

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - RUTHERFORDTO	STREET ADDRESS, CITY, STATE, ZIP CODE 188 OSCAR JUSTICE ROAD RUTHERFORDTON, NC 28139
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F 000	INITIAL COMMENTS This recert was scheduled for the week of 9/17/18 and had to be postponed due to Hurricane Florence BW	F 000		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information	F 636		10/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/12/2018
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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 636	<p>Continued From page 1</p> <p>regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to complete Care Area Assessments that addressed the underlying causes and contributing factors for the development of the care plan for 3 of 18 sampled residents reviewed for Care Area Assessments. (Residents #47, #55 and #56).</p> <p>The findings included:</p> <p>1. Resident #47 was admitted to the facility most</p>	F 636	<p>White Oak Manor-Rutherfordton ensures the completion of Care Area Assessments(CAAs)in the Minimum Data Set(MDS). The facility Resident Assessment Coordinators(RACs)have been trained and re-trained to complete Care Area Assessments(CAAs)accurately, but the RACs did not complete the CAAs to reflect their underlying causes and contributing factors for the development of the care plans. The identified CAAs for</p>		

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F 636	<p>Continued From page 2</p> <p>recently on 05/18/18 with diagnoses including heart failure, major depressive disorder and transient cerebral ischemic attack.</p> <p>The Minimum Data Set (MDS), an admission dated 06/04/18, coded him with moderately impaired cognition, having scored an 11 out of 15 on the Brief Interview for Mental Status (BIMS).</p> <p>Another MDS, a significant change dated 08/14/18, coded him with moderately impaired cognition, having scored an 11 out of 15 on the BIMS.</p> <p>The Care Area Assessment (CAA) for cognition, dated 8/21/18, repeated the information on the MDS dated 08/14/18 stating the incorrectly answered BIMS questions, as well as how the MDS was coded in other areas. There was no analysis which described Resident #47's strengths or weakness and how his cognition impairments affected his ability to function day to day in the facility, or factors considered for the development of the care plan.</p> <p>An interview with the MDS nurse who completed the CAA was conducted on 09/27/18 at 11:46 AM. MDS Nurse stated that she had always completed the cognition CAA by repeating the BIMS answers and was not instructed to describe the resident's problem. She had been instructed to paint a picture of the resident and to her that meant saying why he scored what he did on the BIMS.</p> <p>Interview with the Administrator and Director of Nursing on 09/27/18 at 3:57 PM revealed that the information on the CAA was basically a repeat of the MDS coded information. They stated the</p>	F 636	<p>Resident #47 (cognition),#55(Falls and Psychotropic Medications) and #56(cognition)were reviewed.</p> <p>The MDS Corporate Consultant will complete an audit of the CAA summaries from 9/27/18 to 10/24/18.</p> <p>The Care Plan Team which includes the RACs were re-educated on completing CAAs that include a thorough investigation of the underlying causes and contributing for the development of the care plans. This re-education was completed on 10/10/18 by Melissa Picher, RN/RAI Coordinator Consultant and Wanda Swink,RN,DON. The RACs contacted the NC State RAI Coordinator,Mary Maas,for additional re-education on CAA completion on 10/10/18. Newly Hired care plan team members will receive education during their specific job orientation. The CAAs will be monitored by reviewing up to 3 CAAs per week for 4 weeks, then up to 4 CAAs monthly for 3 months and as needed thereafter. The Nursing Administration will conduct the monitoring. Results from the monitoring will be discussed Monday through Friday during QI morning meetings and any identified issues or trends will be discussed at the Quality Assurance meeting for further recommendations.</p> <p>The DON is responsible for ongoing compliance of Tag F636.</p>		

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F 636	<p>Continued From page 3</p> <p>CAA needed more individualized specifics for the area and that the MDS nurse thought she was painting a picture of the resident with the limited time she had to gather information.</p> <p>2. Resident #55 was admitted to the facility on 06/19/18 with diagnoses including cognitive communication deficits, vascular dementia, major depressive disorder and anxiety.</p> <p>The Minimum Data Set (MDS), an admission dated 06/26/18, coded him with having severe cognitive impairment, scoring a 3 out of 15 on the Brief Interview for Mental Status (BIMS), having had one fall since admission with no injury and receiving antianxiety and antidepressant medications 7 days out of the previous 7 days.</p> <p>a. The Care Area Assessment (CAA) for the area of falls, dated 07/02/18, stated Resident #55 was found on the floor by his bed on 06/25/18 and he was nonambulatory. The CAA repeated other parts coded on the MDS such as his continence and medications. The CAA did not describe the circumstances of the fall or describe his individual strengths and weaknesses that caused him to fall or placed him at risk for further falls, or factors considered for the development of the care plan.</p> <p>b. The CAA for the area of psychotropic medications, dated 07/02/18, listed the psychoactive medications his was receiving and the diagnoses for each medication. The CAA did not describe Resident #55's strengths or weakness or any individual information as to how the medications affected him day to day, or factors considered for the development of the care plan.</p>	F 636			

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F 636	<p>Continued From page 4</p> <p>An interview with the MDS nurse who completed the CAA was conducted on 09/27/18 at 11:46 AM. MDS Nurse stated that she had always completed the cognition CAA by repeating the BIMS answers and was not instructed to describe the resident's problem. She had been instructed to paint a picture of the resident and to her that meant saying why he scored what he did on the BIMS. MDS nurse further stated that she assumed the social worker would address the reasons for psychotropic medications in the behavior CAA.</p> <p>Interview with the Administrator and Director of Nursing on 09/27/18 at 3:57 PM revealed that the information on the CAAs were basically a repeat of the MDS coded information. They stated the CAAs needed more individualized specifics for each area and that the MDS nurse thought she was painting a picture of the resident with the limited time she had to gather information.</p> <p>3. Resident #56 was admitted to the facility on 05/22/18 with diagnoses including repeated falls and major depressive disorder.</p> <p>The Minimum Data Set (MDS), dated 05/29/18 coded her as having moderately impaired cognition, scoring an 8 out of 15 on the Brief Interview for Mental Status (BIMS).</p> <p>The Care Area Assessment (CAA) for cognition, dated 06/04/18, repeated the information on the MDS dated 05/29/18 stating the incorrectly answered BIMS questions, as well as how the MDS was coded in other areas. There was no analysis which described Resident #56's strengths or weakness and how her cognition impairments affected her ability to function day to</p>	F 636			

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F 636	Continued From page 5 day in the facility, or factors considered for the development of the care plan. An interview with the MDS nurse who completed the CAA was conducted on 09/27/18 at 11:46 AM. MDS Nurse stated that she had always completed the cognition CAA by repeating the BIMS answers and was not instructed to describe the resident's problem. She had been instructed to paint a picture of the resident and to her that meant saying why she scored what she did on the BIMS. Interview with the Administrator and Director of Nursing on 09/27/18 at 3:57 PM revealed that the information on the CAA was basically a repeat of the MDS coded information. They stated the CAA needed more individualized specifics for the area and that the MDS nurse thought she was painting a picture of the resident with the limited time she had to gather information.	F 636			
F 865 SS=D	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.	F 865		10/25/18	

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F 865	<p>Continued From page 6</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures from the recertification and complaint investigation conducted on 10/06/17 and was subsequently recited in September 2018 on the current recertification survey. The repeat deficiency was in the area of care area assessments. The continued failure of the facility during 2 federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>F 636: Comprehensive assessments and timing: Based on record review and staff interviews, the facility failed to complete Care Area Assessments that addressed the underlying causes and contributing factors for the development of the care plan for 3 of 18 sampled residents reviewed for Care Area Assessments. (Residents #47, #55 and #56).</p> <p>During the recertification and complaint survey of 10/06/17 this regulation was cited for failing to complete Care Area Assessments that addressed underlying causes and contributing factors for psychotropic drug use, cognitive loss/dementia, and activities of daily living for 7 of 16 sampled</p>	F 865	<p>White Oak Manor-Rutherfordton maintains a quality assessment committee consisting of the Director of Nursing(DON), a physician designated by the facility, and at least three other members of the facility's staff.</p> <p>The Quality Assessment and Assurance Committee meets at least quarterly to discuss identified issues with which quality assessments and assurance activities are necessary to implement. The facility develops and implements appropriate plans of action to correct identified issues.</p> <p>The facility Resident Assessment Coordinators(RACs) have been trained and re-trained to complete Care Area Assessments(CAAs) accurately, but the RACs did not complete the CAAs to reflect their underlying causes and contributing factors for the development of the care plans. The identified CAAs for Resident #47(Cognition), #55(Falls and Psychotropic Medications) and #56 (cognition) were reviewed.</p> <p>The MDS Corporate Consultant will complete an audit of the CAA summaries from 9/27/18 to 10/24/18.</p> <p>The Care Plan Team which includes the RACs were re-educated on completing</p>		

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F 865	Continued From page 7 residents (#33, #71, #61, #35, #106, #64 and #49). An interview conducted with the Administrator on 09/27/18 at 3:18 PM revealed the Quality Assurance Committee had monitored the Care Area Assessments (CAAs) and concluded the new interventions were working. She stated the Minimum Data Set Nurse that prepared the CAAs thought she was doing a good job and didn't realize she needed to do a more thorough investigation of CAA triggers and analysis of findings for new admissions.	F 865	CAAs that include a thorough investigation of the underlying causes and contributing factors for the development of the care plans. This re-education was completed on 10/10/18 by Melissa Picher, RN/RAI Coordinator Consultant and Wanda Swink, RN, DON. The RAC contacted the NC State RAI Coordinator, Mary Maas for additional re-education on CAAs completion on 10/10/18. Newly Hired care plan team members will receive education during their specific job orientation. The CAAs will be monitored by reviewing up to 3 CAAs per week for 4 weeks, then up to 4 CAAs monthly for 3 months and as needed thereafter. The nursing Administration will conduct the monitoring. Results from the monitoring will be discussed Monday thru Friday during QI morning meetings and any issues or trends will be discussed at the Quality Assurance meeting for further recommendations. The Administrator and DON are responsible for ongoing compliance of Tag F865.		