

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

PRINTED: 08/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE OAKS AT WHITAKER GLEN-MAYVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>513 EAST WHITAKER MILL ROAD</b> <b>RALEIGH, NC 27608</b>		
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F 000	INITIAL COMMENTS	F 000			
F 564 SS=F	<p>A Complaint Investigation survey was conducted from 06/30/21 through 07/02/21. The survey team was onsite 6/30/21. Therefore, the exit date was 07/02/21. 2 of the 6 complaint allegations were substantiated resulting in deficiencies F564 and F580. Event ID# QLNE1L</p> <p>Inform Visitation Rights/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D)</p> <p>§483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences. This REQUIREMENT is not met as evidenced by:</p>	F 564		7/5/21	

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

TITLE

(X6) DATE

Electronically Signed

07/26/2021

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 564	<p>Continued From page 1</p> <p>Based on observation, record review, family interview, and staff interview, the facility failed to allow unscheduled indoor and outdoor visitation for 83 of 83 residents reviewed for visitation.</p> <p>Findings included:</p> <p>Observation at 06/30/21 at 10:30 AM revealed a family of three visiting a resident inside the facility in downstairs lobby. The Activity Director was observed assisting but providing privacy for visit.</p> <p>During an interview on 06/30/21 at 10:45 AM with visiting family member, he indicated he scheduled visits through an online portal. He stated visitors were allowed to visit twice per week for twenty minutes and had an option for indoor or outdoor visits.</p> <p>During an interview on 06/30/21 at 11:40 AM the Activities Director revealed the corporate policy was to allow family to visit twice per week for twenty minutes between the hours of 9:00 AM to 5:30 PM. Families would schedule visits in the corporate online portal from which he would print the schedule, distribute, and facilitate family visits. He further stated if no visits were scheduled following the appointment, then the family could stay longer than twenty minutes. The facility had designated outdoor and indoor spaces for visits in which the Activity Director provided an email containing the guidelines.</p> <p>Review of an email titled "Visitation Scheduling Updates" dated 03/26/21 revealed the recipient was the Activity Director. The email revealed corporate visitation guidelines which included indoor and outdoor visits every day between the hours of 9:00 AM and 6:00 PM regardless of</p>	F 564	<p>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. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our resident.</p> <p>How corrective action will be accomplished for resident(s) found to have been affected:</p> <p>"Effective July 5, 2021, unscheduled indoor visitation is allowed for all Level III residents (regardless of vaccination status).</p> <p>How corrective action will be accomplished for resident(s) having potential to affected by the same issue needing to be addressed:</p> <p>"Effective July 5, 2021, unscheduled indoor visitation is allowed for all Level III residents (regardless of vaccination status).</p> <p>"On July 3, 2021, Administrator started education to all staff regarding new visitation policy and procedures.</p> <p>"On July 3, 2021, electronic</p>		

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F 564	Continued From page 2 vaccination status. The guideline recommended limiting visitation to once per week but indicated visits should not be limited if appointments were available.  During an interview on 06/30/21 at 12:00 PM the Administrator indicated the visitation policy allowed visits between the hours of 9:00 AM to 6:00 PM for twenty minutes. She stated the facility designated one indoor and one outdoor private area for visits. Exceptions would be made if a resident could not get out of bed or for compassionate care visits. The Administrator stated she was following company policy and less than 70% of their residents were vaccinated against COVID-19. She further stated the county positivity rate was less than 10%.	F 564	communication was sent to residents and their Responsible Parties through Everbridge communication system regarding the new visitation policy and guidelines.  What measure will be put in place or systemic changes made to ensure that the identified issue does not occur in the future:  "Visitation Management Kiosks will be utilized at the front entrance to ensure visitors are informed of visitation policy and procedures and screened appropriately before entering the facility.  Indicate how the facility plan to monitor its performance to make sure that solutions are achieved and sustained:  "Administrator will review Visitation Management Kiosk Reports 5 x per week, weekly times 1 month, and monthly times 3 months, to review visitor log and will report audit findings monthly to the QAPI team for review times 3 months. Documentation of the review will be kept by the Administrator in the QAPI Book.  "Ongoing random audits will also be conducted by Administrator and/or nurse management, and negative findings will have corrective actions and presented at the next QAPI meeting.  Include dates when the corrective action will be completed: July 5, 2021		

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F 580 F 580 SS=D	Continued From page 3 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and	F 580 F 580		7/19/21	

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F 580	<p>Continued From page 4 phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff, nurse practitioner and Responsible Party interviews the facility failed to notify the Responsible Party of worsening wound for 1 of 3 residents reviewed for pressure ulcers (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 05/26/21 with the diagnosis which included Alzheimer's, peripheral venous insufficiency and non-pressure ulcer of right and lower leg.</p> <p>Admission progress noted dated 05/26/21 by the Director of Nursing (DON) revealed Resident #2 had an open red area to his buttocks with no drainage. The progress note did not indicate the responsible party was not notified of the of open red area on Resident #2 "s buttocks.</p> <p>Resident #2 Admission Minimum Data Set (MDS) dated 05/28/21 revealed Resident #2 was severely cognitively impaired and required extensive assistance with bed mobility. The MDS revealed he had no wounds present on</p>	F 580	<p>How corrective action will be accomplished for resident(s) found to have been affected:</p> <p>"Resident #2 was discharged prior to the survey on June 30, 2021.</p> <p>"Wound Nurse, Nurse Practitioner, Nurse Navigator, and Nurse #1 were re-educated on July 19, 2021 by the DHS on the facility's policy for notifying the resident's responsible party of a change in condition.</p> <p>How corrective action will be accomplished for resident(s) having potential to affected by the same issue needing to be addressed:</p> <p>"On July 19, 2021, current residents with wounds were identified by the Wound Nurse wound report. If there was a change in condition, a chart audit was completed by nursing administration to determine if the responsible party was</p>		

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F 580	<p>Continued From page 5 admission.</p> <p>Interact communication form dated 06/01/21 by Nurse #1 revealed shearing (pressure and friction injury, where the top layer of skin separates from the bottom layer of skin) to Resident #2's gluteal area during morning care. It further revealed that the Physician Assistant (PA) and Responsible Party (RP) were notified.</p> <p>Wound evaluation dated 06/03/21 by the wound Nurse Practitioner (NP) revealed Resident #2 was evaluated for an open wound. The evaluation further revealed an open area had developed into a stage 2 pressure ulcer to the right buttock and a stage 2 pressure ulcer to the left buttock.</p> <p>Nursing progress note dated 06/03/21 by the wound nurse revealed Resident #2's wound had changed from shearing to stage II pressure ulcer. The progress note did not indicate the responsible party was notified of the change of a wound from shearing to pressure ulcer.</p> <p>Nursing progress noted dated 06/08/21 by the wound nurse revealed Resident #2's stage 2 pressure ulcer had changed to an unstageable pressure ulcer to the sacrum. The progress note did not indicate the responsible party was notified of the unstageable pressure ulcer on the sacrum</p> <p>PA progress note dated 06/09/21 revealed Resident #2 had an unstageable sacral pressure ulcer with slough that appeared to progress to a Kennedy ulcer. This had been reported to the PA from the wound care team.</p> <p>Nurse progress note written by the Nurse</p>	F 580	<p>notified. If there was a deficiency, the nursing administration staff immediately notified the RP via phone of the change in condition.</p> <p>"On July 19, 2021, the DHS started re-education to current licensed nurses regarding the facility policy of a change in condition. Education will be completed by July 26, 2021.</p> <p>What measure will be put in place or systemic changes made to ensure that the identified issue does not occur in the future:</p> <p>"Beginning July 19, 2021, the nursing admin and/or designee will complete a weekly Notification of Change of Condition audit to ensure responsible parties are being contacted and notified if a resident has a change in condition regarding a wound.</p> <p>Indicate how the facility plan to monitor its performance to make sure that solutions are achieved and sustained:</p> <p>"DHS and/or designee will review Notification of Change in Condition audit document weekly times 1 month, biweekly times 1 month, and monthly times 1 month, of residents with wounds. Documentation of the review will be kept by the Administrator in the QAPI Book.</p> <p>"Ongoing random audits will also be conducted by Administrator and/or nurse management, and negative findings will</p>		

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F 580	<p>Continued From page 6</p> <p>Navigator (NN) dated 06/09/21 revealed she had scheduled a call meeting for 06/10/21 with the responsible party to discuss clinical status and concerns regarding Resident #2.</p> <p>The wound nurse was unavailable for an interview.</p> <p>Interview conducted on 6/30/21 at 4:21 PM with the wound NP indicated Resident #2 had a stage 2 pressure ulcer on his right and left buttocks. She further revealed the stage 2 pressure ulcer had quickly progressed to an unstageable pressure ulcer on the sacrum and was concerned it was a Kennedy ulcer. She indicated that she did not notify the responsible party of the unstageable pressure ulcer on Resident #2's sacrum.</p> <p>Interview with the Administrator on 07/01/21 at 8:57 AM revealed that nursing were to notify the responsible party of Resident #2 's development of unstageable pressure ulcer, and staff should have documented communication in the electronic health record (EHR).</p> <p>Interview with the Director of Nursing (DON) on 07/01/21 at 9:50 am revealed that she had completed a skin assessment on Resident #2, and he had an open red area to his buttocks on 05/26/21. The DON indicated that skin evaluations were completed on admission and any changes to skin would be documented in the nurse's progress note in the EHR and the treatment book located at the nurse's station. She also indicated that nursing staff were to notify responsible party of any changes involving a resident. She further indicated that the treatment team met weekly and discussed updates. The DON stated the NN would provide families with</p>	F 580	<p>have corrective actions and presented at the next QAPI meeting.</p> <p>Include dates when the corrective action will be completed: July 19, 2021</p>		

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F 580	<p>Continued From page 7</p> <p>updated information on residents' progress from treatment team meetings.</p> <p>Interview conducted on 07/01/21 at 10:45 AM with the NN, revealed she was responsible for providing updates to Resident #2's RP. She further revealed she was notified that on 06/09/21 by the PA that Resident #2 had developed an unstageable pressure ulcer and there were concerns it had progressed to a Kennedy ulcer. She further revealed she had scheduled a family meeting with the responsible party for 06/10/21 at 3:30 pm to discuss clinical concerns with the PA and NP. She further revealed that Resident #2 was transferred to the hospital the morning of 06/10/21 for evaluation. She revealed she had not updated the responsible party on Resident #2's unstageable pressure ulcer due to the family meeting had not occurred.</p> <p>Interview with RP on 07/01/02 at 11:30 AM revealed that she was notified on 06/01/21 by a nurse that Resident #2 had an abrasion (open wound) to his buttocks. She further revealed the facility never provided her with any updates on Resident #2's wounds during her contact with the facility.</p>	F 580			