STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345443	A. BUILDING _____ B. WING _____	C 01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK FOREST HEALTH AND REHABILITATION	5680 WINDY HILL DRIVE WINSTON SALEM, NC 27105

(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 from 01/19/22 through 01/20/22. Event ID# TFY711. Two of the twenty-one complaint allegations were substantiated resulting in a deficiency.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident, nurse practitioner and staff interviews, the facility failed to ensure 1 of 2 residents requiring extensive assistance with bed mobility and bathing was provided care safely to prevent injury. Findings included: Resident #5 was admitted to the facility on 10/21/2019. The resident's diagnoses included acquired absence of right and left legs above the knee. Resident #5 was her own responsible party. Resident #5 was admitted with an order for Oxycodone 5 milligrams (mg) take one every 4 hours as needed for pain. A Quarterly Minimum Data Set (MDS) dated	F 689	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. 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. F689 1. Corrective action for resident(s) affected by the alleged deficient practice: For resident #5, the Kardex was updated on 10.24.2021 by the Quality Assurance Nurse Consultant (QANC).	2/3/22

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

Electronically Signed | 02/10/2022

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F 689	Continued From page 1 9/23/2021 indicated Resident #5 was alert and oriented; required extensive assistance with two persons for bed mobility, bathing, and toileting. Resident #5 had no impairment in range of motion for both upper extremities. Her weight was 405 pounds. Resident #5's care plan updated on 8/27/2021 revealed that she was cognitively intact and she required two person physical and extensive assistance with bathing and bed mobility. Review of Resident #5's medication administration record (MAR) showed that she did receive one Oxycodone 5 mg pill on 10/16/2021 and 10/17/2021 after stating her pain level was an 8 on a scale of 1 to 10. The MAR indicates that the pain medication was effective. A note written by Nurse #1 on 10/16/2021 at 1:18 PM indicated that she was called to Resident #5's room and found her lying on the floor beside her bed. The note stated that the nurse aide was providing care for Resident #5 and that she pulled the under pad and the resident rolled onto the floor hitting her right stump on the floor. The note indicated that the mobile x-ray was unable to complete the x-ray due to Resident #5's size and was therefore sent to the hospital for evaluation. A review of the staffing schedule for 10/16/2021 showed there were 3 nurses and 8 nurse aides to care for 47 residents during first shift on the A wing of the facility. A review of Resident #5's hospital record showed a CT scan on 10/18/21 of Resident #5's right hip which stated there was a possible hairline fracture to the right hip and suggested an MRI of	F 689	For resident #5, the Kardex and the Care Plan was reviewed on 01.25.2022 by the Minimum Data Set Nurses (MDS) to ensure the bed mobility status was reflected on the care plan indicating the bed mobility status for resident #5. On 01.20.2022, the Director of Nurses (DON) notified the Physician Eldercare Medical Group (PEC) that the Certified Nurse's Assistant (CNA) performed care on resident #5 and didn't follow the plan of care. 2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents in the facility have the potential to be affected. On 01.25.2022, the Minimum Data Set Nurses (MDS) audited all current residents' Kardex to ensure the bed mobility status was on the Kardex indicating the correct bed mobility status for each resident. This was completed 01.26.2022. On 01.25.2022, the Minimum Data Set Nurses (MDS) audited all current residents' care plan to ensure the bed mobility status was on the care plan indicating the correct bed mobility status for each resident. This was completed 01.26.2022. 3. Measures /Systemic changes to	

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F 689	Continued From page 2 the area for a more accurate result. Record review showed that Resident #5 was evaluated by the facility Nurse Practitioner on 10/21/2021 when she returned to the facility. The note stated Resident #5 had tenderness to palpation of right hip and thigh. There were no signs of erythema, warmth, or bruising. A referral to an orthopedist was made for follow-up. During an interview with Resident #5 on 1/19/2022 at 2:35 pm, she stated that Nurse Aide #1 (NA #1) had elevated her bariatric, air mattress equipped bed and was giving her a bath and she pulled her bedcovers toward her while she was on her left side which caused her to roll off the bed, like a log, striking her right hip on the floor. Resident #5 stated that she tried to tell her that she needed two staff members, but NA #1 told her that there wasn't enough staff available to help her. Resident #5 stated that she felt immediate pain in her right hip area rating it at a 6 out of 10 on the pain scale for which she was given her as needed Oxycodone 5 milligrams (mg) which decreased her pain to 2 out of 10 on the pain scale. She stated that she declined to go to the hospital because "it wasn't that bad" and preferred to have a mobile x-ray at the facility instead. She stated that the mobile people ended up not doing any x-rays, and she went to the hospital a couple days later when her right hip started bothering her again. She stated she was asked to have further pictures done of her hip after returning from the hospital but declined. She stated that her hip pain improved on its own but was unable to provide the exact duration of time it took to go away. During an interview with NA #1, on 1/20/22 at	F 689	prevent reoccurrence of alleged deficient practice: On 01.20.2022 the (DON) began educating all Licensed Nurses, Registered Nurses (RN's) and Licensed Practical Nurses (LPN's), full time, part time, agency staff, and PRN on the following topics: • Providing care to the resident using correct bed mobility status. • How to view the Kardex to ensure the appropriate level of care is used to provide safe care. • How to view the Kardex to ensure you are using the accurate number of staff to keep the resident and staff safe. This in-service was incorporated in the new employee facility orientation for the above-mentioned employees and also provided to agency nurses working in the facility. This will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed by 02.03.2022. 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 DON or designee will monitor compliance utilizing the F689 Quality	

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F 689	Continued From page 3 4:30 PM, she stated she was unaware that Resident #5 was supposed to have two staff members during bathing and bed mobility. That day was the only time she had ever cared for her. She stated that she was aware that information was found on either a care card at the nurse's station or on the resident's computer dashboard but that she would usually just ask another staff member there or someone would tell her which residents needed two staff members for care and which ones did not. She stated that Resident #5 had ¼ rails on her bed and she thought she would be able hold those and steady herself. During a phone interview with Nurse #1 on 1/20/22 at 8:45 am, she stated that she was called to the room by NA #1 and saw Resident #5 on the floor. Nurse #1 stated she performed a head to toe assessment and Resident #5 had stated that she did not hit her head. She stated they used the lift to get her back into the bed. She stated that Resident #5 was complaining of right hip pain at that time, so she gave her Oxycodone 5 mg and ordered a mobile x-ray of her right hip after obtaining an order from the nurse practitioner on call. Nurse #1 then stated that the mobile x-ray team was unable to obtain a film due to Resident #5's size. She stated that Resident #5 declined to be seen at the hospital telling her that she would consider going if the pain got any worse. Nurse #1 stated that Resident #5 did decide to be seen at the hospital 2 days later after telling her that her hip was hurting worse the morning of day 2 putting her pain level at 8 out of 10 on the pain scale. She stated she administered Resident #5's Oxycodone 5 mg and then she was transferred to the hospital for evaluation. Nurse #1 stated that there was anywhere from 2-3 nurse aides per hall	F 689	Assurance Tool weekly x 4 weeks then monthly x 3 months. The DON will monitor compliance to ensure the correct level of care is received and that staff are aware of the proper way to access the Kardex. 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 Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Unit Support Nurses, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: 02.03.2022	

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F 689	Continued From page 4	F 689		

for all shifts and that she or another staff member would have been available to help NA #1 if she had asked.

During a phone interview with the facility Nurse Practitioner on 1/20/22 at 11:15 am, she stated that she assessed Resident #5 upon readmission to the facility and was aware of the right hip CT scan results and recommendations. She stated that, due to Resident #5's size, the hospital was unable to complete any further scans and that she advised her that she would put in a referral for an orthopedist. She stated that Resident #5 declined so the appointment was not made at that time.

During an interview with the Director of Nursing (DON) on 1/20/22 at 11:43 am she stated that Resident #5 had declined to go to the hospital that morning and wanted x-ray to come to her instead. After being unable to complete the x-ray, Resident #5 agreed to go two days later to the hospital because her hip was still hurting. The DON stated that NA #1 told her that she was bathing her and her hand slipped off the ¼ bedrail and she rolled off the bed. She stated that all care staff, including agency staff, are expected to look at the resident's dashboard when they start their shift to know how to properly care for their residents.