

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>03/24/2022</b>
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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 RALEIGH, NC 27608</b>
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(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
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F 000	INITIAL COMMENTS  A complaint investigation was conducted 3/21/22 through 3/24/22. Event ID: GN0711. The following intakes were investigated NC00186600, NC00186108 and NC00185724. 11 of the 11 allegations were unsubstantiated.	F 000		
F 638 SS=B	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c)  §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete a quarterly minimum date set assessment (MDS) for (Resident #17 Resident #23 and Resident # 52) with in the required timeframes specified in the Resident Assessment Instrument (RAI) manual. This was evident for 3 out of 12 minimum data set assessments reviewed.  1. Resident # 17 was admitted to the facility on 10/09/20.  Review of the minimum data set (MDS) for Resident #17 revealed a quarterly MDS with an assessment reference date (ARD) of 03/05/22 which should have been completed by 3/19/22.  An interview on 03/23/2022 at 11:30 AM with the MDS Nurse indicated she was not able to complete the assessment on time.  An interview on 03/24/2022 with the Administrator	F 638	1.Quarterly assessment of Resident #17, Resident #23, and Resident #52 completed and transmitted on 3/23/2022 and 3/24/202. All Quarterly assessments with due dates after 2/27/2022 completed as of 4/6/2022.  2.All residents have the potential to be affected by the alleged deficient practice. An audit was conducted by the regional Clinical reimbursement consultant of required MDS assessments due after 2/27/2022 completed on 3/24/2022. All quarterly that was not completed were places and a spreadsheet and completed by 4/8/22. Case Mix Director and IDT were re-educated on RAI guidelines by Regional Clinical Reimbursement Consultant on completing Quarterly Assessments within 14 days per RAI guidelines starting on March 25, 2022.	4/11/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/11/2022
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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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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 638	<p>Continued From page 1</p> <p>and Director of Nursing indicated they were working on the all the MDS assessments, and they would be done by Friday March 25, 2022.</p> <p>2. Resident #23 was admitted to the facility on 05/01/2021.</p> <p>Review of the MDS for Resident #23 revealed a quarterly MDS had an ARD of 3/8/22 which should have been completed by 3/22/22.</p> <p>An interview on 03/23/2022 at 11:30 AM with the MDS Nurse indicated she was not able to complete the assessment on time.</p> <p>An interview on 03/24/2022 with the Administrator and Director of Nursing indicated they were working on the all the MDS assessments, and they would be done by Friday March 25, 2022.</p> <p>3. Resident #52 admitted to the facility on 12/01/21.</p> <p>Review of the minimum data set (MDS) for Resident #52 revealed a quarterly MDS assessment had an ARD of 3/8/22 which should have been completed by 3/22/22.</p> <p>An interview on 03/23/2022 at 11:30 AM with the MDS Nurse indicated she was not able to complete the assessment on time.</p> <p>An interview on 03/24/2022 with the Administrator and Director of Nursing indicated that they were working on the all the MDS assessments, and they would be done by Friday March 25, 2022.</p>	F 638	<p>3. Administrator will monitor timely Quarterly MDS completion daily x 2 weeks, weekly x 4 weeks, and monthly until substantial compliance determined.</p> <p>4. The Administrator will present feedback of review to the QAPI committee monthly x 3 months and/or until substantial compliance determined.</p> <p>5. Date of Compliance 4/11/22</p>		