

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

PRINTED: 10/03/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345550</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/07/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK OF WAXHAW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 HOWIE MINE ROAD</b> <b>WAXHAW, NC 28173</b>		
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F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656		10/4/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/24/2018

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 656	<p>Continued From page 1</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, resident council meeting and record review the facility failed to implement the care planned interventions for 3 of 3 sampled residents (Resident's #4, #30, #35) to maintain ambulation and range of motion with Restorative Therapy. Findings included:</p> <p>1.a. Resident #4 was admitted to the facility on 10/08/2015 with a diagnosis that included Heart failure, hypertension, diabetes Mellus, hyperlipidemia, cerebrovascular accident, depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 03/20/2018 indicated Resident #4 was cognitively intact. Resident #4 required the supervision of one staff member with bed mobility. He required supervision and set up help for transfers, toilet use, and personal hygiene. Resident # 4 required limited assistance from one staff member for dressing, bathing, and walking in corridor. Further review revealed resident #4 had no impairment for range of motion. Resident #4's mobility devices used included a walker, and wheelchair.</p> <p>The yearly MDS assessment dated 06/05/18 indicated Resident #4 was cognitively intact. Resident #4 required the supervision of one staff member for bed mobility, and transfers. Further review revealed Resident #4 did not walk in the corridor. Resident #4's mobility device used during this MDS assessment included a wheelchair.</p> <p>A review of the active care plan originally created in 2016 and last updated in September 2018 had</p>	F 656	<p>White Oak of Waxhaw develops and implements comprehensive care plans for their residents. The lack of implementation of the intervention for restorative therapy was due to the restorative staff being re-assigned for resident care and the assigned staff not able to implement the program as care planned.</p> <p>Resident #4, #30, and #35 have been reassessed for the restorative programs to assure ambulation and range of motion is still appropriate. The residents will receive the restorative therapy as recommended by the nursing staff at the frequency needed. The residents' care plans will be updated to reflect the appropriate restorative programs by 10/4/18. Resident #4, #30 and #35 have not had a decline in their range of motion from previous assessment.</p> <p>An audit and reassessment will be completed for all other residents on restorative therapy, for appropriateness and frequency of the program by facility nursing staff by 9/28/18.</p> <p>The restorative staff will be re-educated on the importance of the delivery of restorative therapy by the Director of Nursing (DON) by 9/25/18.</p>		

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F 656	<p>Continued From page 2</p> <p>a focus area had a focus area for Resident #4 being at risk for decreased mobility due to muscle weakness. The goal was for the resident to be able to complete active range of motion every day six days per week for up to 20 minutes each through the next review. Interventions included restorative active range of motion program every day up to 20 minutes, 6 days per week due to muscle weakness. Resident #4 also had a focus area for decreased mobility. The goal was for the resident to be able to tolerate up to 150 ft ambulation program every day with a rolling walker and left foot orthoses brace six days per week until the next review on 12/04/18. Interventions included restorative ambulation program with rolling walker and left foot orthoses brace up to 150 ft every day for six days per week due to muscle weakness.</p> <p>An interview on 09/07/18 at 12:40pm with Nurse #1 revealed resident # 4 had an active care plan for restorative therapy. She stated she reviews the residents care plan which is printed by the restorative nursing supervisor and delivered to the resident's unit. She stated the restorative aides are often pulled to work on the resident halls.</p> <p>A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident #4 missed 17 days of restorative therapy out of the 61 days scheduled.</p> <p>An interview was conducted on 09/07/18 at 11:02 am with Resident #4. He stated when the restorative nurse aides are pulled to work on the resident halls he doesn't receive therapy. Resident #4 stated it had been a week since he received restorative therapy. He stated since being in the facility, physical therapy had helped him gain the ability ambulate. Resident #4 stated he needed help maintaining his ability to</p>	F 656	<p>The facility will train additional CNAs and licensed nurses on the delivery of the restorative program/therapy to assure the delivery of the restorative programs. This training will be completed by the DON and/or Physical Therapy department and completed by 10/4/18.</p> <p>Newly hired restorative and nursing staff will receive the education on delivery of the restorative program during their job specific orientation with the Staff Development Coordinator.</p> <p>The additionally trained nursing staff will deliver the restorative program in the absence of the restorative staff to assure the programs are being delivered. Active nursing staff recruitment and orientation being conducted weekly to fill nursing positions in order to lower or eliminate the frequency that the restorative staff are re-assigned.</p> <p>The DON/Assistant DON will monitor the implementation and documentation of the restorative program as care planned by auditing 3 residents on the program per week for 4 weeks, then 3 residents monthly for 3 months, and as needed thereafter.</p> <p>Results from the monitoring will be discussed Monday through Friday during the Quality Improvement (QI) morning meetings and any identified issues or trends will be further discussed at the Quality Assurance meeting with the team and recommendations made as indicated.</p>		

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F 656	<p>Continued From page 3 ambulate.</p> <p>1.b. Resident #30 was admitted to the facility on 08/08/17 with a diagnosis that included Coronary artery disease, hyperlipidemia, cerebrovascular accident, hemiplegia, and depression. The annual MDS assessment dated 07/04/18 indicated Resident #30 was cognitively intact. Resident #30 required extensive assistance of one staff member for bed mobility and transfers. He required limited assistance of one staff member for locomotion on the unit and walking in the corridor. Resident #30 did not walk in his room. Mobility devices used included a cane and wheelchair.</p> <p>A review of the Care Plan initiated on 03/15/18, had a focus area for Resident #30 being at risk for decreased mobility due to muscle weakness as related to hemiplegia. The goal was for Resident #30 to be able to tolerate restorative active range of motion daily 6 days per week up to 20 minutes through the next review dated of 10/03/18. Interventions included restorative active range of motion daily up to 20 minutes 6 days per week due to hemiplegia. Other interventions included restorative aids to offer praise, encouragement, and rest periods as needed. A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident # 30, missed 29 days of restorative therapy out of the 61 days scheduled. An interview on 09/07/18 at 10:47am with Resident # 30 revealed restorative therapy had walked with him using his cane in the hallway for the first time in a month. Resident #30 stated his mobility had declined due to being unable to walk with restorative therapy.</p> <p>1.c. Resident # 35 was admitted to the facility on</p>	F 656	The DON is responsible for ongoing compliance of F656.		

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F 656	<p>Continued From page 4</p> <p>05/22/17, with a diagnosis that included hypertension, hyperlipidemia, cerebrovascular accident, anxiety and depression.</p> <p>The quarterly MDS dated 7/10/18 indicated Resident #35 was cognitively intact. Resident #35 required extensive assistance of one staff member for bed mobility, transfers, dressing, toilet use, walking in the corridor and bathing. Resident #35 did not walk in his room. Further review revealed Resident #35 had range of motion limitations to his upper and lower extremities on one side. Mobility devices included cane/crutch, and a wheelchair.</p> <p>A review of the Care Plan initiated on 11/09/17, had a focus area for Resident #35 being at risk for decreased joint mobility due to muscle weakness as related to a diagnosis of hemiplegia. The goal for Resident #35 was to be able to tolerate up to 15 minutes at parallel bars with minimum assist and weight bearing through left upper extremity while reaching with right upper extremity daily 6 days per week through the next review date of 10/10/18. Interventions included restorative transfer program standing at parallel bar with minimum assist and weight bearing through left upper extremity while reaching with right upper extremity up to 15 minutes. Other interventions included the restorative aids to offer praise, encouragement and rest periods as needed.</p> <p>An interview on 09/07/18 at 12:47pm with Nurse #2 revealed resident #35 had an active care plan for restorative therapy per physician orders. She stated the restorative aides are often pulled to work on the resident halls.</p> <p>A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident # 35, missed 21 days of restorative therapy out of the 61 days scheduled.</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>An interview on 09/06/18 at 3:14pm with Resident #35 revealed resident received restorative therapy for the first time today in 3 weeks.</p> <p>1.d. A meeting with the facility resident council on 09/06/18 at 3:14 pm revealed resident concerns regarding restorative therapy services. Resident #4, #30, and #35 stated the restorative therapy nurse aides (NA) were often pulled to work on the hallways and the residents were not receiving restorative therapy.</p> <p>An interview on 09/07/18 at 10:15am with the Rehabilitation Manager confirmed Residents #4, #30, and #35 were to be receiving restorative therapy services. She stated the restorative therapy program is initiated by occupational therapy and physical therapy. She stated the facility therapist train the restorative nurse aides (NA's) on how to provide restorative services to each individual resident.</p> <p>An interview on 09/06/18 with the Restorative Nursing Supervisor revealed Resident's #4, #30, and #35 were currently receiving restorative care. The interview further revealed she had received complaints about residents not receiving restorative care. She stated the restorative therapy nurse aides are often pulled to work on the facility units as NA's due to short staffing in the facility.</p> <p>An interview on 09/07/18 at 10:35am with the facility MDS nurse revealed Resident # 4, #30, and #35 each had an active restorative therapy care plan.</p> <p>An interview on 09/07/18 at 10:46am with a Restorative Therapy NA revealed she had been pulled to work as a NA on the resident halls every day for the past 2 weeks. She stated she was unable to complete her restorative therapy task when pulled to work as a NA on the resident halls.</p>	F 656			

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F 656	Continued From page 6 An interview on 09/07/18 at 11:12am with the Director of Nursing revealed the expectation of the facility was for the resident to receive therapy as much as they can. She stated she needed to obtain more knowledge of the facilities restorative therapy program since she was newly hired. An interview on 09/07/18 at 12:56pm with the Administrator revealed the facility is having issues regarding staffing. She stated she is having orientations weekly to attempt to gain staff. She stated she had investigated further options regarding staffing recruitment.	F 656			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, resident council meeting and record review the facility failed to provide care planned restorative	F 688	White Oak of Waxhaw ensures that that a resident with limited range of motion receives appropriate treatment and	10/4/18	

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F 688	<p>Continued From page 7</p> <p>services for ambulation and range of motion for 3 of 3 residents (Resident ' s #4, #30, #35) due to restorative staff being pulled to cover for nurse aide staff.</p> <p>Findings included:</p> <p>1.a. Resident #4 was admitted to the facility on 10/08/2015 with a diagnosis that included Heart failure, hypertension, diabetes Mellus, hyperlipidemia, cerebrovascular accident, depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 03/20/2018 indicated Resident #4 was cognitively intact. Resident #4 required the supervision of one staff member with bed mobility. He required supervision and set up help for transfers, toilet use, and personal hygiene. Resident # 4 required limited assistance from one staff member for dressing, bathing, and walking in corridor. Further review revealed resident #4 had no impairment for range of motion. Resident #4 ' s mobility devices used included a walker, and wheelchair.</p> <p>The yearly MDS assessment dated 06/05/18 indicated Resident #4 was cognitively intact. Resident #4 required the supervision of one staff member for bed mobility, and transfers. Further review revealed Resident #4 did not walk in the corridor. Resident #4 ' s mobility device used during this MDS assessment included a wheelchair.</p> <p>A review of the active care plan originally created in 2016 and last updated in September 2018 had a focus area for Resident #4 being at risk for decreased mobility due to muscle weakness. The goal was for the resident to be able to complete active range of motion every day six days per week for up to 20 minutes each through the next review. Interventions included restorative active range of motion program every day up to 20</p>	F 688	<p>programs to maintain or increase range of motion and or prevent further decrease in range of motion. The lack of restorative therapy/program implementation was due to the restorative staff being re-assigned for resident care and the assigned staff not able to implement the program as care planned.</p> <p>Resident #4, #30, and #35 have been reassessed for the restorative programs to assure ambulation and range of motion is still appropriate. The residents will receive the restorative therapy as recommended by the nursing staff at the frequency needed. The residents' care plans will be updated to reflect the appropriate restorative programs by 10/4/18. Resident #4, #30 and #35 have not had a decline in their range of motion from previous assessment.</p> <p>An audit and reassessment will be completed for all other residents on restorative therapy, for appropriateness and frequency of the program by facility nursing staff by 9/28/18.</p> <p>The restorative staff will be re-educated on the importance of the delivery of restorative therapy by the Director of Nursing (DON) by 9/25/18.</p> <p>the facility will train additional CNAs and licensed nurses on the delivery of the restorative program/therapy to assure the delivery of the restorative programs. This training will be completed by the DON and/or Physical Therapy department and</p>		



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F 688	<p>Continued From page 8</p> <p>minutes, 6 days per week due to muscle weakness. Resident #4 also had a focus area for decreased mobility. The goal was for the resident to be able to tolerate up to 150 ft ambulation program every day with a rolling walker and left foot orthoses brace six days per week until the next review on 12/04/18. Interventions included restorative ambulation program with rolling walker and left foot orthoses brace up to 150 ft every day for six days per week due to muscle weakness. An interview on 09/07/18 at 12:40pm with Nurse #1 revealed resident # 4 had an active care plan for restorative therapy. She stated she reviews the residents care plan which is printed by the restorative nursing supervisor and delivered to the resident ' s unit. She stated the restorative aides are often pulled to work on the resident halls.</p> <p>A review of the Occupational Therapy and Physical Therapy discharge summary revealed Resident #4 was discharged from physical therapy services on 06/28/18. Review revealed Resident #4 had discharge instructions to remain in long term care with restorative therapy to maintain ambulation and strength.</p> <p>A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident #4 missed 17 days of restorative therapy out of the 61 days scheduled.</p> <p>An interview was conducted on 09/07/18 at 11:02 am with Resident #4. He stated when the restorative nurse aides are pulled to work on the resident halls he doesn ' t receive therapy. Resident #4 stated it had been a week since he received restorative therapy. He stated since being in the facility, physical therapy had helped him gain the ability to ambulate. Resident #4 stated he needed help maintaining his ability to ambulate.</p>	F 688	<p>completed by 10/4/18.</p> <p>Newly hired restorative and nursing staff will receive the education on delivery of the restorative program during their job specific orientation with the Staff Development Coordinator.</p> <p>The additionally trained nursing staff will deliver the restorative program in the absence of the restorative staff to assure the programs are being delivered. Active nursing staff recruitment and orientation being conducted weekly to fill nursing positions in order to lower or eliminate the frequency that the restorative staff are re-assigned.</p> <p>The DON/Assistant DON will monitor the implementation and documentation of the restorative program as care planned by auditing 3 residents on the program per week for 4 weeks, the 3 residents monthly for 3 months and as needed thereafter.</p> <p>Results from the monitoring will be discussed Monday through Friday during the Quality Improvement (QI) morning meetings and any identified issues or trends will be further discussed at the Quality Assurance meeting with the team and recommendations made as indicated.</p> <p>The DON is responsible for ongoing compliance of F688.</p>		

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F 688	<p>Continued From page 9</p> <p>1.b. Resident #30 was admitted to the facility on 08/08/17 with a diagnosis that included Coronary artery disease, hyperlipidemia, cerebrovascular accident, hemiplegia, and depression. The annual MDS assessment dated 07/04/18 indicated Resident #30 was cognitively intact. Resident #30 required extensive assistance of one staff member for bed mobility and transfers. He required limited assistance of one staff member for locomotion on the unit and walking in the corridor. Resident #30 did not walk in his room. Mobility devices used included a cane and wheelchair.</p> <p>A review of the Care Plan initiated on 03/15/18, had a focus area for Resident #30 being at risk for decreased mobility due to muscle weakness as related to hemiplegia. The goal was for Resident #30 to be able to tolerate restorative active range of motion daily 6 days per week up to 20 minutes through the next review dated of 10/03/18. Interventions included restorative active range of motion daily up to 20 minutes 6 days per week due to hemiplegia. Other interventions included restorative aids to offer praise, encouragement, and rest periods as needed. Resident # 30 was discharged from occupational therapy services on 07/31/18. Resident #30 had discharge instructions to return to restorative services. Resident #30 was discharged from physical therapy services on 8/30/18. Resident #30 had discharge instructions to participate in restorative therapy to maintain ambulation and mobility for transfers.</p> <p>A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident # 30, missed 29 days of restorative therapy out of the 61 days scheduled.</p> <p>An interview on 09/07/18 at 10:47am with Resident # 30 revealed restorative therapy had</p>	F 688			

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F 688	<p>Continued From page 10</p> <p>walked with him using his cane in the hallway for the first time in a month. Resident #30 stated his mobility had declined due to being unable to walk with restorative therapy.</p> <p>1.c. Resident # 35 was admitted to the facility on 05/22/17, with a diagnosis that included hypertension, hyperlipidemia, cerebrovascular accident, anxiety and depression.</p> <p>The quarterly MDS dated 7/10/18 indicated Resident #35 was cognitively intact. Resident #35 required extensive assistance of one staff member for bed mobility, transfers, dressing, toilet use, walking in the corridor and bathing. Resident #35 did not walk in his room. Further review revealed Resident #35 had range of motion limitations to his upper and lower extremities on one side. Mobility devices included cane/crutch, and a wheelchair.</p> <p>A review of the Care Plan initiated on 11/09/17, had a focus area for Resident #35 being at risk for decreased joint mobility due to muscle weakness as related to a diagnosis of hemiplegia. The goal for Resident #35 was to be able to tolerate up to 15 minutes at parallel bars with minimum assist and weight bearing through left upper extremity while reaching with right upper extremity daily 6 days per week through the next review date of 10/10/18. Interventions included restorative transfer program standing at parallel bar with minimum assist and weight bearing through left upper extremity while reaching with right upper extremity up to 15 minutes. Other interventions included the restorative aids to offer praise, encouragement and rest periods as needed.</p> <p>An interview on 09/07/18 at 12:47pm with Nurse #2 revealed resident #35 had an active care plan for restorative therapy per physician orders. She stated the restorative aides are often pulled to</p>	F 688			

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F 688	<p>Continued From page 11</p> <p>work on the resident halls.</p> <p>A review of the restorative therapy logs for the dates of 07/06/18 through 09/05/18, revealed Resident # 35, missed 21 days of restorative therapy out of the 61 days scheduled.</p> <p>Resident #35 was discharged from occupational services on 11/15/17. Resident #35 had discharge instructions to continue receiving restorative therapy. Resident #35 was discharged from physical therapy services on 07/16/18.</p> <p>Resident #35 had discharge instructions to remain in current skilled nursing facility and transfer to the restorative therapy program.</p> <p>An interview on 09/06/18 at 3:14pm with Resident #35 revealed resident received restorative therapy for the first time today in 3 weeks.</p> <p>1.d. A meeting with the facility resident council on 09/06/18 at 3:14 pm revealed resident concerns regarding restorative therapy services. Resident #4, #30, and #35 stated the restorative therapy nurse aides (NA) were often pulled to work on the hallways and the residents were not receiving restorative therapy.</p> <p>An interview on 09/06/18 with the Restorative Nursing Supervisor revealed Resident ' s #4, #30, and #35 were currently receiving restorative care. The interview further revealed she had received complaints about residents not receiving restorative care. She stated the restorative therapy nurse aides are often pulled to work on the facility units as NA ' s due to short staffing in the facility.</p> <p>An interview on 09/07/18 at 10:15am with the Rehabilitation Manager confirmed Residents #4, #30, and #35 were to be receiving restorative therapy services. She stated the restorative therapy program is initiated by occupational therapy and physical therapy. She stated the facility therapist train the restorative nurse aides</p>	F 688			

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F 688	Continued From page 12 (NA ' s) on how to provide restorative services to each individual resident. An interview on 09/07/18 at 10:35am with the facility MDS nurse revealed Resident # 4, #30, and #35 each had an active restorative therapy care plan. An interview on 09/07/18 at 10:46am with a Restorative Therapy NA revealed she had been pulled to work as a NA on the resident halls every day for the past 2 weeks. She stated she was unable to complete her restorative therapy task when pulled to work as a NA on the resident halls. An interview on 09/07/18 at 11:12am with the Director of Nursing revealed the expectation of the facility was for the resident to receive therapy as much as they can. She stated she needed to obtain more knowledge of the facilities restorative therapy program since she was newly hired. An interview on 09/07/18 at 12:56pm with the Administrator revealed the facility is having issues regarding staffing. She stated she is having orientations weekly to attempt to gain staff. She stated she had investigated further options regarding staffing recruitment.	F 688			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §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	F 725		10/4/18	

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F 725	<p>Continued From page 13 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:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, and record review, the facility failed to provide sufficient staff to provide care planned restorative services for ambulation and range of motion for 3 of 3 residents (Resident #4, Resident #30, Resident #35) due to restorative staff being pulled to cover for nurse aide staff.</p> <p>Findings included:</p> <p>This citation was cross-referenced to:</p> <p>F688- Based on resident interview, staff interview, resident council meeting and record review the facility failed to provide care planned restorative services for ambulation and range of motion for 3 of 3 residents (Resident ' s #4, #30, #35) due to restorative staff being pulled to cover for nurse aide staff.</p>	F 725	<p>White Oak of Waxhaw will provide sufficient nursing staff to ensure care planned restorative services/programs for ambulation and range of motion are delivered to residents on restorative programs. The lack of the restorative staff being re-assigned for resident care and the assigned staff not able to implement the program as care planned. Staff turnover has also been a factor in the restorative staff being re-assigned as a result of staff pursuing other employment opportunities, and the competition in the area to gain new employees.</p> <p>An increase of the nurse assistants' wage scale across current staff and new hires has been approved and implemented to assist with recruitment and retention on 9/14/18.</p>		

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F 725	Continued From page 14	F 725	<p>Adjustments are being made with nursing staffs' schedule in order to have a flexible scheduling system or permanent assigned days.</p> <p>Employee engagement committees with staff appreciation events are being held monthly to assist with retention.</p> <p>Resident #4, #30, and #35 have been reassessed for the restorative programs to assure ambulation and range of motion is still appropriate. The residents will receive the restorative therapy as recommended by the nursing staff at the frequency needed. The residents' care plans will be updated to reflect the appropriate restorative programs by 10/4/18. Resident #4, #30 and #35 have not had a decline in their range of motion from previous assessment.</p> <p>An audit and reassessment will be completed for all other residents on restorative therapy, for appropriateness and frequency of the program by facility nursing staff by 9/28/18.</p> <p>The restorative staff will be re-educated on the importance of the delivery of restorative therapy by the Director of Nursing (DON) by 9/25/18.</p> <p>The facility will train additional CNAs and licensed nurses on the delivery of the restorative program/therapy to assure the delivery of the restorative programs. This training will be completed by the DON and/or Physical Therapy department and</p>		

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F 725	Continued From page 15	F 725	<p>completed by 10/4/18.</p> <p>Newly hired restorative and nursing staff will receive the education on delivery of the restorative program during their job specific orientation with the Staff Development Coordinator.</p> <p>The additionally trained nursing staff will deliver the restorative program in the absence of the restorative staff to assure the programs are being delivered. Active nursing staff recruitment and orientation being conducted weekly to fill nursing positions in order to lower or eliminate the frequency that the restorative staff are re-assigned.</p> <p>The DON/Assistant DON will monitor the implementation and documentation of the restorative program as care planned by auditing 3 residents on the program per week for 4 weeks, then 3 residents monthly for 3 months, and as needed thereafter.</p> <p>Staffing secretary will report during morning Monday through Friday Quality Improvement meetings on the number of staff for each day and the number of staff currently in orientation.</p> <p>Results from the monitoring will be discussed Monday through Friday during the Quality Improvement (QI) morning meetings and any identified issues or trends will be further discussed at the Quality Assurance meeting with the team and recommendations made as indicated.</p>		



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F 725	Continued From page 16	F 725			
F 812 SS=D	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard expired nutritional supplements in 1 of 4 medication storage rooms (300 Hall).</p> <p>Findings included:  An observation, on 09/07/18 at 08:30 AM, was conducted of the medication storage room on the Maple Terrace (300 Hall). There were 15 out of 15 unopened cans of the Osmolite (1.5 High</p>	F 812	<p>The DON is responsible for ongoing compliance of F725.</p> <p>White Oak of Waxhaw ensures that food is safely procured, stored and prepared in the facility. The expired nutritional supplement (Osmolite) was left in the medication room due to the central supply staff member not having access to the medication rooms and the nursing staff was not consistently monitoring for expired dates on the nutritional supplements that were being stored in the medication room.</p>	10/4/18	

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F 812	<p>Continued From page 17</p> <p>Protein, High Calorie, 8 fluid ounce) nutritional supplement found in the cabinet of the 300 Hall medication storage room with an expiration date of February 2018.</p> <p>An interview was conducted with Nurse #3 on 09/07/18 at 08:30 AM. She stated that none of the residents on the 300 Hall had received any Osmolite. She had no knowledge of those cans being stored in the medication storage room. She revealed that her expectation, regarding expired nutritional supplements, was to discard the supplements immediately.</p> <p>An interview with the Director of Nursing (DON) was conducted on 09/07/18 at 12:00 PM. She indicated that the consultant pharmacist performed routine monthly audits of the medication storage rooms and medication carts. The DON revealed that the expectation was that the pharmacist reported any expired nutritional supplements and medications to the nurses. She further revealed that the expectation of the nurses on each hall was to check the medication storage rooms on a weekly basis and discard any expired nutritional supplements and medications immediately.</p>	F 812	<p>The identified Osmolite was immediately discarded when brought to the facility's attention during survey.</p> <p>Nutritional Supplements such as Osmolite are no longer stored in the medication rooms. The nutritional supplements will be stored in central supply where it can be consistently monitored for expiration by the central supply staff. All licensed nurses have access to the central supply closet, and can obtain needed nutritional supplements for residents at any time.</p> <p>The current central supply staff and licensed nurses will be trained on the new process of the storage of the nutritional supplements by 9/28/18 by the Administrator.</p> <p>Newly hired central supply staff and licensed nurses will receive the training of the new process during their job specific orientation with the Staff Development Coordinator.</p> <p>The Administrator will monitor the nutritional supplements including Osmolite for expiration dates weekly for 4 weeks and monthly for 3 months, then as needed thereafter.</p> <p>results from the monitoring will be discussed Monday through Friday during the Quality Improvement (QI) morning meetings and any identified issues or trends will be further discussed at the Quality Assurance meeting with the team</p>		

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F 812	Continued From page 18	F 812	and recommendations made as indicated.  The Administrator is responsible for ongoing compliance of F812.		