DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			(	OMB NO	D. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345009	B. WING			C 01/16/2019	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE OAK	S AT WHITAKER GLEN-N	IAYVIEW			13 EAST WHITAKER MILL ROAD RALEIGH, NC 27608		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 641 SS=D	Accuracy of Assessm CFR(s): 483.20(g)	ents	F	641			2/10/19
	Accuracy of Assessments				This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by th provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely becaus it is required by the provision of the stat and federal law to remove the deficience It also demonstrates our good faith and desire to continue to improve the quality care and services to our residents. Affected resident resolution: Resident #2 "Skin re-assessments/observations wer performed by the unit manager and assigned nurse on Resident #2. "Clinical Case Mix Director (CMD), Skin Integrity Nurse (SIC) and the Director of Health Services reviewed the documentation, coding and treatment p and corrected any inaccuracies if neede at that time. Identification of other residents who cou- be affected:	se te :y. y of re f lan ed	
	notes would indicate	presence of wounds or	_				
I ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURI	=		TITLE		(X6) DATE

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.

01/31/2019

D HUMAN SERVICES			FORM AF OMB NO. 09	
	, <i>,</i>		(X3) DATE SUR COMPLETE	
345009			_	2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CO		
THE OAKS AT WHITAKER GLEN-MAYVIEW				
MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE CC HE APPROPRIATE	(X5) DMPLETION DATE
nt at that time. If there admission notes, it only no wounds of blisters erapist assessment notes licate the presence of 's right lateral heel, anterior g lower lateral. There was a on lateral portion of upper ssessment as written by '). The PT was interviewed d she stated that there assessment for the d to resident's right lateral I, and right leg lower lateral ware of any wound or essment. (H&P) notes on 11/26/18 id not indicate any wounds te written by the Physician 7/18 indicated the skin was intact on the right lower iewed on 1/16/19 at 8:20 er assessment notes on vere no wounds noted. ry from the hospital did not wounds on resident's right ag lower lateral.	F 6	<ul> <li>The Case Mix Director (CM MDS audits on Section M differ coding accuracy and supple documentation for a 90-day period. If discrepancies were they were reviewed by both Wound nurses and necessar were made.</li> <li>Body Audits were conducted Manager, DHS, Skin Integri and the Floor nurses, focus residents on the certified unidentified issues discovered audit were corrected by treatevaluation, updating care pl completing documentation preatment initiated along wit physician and family notificates.</li> <li>Systems will be put into platerecurrence of this deficient preatments, provided to Jan. 24, 2019, by Regional Consultant regarding facility policies, practices, and docurequirements, provided to the nurse and Director of Health Service Competency Coordinator be with the Nursing staff on Janinclude documentation requirements.</li> <li>Skin Integrity Coordinator assigned the following courses</li> </ul>	ocumentation oporting look-back e identified, the MDS and any corrections d by the Unit ty Coordinator was on the it. Any during the atment ans, per policy, h the atment atment ans, per policy, h the ation. ce to avoid practice: on Thursday Nurse wound umentation he Wound h Services. s and Clinical egan education in 24, 2019 to irrements, id wound (SIC) was ses regarding hagement per	
	IEDICAID SERVICES X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345009	IEDICAID SERVICES         X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTI A. BUILDIN         345009       B. WING         AYVIEW       B. WING         PREMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CODENTIFYING INFORMATION)       ID PREFIX TAG         1       nt at that time. If there admission notes, it only no wounds of blisters       F 6         erapist assessment notes licate the presence of 's right lateral heel, anterior g lower lateral. There was a on lateral portion of upper ssessment as written by '). The PT was interviewed d she stated that there assessment for the d to resident's right lateral l, and right leg lower lateral ware of any wound or essment.       III (H&P) notes on 11/26/18 id not indicate any wounds te written by the Physician 7/18 indicated the skin was intact on the right lower iewed on 1/16/19 at 8:20 or assessment notes on vere no wounds noted.         ry from the hospital did not wounds on resident's right eg lower lateral.       III (H&P) notes on tere assessment notes on vere no wounds noted.         ry from the hospital did not wounds on resident's right eg lower lateral.       III (HI) (HI) (HI) (HI) (HI) (HI) (HI) (	IEDICAID SERVICES         X1) PROVIDERSUPPLERCLA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING         345009       B. WING         STREET ADDRESS, CITY, STATE, ZIP CO 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608         AVVIEW       STREET ADDRESS, CITY, STATE, ZIP CO 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608         Image: Comparison of the comparison of the comparison on tess, it only no wounds of blisters       D PREFIX CROSS-REFERENCED TO TO DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)       F 641         1       The Case Mix Director (CM MDS audits on Section M d for coding accuracy and sup documentation for a 90-day period. If discrepancies were they were reviewed by both Wound nurses and necessa on lateral portion of upper sessment as written by ). The PT was interviewed d is he stated that there assessment for the d to resident's right lateral ware of any wound or essment.       Body Audits were conducter Manager, DHS, Skin Integri and the Floor nurses, focus residents on the certified un identified issues discovered audit were corrected by tree evaluation, updating care pi completing documentation pi treatment initiated along wit physician and family notifica (H&P) notes on 11/26/18 id not indicate any wounds the written by the Physician rassessment notes on rere no wounds noted.       Systems will be put into pla recurrence of the adficient p completing documentation p consultant re	IEDICAID SERVICES       OMB NO. 03         X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X2) DATE SUR COMPLET STREET ADDRESS, CITY, STATE, ZIP CODE         345009       B WING       STREET ADDRESS, CITY, STATE, ZIP CODE         ANYTEW       STREET ADDRESS, CITY, STATE, ZIP CODE         ALEIGH, NC 27608       STREET ADDRESS, CITY, STATE, ZIP CODE         RALEIGH, NC 27608       FEALENON DEFICIENCIES (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       CC         1       The Case Mix Director (CMD) performed MDS audits on Section M documentation for coding accuracy and supporting documentation for a 90-day look-back period. If discrepancies were identified, they were reviewed by both the MDS and Wound nurses and necessary corrections were made.       CC         1       The Case Mix Director (CMD) performed MDS audits on Section M documentation for coding accuracy and supporting documentation for a 90-day look-back period. If discrepancies were identified, they were reviewed by both the MDS and Wound nurses and necessary corrections were made.         10       Identified issues discovered during the audit were conducted by the Unit Manager, DHS, Skin Integrity Coordinator and the Floor nurses, focus was on the residents night lateral to resident's night lateral to resident's night lateral to resident's night lateral to resident's night lateral were on any wound or essment.       Systems will be put into place to avoid recurrence of this deficient practice: 1.Education was provided on Thursday Jan. 24, 2019, by Regional Nurse Consultant regarding facility wound policies, practices, and documentation r

Facility ID: 923332

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 02/18/201 MAPPROVE D. 0938-039
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
	345009		B. WING				0 16/2019
NAME OF P	NAME OF PROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
THE OAKS AT WHITAKER GLEN-MAYVIEW					I3 EAST WHITAKER MILL ROAD ALEIGH, NC 27608		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 641	1/15/19 at 2:46 PM re assessment on the M Wound Care Nurse w assessing and filling is section. A telephone interview conducted on 1/15/19 Nurse stated that she coded in the MDS da read to the Wound Nur resident was coded w ulcers from admission incorrect entry and th unstageable pressure The interim Director of on 1/16/19 at 9:57 AM on the MDS assessment	or #1 was interviewed on egarding the skin IDS. She stated that the vas responsible for in the skin assessment with the Wound Nurse was at 4:13 PM. The Wound e did not recall what she ted 12/3/18. The MDS was	F	541	<ul> <li>a. Identification and Assessment RCL-SRC-0-AWC1A-V2</li> <li>b. Assessment and Documentation PH-Lippincott_2654114</li> <li>c. Unishield 2012 Wound Care Rev</li> <li>RCL_P18434</li> <li>d. MDS 3.0 Section M REL-PAC- 3.0SECM19.</li> <li>4.Upon admission, skin observations be completed as part of the admission process by the admission nurse or assigned nurse. The Skin Integrity Coordinator (SIC) will review all new admission and readmission body aud for admissions that occur Sun-Thurs. for Admission/Readmissions that occur Fri-Sat the week-end supervisor will review the body observation.</li> <li>5.Skin Integrity Coordinator/Unit Managers/Weekend Managers will re the body audits weekly x 4 weeks that were completed from the week prior t ensure any identified areas are care planed, proper documentation is in pl treatment initiated, and MD and family were notified. Any concerns/ discrepancies will be addressed with Director of Health Services and/or Un Manager.</li> <li>6.The Case Mix Director will review documentation of body observations of MDS is due to assure notes are preses support accurate MDS coding.</li> <li>Monitoring to assure effectiveness: The Director of Health Services, Case Director, and/or assigned will analyze body observations completed upon</li> </ul>	iew 0-US will n its and ur view t o ace, v the it when ent to	

Event ID: MTC611

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CENTER	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM APPROV OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345009	B. WING		C 01/16/2019
NAME OF PI	ROVIDER OR SUPPLIER		S	IREET ADDRESS, CITY, STATE, ZIP CODE	
THE OAK	S AT WHITAKER GLEN-M	IAYVIEW	_	I3 EAST WHITAKER MILL ROAD ALEIGH, NC 27608	
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIC
F 641	Continued From page	e 3	F 641	admission/readmission, Wound documentation, and coding and pres findings to the QAPI meeting monthl two consecutive months of complian has been sustained. Responsibility: Administrator	ly until
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interviews and record review the facility failed to prevent an avoidable pressure ulcer to resident's right lateral heel, anterior right heel, and right leg lower lateral that resulted in multiple unstageable pressure ulcers for 1 (Resident #2) of 3 residents reviewed for pressure ulcer.		F 686	Affected resident resolution: Resident #2 "Skin re-assessments/observations" performed by the unit manager and assigned nurse on Resident #2. "Clinical Case Mix Director (CMD), S Integrity Nurse (SIC) and the Director Health Services reviewed the documentation, coding and treatmer and corrected any inaccuracies if ne	Skin or of nt plan

Event ID: MTC611

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		MEDICAID SERVICES				NO. 0938-03	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE SURVEY COMPLETED	
			A. BUILDIN				
		345009	B. WING			С	
		345009	B. WING			01/16/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1		
THE OAKS AT WHITAKER GLEN-MAYVIEW				513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608			
				PROVIDER'S PLAN OF CO	DECTION	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE	
F 686	Continued From page	e 4	F 68	36			
		tastatic adenocarcinoma					
		sident underwent a surgery		Identification of other resident	s who could		
	for retrograde nailing			be affected:			
	fractures) of distal fer						
	,	·		The Case Mix Director (CMD)	performed		
	The Minimum Data S	et (MDS) dated 12/3/18		MDS audits on Section M doc	umentation		
	stated that the reside	nt was cognitively intact,		for coding accuracy and supp	orting		
	makes self-understoc	od and had the ability to		documentation for a 90-day lo	ok-back		
	understand others. It	stated in the assessment		period. If discrepancies were i			
		not reject any care. It was		they were reviewed by both th			
		esident needed extensive		Wound nurses and necessary	corrections		
		nobility, transfer, dressing		were made.			
	and personal hygiene	2.					
	<b>-</b>			Body Audits were conducted b			
		issessment from 11/26/18 by		Manager, DHS, Skin Integrity			
		blisters or wound from		and the Floor nurses, focus wa			
	-	I heel, anterior right heel,		residents on the certified unit. identified issues discovered de	•		
	with Nurse #1 on 1/15	teral. A telephone interview			0		
	conducted and Nurse			audit were corrected by treatmeter evaluation, updating care plan			
		mission notes reflected the		completing documentation per			
		ent. She also stated that her		treatment initiated along with t			
		ly drawing in her admission		physician and family notification			
		presence of wounds or					
		ent at that time. If there		Systems will be put into place	to avoid		
		e admission notes, it only		recurrence of this deficient pra			
		e no wounds or blisters.					
				1.Education was provided on	Thursday		
	The initial Physical Th	herapist assessment notes		Jan. 24, 2019, by Regional Nu	irse		
		ndicate the presence of		Consultant regarding facility w	ound		
		wound on the resident's right lateral heel, anterior		policies, practices, and docum			
		eg lower lateral. There was a		requirements, provided to the			
		a on lateral portion of upper		nurse and Director of Health S			
		assessment as written by		2.Director of Health Services a			
		PT). The PT was interviewed		Competency Coordinator bega			
		nd she stated that there		with the Nursing staff on Jan 2			
	were no notes on her			include documentation require			
		nd to resident's right lateral		weekly body observation and	wound		
	neei, anterior right he	el, and right leg lower		policies and procedures.			

Facility ID: 923332

					FOR	D: 02/18/2019
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DAT	O. 0938-0391 E SURVEY PLETED
	345009		B. WING		01	C / <b>16/2019</b>
NAME OF PF	IAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				513 EAST WHITAKER MILL ROAD		
THE OAKS	AT WHITAKER GLEN-N	NAYVIEW		RALEIGH, NC 27608		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 686	Continued From page	e 5	F 68	36		
F 080	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 lateral, it meant she was not aware of any wound or blisters during her assessment. A History and Physical (H&P) notes on 11/26/18 written by the Doctor did not indicate any wounds or blisters. Another note written by the Physician Assistant (PA) on 11/27/18 indicated the skin was warm and dry, staples intact on the right lower leg. The PA was interviewed on 1/16/19 at 8:20 AM and the PA pointed out her assessment notes on 11/27/18 which showed no wounds was noted. The discharge summary from the hospital did not indicate any blisters or wounds on resident's right lateral heel, anterior right heel, and right leg lower lateral. There was a note written that resident was sent with an orthotic boot for his foot drop from the hospital. Resident #2 was interviewed on 1/15/19 at 1:33 PM and the resident stated that his right foot wounds was the result of using an orthotic boot to his right foot in the facility. The resident #2 stated that the boot was placed by the Physical Therapist and stayed with him for several days including at night time in bed. Resident #2 stated that the boot was not removed for few days because he was not instructed to remove i and assumed it should stay all day and all night. He further stated that he complained to the Therapist and Nurses about the boot being uncomfortable. And when they removed it, there were several blisters on his right foot that were painful. In the Physical Therapy (PT) daily notes on 11/27/18 written by Physical Therapy Assistant (PTA) revealed that the resident had right orthotic boot in place. Another PT daily notes written on			<ul> <li>3.Skin Integrity Coordinator (SIC assigned the following courses in wound care and wound manage online training resource Relias: <ul> <li>a. Identification and Assessmer</li> <li>RCL-SRC-0-AWC1A-V2</li> <li>b. Assessment and Document PH-Lippincott_2654114</li> <li>c. Unishield 2012 Wound Care</li> <li>RCL_P18434</li> <li>d. MDS 3.0 Section M I REL-3.0SECM19.</li> <li>4.Upon admission, skin observation be completed as part of the admission nurse assigned nurse. The Skin Integr Coordinator (SIC) will review all admission and readmission bod for admissions that occur Sun-T for Admission/Readmissions that Sich Integrity Coordinator/Unit Managers/Weekend Managers</li> <li>the body audits weekly x 4 weel were completed from the week ensure any identified areas are planed, proper documentation is treatment initiated, and MD and were notified. Any concerns/ discrepancies will be addressed Director of Health Services and/Manager.</li> <li>6.The Case Mix Director will review and support accurate MDS coding.</li> </ul></li></ul>	regarding ement per ent tation e Review -PAC-0-US ations will hission or rity new y audits 'hurs. and at occur r will t will review ks that prior to care s in place, family I with the for Unit riew tions when present to	
		e resident was with right foot		Monitoring to assure effectivene	ess:	

Facility ID: 923332

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	: 02/18/2019 APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>	PLE CONSTRUCTION	(X3) DATE : COMPL	SURVEY _ETED
	345009		B. WING		01/1	; 16/2019
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STAT	TE, ZIP CODE	
THE OAK	THE OAKS AT WHITAKER GLEN-MAYVIEW			513 EAST WHITAKER MILL F RALEIGH, NC 27608	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S F (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE
F 686	orthotic boot in place. conducted with the P regarding the use of t that the resident was worked with the resid answer who ordered put on the boot. An interview was con 1/15/19 at 3:40 PM. N remembered Resider the bed. She also sta his boots were bother removed it. She state the boot there were b foot. On 1/15/19 at 1:23 Pl conducted with NA #4 blue boot that the resid days of admission. Sh not remember any wo right heel. A treatment observati 10:30 AM with the Wo Resident's wound on with black eschar. Th seen with moderate y leg lower lateral wour slough. It had some y old dressing that was redness noted on the The wound consultati indicated 4 pressure f right lateral leg, the a width x depth (L x W 3	An interview was TA on 1/15/19 at 4:45 PM the boot and the PTA stated wearing the boot when she ent. She did not provide an and assisted the resident to ducted to Nurse #2 on Nurse #2 stated that she at #2 was wearing the boot in ted that Resident #2 claimed ring his heels and they d that when they removed disters on his right lower M, an interview was 4. The NA remembered the ident wore during his first he also stated that she did bunds from the resident's ion was done on 1/15/19 at bund Care Nurse. The the right heel was covered e old dressing removed was rellowish drainage. The right nd was covered with yellow rellowish drainage from the removed. There was some	F 6	The Director of Heal Director, and/or assi body observations c admission/readmissi documentation, and	ompleted upon ion, Wound coding and present meeting monthly until nths of compliance	

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		345009 B. WING			C 16/2019		
NAME OF P	NAME OF PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
THE OAKS AT WHITAKER GLEN-MAYVIEW					513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORF PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY)			(X5) COMPLETION DATE
F 686	Injury (DTPI). On the measured at 3 cm x 3 and was clinically class heel lateral area, it was x 0.3 cm (estimated) as DTPI. On the right measured with 3.5 cm and was clinically class on the right leg lower 1 cm x 1 cm x 0.2 cm edema. The Wound Consultant 1/16/19 at 8:33 AM. Streferred the resident for assessed the resident for assessed the resident there were 5 areas or areas of unstageable interview she stated the consult that the press from the hospital, but sure when it started. Stoot caused the press claimed. The Wound were 2 remaining unsincluding 1 other wour resident's right foot. Review of the Physicit the treatment orders of started on 12/3/18. The PA progress note patient complained of foot and was causing	d as Deep Tissue Pressure anterior right heel area, it area, it 0.3 cm (estimated) safied as DTPI. On the right as measured at 1 cm x 1 cm and was clinically classified leg lower lateral area, it was in x 2.5 cm x 0.3 (estimated) safied as unstageable. An area, it was measured with and was classified as in twas interviewed on the stated the facility for wound consult and she t on 12/3/18. She stated that in her admission notes with 4 pressure ulcer. On her hat she wrote in her wound ure ulcers were admitted she stated that she was not She stated that the orthotic sure as the resident had Consultant stated that there tageable pressure ulcer nd still being treated on an's order notes revealed for the pressure ulcers were	F	686			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE COMF		
		345009	B. WING				
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS,	, CITY, STATE, ZIP CODE		
THE OAK	S AT WHITAKER GLEN-N	IAYVIEW		513 EAST WHITAK RALEIGH, NC 2			
(X4) ID PREFIX TAG	SUMMARY ST, (EACH DEFICIENC' REGULATORY OR I	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECTIC I CORRECTIVE ACTION SHOULI REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 686	An interview with the (DON) on 1/16/19 at that she expected her	e 8 interim Director of Nursing 12:15 PM and she stated r nurses to follow good nt avoidable pressure ulcers	F	586			

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