F 157
SS=D
483.10(b)(11) NOTIFY OF CHANGES
(INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2), or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff and family interview, the facility failed to notify the

F 157
2-14-13

1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:
A. Resident #1 no longer resides at our facility.

2. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action was taken:
A. All residents who reside in the facility have the potential to be affected by the alleged deficient practice.

B. Facility will audit 100% of all resident medical records who are sent to ER to assure compliance with notification of changes (F 157).
Audits will be completed by Director of Nursing or member of Nurse Management. Documentation will be kept on ER notification audit tool.

C. All RP's are currently being notified of residents transfer to ER.

D. Facility will have an associate from nurse management (DON or Nursing Supervisor) call and verify that RP was notified of all residents who were sent to ER. Verification will be documented on ER notification audit tool.

3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
John Wall
Administrator
2-19-13
F 157 Continued From page 1

responsible party that a resident was sent to the Emergency Room (ER) for 1 of 3 residents (Resident #1). The findings included:

Resident #1 was admitted to the facility on 8/3/12 and readmitted on 10/24/12. Diagnoses included pneumonia, acute renal failure, chronic obstructive pulmonary disease and status post tracheotomy.

Nurse’s notes dated 12/13/12, written by Nurse #1, revealed that at 9:45AM Resident #1 was found unresponsive. The physician was called and ordered the resident to be sent to the ER. Emergency medical service was called and the resident was transferred to the emergency room at 10:10 AM. The nurse’s note read in part, “RP (responsible party) notified of decline in condition and transfer to ER.”

A facility “Resident/Family Concern Form” dated 12/17/12 revealed Resident #1’s RP voiced a concern that he was not notified of the resident’s transfer to the hospital.

Hospital records were obtained. The discharge summary indicated: was hospitalized from 12/13/12 - 12/26/12, then discharged to hospice care.

During an interview on 1/17/13 at 8:43 AM, the RP stated he first became aware that the resident was transferred when a family member had gone to visit the resident, found the bed empty and asked staff what happened. The family member then told the RP.

During an interview on 1/17/13 at 3PM, Nurse #1
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
413 WINECOFF SCHOOL ROAD
CONCORD, NC 28027

**NAME OF PROVIDER OR SUPPLIER**
FIVE OAKS MANOR

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>157</td>
<td>01/17/2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>(X3) ID</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 157</td>
<td>F 157</td>
<td>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee monthly x3 to review the need for continued intervention or amendment of plan. Finding will be reported by Administrator.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>(X3) ID</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 281</td>
<td>F 281</td>
<td>1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:</td>
</tr>
<tr>
<td>SS=C</td>
<td></td>
<td>A. No residents have been affected by the alleged deficient practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action taken:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Facility will audit all new admits and re-admits admission packet weekly x6 then monthly x3 to assure Emergency Procedure-Cardio-Pulmonary Resuscitation</td>
</tr>
</tbody>
</table>

**SUMMARY STATEMENT OF DEFICIENCIES**
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 157</td>
<td>Continued From page 2 said she remained with the resident from the time the resident was found unresponsive until transfer to ER. Nurse #1 indicated that she had been assured by the supervisor that the supervisor would notify or had notified the RP. During an interview on 1/17/13 at 4:30 PM, Nurse #2 indicated she had helped with paperwork to expedite Resident #1’s transfer, but did not hear anyone actually call the RP. During an interview on 1/25/13 at 9:20 AM, Supervisor #1 stated that she was not involved in any aspect of Resident #1’s transfer, and did not call the RP. Supervisor #1 indicated that she was in a different part of the building, getting medications ready for return to the pharmacy, at the time and was not aware the resident’s condition had changed.</td>
</tr>
<tr>
<td>F 281</td>
<td>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to develop a Cardio-Pulmonary Resuscitation policy failed to have documentation that the policy was communicated to residents or the responsible party at admission. According to North Carolina Rules for the Licensing of Nursing Homes subchapter 13D 10A NCAC 13D .2309</td>
</tr>
</tbody>
</table>

**COMPLETION DATE**

<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 157</td>
<td>2-14-13</td>
</tr>
</tbody>
</table>

**FORM CM-268/02-09 Previous Versions Obsolete**
Event ID: DQTB11 Facility ID: 053480
F 281 Continued From page 3
CARDIO-PULMONARY RESUSCITATION

(a) Each facility shall develop and implement a Cardio-Pulmonary Resuscitation (CPR) policy.

(b) The policy shall be communicated to all residents or their responsible party prior to admission.

(c) Upon admission each resident or his or her responsible party must acknowledge in writing having received a copy of the policy.

(d) The policy shall designate an outside emergency medical service provider to be immediately notified whenever an emergency occurs.

(e) The policy shall designate the level of CPR that is available using terminology defined by the American Heart Association. American Heart Association terminology is as follows:

1. Heartsaver CPR;
2. Heartsaver Automatic External Defibrillator (AED);
3. Basic Life Support (BLS); or
4. Advanced Cardiac Life Support (ACLS).

Interview with the Director of Nursing and Nursing Consultant on 1/17/13 at 4:15 PM revealed that they believed the facility had a CPR policy and that it was likely outlined in the Admission Packet for residents or the Responsible Party (RP) to sign at admission however they were not certain and stated they would look into it further. They were uncertain what the policy requirements were and were shown the rule as outlined in the North Carolina Rules for Licensing Nursing Homes as noted above. The Nursing Consultant stated she was also aware that the facility was required to

policy was communicated to resident or responsible party with acknowledgement in writing having received a copy of the policy. Any indentified non-compliance will be reported to Administrator immediately and corrections completed timely. Audits will be completed by Administrator. Results of audits will be documented on admission packet audit tool.

B. Facility admission packet was updated on Feb. 7, 2013 by administration to include Emergency Procedure cardio-Pulmonary Resuscitation policy and acknowledgement form.

C. Emergency Procedure Cardio-Pulmonary Resuscitation policy is being provided to residents/RPs upon admission in writing and acknowledgement form is being completed. Associates within the admission office will be reviewing policy with residents/RPs and getting acknowledgement form completed.

D. Emergency Procedure Cardio-Pulmonary Resuscitation policy has been revised to include all components outlined in NC Nursing Home Rule 10A NCAC 13D .2309.

3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur.
F 281 Continued From page 4

have at least one staff member in the facility 24
hours a day who was certified at the CPR level
indicated by the policy and both the DON and
Nursing Consultant stated this aspect of the
requirement was met and documentation would
be provided to confirm this.

On 1/23/13 the facility e-mailed a copy of the
Admission Packet Checklist and the Medical
Orders for Scope of Treatment form. Review of
these documents revealed no information
regarding the level of CPR available in the facility
and no signature page for residents or RP's to
sign that they had been informed of the level of
CPR care available in the facility.

On 2/1/13 at 12:30 PM telephone interview with
the Administrator and DON clarified additional
information provided by the facility regarding staff
with CPR certification and confirmed 24 hour
coverage, by at least one staff member, at the
Heartsaver level. However, the Administrator
acknowledged that the facility did not have a
document outlining the level of CPR care
available at the facility for resident/RP information
and for them to sign although whether or not CPR
intervention was desired, in an emergency
situation, was discussed and documented at
admission and as needed.

E. Current residents an/or Responsible
Parties will be informed of
Emergency Procedure- Cardiopulmonary Resuscitation
policy with acknowledgement forms attached by mail (completed
2/20/13) or in person. Process will
be ongoing until 100% completed
or parties refuse to cooperate.
Director of Social Services will be
responsible for tracking completion
of current residents/responsible
parties being informed of policy
with acknowledgement form
signed. Documentation will be
completed on current
residents/responsible parties
tracking tool. Associates within
Admission will be responsible for
mailing or in person
communications of Emergency
Procedure- Cardiopulmonary
Resuscitation policy.

4. Monitoring of corrective action to
ensure the alleged deficient practice
will not recur:

A. Reports of findings and subsequent
disciplinary action, if applicable, will be
reported to the facility Quality
Assurance committee monthly x 3 to
review the need for continued
intervention or amendment of plan.
Findings will be reported by
Administrator.