01/23/18 at 12:01 PM with Resident #5 revealed she turned her call light on at 12:00 PM because she needed to go to the bathroom. She stated it usually takes staff between 15 to 45 minutes to answer her call light and at night it could take up to an hour.</p> <p>An interview conducted on 01/23/18 at 2:00 PM with Nurse #1 stated she was busy with her medication pass and did not notice Resident #5's call light on. She stated there were only 2 Nurse Aides (NA) on her hall today and they needed to have at least three in order to answer call lights timely and provide care since most of the residents on the hall needed 2 staff to provide care. She stated it was lunch time and the NAs were busy getting residents up and to the dining room or ready for lunch and passing trays.</p> <p>An interview conducted on 01/23/18 at 2:05 PM with NA #1 revealed Resident #5 was her resident but there were only 2 NAs on the hall and they had to work together to provide care for residents since most of the residents on the hall required 2 NAs for care. She reported staffing had been bad for the past couple of months and call lights were answered as quickly as they could get to them. NA #1 stated around lunch time was particularly hard due to needing to get residents up and to the dining room or up in their rooms for lunch and then passing trays. She further stated they weren't able to answer most call lights at lunch time when there were only 2 NAs on the hall.</p> <p>An interview conducted on 01/23/18 at 5:28 PM with the Director of Nursing (DON) revealed it was her expectation for call lights to be answered</p>	F 676	<p>the Administrator and the Director of Nursing. Multiple Licensed Nurse meetings were scheduled for February 7, 2018 and were conducted by the Administrator and the Director of Nursing. Staff members who are on approved leave of absences/vacation/etc. will have their inservicing completed prior to or upon reporting back to work.</p> <p>Current Nursing staff have been inserviced on being observant of any call light that is on and responding to the call light. This was initiated on February 6 and February 7, 2018. Inservicing will be repeated with newly hired staff during Orientation by the Staff Development Nurse. Reeducation/reinservicing will also be reinforced as necessary to ensure compliance by Staff Development Nurse and/or the Director of Nursing.</p> <p>Ongoing monitoring and compliance will be achieved by completion of a "Call Light Monitoring Tool". This tool will be utilized for monitoring call lights for five random residents per day for two weeks, then three random checks a day for two weeks, then two resident checks daily for four weeks, then five random checks monthly for three months, and as needed thereafter. The tool will be completed by the Administrator, Director of Nursing, Nursing Management (ADON, SDC, QA RN, and/or Unit Coordinators), and/or Social Services, and then given to the Administrator or DON upon completion.</p> <p>Social Services will also interview</p>		

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F 676	Continued From page 3 as quickly as possible and care provided at the time the call light was answered. She stated she was aware the facility had been short staffed but the care should be provided for the residents.	F 676	<p>Resident #5 on the timeliness of her call light being answered and will do this weekly for six weeks, then monthly for three months, and as needed thereafter.</p> <p>The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will also be reviewed during the monthly QA meeting for any further discussion and recommendations, if needed.</p> <p>From January 22, 2018 to February 9, 2018, the facility has hired ten Nursing Assistants, six LPNs, and one RN. To assist with Nursing Staff Recruitment and Retention, new processes have been implemented. Primarily, new wage scales for LPNs and Nursing Assistants were established and made effective February 2, 2018. These new wage scales were implemented for both new hires and all current LPNs and Nursing Assistants. We are also now conducting weekly Orientations as long as there is a Nursing employee available for that week's Orientation. Orientations had previously been scheduled every two weeks. Weekly Orientations are being completed to provide additional nursing staff/fill available positions quicker, thereby assisting with more staff available to provide care and services in a timely manner. The facility also currently has a "points forgiveness" program in place for the Nursing department that provides an incentive for picking up available extra</p>		

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F 676	Continued From page 4	F 676	<p>shifts. The facility is also advertising the new wage scales in place via local newspaper employment ads and on job employment websites to include Indeed.com, Monster.com, ZipRecruiter.com, Woofoo.com, AfterCollege.com and Tmc.com. The facility continues to work with area schools as a clinical site for both LPN and Nursing Assistant students. Sign-on bonuses and referral bonus programs are also in place.</p> <p>For monitoring the effectiveness of the new wage scale and other processes with LPN and Nursing Assistant recruitment and retention, the HR Manager will complete a Bi-Monthly CNA and LPN Position Assessment Tool. This will begin effective February 2, 2018 (when wage scales were increased) and the first tool will be completed February 16, 2018. These tools will continue to be completed each payperiod (every two weeks) for three months, then monthly for three months, and then as needed. These will be reviewed and discussed by the Administrator, Director of Nursing, HR Manager and Scheduler, as well as the continued daily reviews of the Nursing Department schedules and staffing needs. The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will also be reviewed during the monthly QA meeting for any further discussion and recommendations, if needed. Facility staff are also being</p>		

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F 725 SS=D	<p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p>	F 725	The Administrator and Director of Nursing are responsible for the implementation of the plan of correction, as well as ongoing monitoring.	2/19/18	

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F 725	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and resident and staff interviews the facility failed to provide sufficient nursing staff to provide toileting assistance. This affected 1 of 3 residents (Resident #5).</p> <p>The findings included:</p> <p>This tag was cross referenced to F676:</p> <p>Based on observations, record review and resident and staff interviews the facility failed to provide toileting assistance for 1 of 3 residents observed for activities of daily living (Resident #5).</p> <p>An interview conducted on 01/23/18 at 12:41 PM with Resident #5 revealed she turned her call light on at 12:00 PM because she needed to go to the bathroom. She stated it usually takes staff between 15 to 45 minutes to answer her call light and at night it could take up to an hour.</p> <p>An interview conducted on 01/23/18 at 2:00 PM with Nurse #1 stated she was busy with her medication pass and did not notice Resident #5's call light on. She stated there were only 2 Nurse Aides (NA) on her hall today and they needed to have at least three in order to answer call lights timely and provide care since most of the residents on the hall needed 2 staff to provide care. She stated it was lunch time and the NAs were busy getting residents up and to the dining room or ready for lunch and passing trays.</p> <p>An interview conducted on 01/23/18 at 2:05 PM with NA #1 revealed Resident #5 was her resident</p>	F 725	<p>F0725</p> <p>White Oak Manor-Shelby does provide sufficient 24-hour Nursing Staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and plans of care.</p> <p>On January 23, 2018 on first shift, there were 48 residents occupying a 56-bed occupancy hall. There were four Nursing Assistants and two LPNs present for this shift on this specific hall. Resident #5 did not experience any negative outcome or change in condition. When Resident #5 rang call light for assistance, this was at 12pm and it was time for the lunch meal in the Dining Room and hall staff were assisting residents to the Dining Room for lunch (for those choosing to eat in the Dining Room). It is the expectation that any staff member available will respond to a resident's call light. The LPN for Resident #5 was passing medications and stated she did not notice Resident #5's call light on. Resident #5's call light will be answered in a timely manner.</p> <p>All Nursing Staff (Nursing Assistants, LPNs, and RNs) will receive re-education/reinservicing on being observant of any call light that is on and responding to the call light to ensure all residents' call lights are answered in a</p>		

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F 725	<p>Continued From page 7</p> <p>but there were only 2 NAs on the hall and they had to work together to provide care for residents since most of the residents on the hall required 2 NAs for care. She reported staffing had been bad for the past couple of months and call lights were answered as quickly as they could get to them. NA #1 stated around lunch time was particularly hard due to needing to get residents up and to the dining room or up in their rooms for lunch and then passing trays. She further stated they weren't able to answer most call lights at lunch time when there were only 2 NAs on the hall.</p> <p>An interview conducted on 01/23/18 at 5:05 PM with the Staffing Coordinator revealed staffing has been low for the past couple of months. She stated the goal was to have 2 nurses on each hall for the 7:00 AM to 3:00 PM and 3:00 PM to 11:00 PM shifts and 1 nurse on each hall except for the 300 hall that had 2 nurses on the 11:00 PM to 7:00 AM shift. She stated the for NAs on the 7:00 to 3:00 PM and the 3:00 to 11:00 PM shift was 5 to 6 on the 300 hall, 3 to 4 on the 100 and 200 halls, and 2 to 3 on the rehabilitation hall. On the 11:00 PM to 7:00 AM shift the goal was to have 2 to 3 NAs on the 300 hall, 2 NAs on the 100, 200, and rehabilitation halls. She stated the facility had 10 open NA positions on the 7:00 AM to 3:00 PM shift and 5 open NA positions on the 11:00 to 7:00 AM shift and 2 nurse positions on the 3:00 to 11:00 PM shift. She stated they were advertising on social media, school programs and word of mouth and interviewing daily but couldn't keep people after they were hired. She reported new hires would work a month or two and then quit.</p> <p>An interview conducted on 01/23/18 at 5:28 PM with the Director of Nursing (DON) revealed staffing had been low for the past couple of</p>	F 725	<p>timely manner. This re-education/reinservicing was initiated with the Nursing Department on February 6 and February 7, 2018. Multiple Nursing Assistant meetings were scheduled for February 6, 2018 and were conducted by the Administrator and the Director of Nursing. Multiple Licensed Nurse meetings were scheduled for February 7, 2018 and were conducted by the Administrator and the Director of Nursing. Staff members who are on approved leave of absences/vacation/etc. will have their inservicing completed prior to or upon reporting back to work.</p> <p>Current Nursing staff have been inserviced on being observant of any call light that is on and responding to the call light. This was initiated on February 6 and February 7, 2018. Inservicing will be repeated with newly hired staff during Orientation by the Staff Development Nurse. Reeducation/reinservicing will also be reinforced as necessary to ensure compliance by Staff Development Nurse and/or the Director of Nursing.</p> <p>Ongoing monitoring and compliance will be achieved by completion of a "Call Light Monitoring Tool". This tool will be utilized for monitoring call lights for five random residents per day for two weeks, then three random checks a day for two weeks, then two resident checks daily for four weeks, then five random checks monthly for three months, and as needed thereafter. The tool will be completed by the Administrator, Director of Nursing,</p>		



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F 725	Continued From page 8 months. She stated she had worked the past two weekends due to low staffing. The DON reported they were interviewing and having orientations almost every week but after they would get through orientation the new hires would work a month or two and quit. She reported they do not use agency staff but they have a PRN (as needed) Pool to pull from.  An interview conducted on 01/23/18 at 6:00 PM with the Administrator revealed staffing had been an issue. She reported they were advertising, hiring and training new people but they didn't seem to stay. She reported they did not use agency staffing but they may have to look into utilizing agencies until they can build up their own staffing.	F 725	Nursing Management (ADON, SDC, QA RN, and/or Unit Coordinators), and/or Social Services, and then given to the Administrator or DON upon completion.  Social Services will also interview Resident #5 on the timeliness of her call light being answered and will do this weekly for six weeks, then monthly for three months, and as needed thereafter.  The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will also be reviewed during the monthly QA meeting for any further discussion and recommendations, if needed.  From January 22, 2018 to February 9, 2018, the facility has hired ten Nursing Assistants, six LPNs, and one RN. To assist with Nursing Staff Recruitment and Retention, new processes have been implemented. Primarily, new wage scales for LPNs and Nursing Assistants were established and made effective February 2, 2018. These new wage scales were implemented for both new hires and all current LPNs and Nursing Assistants. We are also now conducting weekly Orientations as long as there is a Nursing employee available for that week's Orientation. Orientations had previously been scheduled every two weeks. Weekly Orientations are being completed to provide additional nursing staff/fill available positions quicker, thereby		

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F 725	Continued From page 9	F 725	<p>assisting with more staff available to provide care and services in a timely manner. The facility also currently has a "points forgiveness" program in place for the Nursing department that provides an incentive for picking up available extra shifts. The facility is also advertising the new wage scales in place via local newspaper employment ads and on job employment websites to include Indeed.com, Monster.com, ZipRecruiter.com, Woofoo.com, AfterCollege.com and Tmc.com. The facility continues to work with area schools as a clinical site for both LPN and Nursing Assistant students. Sign-on bonuses and referral bonus programs are also in place.</p> <p>For monitoring the effectiveness of the new wage scale and other processes with LPN and Nursing Assistant recruitment and retention, the HR Manager will complete a Bi-Monthly CNA and LPN Position Assessment Tool. This will begin effective February 2, 2018 (when wage scales were increased) and the first tool will be completed February 16, 2018. These tools will continue to be completed each payperiod (every two weeks)for three months, then monthly for three months, and then as needed. These will be reviewed and discussed by the Administrator, Director of Nursing, HR Manager and Scheduler, as well as the continued daily reviews of the Nursing Department schedules and staffing needs. The results of these audits will be reviewed in the Morning QI meeting</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/23/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - SHELBY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 N MORGAN STREET</b> <b>SHELBY, NC 28150</b>		
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F 725	Continued From page 10	F 725	<p>Monday-Friday for any additional discussion/recommendations. The results of these audits will also be reviewed during the monthly QA meeting for any further discussion and recommendations, if needed. Facility staff are also being made aware of each person and position hired for each Orientation via postings at each time clock.</p> <p>The Administrator and Director of Nursing are responsible for the implementation of the plan of correction, as well as ongoing monitoring.</p>		