DEPÁRTMENT OF HEALTH AND HUMAN SERVIĆES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2012 FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION 2012		(X3) DATE SURVEY COMPLETED		
		1/2 / // / / / / / / / / / / / / / / / /	A. BUILDING B. WING		С		
34530		345301	[B, WING		02/23/2012		
NAME OF PROVIDER OR SUPPLIER - STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427							
WHITE OA	AK MANOR - BURLINGTO	ON		RLINGTON, NC 27217			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTION		
F 281 SS=D	1.000		F 281	F 281 White Oak Manor - Bur provides the necessary to meet professional st of quality.	services		
	by: Based on resident and a review of medical refacility failed to transcrincrease the frequency supplement for 1 of 3 (Resident #2) Findings: Resident #2 was admed The Minimum Data Set 12/14/11 indicated that cognitively intact with memory deficits. A Care Plan dated 12 interventions to addresunintended weight loss included but was not lemeal supplement as of A review of Resident #2 indicated that on 1/17/increase the nutritional twice a day to "promothealing." A review of Administration Record revealed that the nutritional transcription increased from the MARs for February The MARs for February supplement as the nutritional transcription of the MARs for February for the MARs for F	itted to the facility on 6/3/09. et Assessment (MDS) dated at Resident #2 was no short or long term //21/11 included ss the resident's, recent s. This plan of care imited to "offer between ordered." #2's physician orders //12 an order was written to all supplement from once to the weight gain and wound Resident #2's Medication les (MARs) for January 2012 tional supplement had not once a day to twice a day. ry 2012 did include twice a che nutritional supplement.		Resident # 2's betweer nutritional supplement reviewed to assure it w approved by the physic and appears on the deli record. Resident # 2's p of care currently reflect that nutritional supplem are provided. Resident body weight has remain stable over the past 60 Residents receiving nutri supplements between in have been reviewed to a the orders were transcrit the delivery record corre Nursing Administration (of Nursing (DON), Asst. Director of Nursing (ADO Staff Development Coord (SDC)) and/or Dietitian; corrections made as necently and the complete by 3/22/2012. The licensed nursing staff received re-education on processing Dietary recommendations, obtain physician approval and in orders into the EMR (elemedical record) which pot to the delivery record. Tre-education was conductive DON/ADON and will in the control of	was as as ian ivery olan s ents # 2's ed days. itional heals assure bed onto ectly, by Director DN), Ilinator with essary. ted if have hing houtting ctronic opulates his ted by		
ANORATORY	TIBECTOR'S OF BOOMERS	UPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITE	/VALBATE		
- AURAIURY I	DIRECTOR'S OR PROVIDERUS	DOLLAR REPRESENTATIVE'S SIGNATURE		1 TITLE	7/ (X6) DATE		

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BUBO11

Facility ID: 953553

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				ONID NO	. 0930-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDERS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
			B. WIN	iG					
	345301					02/2:	3/2012		
NAME OF PROVIDER OR SUPPLIER				STR	EET ADDRESS, CITY, STATE, ZIP CODE				
WHITE OAK MANOR - BURLINGTON				323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217					
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
F 281	ROVIDER OR SUPPLIER AK MANOR - BURLINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	281	completed by 3/22/2012 Newly hired licensed nur will receive this training the Licensed Nurse Orier and the EMR training by SDC. When the Dietitian make recommendation it will b to the DON/ADON to rev and note. The recomme will then be processed by obtaining the physician a writing the physician tele order (which is signed by nurse who writes the ord then the order is put into EMR system. The Dietitia recommendation will the signed as completed by a and a copy returned to to Dietitian to verify comple Additionally, each writter is reviewed by the Data person Monday - Friday week to assure the order been processed and app the delivery record. This will continue on an ongo The between meal dietar supplements are routinel reviewed at the end of the along with other physicia by the Nursing Administr and / or Licensed Nurses verify transcription of or and to assure continued compliance to F 281. Identified trends or conc reviewed with the QI cor (Quality Improvement) in	TION SHOULD BE THE APPROPRIATE CY) 722/2012. Insed nurses training during rse Orientation lining by the lian makes a in it will be given DN to review recommendation cessed by a spician approval, lician telephone signed by the stee Orientation in will then be ended by a nurse ried to the lian makes a make to the lian makes a make			

Event ID: BUBO11

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C B. WNG 345301 02/23/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 WHITE OAK MANOR - BURLINGTON **BURLINGTON, NC 27217** (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION IĐ (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) for 3 months. Recommendationed system changes are F 281 Continued From page 2 F 281 made as indicated. Transcription of Physician Orders included that a change in a current order must be entered onto The DON and Dietitian are the MAR (Medication Administration Record) as a responsible for ongoing " changed " order with the current date and compliance to F 281 nurses initials. The new order is then to be written on the MAR in it entirety. Days of the month prior to the new order are to be X ' d out. A review of Resident #2 's January MAR did not reveal any changes to the original order for a nutritional supplement once a day. These changes were not found until the MAR for February 2012. On 2/22/12 at 5:30pm the Director of Nursing (DON) was interviewed and indicated that the nurse must have forgotten to record the new F 325 order on the MAR. 483.25(i) MAINTAIN NUTRITION STATUS F 325 F 325 White Oak Manor - Burlington 3/22/12 SS=D UNLESS UNAVOIDABLE ensures that each resident's nutritional status is maintained within acceptable parameters, Based on a resident's comprehensive such as body weight and assessment, the facility must ensure that a protein levels, unless the resident resident's clinical condition (1) Maintains acceptable parameters of nutritional demonstrates that this is status, such as body weight and protein levels, unavoidable. And that the unless the resident's clinical condition residents receive a therapeutic demonstrates that this is not possible; and diet when there is a nutritional (2) Receives a therapeutic diet when there is a problem. nutritional problem. Resident # 2's between meal nutritional supplement was reviewed to assure it was approved by the physician and appears on the delivery record. This REQUIREMENT is not met as evidenced Resident # 2's plan of care currently reflects that nutritional Based on interviews and review of medical supplements are provided. records the facility failed to provide a nutritional Resident # 2's body weight has supplement in accordance with physician orders remained stable over the past to 1 of 3 residents sampled for nutritional status, 60 days.

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CENTERS FOR MEDICARE & MEDICAID SERVICES				OWB NO. 0930				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER				STR	REET ADDRESS, CITY, STATE, ZIP CODE			
				1	23 BALDWIN ROAD PO BOX 3427			
WHITE OA	K MANOR - BURLINGTO	ON		В	BURLINGTON, NC 27217			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	1	PROVIDER'S PLAN OF CORRECT	(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		COMPLETION DATE	
TAG	REGOENORYON	So Berry Production			DEFICIENCY)			
			1		Davida to seek does not	tritional		
F 325	Continued From page 3			325	Residents receiving nu supplements between			
	(Resident #2).				have been reviewed to			
	Findings:				the orders were transc			
		nitted to the facility on 6/3/09.			onto the delivery recor	onto the delivery record		
		et Assessment (MDS) dated			correctly, by Nursing			
	12/14/11 indicated the	· · · · · · · · · · · · · · · · · · ·			Administration (DON, A			
	1	no short or long term			SDC) and / or Dietitian			
	memory deficits.	no short or long tonn			corrections made as ne	e as necessary.		
	A Care Plan dated 12	W21/11 included			This audit will be comp	e completed		
	•				by 3/22/2012.			
	interventions to address the resident's, recent unintended weight loss. This plan of care to address unintended weight loss included but was not limited to "offer between meal supplement as							
					The licensed nursing si			
					received re-education on			
					processing Dietary reco			
	ordered."				mendations, obtaining			
	A review of Resident #2's medical record				approval and inputting			
	revealed in the Dietitian's (RD) Progress note				into the EMR (electron			
	dated 11/15/11 a significant weight loss of 10%				record) which populate delivery record. This	es on the		
		d and a 5.4% weight loss in			re-education conducte	d hy the		
	the past 30 days. Resident #2's weight had				DON/ADON and will be			
	previously been in 131 - 138 pounds over the				completed by 3/22/201			
	prior 6 months and was on 11/9/11 124.2 pounds. This note included a recent 2 day history of nausea and vomiting and recent treatment for a Urinary Tract Infection. The resident's dietary regime included, since March of 2011, use of a nutritional supplement given once a day during the morning medication administration. Interventions at that time included changes in resident preferences at breakfast and continued use of snacks and/or attendance at food related activities.				Newly hired licensed n			
					will receive this training			
					the Licensed Nurse Ori			
					and the EMR training v	vith		
					the SDC.			
					When the Dietitian ma		l	
					recommendation it will			
					to the DON/ DON to re		ĺ	
					and noted. The recom			
					mendation will then be processed		i	
	An RD's progress not	te dated 11/30/11 noted a			by obtaining the physic			
	weight increase of .9 pounds over the prior 2				approval, writing the p			
		ion of a multiple vitamin to			telephone order (which			
		ng. The RD's note dated			by the nurse who writes the order), then the order is put into			
		at the resident's weight						
		25.4 pounds but was still	-			stem. The Dietitian's lations will then be		
		body weight. Resident			signed as completed b			
preferences were again updated to improve me		an apaded to improve medi			nurse and a copy is returned to			

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345301		345301	B, WING			C 02/23/2012	
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON		NC		323	EET ADDRESS, CITY, STATE, ZIP CODE 3 BALDWIN ROAD PO BOX 3427 URLINGTON, NC 27217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LOBE	(X5) COMPLETION DATE
F 325	intake and promote we The RD's progress on that Resident # 2 wei 1/4/12; which was a vover the prior 30 days recommended an inconstrictional supplement day during morning a passes. The last doc Resident #2 on 1/31/continued weight loss A review of Resident indicated that on 1/12 increase the nutrition twice a day to "promote healing." A review of Administration Recorrevealed that the nutbeen changed from the MARS for February administration of The MARS for Januar effected that Reside nutritional supplement administration in January administration in February on 1/22 indicated that she also supplement when the confirmed that she hwas unable to recall twice a day. On 2/22/12 at 3:35p nurse (LPN #1) state what Resident #2s o supplement was in J that she administere	yound healing. Dote dated 1/13/12 revealed ghed 123.7 pounds on weight loss of 1.7 pounds. So The dietitian rease in the resident 's and evening medication rease in the resident of the weight for 12 was 122.3 pounds; as of 1.4 pounds. #2's physician orders rease witten to the mail supplement from once to be weight gain and wound of Resident #2's Medication and supplement had not once a day to twice a day. If the nutritional supplement may 2012 and February 2012 and February 2012 and February 2012 and Health with the nutritional supplement. In #2 consumed 100% of the nutritional the nutritional end and your and the twice a day ways drank the nutritional enurses gave it to her. She and gotten it twice a day but when she started receiving it and that she could not recall	F	325	the Dietitian to verify com Additionally, each written is reviewed by the Data Er person Monday - Friday er week to assure the order been processed and apper on the delivery record. Th check will continue on an ongoing basis. The between meal dietary supplements are routinely reviewed at the end of each month by the Nursing Administration and / or Nurse Managers assure compliance to F 32 Identified trends or concerns are reviewed wit QI committee (Quality Improvement) monthly fo months. Recommendatio system changes are made indicated. The DON and Dietitian are responsible for ongoing compliance to F 325.	order intry each has ears is to 5. th the r 3 each each each each each each each each	
EORM CMS-25	67(02-99) Previous Versions Ob	solete Event ID: BUB	1011	Fac	cility ID: 953553	f continuation sh	eet Page 5 of 9

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING 345301 02/23/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 WHITE OAK MANOR - BURLINGTON BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD (X4) ID COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 5 F 325 On interview on 2/22/12 at 4pm the Registered Dietitian (RD) indicated that when she had a recommendation regarding nutritional supplements she contacted the physician or nurse practitioner for an order. She then alerted a nurse who would write the order and transcribe it onto the residents MAR. She indicated that the Unit Manager had written and transcribed the order for Resident #2's supplement on 1/17/12 On 2/23/12 at 1:45pm the Unit Manager (RN#1) who transcribed the order on 1/17/12 was interviewed. She reviewed Resident #2's medical record in regard to the increase in the nutritional supplement and stated "evidently it wasn't put on the MAR in January." She stated that normally she would take the order and give the yellow copy to the nurse on the medication cart. Sometimes she would take the order and transcribe it onto the MAR herself. She was unable to recall how this order on 1/17/12 was processed. On 2/23/12 at 9:05am the RD during an interview revealed that she believed Resident #2 was receiving the increased nutritional supplement as ordered on 1/17/12. She indicated that she based her recommendations on what she believed Resident #2 had received in accordance F 368 with physician orders. F 368 483.35(f) FREQUENCY OF MEALS/SNACKS AT F 368 White Oak Manor - Burlington 3/22/12 BEDTIME SS=D offers their residents a snack at bedtime daily. Each resident receives and the facility provides at Resident's #2, #5, #6 and #7 least three meals daily, at regular times are being offered a bedtime comparable to normal mealtimes in the snack daily. community.

There must be no more than 14 hours between a

substantial evening meal and breakfast the

following day, except as provided below.

Other residents are also offered

nursing assistants or other White

bedtime snacks daily by the

Oak staff.

<u>CENTER</u>	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	<u>). 0938-0391</u>		
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345301		B. WIN	B. WNG		C 02/23/2012				
		343301				0212	3/2012		
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F 368	Continued From page 6 The facility must offer snacks at bedtime daily.			368	The nursing staff have received re-training on offering residents a bedtime snack daily. Additionally the nursing staff				
	up to 16 hours may e evening meal and bre resident group agreed nourishing snack is so This REQUIREMENT	n a nourishing snack is provided at bedtime, on 16 hours may elapse between a substantial hing meal and breakfast the following day if a dient group agrees to this meal span, and a ishing snack is served. REQUIREMENT is not met as evidenced			received education on the EMR program to document that a bedtime snack was offered and if accepted or refused. This training/re-training was conducted by the DON/ADON and will be completed by 3/22/2012. Newly hired nursing staff do receive this education/training during their job orientation by the SDC.				
	failed to assure that 4 #5, #6 and #7) were of Findings: Resident #2 was adm The Minimum Data S 12/14/11 indicated th. cognitively intact with memory deficits. On 2 #2 as part of an inten-	nd staff interviews the facility of 5 sampled residents (#2, offered a bedtime snack. nitted to the facility on 6/3/09. et Assessment (MDS) dated at Resident #2 was no short or long term 2/22/12 at 5:10pm Resident view indicated that she was bedtime snack "but not			The new EMR system, now place, prompts the staff to offer a bedtime snack and document the acceptance refusal of the snack. The Nursing Administration will monitor the system for compliance of offering a bedtime snack 3 times a w 2 weeks and monthly for 3 months to assure compliance F 368	to or eek for ace to			
	every night." Resident #5 was adm 11/3/06 with diagnose MDS dated 2/15/12 in was cognitively intact memory deficits. Duri at 4:48pm Resident # sometimes " was offe not always." He ind	nitted to the facility on es including Diabetes. The indicated that Resident #5 with no short or long terming an interview on 2/22/12 to stated that he "ered a bedtime snack "but icated that he sometimes atever snack he found in the			will be reviewed at the res council meetings monthly t months by the DON/ADON feedback from the resident The nursing staff will conti sign a sheet when the snad delivered to the unit, to as	will be reviewed at the resident council meetings monthly for 3 months by the DON/ADON for feedback from the residents. The nursing staff will continue to sign a sheet when the snacks are delivered to the unit, to assure the availability of the snacks each			

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bedtime. "

stated other residents would get them " if they asked for a snack." She then added " I didn't think we had to give all the residents a snack at

On 2/22/12 at 5:30pm the DON during an interview indicated that routine bedtime snacks

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