STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345009	A. BUILDING _____ B. WING _____	C 09/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT WHITAKER GLEN-MAYVIEW	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 complaint investigation survey on 9/19/18. Event ID #ICRX11.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally	F 585		10/16/18

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

Electronically Signed | 10/01/2018

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F 585	Continued From page 1	F 585		

(meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions include the date the grievance was received, a

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F 585	Continued From page 2 summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on facility record review, hospital record review and staff interviews, the facility failed to implement their grievance policy related to a concern voiced about a staff member being rough to a resident for 1 of 1 sampled residents reviewed for grievances (Resident #1). The findings included: Resident #1 was admitted to the facility on 8/17/18 with diagnosis including End Stage Renal Disease, Coronary Artery Disease, Diabetes and Dementia. Review of the 5 day Minimum Data Set Assessment dated 8/24/18 identified Resident #1 as severely cognitively impaired. He was	F 585	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law in order to remove the deficiency. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.	

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F 585	Continued From page 3 inattentive and had disorganized thinking that was present but fluctuating. He did not reject care. He had adequate hearing, clear speech and understood others and was able to clearly make self-understood. Review of the Situation, Background, Assessment and Request (SBAR) Communication Form dated 8/27/18 documented Resident #1 complained of nausea and vomiting, a headache and stomach pain. The physician's assistant and responsible party were notified, and he was sent to the emergency room. Review of the emergency room note dated 8/27/18 documented a family member had stated the patient had reported complaints of a nursing assistant at the skilled nursing facility and her concerns had been communicated with the facility Social Worker. The discharge diagnosis was Chronic Vomiting. During an interview with Nurse #1 on 9/18/18 at 11:23 AM she stated during report she was informed that Resident #1 had been complaining of nausea and vomiting on the evening shift of 8/26/18. She stated the resident had no bruising or swelling that she observed. During an interview with the Physician's Assistant on 9/18/18 at 11:47 AM she stated she saw the resident on 8/21/18 and he was able to communicate. She stated he had minimal pain and was receiving pain medication. He had no signs or symptoms of bruising when she saw him and did not communicate that there were any problems with staff. During an interview with Nurse #2 on 9/18/18 at	F 585	PROCESS THAT LEAD TO THE DEFICIENCY The process that led to the deficiency was The lack of communication of the Grievance By the Nurse Navigator to the Administrator. The 2567 indicated the interview was with The Social Worker, however, it actually was Nurse Navigator. PROCESS FOR IMPLEMENTING A PLAN OF CORRECTION FOR SPECIFIC DEFICIENCY The DHS immediately reported the allegation And completed the investigation which Concluded no abuse. Immediate Facility wide In-Service on reporting Abuse as well as Recognizing Abuse and Neglect As well as Facility wide In-Service on Grievance Reporting and follow-up. MONITORING TO ENSURE EFFECTIVENESS OF POC The Administrator will monitor the In-Services To ensure all staff knows and understands	

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F 585	Continued From page 4 12:30 PM she stated when she arrived to work on 8/27/18 the resident was complaining of nausea and vomiting. She stated the resident refused any further medications for nausea and wanted to go to the emergency department. She stated the Physician was notified and the responsible party. The resident did not have any change in mood or behavior and just complained of a headache, stomach pain and nausea. She stated he had no bruising on his body or swelling when the Emergency Medical Technician's arrived to transport him. She stated the resident was alert and oriented, although confused at times, could communicate and never mentioned that any staff person had mistreated him. During an interview with Social Worker (SW) #2 on 9/18/18 at 12:54 PM she stated she did speak with the family member (responsible party) several times and on one occasion, after Resident #1's discharge, the family member stated that Resident #1 stated that at night time the aide was rough. The SW stated the family member never said the word abuse. The family member stated if the resident returned to the facility from the hospital the resident did not want to have the nursing assistant working with her husband. The SW told the family member that was easy enough and if the resident returned to the facility the assignment could be changed to avoid having the named nursing assistant assigned to Resident #1. The SW stated she never reported this to anyone because the family member never mentioned the word abuse, and just stated the nursing assistant was rough with her husband. The SW did not define what the family member meant by "rough." The SW stated there was never any investigation and the nursing assistant was not put on leave. She stated she	F 585	the Process for reporting. Grievances will be reviewed by the Quality Assurance Committee monthly for compliance. TITLE OF THE PERSON RESPONSIBLE FOR IMPLEMENTING THE POC The Administrator is responsible for Implementing this plan of correction 10/16/18	

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did not make any notes related to the phone call from the family member.

Nursing Assistant #1 was interviewed on 9/19/18 at 9:54 AM and he stated he did work with Resident #1 the night of 8/26/18 before the resident went to the hospital. He stated the resident was very nauseated and had an episode of vomiting and he changed the resident's clothing. He stated at no time was he ever rough with the resident. He stated the resident stayed in bed all night and he had intravenous fluids running and the nurse checked frequently on him.

During an interview with the Director of Nursing on 9/18/18 at 1:05 PM she stated anytime a concern is voiced we have a grievance process, including concerns that a staff person was rough, and this needed to be reported immediately so it could have been investigated. She stated she did not investigate the matter because she never heard about the issue but would initiate an investigation immediately.

The Administrator was unavailable during the two days of the investigation.