

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/17/2018
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NAME OF PROVIDER OR SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the CI survey on 5/18/18 for Event ID#USTPII - NC#00138533	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, record review and family and staff interviews the facility failed to put interventions in place following a significant weight loss for 1 of 4 residents (Resident #35) whose nutrition was reviewed. Findings included: Review of Resident #35's Yearly Weight Record Form revealed the following weights:	F 692	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged	6/4/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/01/2018
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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 692	Continued From page 1 04/10/18 180.0 pounds (admission weight) 04/18/18 --- (refused) 04/23/18 170.4 pounds 05/01/18 171.6 pounds 05/08/18 166.3 pounds Review of the Admission Nursing Observation Form dated 04/10/18 revealed a hand written weight of 180 pounds. Review of Resident #35's Standing Orders dated 04/11/18 revealed an order to provide a (name brand) supplement between meals for weight loss. Review of the Minimum Data Set (MDS) dated 04/17/18 revealed Resident #35 was admitted to the facility on 04/10/18 with diagnoses of non-Alzheimer's dementia, pneumonia, and weakness. Resident #35 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making. Resident #35 required the extensive assistance of one person for eating. Resident #35's weight was 180 pounds. Review of the Nutritional Screening and Assessment Form dated 04/17/18 revealed Resident #35 had poor nutritional intake at the hospital and at the facility. Resident #35 was to be encouraged to allow weekly weights as the second weight had been refused. Resident #35 was referred to the Registered Dietician (RD) by the Clinical Dietary Manager (CDM). Review of Resident #35's Care Plan dated 04/17/18 revealed a problem with rapid or gradual	F 692	deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents. Process that lead to the deficiency The process that lead to the deficiency was the lack of communication between the Clinical Dietary Manager and the interdisciplinary team, family members and physicians. Moving forward the interdisciplinary team will meet weekly to discuss the significant weight changes, interventions put into place and the outcomes of the interventions put into place, of each resident and document same in chart as well as notification to physician and family. Process for implementing a plan of correction for specific deficiency On 5/21/2018 the Registered Dietician reviewed the Residents with Significant weight loss/gain and provided recommendations as needed to the Physician and Interdisciplinary team. The Weight Loss/Gain Interdisciplinary Team will consist of the Director of Health Services (Director of Nursing), Case Mix Director, Social Worker, Certified Dietary Manager and Activities Director. They met on 5/22/2018 to review the residents with significant weight loss/gain. This Interdisciplinary Team will continue to		

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F 692	<p>Continued From page 2</p> <p>weight loss associated with inadequate nutrient intake. Approaches to prevent weight loss included adjusting calorie levels, providing supplements as needed or ordered, and to monitor intake and weights. Resident #35 received a mechanical soft ground meat diet.</p> <p>Review of the Dietary Progress Notes dated 04/25/18 revealed Resident #35 had a greater than 5% weight loss. Resident #35's physician and family had been notified and a supplement to be given with medications was to be requested. Resident #35's nutritional intake from meals varied from refusal to 25%.</p> <p>Review of the Significant Weight Loss/Gain Checklist Form dated 04/25/18 and signed by the CDM revealed Resident #35's oral intake was very poor. The weight team recommendations and or interventions included the addition of 120 milliliters (ml) of a nutritional supplement four times each day with medications. Resident #35's Physician and Responsible Party (RP) were notified.</p> <p>Review of Resident #35's April 2018 and May 2018 Medication Administration Record (MAR) revealed no nutritional supplements were listed to be provided by the nurses with medications.</p> <p>Review of the Nutritional Screening and Assessment Form dated 05/16/18 and signed by the RD revealed Resident #35 experienced a 13.7 pound weight loss since admission. This represented a 13.13% loss in weight. Resident #35 had no pressure ulcers and no edema. Resident #35 agreed to try a frozen nutritional supplement three times each day which would provide 870 kilocalories and 27 grams of protein.</p>	F 692	<p>meet weekly into the future. The objective of the weekly weight meetings is to ensure the weight loss has been identified, investigated (why it occurred) and that interventions are put into place. They will evaluate and document the effectiveness of the interventions while ensuring there is appropriate documentation of family and physician notification. This meeting will occur weekly for each new admission for their first 4 weeks and residents with significant weight loss until the resident weight has stabilized for 4 consecutive weeks.</p> <p>Monitoring to ensure effectiveness of POC</p> <p>The Director of Health Services and/or Certified Dietary Manager will track, trend and analyze the data from the weekly weight meetings and present the findings to the Quality Assurance and Performance Improvement Committee monthly until 3 consecutive months of compliance has been sustained then quarterly thereafter.</p> <p>Title of person responsible for implementing the POC</p> <p>The Administrator is responsible for implementing this plan of correction.</p>		

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F 692	Continued From page 3 In an interview on 05/16/18 at 9:15 AM the RD stated the facility was responsible for its own weight program. She indicated Resident #35 was on her list to see that day because he was a new admission and also because of the weight loss. She indicated this would be her initial assessment of Resident #35. In an interview on 05/16/18 at 10:55 AM the CDM stated he could not verify that Resident #35's admission weight of 180 pounds was correct so he did not use that weight. He indicated since Resident #35 refused the next week's weight he waited until the 04/23/18 weight of 170.4 pounds and went by that weight. He indicated he had contacted Resident #35's family on 04/25/18 and was told that Resident #35 would not take a supplement. He stated he had notified the Nurse Practitioner (NP) but had never received a return call or order regarding the supplements. He indicated if the NP had wanted Resident #35 to receive a supplement it would have been ordered. The CDM stated he had not followed up with the NP regarding supplements for Resident #35. The CDM stated he could not write orders for supplements he could only make recommendations. He indicated he did not provide fortified foods or ice cream to Resident #35 which might have increased the calorie intake of the resident. In an interview on 05/16/18 at 11:25 AM the interim Director of Nursing (DON) stated she expected the CDM to go by the admission weight listed on the admission assessment which was 180 pounds. She indicated if the CDM had a question about the admission weight he should have reweighed the resident. The DON indicated	F 692			

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F 692	Continued From page 4 the CDM should have put interventions in place for Resident #35's weight loss. In an observation and interview on 05/16/18 at 4:40 PM Resident #35's family was in the room visiting with the resident. Resident #35 was up in a wheelchair at the bedside. Resident #35's family member stated they had received a call from a gentleman asking about some kind of supplement but they had not heard anything back. The family member stated they did not tell the gentleman that Resident #35 would not take a supplement and felt ice cream or something like that would encourage him to eat. In an observation and interview on 05/17/18 at 8:34 AM Resident #35 was up in a wheelchair at the bedside. The family was in the room and expressed their excitement that the resident had eaten a moderate amount of breakfast, almost a whole donut, and about 25% of the frozen nutritional supplement. In an interview on 05/17/18 at 1:10 PM the interim DON stated she expected staff to obtain weights when a resident was admitted and put the information in the chart. She indicated if there was a question regarding a weight the resident should be reweighed. The DON stated the CDM had listed Resident #35's admission weight as 180 pounds on the MDS so that would be the weight she would expect him to go by. The DON indicated the standing orders should have been initiated for Resident #35's weight loss with follow up by the RD and the physician.	F 692			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		6/4/18	

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F 880	<p>Continued From page 5</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation,</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain infection control for 1 of 4 residents observed for wound care (Resident #13) whose soiled linens were handled by a staff member who was not wearing gloves.</p> <p>Findings included:</p> <p>During an observation of wound care on 05/15/18 at 10:50 AM, Nurse #1 removed her gloves then explained to the resident that she was going to help her reposition so that she could remove the</p>	F 880	<p>Process that lead to the deficiency</p> <p>The Licensed Nurse providing wound care removed her gloves when the wound care was completed and failed to remember to utilize the standard precaution of donning gloves before placing her bare hands on a resident's bare skin and when attempting to remove soiled linens from underneath a resident.</p> <p>Process for implementing a plan of</p>		

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F 880	<p>Continued From page 7</p> <p>soiled draw sheet and incontinent pad from underneath her. Nurse #1 placed her bare right hand on the bare right hip of the resident and began to remove the soiled linens from underneath the resident with her bare left hand. After surveyor intervention, Nurse #1 stated that she should have put gloves on before touching the resident's bare hip and handling the soiled linens. Nurse #1 stopped what she was doing and donned gloves.</p> <p>In an interview with the Director of Nursing on 05/15/18 at 4:30 PM, she stated that she expected all staff to wear gloves whenever handling soiled linens or providing direct patient care.</p>	F 880	<p>correction for specific deficiency</p> <p>The Director of Health Services (Director of Nursing) and/or Nurse Managers began education on Standard precautions with a focus on glove utilization when working with a resident and when handling soiled linens for all nurses and nursing assistants. Nursing staff who have not been educated by 6/5/2018 will not be allowed to work until the completion of this education. As well, we have added this education to the new hire and rehire nursing staff orientations. The Director of Health Services and/or Nurse Management are monitoring the staff for appropriate utilization of standard precautions when caring for our residents. The Director of Health Services and/or Nurse managers are utilizing the Infection Control Audit Tool (proper usage of gloves, proper clean and dirty linen handling, and hand washing) to validate the staff is compliant in their use of standard precautions.</p> <p>Monitoring to ensure effectiveness of POC</p> <p>The Director of Health Services and/or the Nurse Managers will monitor random nursing staff three times a day for five days, then ten times per week for three weeks, then ten times a month for three months, then ten times a quarter until three consecutive quarters of compliance are maintained.</p> <p>The Director of Nursing will track, trend and analyze the data collected from the</p>		

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F 880	Continued From page 8	F 880	<p>Infection Control Audit Tool and present the findings to the Quality Assurance and Performance Improvement Committee monthly for at least 3 months. After three months of consecutive compliance is maintained, we will then monitor this on a quarterly basis going into the future.</p> <p>Title of person responsible for implementing the POC</p> <p>The Administrator and Director of Health Services are responsible for implementing this plan of correction.</p>		