STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345026	A. BUILDING _____ B. WING _____	C 08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS	2700 ROYAL COMMONS LANE MATTHEWS, NC 28105

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F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with the Medical Director and staff, the facility failed to follow physician orders for oxygen settings for 1 of 3 residents reviewed who were receiving oxygen therapy (Resident #90). Findings included: Resident #90 was admitted to the facility on 01/19/18 with diagnoses that included pulmonary hypertension, congestive heart failure, chronic obstructive pulmonary disease (difficulty breathing), and dependence on supplemental oxygen. Review of Resident #90's electronic medical record revealed a physician's order dated 01/09/18 which read in part, continuous oxygen at 2 Liters per Minute (LPM) via nasal cannula. Review of Resident #90's current care plans, dated 01/19/18, revealed a plan in place for oxygen use. Interventions included for staff to administer oxygen as ordered by the physician.	F 658	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. Plan to correct the specific deficiency: F658- The facility failed to follow the physician orders for oxygen settings for resident #90. On 8/23/2018 resident #90 oxygen settings were reviewed by the medical director and new order was given for an increase in his oxygen to 3L/M . The procedure for implementing the acceptable plan of correction. On August 24, 2018 the Director of Nursing completed a 100 % audit of all current residents requiring the use of oxygen, comparing the physician order	9/12/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/09/2018

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F 658	Continued From page 1 Review of the quarterly Minimum Data Set (MDS) dated 07/12/18 indicated Resident #90 was cognitively intact and received oxygen therapy. Observations of Resident #90's oxygen settings were as follows: 8/20/18 at 9:33 AM Resident #90 was receiving oxygen at 3 LPM via nasal cannula. 8/21/18 at 11:33 AM Resident #90 was receiving oxygen at 3 LPM via nasal cannula. 8/22/18 at 9:29 AM Resident #90 was receiving oxygen at 3 LPM via nasal cannula. 8/22/18 at 5:55 PM Resident #90 was receiving oxygen at 3 LPM via nasal cannula. During an interview on 08/22/18 at 6:03 PM Nurse #1 revealed nursing staff set oxygen settings to the appropriate LPM based on physician orders. Nurse #1 explained nursing staff could increase the oxygen setting up 1 LPM when needed to maintain a resident's oxygen saturation above 90%. She added when oxygen was increased, the physician was notified to obtain a new order. Nurse #1 confirmed the physician's order for Resident #90 was to administer oxygen at 2 LPM via nasal cannula and there was no order obtained to increase the oxygen setting to 3 LPM. An observation was conducted on 08/22/18 at 6:15 PM with Nurse #1 who confirmed Resident #90 was receiving continuous oxygen at 3 LPM via nasal cannula. Nurse #1 was unable to explain why Resident #90's oxygen setting was increased to 3 LPM.	F 658	with the settings of the concentrator. 22 residents were reviewed and no discrepancies between the physician order and the oxygen settings of the concentrator were noted. On September 6, 2018 The Director of Nursing began in-service training for all Full time, part time, and as needed registered nurses and licensed practical nurses on oxygen use and following the physicians order. This is in-service training will be completed by September 10, 2018 by the Director of Nursing. The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiencies cited remains corrected and or in compliance with regulatory requirements. Beginning on September 13, 2018 the Director of Nursing will complete an audit of 5 residents requiring the use of oxygen using the QA audit tool to ensure that the physician□s orders for oxygen and the oxygen being provided for the resident are a 100% match. This audit will be completed weekly x4 then monthly x 3 Reports will be presented in the weekly QA meeting by the Director of Nursing to ensure that the corrective action for trends or ongoing concerns is initiated as appropriate for compliance with regulatory requirements. The weekly QA meeting is attended by Administrator, Director of Nursing, and Assistant Director of Nursing, MDS co coordinator, Unit Manager, Dietary Manager, Health information Manager, and Activities director.	

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F 658	Continued From page 2 During an interview on 08/22/18 at 6:25 PM the Assistant Director of Nursing (ADON) revealed nursing staff adjusted oxygen settings when needed to maintain a resident's oxygen saturation above 90% but they never increased the oxygen setting above 3 LPM. The ADON added when a resident's oxygen setting was increased the nurse was expected to notify the physician and obtain a new order. The ADON reviewed Resident #90's medical record and was unable to determine why the oxygen setting was increased. The ADON explained Resident #90 would become restless and at times, adjust the oxygen setting independently. During an interview on 08/22/18 at 6:40 PM the Director of Nursing (DON) confirmed Resident #90 had an order for oxygen to be administered at 2 LPM via nasal cannula. The DON stated it was her expectation for staff to administer oxygen as ordered by the physician and if oxygen settings needed to be changed, the physician should be notified to obtain a new order. During a telephone interview on 08/22/18 at 6:58 PM the Medical Director (MD) revealed she relied on the nurses' judgment when they determined during an assessment a resident's oxygen setting needed to be increased. The MD stated she expected nursing staff to notify her or the Nurse Practitioner when the oxygen setting was increased to obtain a new order. During an interview on 08/23/18 at 8:54 AM Resident #90 stated the nurses' adjusted the oxygen settings on the concentrator and	F 658	Title of the person responsible for implementing the acceptable plan or correction is the Administrator and/or the Director of Nursing. Date of compliance is September 12, 2018	

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F 658	Continued From page 3 confirmed he did not change the oxygen setting. During an interview on 08/23/18 at 11:20 AM Nurse #2 was unaware Resident #90's oxygen setting had been set at 3 LPM and confirmed Resident #90 was to receive oxygen at 2 LPM. Nurse #2 explained Resident #90 would pull on the oxygen tubing when it became entangled but was unable to reach the dial on the oxygen concentrator to adjust the setting.	F 658		
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be	F 803		9/12/18

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F 803	Continued From page 4 construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of menus, the facility failed to provide a 3 ounce portion of chicken per the menu to 1 of 3 sampled residents with a diet order for a 2 gram sodium diet who was observed during dining (Resident #58). Resident #58 was admitted to the facility on 1/10/18. Diagnoses included essential hypertension, hemiplegia and hemiparesis (weakness) following cerebral infarction (stroke) affecting right dominant side, obesity and hyperlipidemia, among others. A quarterly minimum data set, dated 6/28/18, assessed Resident #58 with clear speech, able to be understood/understand, intact cognition, required set up help with staff supervision during meals and a therapeutic diet. A care plan updated June 2018, identified Resident #58 was at risk for nutritional deficits related to obesity, hypertension and receipt of a therapeutic diet. Interventions included to serve the diet as ordered. An observation of the lunch meal occurred on 08/20/18 at 12:50 PM. Resident #58 received lunch in her room. Further observation revealed she received a small piece of baked chicken breast. Resident #58 stated "Look how small that piece of chicken is." On 08/20/18 at 12:55 PM an interview with the the corporate dietary manager (DM) and review	F 803	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. Plan to correct the specific deficiency: F 803-The facility failed to provide a 3 oz portion of chicken per the menu and 2Gm sodium diet for resident #58. On 8/20/2018 resident #58 received 2 pieces of chicken for lunch to assure that the menu with 3oz of chicken was provided. On 8/20/2018 the Dietary Manager completed a 100 % audit of all current residents diets requiring a 2 gram sodium diet and receive chicken on the menu. No other resident s menu or discrepancies in portion size was noted. On September 6, 2018 The Dietary Manager began in-service training for the District Manager for Health services group	

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F 803	Continued From page 5 of the menu revealed a portion size of 3 ounces of chicken was to be served to residents with a diet order for a 2 gram sodium diet. The corporate DM observed the lunch meal for Resident #58 and stated "You got a small piece of chicken. I will get you another piece." The weight of the chicken was requested by the surveyor; the corporate DM removed the chicken breast from the Resident's plate and exited the room. On 08/20/18 01:09 PM the corporate DM stated Resident #58 received a piece of chicken that weighed 1.7 ounces rather than the 3 ounce portion required by the menu. The corporate DM stated she could not explain why the Resident received a smaller piece of chicken and further stated that each piece of chicken should weigh 4 ounces frozen and cook down to no less than 3 ounces. A nutrition assessment completed by the registered dietitian, dated 8/21/18 assessed Resident #58 with stable weights for the prior 6 months and physician's order for a 2 gram sodium diet. An interview with the dietary manager (DM) occurred on 08/23/18 at 08:45 AM. During the interview he stated that when he saw the small piece of chicken that was served to Resident #58 on 08/20/18, he observed the lunch tray line and saw a few other pieces of chicken that were less than 3 ounces. He stated he had not noticed that before and thought that the 4 ounce frozen chicken breast would cook down to a 3 ounce portion. The DM also stated that he had not weighed the chicken before after it was cooked to be certain residents received a 3 ounce portion.	F 803	, and all dietary staff on following the ordered diet ,weighing the portions of meat, and menu portion sizes for all residents. Beginning on September 13, 2018 the Dietary Manager/and /or Director Nursing will complete an audit of 5 residents using the QA menu and Protein portion size monitoring audit tool to ensure that the physician□s orders 2gm sodium diet and the portions served are correct. This audit will be completed weekly x4 then monthly x 3 Reports will be presented in the weekly QA meeting by the Director of Nursing to ensure that the corrective action for trends or ongoing concerns is initiated as appropriate for compliance with regulatory requirements. The weekly QA meeting is attended by Administrator, Director of Nursing, and Assistant Director of Nursing, MDS co coordinator, Unit Manager, Dietary Manager, Health information Manager, and Activities director. Title of the person responsible for implementing the acceptable plan or correction is the Administrator and/or the Director of Nursing. Date of compliance is September 12, 2018	

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F 803	Continued From page 6 An interview on 08/23/18 at 11:30 AM with the nutritionist revealed she expected dietary staff to follow the menu and serve the portion of food required per the menu.	F 803		