STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345238	A. BUILDING _____ B. WING _____	C 09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - CHARLOTTE	4009 CRAIG AVENUE CHARLOTTE, NC 28211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments A recertification and complaint survey was conducted on 09/8/19 - 09/12/19. The facility is in compliance with the requirements of CFR 483.73, Emergency Preparedness. Event ID: NAWB11	E 000		
F 000	INITIAL COMMENTS A recertification survey and complaint investigation survey was completed on 09/08/19 through 09/12/19. There were fifteen allegations investigated and none of them were substantiated. Event ID# NAWB11.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews, the facility failed to place a resident's specialty call light within reach to allow the resident to request staff assistance when needed for 1 of 3 residents reviewed for accommodation of needs (Resident #133). The findings included: Resident #133 was admitted to the facility on 4/18/19 with diagnoses including hemiplegia following cerebral infarction affecting left nondominant side, hemiplegia following cerebral infarction affecting right dominant side, dysarthria following cerebral infarction and dysphasia,	F 558	White Oak of Charlotte provides services in the facility with reasonable accommodation of resident's needs and preferences as requested. * Resident #133 call light is placed by their elbow per their request. This is communicated to the staff by the care guide completed on 10\3\19. * Other residents who have special requests for call light placement have been reviewed and their Care Guide updated to communicate this to the staff, so their preferences are honored.	10/10/19

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

Electronically Signed | 10/01/2019

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F 558	Continued From page 1 oropharyngeal phase. Resident #133's last quarterly Minimum Data Set (MDS) assessment, completed on 8/23/19, revealed the resident was alert and oriented and cognitively intact. The MDS indicated impairment on both sides of her upper extremities. Resident #133 required extensive assistance with bed mobility and 2 plus people for transfers, extensive assistance with dressing and personal hygiene, and total dependence on toileting and bathing. Resident #133's care plan, reviewed with the last quarterly MDS, revealed the following categories, goals and interventions: Resident #133 was at risk for falls, fall with injury and possible fractures related to her impaired mobility, hemiplegia, decreased vision and incontinence. The care category goal - Resident #133 will be free of any falls and not experience any injuries related to falls. An intervention for the care goal revealed staff was to remind Resident #133 to use the call light; always keep in her reach. Resident #133's call light needed to be positioned near her elbow or forearm so she may tap the pancake call light to activate call bell. Another category indicated Resident #133 required staff assistance for all activities of daily living related to hemiplegia, contractures, communication, incontinence, and decreased vision. The care category goal - Resident #133 would be able to participate in part of activities of daily living. An intervention for the care goal revealed Resident #133's call light needed to be positioned near her left elbow or forearm so she may tap the pancake call light to activate the call bell. An observation on 9/8/19 at 12:47 PM, Resident #133 was in bed with the pancake call light	F 558	Completed prior to 10/10/19. * The nursing staff (ie nurses & CNAs) received education on following resident preferences for call light placement including Resident #133. The education was provided by the SDC (Staff Development Coordinator) and completed prior to 10/10/2019. Newly hired nursing staff receive this education during their job specific orientation with the SDC. * Facility rounds by the nurse managers (DON, ADON, SDC, Unit Coordinators) and Unit nurses to monitor starting 10\3\19. Call light placement per resident request 5 days per week for 1 week, then 3 times per week for 3 weeks, then weekly for 4 weeks and periodically thereafter to assure compliance to F 558. * The RAC (Resident Assessment Coordinator) will update care plans and care guide to reflect residents call light preferences as changes occur or at a minimum of quarterly. * The SSD (Social Service Director) will attend resident council starting 10/7/19 beginning and ask if call lights and preferences are honored. This will occur monthly for 3 months and as needed thereafter. * Identified issues as concerns are addressed during morning QI (Quality Improvement) meetings beginning 10\1\19 weekly for 4 weeks and then monthly for 3 months with the QI Committee making	

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F 558	Continued From page 2 placed in the upper right corner of the bed and the resident was unable to reach the call light. The resident specified she was unable to reach her call light at this time. An observation on 9/9/19 at 10:08 AM, Resident #133 was in bed with the pancake call light placed on the upper right corner of her mattress and not within the resident's reach. Resident #133 reported she used her right elbow to activate the call light, but was unable to do so when the call light was positioned too high up on the upper right side of the mattress. An observation on 9/10/19 at 4:10 PM, Resident #133 was in bed with the head of the bed up and the pancake call light not within reach of the resident. During an interview with Nurse #1, he confirmed the call light was not within reach of the resident. Nurse #1 moved the call light from the upper right corner of the mattress, clipped it to the blanket lying across the resident's abdomen and placed it near Resident 133's right hand. Resident #133 was not able to activate the call light in this position. Next, Nurse #1 clipped the call light to the sheet and placed it near Resident #133's right elbow and she was able to activate the call light. An observation on 9/11/19 at 10:48 AM, Resident #133 was sitting in the geriatric chair wearing bilateral splints to her upper extremities and the pancake call light was placed on the bed and not within the resident's reach. An interview was conducted on 9/11/19 at 10:55 AM with Resident #133's assigned nurse aide and nurse for the day shift (7:00 AM - 3:00 PM). NA #1 reported she transferred Resident #133 to	F 558	recommendations as indicated. * The DON is responsible for ongoing compliance to F 558.	

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F 558	Continued From page 3 the geriatric chair and the restorative nurse aide was in the resident's room when she left. NA #1 and Nurse #2 observed Resident #133 in the geriatric chair at this time and both stated the call light was not within reach of the resident. The call light was placed on the right side of the resident's bed. On 9/11/19 at 11:51 AM, an interview was conducted with the restorative nurse aide, NA #2, who regularly provided restorative care for Resident #133. NA #2 stated the resident was totally dependent on staff for her care and used a special call light to request staff assistance. NA #2 explained the resident's hands were contracted so she used her right elbow to activate the call light. NA #2 reported she placed bilateral splints to Resident #133's upper extremities while she was in the geriatric chair but failed to place the call light within reach of the resident. NA #2 reported the call light should be placed near Resident #133's elbow for her to activate the call light. On 9/11/19 at 3:43 PM, during an interview with the Director of Nursing, she stated staff should have made sure the call light always was within reach of Resident #133. On 9/11/19 at 3:45 PM, an interview was conducted with the Administrator. She stated all residents, including Resident #133, should always have their call light accessible.	F 558		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.	F 695		10/10/19

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F 695	Continued From page 4 The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interview, and record review, the facility failed to provide oxygen therapy per physician order for 1 of 4 residents reviewed for respiratory care (Resident #24). Findings included: Resident #24 readmitted to the facility on 5/16/2019. His diagnoses included Alzheimer's disease, respiratory failure, and anxiety. Resident #24's quarterly Minimum Data Set (MDS) dated 7/1/2019 revealed intact cognition. Resident #24 was coded as receiving oxygen therapy. Review of Resident #24's plan of care dated 8/16/2019 revealed an oxygen therapy care plan in place. The plan of care was inclusive of Resident #24 to wear oxygen as ordered. Review of the September 2019 physicians' orders revealed the following: Bipap (Bilevel Positive Airway Pressure-non-invasive ventilation used as a method of breathing support administered through a face mask or nasal mask with added oxygen) set at 32% and 3 L (liters) oxygen (O2) bleed in with	F 695	White Oak of Charlotte provides oxygen therapy per physician orders. * Resident #24 receives Oxygen Therapy per physician orders, at 1L/m during the day and 3L/m at night, bled into their BiPap. * Resident #24 is reminded to not change oxygen settings, but to ask nurse if changes are to be made. Resident #24 physician has changed the oxygen order to titrate oxygen during the day and then discontinue daytime oxygen. * Other residents receiving oxygen therapy will receive correct liters per physicians orders. * On 10\2\19 The facility placed a red arrow to mark the number of liters a resident is ordered by the physician to give a visual clue for the nursing staff. * The licensed nurse will receive education on providing oxygen therapy to residents per physician orders. This education was provided by the SDC and completed prior to 10/10/19. Newly hired nurses receive this education during	

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F 695	Continued From page 5 humidifier- O2 to bleed in at 3 L continuous, include mask and tubing at night. O2 1 L continuous via nasal cannula- when bipap not in use. An observation was completed on 9/8/2019 at 8:42 AM of Resident #24 in his room. Resident #24 was observed in bed with his bipap mask in place covering his mouth and nose. The in-room oxygen concentrator was observed to be sat at 2 liters. The clear tubing from the in-room oxygen concentrator was not connected to the bipap machine. Resident #24 verbalized and was observed to not be in distress. An observation was completed on 9/10/2019 at 9:51 AM of Resident #24 in his room. Resident #24 was observed in bed with his nasal cannula in his nares. The in-room oxygen concentrator was observed to be set at 3 liters. Resident #24 verbalized and was observed to not be in distress. An interview was completed on 9/10/2019 at 10:31 AM with Nurse Aide (NA) #3. NA #3 stated she normally worked with Resident #24. She explained Resident #24 wore his oxygen without removing his nasal cannula. NA #3 stated Resident #24 did not manipulate his oxygen settings. NA #3 was not aware of what Resident #24's in-room oxygen concentrator should be set on. An interview was completed on 9/10/2019 at 10:39 AM with Nurse #3. Nurse #3 verbalized Resident #24 was supposed to be on 1 liter of oxygen continuously via nasal cannula. She stated Resident #24's oxygen saturation (O2	F 695	orientation. * The nurses will observe the oxygen level, for residents on oxygen, during their medication delivery daily to assure compliance. * Starting 10/1/19 the nursing administration (DON, ADON, SDC) and the unit coordinators to check oxygen levels for compliance weekly for 3 weeks and randomly thereafter to assure ongoing compliance to F 695. * Starting 10\1\19, any identified concerns or trends are discussed during the morning QI meeting weekly for 3 weeks and monthly x2 months with the committee making recommendations as needed. * The DON is responsible for ongoing compliance to F 695.	

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F 695	Continued From page 6	F 695		

sats- measurement of oxygen in the blood) ran between 90% to 100% on continuous oxygen therapy. She further stated Resident #24 used his bipap machine at night with his in-room oxygen concentrator connected to the bipap machine and set at 3 liters. Nurse #3 verbalized the in-room oxygen concentrator should have been set at 1 liter when Resident #24 was taken off his bipap machine. She further verbalized Resident #24 was compliant with wearing his bipap at night and his oxygen throughout the day. She was not aware of Resident #24 manipulating his oxygen settings. Nurse #3 communicated she would place the in-room oxygen concentrator on the ordered setting.

An observation was completed on 9/11/2019 at 2:44 PM of Resident #24 in his room chair with his nasal cannula in his nares. The in-room concentrator was observed to be turned off. Resident #24 verbalized and was observed to not be in distress.

An interview and observation was completed with NA #4 on 9/11/2019 at 2:49 PM. NA #4 verbalized Resident #24's in-room oxygen concentrator was working properly. She stated he had long tubing because he liked to move around the room. She further explained if his in-room oxygen concentrator was not working properly she would inform the nurse. NA #4 was not aware the in-room oxygen concentrator was turned off or what the in-room oxygen concentrator should be set on when operating. Resident #24 verbalized and was observed to not be in distress.

An interview and observation was completed with Nurse #4 on 9/11/2019 at 2:51 PM. Nurse #4

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F 695	Continued From page 7 stated she last checked Resident #24's O2 sats and in-room oxygen concentrator at 1:00 PM. She explained the in-room oxygen concentrator was working properly at that time. She further explained Resident #24 was unable to move around his room independently and could not turn off the in-room oxygen concentrator. Nurse #4 could not explain why the in-room concentrator was turned off. Nurse #4 communicated she would place the in-room oxygen concentrator on the ordered setting. Resident #24 verbalized and was observed to not be in distress. An interview was completed with the Director of Nursing (DON) on 9/11/2019 at 3:47 PM. The DON explained the nurses should check their medication administration record (MAR) every shift for the ordered number of liters of oxygen to be applied. The DON continued to explain the nurses should verify the correct settings were in place on the equipment and the equipment was operable.	F 695		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation of breakfast meal delivery, a breakfast meal test tray, 3 of 14 sampled	F 804	White Oak of Charlotte provides food and drink that is palatable, attractive, and at a	10/10/19

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F 804	Continued From page 8 resident interviews (Residents #50, #72 and #91) regarding food palatability, 10 resident interviews during a resident council meeting (Residents #5, #15, #29, #32, #48, #51, #76, #81, # 92 and #135), staff interviews and record review, the facility failed to provide palatable food (eggs, bacon and toast) at resident preferred temperatures during an observed breakfast meal. The findings included: 1. Review of Resident #50's quarterly Minimum Data Set (MDS) dated 07/12/19 revealed an assessment of intact cognition. Interview with Resident #50 on 09/08/19 at 8:36 AM revealed receipt of cold food when delivered to the room. Resident #50 reported arrival of cold food occurred frequently. 2. Review of Resident #72's quarterly MDS dated 07/17/19 revealed an assessment of moderately impaired cognition. Interview with Resident #72 on 09/09/19 at 9:08 AM revealed eggs and toast frequently arrived cold when delivered for breakfast in the room. 3. Review of Resident #91's annual MDS dated 07/17/19 revealed an assessment of intact cognition. Interview with Resident #91 on 09/09/19 at 11:45 AM revealed receipt of cold food frequently occurred. 4. During a resident council meeting on 09/10/19 at 11:24 AM, interviews with Residents #5, #15, #29, #32, #48, #51, #76, #81, # 92 and #135	F 804	safe and appetizing temperature. *Residents #50, #72, &#91 will receive their breakfast at a safe, attractive, palatable and appetizing temperature. *Other residents including those who attended resident council during the survey will receive their meals at a desirable temperature. * Dietary staff were provided education on providing food and drink to residents in a palatable, attractive, safe and appetizing temperature. This training reviewed the process of plating the food, placing the trays in a cart and transporting to the units for nursing to distribute to the residents in a timely and efficient manner. This education was provided by the Corporate RD, (Registered Dietician) facility RD and/or the facility CDM (Certified Dietary Manager). The education will be provided prior to 10/10/2019. Newly hired dietary staff will receive this training during their job specific orientation by the Facility RD or CDM. * Nursing staff were provided education on assuring meal trays are distributed timely and if the food on the tray is not at the resident's desirable temperature the staff will offer to reheat or get a substitute food item. * The Cambro Meal Delivery system with insulated bases and lids has been ordered to help assure the meal temperatures stay warm till meal trays are	

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F 804	Continued From page 9 revealed food items did not arrive warm when served in resident rooms. 5. Interview with the Dietary Services Manager (DSM) on 09/11/19 at 7:58 AM revealed the eighth and final meal cart scheduled to be transported was South Cart #2 at 8:10 AM. Review of the temperature log revealed scrambled eggs measured above 155 degrees Fahrenheit. The DSM reported temperatures were measured at the beginning of meal service at 7:00 AM. Observation revealed Dietary Aide #1 placed covered, plated breakfast meals into South Cart #2 from 8:30 AM to 8:46 AM on 09/11/19. Observation on 09/11/19 at 8:46 AM revealed Dietary Aide #2 transported South Cart #2 from the kitchen. South Cart #2 arrived on the nursing unit at 8:47 AM on 09/11/19. Observation on 09/11/19 at 8:57 AM revealed all residents on the South unit received the breakfast meal. Taste of a test tray at 8:58 AM on 09/11/19 with the DSM revealed cold toast, room temperature scrambled eggs and cold bacon. Butter did not melt on the toast. Grits, served in a separate, lidded bowl, were warm. Interview with the DSM on 09/11/19 at 9:00 AM revealed toast was difficult to keep warm. The DSM agreed the toast was cold and thought the eggs and bacon were palatable. The DSM reported he was not aware of any concerns regarding food palatability related to food temperatures. The DSM explained the facility	F 804	delivered. * Starting 10\3\19, The facility RD, SSD (Social Service Director)or the Activity Director will interview Residents #50,72,91 along with 3 additional residents, one from each unit, weekly for 4 weeks to assure food on their meal trays are delivered at the desirable temperature. Then this will be a topic of discussion monthly during the Resident council meetings starting 10\7\19 for the next 3 months and then periodically thereafter to assure ongoing compliance for F 804. The SSD, Activity Director and/or the facility RD will attend the resident council to address any issues. * Identified concerns or issues during the interviews or test trays are discussed with the QI (Quality Improvement) committee during the morning meeting starting 10\1\19 weekly for 4 weeks, the monthly for 3 months to ensure ongoing compliance to F 804, and to make recommendations for system changes as indicated. * The facility RD and CDM are responsible for compliance to F 804.	

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F 804	Continued From page 10 planned to order a different type of plate cover. Interview with the Registered Dietician (RD) on 09/11/19 at 9:05 AM revealed she was not aware of any food concerns. The RD explained the top plate cover's vent cooled the meal and new plate covers would be ordered. Interview with the Administrator on 09/11/19 at 9:41 AM revealed residents should receive food warm. The Administrator reported the facility planned to acquire new plate covers when the facility's fiscal year began next month.	F 804		