STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345301	A. BUILDING _____ B. WING _____	C 01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - BURLINGTON	323 BALDWIN ROAD BURLINGTON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, resident interviews, and record review, the facility failed to provide nail care for 1 of 3 residents reviewed for activities of daily living. (Resident #75) Findings included: Resident #75 was admitted to the facility on 11/8/10 with readmission date 3/3/15. Diagnoses included hypertension, seizures, rheumatoid arthritis, anxiety, mental illness, and depression. A record review of the Minimum Data Set (MDS) dated 12/16/15 an annual assessment, revealed the resident is cognitively intact, had severe mental illness, and required an extensive assist with one assist with bed mobility, dressing, and toileting. The resident required an extensive assist with two assist with transfers, total dependence with one assist with personal hygiene and a set up with meals. The resident had impairment to both lower extremities (bilateral below the knee amputations), and used a wheelchair. The resident was frequently incontinent of urine and always incontinent of bowel. The resident was not resistant to care. A record review of the care plan dated 6/12/14	F 312	White Oak Manor-Burlington assures residents who are unable to carry out activities of daily living (ADL's) receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Resident #75's fingernails are clean, trimmed, and filed. A nursing team consisting of CNA's (certified nursing assistants) and nurses will conduct a facility audit to check and provide fingernail care to assure nails are clean, trimmed and filed. This will be completed by 2/17/16. The CNA's and nurses have received re-education on providing nail care to each resident's fingernails to include cleaning their fingernails with each bath and either trimming or filing them weekly or as needed. If a resident refuses to have nail care given or if the NA has difficulty providing the nail care, the NA will report this to the charge nurse. If the resident's family chooses to provide the fingernail care, this will be identified of the	2/25/16

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

Electronically Signed | 02/08/2016

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F 312	Continued From page 1 revealed the resident was at risk for further impaired skin integrity related to decreased mobility and rheumatoid arthritis. The care plan was updated on 10/9/15 with interventions that included turning and repositioning, provide assist with incontinent care, provide shower two times weekly, treatment as ordered for pressure ulcer. The resident required an extensive assist with activities of daily living (ADL ' s) for most ADL ' s related to bilateral knee amputations. The resident continued to feed self and perform personal hygiene with set up. The resident preferred a bed bath with one person to assist while bathing. An observation of Resident #75 on 1/26/16 at 8:30 AM revealed the resident had contracted fingers to both hands. The left hand was noted to have a long thumbnail that was square in shape, extended past the fingertip and was approximately ½ inch long. The index fingernail on the left hand was extended past the fingertip, was approximately ½ long, square in shape, and jagged around the edges. The right hand was noted to have the middle finger and the ring finger nails to extend past the fingertips. They were approximately ½ long, rounded shape, and jagged around the edges. An interview with Resident #75 on 1/26/16 at 8:30 AM revealed the nurse aids (NA) clean her hands in the morning when they do her bath. The resident asked staff to cut the nails but no one had done it. The resident reported her fingers were contracted due to her Rheumatoid Arthritis and she was unable to cut her own nails. The resident reported the last person to cut them was the Treatment Nurse, which was about 2 months ago. The resident reported a family member	F 312	resident specific "care guide" located on the kiosk and on the resident's plan of care. This re-education will be completed prior to 2/25/16 by the DON (Director of Nursing), ADON (Assistant Director of Nursing) or designee. Newly hired CNA's and nurses receive this education during their specific job orientation with the SDC (Staff Development Coordinator). Nursing Administration (DON, ADON, Unit Managers, Supervisors, Treatment Nurse, Safety Nurse, and Restorative Nurse) as well as Activity staff will conduct weekly rounds for 4 weeks then monthly for 3 months to check fingernail care and to assure ongoing compliance with F 312. Identified trends or concerns are addressed with the QI (Quality Improvement) Team during the morning meeting weekly for 4 weeks then monthly for 3 months to make recommendations for system changes as needed. The DON is responsible for ongoing compliance to F 312.	

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F 312	Continued From page 2	F 312		

used to cut her nails but now that person has cataracts and can no longer cut them.

An interview with the MDS Nurse on 1/27/16 at 9:15 AM revealed the care of the resident ' s nails was not added to the care plan since it was a standard of care. If there was no reference noted in the care plan, it was considered standard care. The NA ' s should be doing nail care as part of their routine care.

An additional interview with Resident #75 on 1/28/16 at 7:23 AM revealed during morning care the NA bathed her, changed her clothing, and combed her hair. The NA did not offer to cut or file the resident ' s nails. The resident reported the NA said she was scared to cut them and the family member was too. The resident reported, " I wish someone would cut them. " The resident reported she had not asked the Treatment Nurse to cut them.

An interview with NA #1 on 1/28/16 at 8:05 AM revealed the resident ' s nails had been long for a while. The NA reported the NA ' s were allowed to cut and trim fingernails as part of care but they were not to cut toenails. She reported she had not cut the resident ' s nails because the family member usually did it. The NA further added the resident had not requested her nails to be filed or cut.

An interview with Nurse #1 on 1/28/16 at 8:33 AM revealed the NA ' s have not reported that her nails needed to be trimmed nor that the resident was requesting them to be trimmed. Nurse #1 verified that her fingernails were very long.

An interview with the Treatment Nurse on 1/28/16

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F 312	Continued From page 3 at 10:04 AM revealed she changed a dressing on the resident ' s wound daily Monday thru Friday. She was aware the resident ' s fingernails were long. She reported the last time she cut them was about a month ago. The thumbnail was split across the nail bed, so she was letting it grow out. An interview with the Director of Nursing (DON) on 1/28/16 at 12:31 pm revealed that her expectation of the NA ' s was that they trim the nails or use a nail file to file them down. The DON reported a family member usually cut Resident #75 ' s nails. She was not aware the family member was no longer cutting the resident ' s nails. The DON reported the NA ' s should be cutting or filing nails once per week on shower days.	F 312		