DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				(OMB NO	. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		(X3) DATE COMP	LETED
		345171	B. WING			C 01/23/2018		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			01/23/2018	
				4	401 N MORGAN STREET			
WHITE O	AK MANOR - SHELBY			5	SHELBY, NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
F 676 SS=D	, , , , , , , , , , , , , , , , , , , ,		F	676				2/19/18
	resident's needs and provide the necessary ensure that a residen daily living do not dim of the individual's clin that such diminution v includes the facility en §483.24(a)(1) A resid treatment and service or her ability to carry living, including those of this section §483.24(b) Activities The facility must prov	dent and consistent with the choices, the facility must y care and services to t's abilities in activities of ininish unless circumstances ical condition demonstrate was unavoidable. This nsuring that: ent is given the appropriate es to maintain or improve his out the activities of daily especified in paragraph (b) of daily living. ide care and services in igraph (a) for the following						
	including walking, §483.24(b)(3) Elimina	ation-toileting,						
		eating, including meals and						
		unication, including ommunication systems. is not met as evidenced						
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE			(X6) DATE
	cally Signed							02/09/2018

Electronically Signed

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.

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	8-039 /
ND PLAN OI	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED		
		345171	B. WING	C 01/23/2018		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
	AK MANOR - SHELBY			401 N MORGAN STREET SHELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPL	ETION
F 676	Continued From page	e 1	F 676	5		
	resident and staff interprovide toileting assist observed for activities #5). The findings included Resident #5 was adm 11/10/17 with diagnos urinary tract infection, diabetes. Review of the admiss dated 11/17/17 revea cognitively intact and assistance with toileti Review of the Reside from 08/2017 to prese a concern at the 10/1 taking staff too long to provide care. The issist Administrator and the who had an in-service lights as quickly as po	hitted to the facility on ses of high blood pressure, , deep vein thrombosis, and ion Minimum Data Set led Resident #5 was required extensive ng. Int Council Meeting minutes ent revealed the Council had 1/17 meeting that it was to answer call lights and ue was taken to the Director of Nursing (DON) e with staff on answering call		 F0676 White Oak Manor-Shelby does prothe necessary care and services to ensure a resident's abilities in actidaily living do not diminish. On January 23, 2018 on first shift, were 48 residents occupying a 56-occupancy hall. There were four to Assistants and two LPNs present is shift on this specific hall. Residen not experience any negative outcochange in condition. When Resider rang call light for assistance, this with 22pm and it was time for the lunch the Dining Room and hall staff we assisting residents to the Dining R lunch (for those choosing to eat in Dining Room). It is the expectation any staff member available will resident aresident's call light. The LPN for Resident #5 was passing medicatistated she did not notice Resident call light on. Resident #5's call ligit answered in a timely manner. 	b vities of there -bed Nursing for this t #5 did ome or ent #5 vas at n meal in re oom for the n that spond to - ons and #5's ht will be	
	her wheelchair in her Resident #5 told this to the bathroom. A co made of Resident #5' staff entering her roon PM. At 12:42 PM Res she really needed to	esident #5 to be sitting up in room with her call light on. surveyor she needed to go ontinuous observation was s call light being on and no m from 12:00 PM to 12:42 sident #5 told the surveyor go to the bathroom, this se on the hall, who went to		re-education/reinservicing on bein observant of any call light that is o responding to the call light to ensu residents' call lights are answered timely manner. This re-education/reinservicing was init with the Nursing Department on F 6 and February 7, 2018. Multiple Assistant meetings were schedule	n and ire all in a iated ebruary Nursing	

Facility ID: 943557

		ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 02/13/2018 RM APPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		345171	B. WING			C 01/23/2018	
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
				40	1 N MORGAN STREET		
WHITE OA	K MANOR - SHELBY			SI	HELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	¢	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 676	Continued From page	a 2	F 6	76			
1 0/0		52	FO	0/0			
	at 12:45 AM.				the Administrator and the Director of Nursing. Multiple Licensed Nurse		
1	An interview conduct	ed on 01/23/18 at 12:01 PM			meetings were scheduled for Februar	w 7	
		ealed she turned her call light			2018 and were conducted by the	y 1,	
		use she needed to go to the			Administrator and the Director of Nurs	sing.	
	bathroom. She stated	.			Staff members who are on approved	U	
		nutes to answer her call light			leave of absences/vacation/etc. will h	nave	
	and at night it could t	ake up to an hour.			their inservicing completed prior to or upon reporting back to work.		
	An interview conduct	ed on 01/23/18 at 2:00 PM					
		she was busy with her			Current Nursing staff have been		
	-	did not notice Resident #5's			inserviced on being observant of any		
		ed there were only 2 Nurse			light that is on and responding to the		
		Il today and they needed to			light. This was initiated on February	b and	
		order to answer call lights			February 7, 2018. Inservicing will be		
	timely and provide ca	needed 2 staff to provide			repeated with newly hired staff during Orientation by the Staff Development		
		as lunch time and the NAs			Nurse. Reeducation/reinservicing wil		
		sidents up and to the dining			be reinforced as necessary to ensure		
		ch and passing trays.			compliance by Staff Development Nu		
	,	1 0 9			and/or the Director of Nursing.		
	An interview conduct	ed on 01/23/18 at 2:05 PM			č		
		Resident #5 was her resident			Ongoing monitoring and compliance		
	-	NAs on the hall and they			be achieved by completion of a "Call		
	÷	to provide care for residents			Monitoring Tool". This tool will be util		
		idents on the hall required 2			for monitoring call lights for five rando		
	-	ported staffing had been bad			residents per day for two weeks, then		
		months and call lights were as they could get to them.			three random checks a day for two we then two resident checks daily for fou		
		lunch time was particularly			weeks, then five random checks mon		
		to get residents up and to			for three months, and as needed		
	•	in their rooms for lunch and			thereafter. The tool will be completed	l by	
		he further stated they			the Administrator, Director of Nursing	-	
		er most call lights at lunch			Nursing Management (ADON, SDC,		
	time when there were	e only 2 NAs on the hall.			RN, and/or Unit Coordinators), and/or		
					Social Services, and then given to the		
		ed on 01/23/18 at 5:28 PM			Administrator or DON upon completion	on.	
		ursing (DON) revealed it					
	was her expectation	for call lights to be answered			Social Services will also interview		

Facility ID: 943557

If continuation sheet Page 3 of 11

AID SERVICES			FORM APPROVED OMB NO. 0938-0391
ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
345171	B. WING		C 01/23/2018
		STREET ADDRESS, CITY, STATE, ZIP	· · · · · · · · · · · · · · · · · · ·
		401 N MORGAN STREET	
		SHELBY, NC 28150	
BE PRECEDED BY FULL	ID PREFIX TAG	C PROVIDER'S PLAN O C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
ered. She stated she een short staffed but	F 6	 Resident #5 on the timelir light being answered and weekly for six weeks, ther three months, and as nee The results of these audits reviewed in the Morning O Monday-Friday for any ad discussion/recommendatio of these audits will also be during the monthly QA me further discussion and reco if needed. From January 22, 2018 to 2018, the facility has hired Assistants, six LPNs, and assist with Nursing Staff F Retention, new processes implemented. Primarily, r for LPNs and Nursing Ass established and made effe 2, 2018. These new wage implemented for both new current LPNs and Nursing are also now conducting v Orientations as long as th employee available for tha Orientation. Orientations been scheduled every two Weekly Orientations are b to provide additional nursi available positions quicke assisting with more staff a provide care and services manner. The facility also "points forgiveness" progr 	ness of her call will do this n monthly for ded thereafter. s will be a meeting ditional ons. The results e reviewed eeting for any commendations, o February 9, d ten Nursing one RN. To Recruitment and s have been new wage scales sistants were ective February e scales were v hires and all g Assistants. We weekly ere is a Nursing at week's had previously o weeks. being completed ing staff/fill r, thereby available to in a timely currently has a am in place for
	ENTIFICATION NUMBER:	A. BUILDIN 345171 B. WING T OF DEFICIENCIES BE PRECEDED BY FULL VITIFYING INFORMATION) F 6 care provided at the ered. She stated she een short staffed but	A. BUILDING 345171 B. WING JO IN MORGAN STREET STREET ADDRESS, CITY, STATE, ZIP JO TOP DEFICIENCIES BE PRECEDED BY FULL VITEYING INFORMATION) PREFIX TAG PREFIX CROSS-REFERENCED TO DEFICIENCY CROSS-REFERENCY CROSS-REFERENCY CROSS-REFERENCY CROSS-REFERENCY

Event ID: WTOC11

Facility ID: 943557

If continuation sheet Page 4 of 11

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 02/13/2018 1 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/23/2018	
		345171	B. WING				
NAME OF P	ROVIDER OR SUPPLIER		I	SI	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
	AK MANOR - SHELBY			40	01 N MORGAN STREET		
				S	HELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 676	Continued From page	- 4	F	676	shifts. The facility is also advertising the new wage scales in place via local newspaper employment ads and on joe employment websites to include Indeed.com, Monster.com, ZipRecruiter.com, Woofoo.com, AfterCollege.com and Tmc.com. The facility continues to work with area schools as a clinical site for both LPN Nursing Assistant students. Sign-on bonuses and referral bonus programs also in place. For monitoring the effectiveness of the new wage scale and other processes of LPN and Nursing Assistant recruitment and retention, the HR Manager will complete a Bi-Monthly CNA and LPN Position Assessment Tool. This will be effective February 2, 2018 (when wage scales were increased) and the first to will be completed February 16, 2018. These tools will continue to be complete ach payperiod (every two weeks)for three months, then monthly for three months, and then as needed. These were increased by the Administrator, Director of Nursing, HR Manager and Scheduler, as well as the continued daily reviews of the Nursing Department schedules and staffing ne The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will be reviewed in the Morning QI meeting Monday-Friday for any additional discussion/recommendations. The results of these audits will also be reviewed during the monthly QA meeting for any further discussion and recommendation if needed. Facility staff are also being the monthly Commendation if needed. Facility staff are also being the monthly for these audits will be reviewed and recommendation if needed. Facility staff a	b and are with t egin eol ted vill e eds.	

Event ID: WTOC11

Facility ID: 943557

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 02/13/20 // APPROVE). 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		LETED
		345171	B. WING _					23/2018
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
WHITE OA	K MANOR - SHELBY		401 N MORGAN STREET SHELBY, NC 28150					
(X4) ID PREFIX TAG	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AV REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	Ē	(X5) COMPLETIO DATE	
F 676	Continued From page	e 5	F 6	576	made aware of each person a hired for each Orientation via each time clock. The Administrator and Directo are responsible for the implem the plan of correction, as well	postings at r of Nursing nentation of	9 f	
F 725 SS=D	Sufficient Nursing Sta CFR(s): 483.35(a)(1)		F 7	25	monitoring.			2/19/18
	the appropriate comp provide nursing and r resident safety and at practicable physical, i well-being of each res resident assessments and considering the r diagnoses of the facil	e sufficient nursing staff with etencies and skills sets to elated services to assure ttain or maintain the highest mental, and psychosocial sident, as determined by s and individual plans of care						
	by sufficient numbers types of personnel or nursing care to all res resident care plans: (i) Except when waive this section, licensed	sonnel, including but not						
		section, the facility must nurse to serve as a charge						

Facility ID: 943557

If continuation sheet Page 6 of 11

						10.0938-03	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	. ,	TE SURVEY MPLETED	
			A. BUILDING				
		345171	B. WING			C 01/23/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		1/23/2010	
				401 N MORGAN STREET			
WHITE OA	K MANOR - SHELBY			SHELBY, NC 28150			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN		(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED		COMPLETIO	
F 725	Continued From page	e 6	F 72	25			
		is not met as evidenced					
	by:						
		ns, record review and		F0725			
		erviews the facility failed to		White Oak Manor-Shelb	•		
	· ·	sing staff to provide toileting		sufficient 24-hour Nursi	-		
	assistance. This affect	cted 1 of 3 residents		appropriate competenci to provide nursing and r			
	(Resident #5).			assure resident safety a			
	The findings included			maintain the highest pra			
	ine mange medded			mental, and psychosoci			
	This tag was cross re	ferenced to F676:		each resident, as deterr	-		
				assessments and plans	of care.		
	Based on observatior						
		erviews the facility failed to		On January 23, 2018 or			
		stance for 1 of 3 residents		were 48 residents occup			
	#5).	s of daily living (Resident		occupancy hall. There Assistants and two LPN			
	#5).			shift on this specific hall			
	An interview conducte	ed on 01/23/18 at 12:41 PM		not experience any neg			
		ealed she turned her call light		change in condition. W			
	on at 12:00 PM becau	use she needed to go to the		rang call light for assista	ance, this was at		
	bathroom. She stated			12pm and it was time fo	r the lunch meal in		
		nutes to answer her call light		the Dining Room and ha			
	and at night it could ta	ake up to an hour.		assisting residents to th	-		
	An interview conduct	ed on 01/23/18 at 2:00 PM		lunch (for those choosin Dining Room). It is the	-		
		she was busy with her		any staff member availa			
		did not notice Resident #5's		a resident's call light. T	•		
		ed there were only 2 Nurse		Resident #5 was passin			
	-	Il today and they needed to		stated she did not notice	-		
		order to answer call lights		call light on. Resident #	-		
	timely and provide ca			answered in a timely ma	anner.		
		needed 2 staff to provide			.		
		as lunch time and the NAs		All Nursing Staff (Nursin			
	· · ·	idents up and to the dining		LPNs, and RNs) will rec re-education/reinservici			
	room or ready for lune	un anu passing itays.		observant of any call lig			
	An interview conducte	ed on 01/23/18 at 2:05 PM		responding to the call lig			
		Resident #5 was her resident		residents' call lights are			

Facility ID: 943557

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		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPRO OMB NO. 0938-	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345171	B. WING	C 01/23/		
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO		
				401 N MORGAN STREET		
WHITE OA	AK MANOR - SHELBY			SHELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE COMPLE HE APPROPRIATE DAT	
F 725	Continued From page	o 7	г <i>т</i>			
F 723			F 72			
	-	NAs on the hall and they		timely manner. This		
		to provide care for residents		re-education/reinservicing w		
		idents on the hall required 2 ported staffing had been bad		with the Nursing Departmer 6 and February 7, 2018. M		
		f months and call lights were		Assistant meetings were sc		
		as they could get to them.		February 6, 2018 and were		
		lunch time was particularly		the Administrator and the D	-	
		to get residents up and to		Nursing. Multiple Licensed I		
		o in their rooms for lunch and		meetings were scheduled for		
	then passing trays. S	he further stated they		2018 and were conducted b	by the	
	weren't able to answe	er most call lights at lunch		Administrator and the Direc	•	
	time when there were	e only 2 NAs on the hall.		Staff members who are on a		
				leave of absences/vacation		
		ed on 01/23/18 at 5:05 PM		their inservicing completed	-	
	-	rdinator revealed staffing		upon reporting back to work	κ.	
		past couple of months. She				
	-	o have 2 nurses on each hall		Current Nursing staff have t		
		00 PM and 3:00 PM to 11:00		inserviced on being observa		
		e on each hall except for the urses on the 11:00 PM to		light that is on and respondi light. This was initiated on l		
		ated the for NAs on the 7:00		February 7, 2018. Inservici	-	
		:00 to 11:00 PM shift was 5		repeated with newly hired s	•	
		3 to 4 on the 100 and 200		Orientation by the Staff Dev	•	
		ne rehabilitation hall. On the		Nurse. Reeducation/reinse	•	
		I shift the goal was to have 2		be reinforced as necessary		
		hall, 2 NAs on the 100, 200,		compliance by Staff Develo		
		Is. She stated the facility had		and/or the Director of Nursi		
		s on the 7:00 AM to 3:00 PM				
		positions on the 11:00 to 7:00		Ongoing monitoring and co		
		positions on the 3:00 to		be achieved by completion	-	
		stated they were advertising		Monitoring Tool". This tool		
		ool programs and word of		for monitoring call lights for		
		ng daily but couldn't keep		residents per day for two we		
		re hired. She reported new		three random checks a day		
	nires would work a m	onth or two and then quit.		then two resident checks da	-	
	An interview and the	tod on 01/22/19 at 5:00 DM		weeks, then five random ch	-	
		ted on 01/23/18 at 5:28 PM		for three months, and as ne		
		lursing (DON) revealed		thereafter. The tool will be		
	stanning nad been low	/ for the past couple of		the Administrator, Director of	inursing,	

Facility ID: 943557

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STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
	Connection	345171	A. BUILDING	3	C	
	ROVIDER OR SUPPLIER	545171		STREET ADDRESS, CITY, STATE, ZIP CODE	01/23/2018	
	AK MANOR - SHELBY			401 N MORGAN STREET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		SHELBY, NC 28150 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETIO		
F 725	months. She stated s weekends due to low they were interviewin almost every week but through orientation th month or two and qui use agency staff but t needed) Pool to pull f An interview conducte with the Administrator an issue. She reporte hiring and training ne seem to stay. She rep agency staffing but th	he had worked the past two staffing. The DON reported g and having orientations ut after they would get he new hires would work a t. She reported they do not they have a PRN (as	F 72	 Nursing Management (ADON, SD RN, and/or Unit Coordinators), an Social Services, and then given to Administrator or DON upon comples Social Services will also interview Resident #5 on the timeliness of here in the being answered and will do the weekly for six weeks, then monthe three months, and as needed there. The results of these audits will be reviewed in the Morning QI meetin Monday-Friday for any additional discussion/recommendations. The of these audits will also be reviewed during the monthly QA meeting for further discussion and recommendif needed. From January 22, 2018 to Februa 2018, the facility has hired ten Nu Assistants, six LPNs, and one RN assist with Nursing Staff Recruitm Retention, new processes have be implemented. Primarily, new wag for LPNs and Nursing Assistants vestablished and made effective Fe 2, 2018. These new wage scales implemented for both new hires and current LPNs and Nursing Assistant are also now conducting weekly Orientations as long as there is a employee available for that weeks? Weekly Orientations are being cor to provide additional nursing staff/available positions quicker, thered 	d/or b the letion. her call his y for reafter. hg e results ed r any dations, ry 9, rsing l. To lent and een le scales were ebruary were nd all ints. We Nursing s viously mpleted /fill	

Event ID: WTOC11

Facility ID: 943557

If continuation sheet Page 9 of 11

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I					FORM	: 02/13/2018 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	345171	B. WING				<i>,</i> 23/2018
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0	
WHITE OAK MANOR - SHELBY			40	1 N MORGAN STREET		
WHITE OAK MANOK - SHELBT			SH	HELBY, NC 28150		
PREFIX (EACH DEFICIENC)	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725 Continued From page	9	F	725	assisting with more staff available to provide care and services in a timely manner. The facility also currently has "points forgiveness" program in place of the Nursing department that provides a incentive for picking up available extra shifts. The facility is also advertising the new wage scales in place via local newspaper employment ads and on jo employment websites to include Indeed.com, Monster.com, ZipRecruiter.com, Woofoo.com, AfterCollege.com and Tmc.com. The facility continues to work with area schools as a clinical site for both LPN Nursing Assistant students. Sign-on bonuses and referral bonus programs also in place. For monitoring the effectiveness of the new wage scale and other processes of LPN and Nursing Assistant recruitmen and retention, the HR Manager will complete a Bi-Monthly CNA and LPN Position Assessment Tool. This will be effective February 2, 2018 (when wag scales were increased) and the first to will be completed February 16, 2018. These tools will continue to be comple each payperiod (every two weeks)for three months, then monthly for three months, and then as needed. These w be reviewed and discussed by the Administrator, Director of Nursing, HR Manager and Scheduler, as well as the continued daily reviews of the Nursing Department schedules and staffing ne The results of these audits will be reviewed in the Morning QI meeting	for an he bb and are with t egin e ol vited will e	

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM	APPROVED
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	SURVEY LETED
		345171	B. WING			, 23/2018
NAME OF P	ROVIDER OR SUPPLIER		· [STREET ADDRESS, CITY, STATE, ZIP CODE	•	
WHITE OA	AK MANOR - SHELBY			401 N MORGAN STREET SHELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
F 725	Continued From page	≥ 10	F7	25 Monday-Friday for any additional discussion/recommendations. The r of these audits will also be reviewed during the monthly QA meeting for a further discussion and recommenda if needed. Facility staff are also bein made aware of each person and pos- hired for each Orientation via posting each time clock. The Administrator and Director of Ne are responsible for the implementation the plan of correction, as well as ong monitoring.	ny tions, ng sition gs at ursing on of	

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