

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

PRINTED: 10/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 000	INITIAL COMMENTS A complaint investigation survey was conducted 9/21/21 through 9/22/21. Event #W5PS11. 1 of 14 allegations was substantiated but did not result in a deficiency.	F 000			
F 580 SS=D	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	F 580		9/25/21	

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

TITLE

(X6) DATE

Electronically Signed

10/12/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 580	<p>Continued From page 1</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and 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 reviews, family member interview and staff interviews, the facility failed to notify Resident #5's physician that there was a 6 day delay in beginning two intravenous antibiotics per physician's order for 1 of 1 resident reviewed for notification.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 8/3/21 with a diagnosis of sacral osteomyelitis.</p> <p>A review of Resident #5's admission Minimum Data Set (MDS) assessment dated 8/10/21 revealed the resident had minimally impaired cognitive skills for daily decision making.</p> <p>A review of Resident #5's medical record revealed an after visit summary form, that is returned to the facility when a resident returns</p>	F 580	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F580</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>On 09.21.2021, the Director of Nursing</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 580	<p>Continued From page 2</p> <p>from an outside visit, dated 8/18/21 from the wound clinic ordered the following antibiotics: Vancomycin 1 gram solution one time daily intravenously x 6 weeks and Meropenem 1 gram solution intravenously every 8 hours x 6 weeks for his sacral osteomyelitis.</p> <p>A review of Resident #5's medication administration record for August 2021 showed that the Meropenem began on the evening of 8/24/21 and the Vancomycin was begun on the morning of 8/25/21.</p> <p>A telephone interview was conducted on 9/22/21 at 1:53 PM with Nurse #1 who was assigned to Resident #5 on 8/18/21, when he would have returned to the facility following his appointment. Nurse #1 stated that he had no recollection of being handed any paperwork upon Resident #5's return. When asked what the normal process was, he replied that when a resident returned, the staff received an envelope that contained an after-visit summary which may or may not recommend any changes in care. He stated they put the paperwork in the resident's chart and, if there were any medication changes, they enter that information by hand immediately and then send it to the pharmacy for review. Nurse #1 was unable to remember why he did not get any paperwork but stated again that none was returned to him.</p> <p>A telephone interview was conducted on 9/22/21 at 2:30 PM with Nurse #2 who was assigned to Resident #5 on 8/24/21 who stated that she received a phone call from Resident #5's bladder doctor who wanted to start the resident on an antibiotic but was told by a family member that he was already on two which didn't match their</p>	F 580	<p>notified the Medical Director of the new orders for Meropenem and Vancomycin which were recommended 08.18.2021 and started on 08.24.2021 and 08.25.2021.</p> <p>On 09.24.2021, the wound doctor was interviewed and stated he did not feel that the wound had worsened due to the delay and he felt like the wound was slowly improving.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice: All residents in the facility who receive recommended orders from an outside provider have the potential to be affected.</p> <p>Beginning on 09.21.2021, the Director of Nursing audited 100% of all resident appointments for the last 14 days to review any recommended orders received from an outside provider and ensure the proper notifications were made for any newly initiated orders. Proper notifications were completed for all recommended orders received. This was completed on 09.22.2021.</p> <p>On 09.22.2021, the Director of Nurses (DON) or designee initiated daily audits of all appointments and Emergency Room Visits to ensure proper follow up and notification to the provider was completed for any recommended orders. All notifications were completed in a timely manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 580	<p>Continued From page 3</p> <p>records. She stated that she immediately notified the previous director of nursing (DON) who was able to locate the missing document, enter the medication orders, and send them to the pharmacy for review.</p> <p>An interview with the current DON on 9/22/21 at 3:50 PM stated they are working on creating a central location for all after visit summaries to return to, as well as, educating the front staff on the importance of securing all paperwork that returns with resident. He added that all staff will be educated to prevent this from happening in the future and it will be added to their quality assurance meetings. He further stated it was his expectation for staff to notify the physician of missed medications.</p> <p>A telephone interview was conducted with wound doctor on 9/24/21 at 2:15 PM. He stated that he had been made aware of the missed doses of antibiotic by Resident #5's family member when he saw the resident this week and had made the decision to add on two more weeks of antibiotics to his original plan to compensate for the delay. He was not aware of the delay prior to this last visit. He did not feel that the wound had worsened any due to the delay and he felt like it was slowly improving.</p> <p>A telephone interview was conducted with the facility doctor on 9/24/21 at 2:30 PM. He stated that he was not aware Resident #5 was ordered intravenous antibiotics on 8/18/21 and he was not notified they weren't started until 6 days later. He stated the current policy is that the staff put the new orders in the provider notebook which is then looked at and signed off by a provider.</p>	F 580	<p>On 09.22.2021, the DON, transportation coordinator, Administrator, and the Quality Assurance Nurse consultant (QANC) reviewed and made changes to the current procedure for following up on recommended orders from consults. This change will help to ensure proper notifications are made in a timely manner.</p> <p>3. Measures/Systemic changes to prevent reoccurrence of alleged deficient practice: Education: On 09.22.2021, the QANC reviewed the policy on Physician Progress Notes and Consults Policy and Procedure. There were no changes required for the policy.</p> <p>On 09.21.2021, the DON began reeducating all full time, part time, agency staff, and PRN Licensed Nurses, RNs, LPNs, and Medication Aides on the following topics (See education):</p> <ul style="list-style-type: none"> " How to review after visit summaries or consults for any recommended orders. " When to notify the Physician or provider of any recommended orders. " Appropriate follow up on recommended orders from an outside provider. <p>On 09.22.2021, the transportation coordinator was educated by the Quality Assurance Nurse Consultant (QANC) and the Director of Nurses (DON) on the following:</p> <ul style="list-style-type: none"> " The transportation coordinator or designee will forward a copy of all weekly appointments to the DON. " The transportation coordinator or designee will forward a copy of all after 		

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

PRINTED: 10/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 580	Continued From page 4	F 580	visit summaries or consults to the DON. This information has been integrated into the standard orientation training and will be reviewed by the Quality Assurance process to verify that the change has been sustained. As 9.22.2021, any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed. 4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Administrator or designee will monitor compliance utilizing the F580/F760 Quality Assurance Tool weekly x 4 weeks then monthly x 3 months. The tool will monitor notification process for new recommended orders from consults, outside provider appointments, or emergency room visits. Reports will be presented to the weekly Quality Assurance committee by the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance (QA) Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager.		
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its-	F 760		9/25/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 760	<p>Continued From page 5</p> <p>§483.45(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, family member interview and staff interviews, the facility failed to initiate the administration of two intravenous antibiotics after receipt of a physician's order for 1 of 1 resident reviewed who required treatment with an intravenous antibiotic medication (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 8/3/21 with a diagnosis of sacral osteomyelitis.</p> <p>A review of Resident #5's admission Minimum Data Set (MDS) assessment dated 8/10/21 revealed the resident had minimally impaired cognitive skills for daily decision making. The resident was required two-person extensive assistance from staff for all his daily care needs.</p> <p>A review of Resident #5's medical record revealed an after visit summary form, that is returned to the facility when a resident returns from an outside visit, dated 8/18/21 from the wound clinic ordered the following antibiotics: Vancomycin 1 gram solution one time daily intravenously x 6 weeks and Meropenem 1 gram solution intravenously every 8 hours x 6 weeks for his sacral osteomyelitis.</p> <p>A review of Resident #5's medication administration record for August 2021 showed that the Meropenem began on the evening of 8/24/21 and the Vancomycin was begun on the morning of 8/25/21.</p>	F 760	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F760</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: Resident #5 received Meropenem on the evening shift on 08.24.2021.</p> <p>Resident #5 received Vancomycin on the morning of 08.25.2021.</p> <p>On 09.21.2021, the Director of Nursing notified the Medical Director of the new orders for Meropenem and Vancomycin which were recommended 08.18.2021 and started on 08.24.2021 and 08.25.2021.</p> <p>On 09.24.2021, the wound doctor was interviewed and stated he did not feel that the wound had worsened due to the delay and he felt like the wound was slowly improving.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 760	Continued From page 6 A telephone interview was conducted on 9/22/21 at 1:53 PM with Nurse #1 who was assigned to Resident #5 on 8/18/21 when he would have returned to the facility following his appointment. Nurse #1 stated that he had no recollection of being handed any paperwork upon Resident #5's return. When asked what the normal process was, he replied that when a resident returned, the staff received an envelope that contained an after-visit summary which may or may not recommend any changes in care. He stated they put the paperwork in the resident's chart and, if there are any medication changes, they enter that information by hand immediately and then send it to the pharmacy for review. Nurse #1 was unable to remember why he did not get any paperwork but stated again that none was returned to him. A telephone interview was conducted on 9/22/21 at 2:15 PM with the transportation driver for the facility. He stated that can't recall who he handed Resident #5's paperwork to but stated that he always brings an envelope with paperwork back to the facility. He stated that he is aware that every resident is returned with paperwork and this is always handed off to a staff member when the resident returns. A telephone interview was conducted on 9/22/21 at 2:30 PM with Nurse #2 who was assigned to Resident #5 on 8/24/21 who stated that she received a phone call from Resident #5's bladder doctor who wanted to start resident on an antibiotic but was told by a family member that he was already on two which didn't match their records. She stated that she immediately notified the previous director of nursing (DON) who was able to locate the missing document, enter the	F 760	deficient practice. All residents in the facility who have orders for medications have the potential to be affected. Beginning on 09.21.2021, the Director of Nursing audited 100% of all resident appointments for the last 14 days to identify any recommended orders that were not appropriately followed up on. Orders were followed up on appropriately and new orders were initiated as indicated and Medical Director notified. This was completed on 09.22.2021. On 09.25.2021, the DON or designee initiated daily audits of all appointments and Emergency Room Visits to ensure that staff were following up on any recommended orders. All orders were followed up on appropriately. On 09.22.2021, the DON, transportation coordinator, Administrator, and the QANC reviewed and made changes to the current procedure for following up on recommended orders from consults. 3. Measures/Systemic changes to prevent reoccurrence of alleged deficient practice: Education: On 09.22.2021, the QANC reviewed the policy on Physician Progress Notes and Consults Polity and Procedure. There were no changes required for the policy. On 09.21.2021, the DON began reeducating all full time, part time, agency staff, and PRN Licensed Nurses, RNs,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 760	<p>Continued From page 7</p> <p>medication orders, and send them to the pharmacy for review.</p> <p>A telephone interview was conducted on 9/22/21 at 2:44 PM with the previous DON who stated she had no recollection of the event and did not wish to comment any further.</p> <p>An interview with the nurse consultant on 9/22/21 at 3:00 PM revealed both antibiotics were entered by the previous DON on the afternoon of 8/24/21 and then sent to the pharmacy. The Meropenem began that evening, 8/24/21 and the Vancomycin began the following morning, 8/25/2021.</p> <p>A record review on 9/22/21 at 3:30 PM showed a full assessment of Resident #5's wound on 8/18/21 and on 8/27/21 and there was no worsening of the wound.</p> <p>An interview with the current DON on 9/22/21 at 3:50 PM who stated clearly that it was his expectation that all staff members follow the procedures in place for all residents who return from outside appointments. He stated they are working on creating a central location for all after visit summaries to return to, as well as, educating the front staff on the importance of securing all paperwork that returns with resident. He added that all staff will be educated to prevent this from happening in the future.</p> <p>A telephone interview was conducted with wound doctor on 9/24/21 at 2:15 PM. He stated that he had been made aware of the missed doses of antibiotic by Resident #5's family member and had made the decision to add on two more weeks of antibiotics to his original plan to compensate for the delay. He did not feel that the wound had</p>	F 760	<p>LPNs, and Medication Aides on the following topics (See education):</p> <ul style="list-style-type: none"> " How to review after visit summaries or consults for any recommended orders. " When to notify the Physician or provider of any recommended orders. " Appropriate follow up on recommended orders from an outside provider. <p>On 09.22.2021, the transportation coordinator was educated by the Quality Assurance Nurse Consultant (QANC) and the Director of Nurses (DON) on the following:</p> <ul style="list-style-type: none"> " The transportation coordinator or designee will forward a copy of all weekly appointments to the DON. " The transportation coordinator or designee will forward a copy of all after visit summaries or consults to the DON for review. <p>This information has been integrated into the standard orientation training and will be reviewed by the Quality Assurance process to verify that the change has been sustained. As 09.22.2021, any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nursing or designee will</p>		

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

PRINTED: 10/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2021
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD WINSTON SALEM, NC 27103		
(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	
F 760	Continued From page 8 worsened any due to the delay and he felt like it was slowly improving. A telephone interview was conducted with the facility doctor on 9/24/21 at 2:30 PM. He stated that he was not aware of the delay and was not aware that Resident #5 was ordered additional intravenous antibiotics on 8/18/21. He stated the current policy is that the staff put the new orders in the provider notebook which is then looked at and signed off by a provider. He agreed the current process has flaws due to Resident #5's order not being added to the provider notebook which, in turn, delayed him starting on the antibiotics for 6 days. He does not feel, however, that Resident #5 was harmed, or the wound worsened because of the delay.	F 760	monitor compliance utilizing the F760/F580 Quality Assurance Tool weekly x 4 weeks then monthly x 3 months. The DON or designee will monitor for compliance with appropriate follow up of any recommended orders after a consult, outside provider appointment, or emergency room visits. Reports will be presented to the weekly Quality Assurance committee by the DON to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance (QA) Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Therapy Manager, Unit Support Nurses, Health Information Manager, and the Dietary Manager.		