

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

PRINTED: 03/06/2012  
FORM APPROVED  
OMB NO. 0938-0391

MAR 30 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/23/2012
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NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - BURLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217
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F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews as well as a review of medical records and facility policy the facility failed to transcribe a physician order to increase the frequency of a nutritional supplement for 1 of 3 sampled residents. (Resident #2)</p> <p>Findings:</p> <p>Resident #2 was admitted to the facility on 6/3/09. The Minimum Data Set Assessment (MDS) dated 12/14/11 indicated that Resident #2 was cognitively intact with no short or long term memory deficits.</p> <p>A Care Plan dated 12/21/11 included interventions to address the resident's, recent unintended weight loss. This plan of care included but was not limited to "offer between meal supplement as ordered."</p> <p>A review of Resident #2's physician orders indicated that on 1/17/12 an order was written to increase the nutritional supplement from once to twice a day to "promote weight gain and wound healing." A review of Resident #2's Medication Administration Records (MARs) for January 2012 revealed that the nutritional supplement had not been increased from once a day to twice a day. The MARs for February 2012 did include twice a day administration of the nutritional supplement. The MARS for January and February 2012</p>	F 281	<p>F 281</p> <p>White Oak Manor - Burlington provides the necessary services to meet professional standards of quality.</p> <p>Resident # 2's between meal nutritional supplement was reviewed to assure it was approved by the physician and appears on the delivery record. Resident # 2's plan of care currently reflects that nutritional supplements are provided. Resident # 2's body weight has remained stable over the past 60 days.</p> <p>Residents receiving nutritional supplements between meals have been reviewed to assure the orders were transcribed onto the delivery record correctly, by Nursing Administration (Director of Nursing (DON), Asst. Director of Nursing (ADON), Staff Development Coordinator (SDC)) and/or Dietitian; with corrections made as necessary. This audit will be completed by 3/22/2012.</p> <p>The licensed nursing staff have received re-education on processing Dietary recommendations, obtaining physician approval and inputting orders into the EMR (electronic medical record) which populates to the delivery record. This re-education was conducted by the DON/ADON and will be</p>	3/22/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Catherine S. Nesmith, CHTA* TITLE: *Administrator* (X6) DATE: *3/14/12*

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 281	<p>Continued From page 1</p> <p>reflected that Resident #2 consumed 100% of the nutritional supplement during the once a day administration in January and the twice a day administration in February.</p> <p>During an interview 2/22/12 at 2pm Resident #2 indicated that she always drank the nutritional supplement when the nurses gave it to her. She confirmed that she had gotten it twice a day but was unable to recall when she started receiving it twice a day.</p> <p>On 2/22/12 at 3:35pm a nurse (LPN #1) during an interview stated that she could not recall what Resident #2 's order for a nutritional supplement was in January 2012. She stated that she administered nutritional supplements in accordance with the directions on the MAR.</p> <p>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 increase in nutritional supplement on 1/17/12</p> <p>The Unit Manager (RN#1) who transcribed the order on 1/17/12, was interviewed on 2/23/12 at 1:45pm. 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.</p> <p>A review of the facility ' s Guidelines for</p>	F 281	<p>completed by 3/22/2012.</p> <p>Newly hired licensed nurses will receive this training during the Licensed Nurse Orientation and the EMR training by the SDC.</p> <p>When the Dietitian makes a recommendation it will be given to the DON/ADON to review and note. The recommendation will then be processed by obtaining the physician approval, writing the physician telephone order (which is signed by the nurse who writes the order) then the order is put into the EMR system. The Dietitian recommendation will then be signed as completed by a nurse and a copy returned to the Dietitian to verify completion. Additionally, each written order is reviewed by the Data Entry person Monday - Friday each week to assure the order has been processed and appears on the delivery record. This check will continue on an ongoing basis.</p> <p>The between meal dietary supplements are routinely reviewed at the end of the month, along with other physician orders, by the Nursing Administration and / or Licensed Nurses to verify transcription of orders and to assure continued compliance to F 281.</p> <p>Identified trends or concerns are reviewed with the QI committee (Quality Improvement) monthly</p>	
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F 281	Continued From page 2 Transcription of Physician Orders included that a change in a current order must be entered onto the MAR (Medication Administration Record) as a " changed " order with the current date and 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 order on the MAR.	F 281	for 3 months. Recommendation system changes are made as indicated.  The DON and Dietitian are responsible for ongoing compliance to F 281		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on interviews and review of medical records the facility failed to provide a nutritional supplement in accordance with physician orders to 1 of 3 residents sampled for nutritional status,	F 325	F 325  White Oak Manor - Burlington ensures that each resident's nutritional status is maintained within acceptable parameters, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is unavoidable. And that the residents receive a therapeutic diet when there is a 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. Resident # 2's plan of care currently reflects that nutritional supplements are provided. Resident # 2's body weight has remained stable over the past 60 days.	3/22/12	

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F 325	Continued From page 3 (Resident #2). Findings: Resident #2 was admitted to the facility on 6/3/09. The Minimum Data Set Assessment (MDS) dated 12/14/11 indicated that Resident #2 was cognitively intact with no short or long term memory deficits. A Care Plan dated 12/21/11 included 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 ordered." A review of Resident #2's medical record revealed in the Dietitian's (RD) Progress note dated 11/15/11 a significant weight loss of 10% over a 180 day period and a 5.4% weight loss in the past 30 days. Resident #2's weight had previously been in 131 - 138 pounds over the 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. An RD's progress note dated 11/30/11 noted a weight increase of .9 pounds over the prior 2 weeks and the inclusion of a multiple vitamin to promote wound healing. The RD's note dated 12/13/11 revealed that the resident's weight remained stable at 125.4 pounds but was still below her prior usual body weight. Resident preferences were again updated to improve meal	F 325	Residents receiving nutritional supplements between meals have been reviewed to assure the orders were transcribed onto the delivery record correctly, by Nursing Administration (DON, ADON, SDC) and / or Dietitian; with corrections made as necessary. This audit will be completed by 3/22/2012.  The licensed nursing staff have received re-education on processing Dietary recommendations, obtaining physician approval and inputting orders into the EMR (electronic medical record) which populates on the delivery record. This re-education conducted by the DON/ADON and will be completed by 3/22/2012. Newly hired licensed nurses will receive this training during the Licensed Nurse Orientation and the EMR training with the SDC.  When the Dietitian makes a recommendation it will be given to the DON/ DON to reviewed and noted. The recommendation will then be processed by obtaining the physician approval, writing the physician telephone order (which is signed by the nurse who writes the order), then the order is put into the EMR system. The Dietitian's recommendations will then be signed as completed by a nurse and a copy is returned to		

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F 325	Continued From page 4 intake and promote wound healing. The RD's progress note dated 1/13/12 revealed that Resident # 2 weighed 123.7 pounds on 1/4/12; which was a weight loss of 1.7 pounds over the prior 30 days. The dietitian recommended an increase in the resident 's nutritional supplement from once a day to twice a day during morning and evening medication passes. The last documented weight for Resident #2 on 1/31/12 was 122.3 pounds; a continued weight loss of 1.4 pounds. A review of Resident #2's physician orders indicated that on 1/17/12 an order was written to increase the nutritional supplement from once to twice a day to "promote weight gain and wound healing." A review of Resident #2's Medication Administration Records (MARs) for January 2012 revealed that the nutritional supplement had not been changed from once a day to twice a day. The MARs for February 2012 did include twice a day administration of the nutritional supplement. The MARS for January and February 2012 reflected that Resident #2 consumed 100% of the nutritional supplement during the once a day administration in January and the twice a day administration in February. On interview on 2/22/12 at 2pm Resident #2 indicated that she always drank the nutritional supplement when the nurses gave it to her. She confirmed that she had gotten it twice a day but was unable to recall when she started receiving it twice a day. On 2/22/12 at 3:35pm during an interview a nurse (LPN #1) stated that she could not recall what Resident #2s order for a nutritional supplement was in January 2012. She stated that she administered nutritional supplements in accordance with the directions on the MAR.	F 325	the Dietitian to verify completion. Additionally, each written order is reviewed by the Data Entry person Monday - Friday each week to assure the order has been processed and appears on the delivery record. This 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 to assure compliance to F 325.  Identified trends or concerns are reviewed with the QI committee (Quality Improvement) monthly for 3 months. Recommendationed system changes are made as indicated.  The DON and Dietitian are responsible for ongoing compliance to F 325.	

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F 325	Continued From page 5 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 with physician orders.	F 325		
F 368 SS=D	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME  Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.  There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.	F 368	F 368  White Oak Manor - Burlington offers their residents a snack at bedtime daily.  Resident's #2, #5, #6 and #7 are being offered a bedtime snack daily.  Other residents are also offered bedtime snacks daily by the nursing assistants or other White Oak staff.	3/22/12

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F 368	<p>Continued From page 6</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews the facility failed to assure that 4 of 5 sampled residents (#2, #5, #6 and #7) were offered a bedtime snack.</p> <p>Findings:</p> <p>Resident #2 was admitted to the facility on 6/3/09. The Minimum Data Set Assessment (MDS) dated 12/14/11 indicated that Resident #2 was cognitively intact with no short or long term memory deficits. On 2/22/12 at 5:10pm Resident #2 as part of an interview indicated that she was sometimes offered a bedtime snack " but not every night. "</p> <p>Resident #5 was admitted to the facility on 11/3/06 with diagnoses including Diabetes. The MDS dated 2/15/12 indicated that Resident #5 was cognitively intact with no short or long term memory deficits. During an interview on 2/22/12 at 4:48pm Resident #5 stated that he " sometimes " was offered a bedtime snack " but not always. " He indicated that he sometimes helped himself to whatever snack he found in the kitchen.</p> <p>On 2/23/12 at 10:13am Resident #6 was</p>	F 368	<p>The nursing staff have received re-training on offering residents a bedtime snack daily. Additionally the nursing staff 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.</p> <p>The new EMR system, now in place, prompts the staff to offer a bedtime snack and to document the acceptance or refusal of the snack. The Nursing Administration will monitor the system for compliance of offering a bedtime snack 3 times a week for 2 weeks and monthly for 3 months to assure compliance to F 368</p> <p>The offering of bedtime snacks will be reviewed at the resident council meetings monthly for 3 months by the DON/ADON for feedback from the residents.</p> <p>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 evening.</p>	
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F 368	Continued From page 7 interviewed. The resident ' s MDS assessment described this resident cognitively intact. She stated that she did not remember anyone offering her a snack in the evening after dinner. Resident #7 was interviewed on 2/23/12 at 10:15am. She stated that she was never offered a bedtime snack, " I would remember. " A review of this resident ' s MDS revealed no cognitive deficits and no memory impairments. On 2/22/12 at 4:12pm a Nurse aide (NA#1) during interview stated that bedtime snacks are distributed between 8 and 8:30pm. She stated that she offers the residents assigned to her snacks. Resident #2 often declined a snack other then soda and she would leave the snack at the bedside. She then confirmed that Resident #2 was unable to feed herself so the snacks accumulated in the room. On 2/22/12 at 4:40pm NA#2 was interviewed and stated that snacks are stocked in the unit pantries. Snacks were offered an hour or two after dinner and NAs offered them to their assigned residents 2/22/12 at 4:50pm a nurse (LPN#2) was interviewed and stated that she gave sandwiches to the " diabetic residents " on her assignment. She then indicated that the nurse aides would " usually offer other residents a juice and/or cookie". On interview on2/22/12 at 4:55pm LPN #3 indicated that she or the nurse aides provided diabetic residents with bedtime snacks. She 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 bedtime. " On 2/22/12 at 5:30pm the DON during an interview indicated that routine bedtime snacks	F 368	Issues or trends voiced by the residents or identified concerns from the EMR monitoring are reviewed with the QI committee monthly for 3 months. Recommendations will be made for system changes as indicated.  The DON is responsible for ongoing compliance to F 368.		



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F 368	Continued From page 8 were to be offered to every resident. She stated that some residents got extra items such as a sandwich on their meal trays but indicated that would not be considered a bedtime snack. On 2/22/12 at 4:35pm the pantry on Hall A (100 Hall) contained multiple cases of soda and a large amount of pudding cups. No dry snacks or sandwiches were seen during this observation. 2/22/12 at 5:40pm the Food Service Director (FSD) was interviewed; she revealed that snacks were sent in bulk every evening to the unit pantries. These would normally be cookies, crackers, juices and ice cream. She indicated that no residents were on a specific snack and no snacks were labeled for any specific resident.	F 368			