

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

PRINTED: 07/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2020
NAME OF PROVIDER OR SUPPLIER FORREST OAKES HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 HEATHWOOD DRIVE ALBEMARLE, NC 28001		
(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 000	INITIAL COMMENTS On 6/15/2020 an unannounced Complaint Investigation survey entry was conducted. There were 3 intakes and 8 allegations. 7 of the 8 allegations were unsubstantiated. 1 of the 8 allegations was substantiated. See Event ID #VXMU11	F 000			
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for	F 563		7/9/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/01/2020

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 563	<p>Continued From page 1</p> <p>the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation, and staff and family interviews, the facility failed to honor a resident ' s right to allow a resident ' s immediate family member to have end-of-life visitation in accordance with CMS memo COVID-19 QSO 20-14-NH and the facility ' s COVID-19 plan for 1 of 1 resident reviewed for visitation (Resident #1). Findings included:</p> <p>The facility ' s COVID-19 documented plan March 2020 included provision for end-of-life visitation with residents and their family members.</p> <p>Resident #1 was admitted to the facility on 3/11/2020 with the diagnoses of respiratory failure, dementia, and pneumonia. Family member #1 was listed as the resident ' s responsible party or HCPOA in the resident ' s medical record Include this info if it is true.</p> <p>A review of Resident #1 ' s hospital discharge summary dated 6/5/2020 revealed the resident was seen in the Emergency Department for respiratory failure and pneumonia. The resident was newly unresponsive. The resident ' s family declined hospital admission and requested the resident return to the facility for palliative care.</p> <p>Nurses ' note dated 6/5/2020 revealed the resident returned from the hospital with the diagnoses of respiratory failure and pneumonia and was now unresponsive.</p> <p>Observation of the facility ' s front entrance on 6/15/2020 at 9:45 am revealed the main door was locked with signage posted on the door which</p>	F 563	<ol style="list-style-type: none"> 1. Resident #1 no longer resides in the facility. 2. By July 6, 2020, the Director of Nursing and Assistant Director of Nursing will complete a quality review of current resident's medical records to identify residents who are receiving end of life care services under the supervision of the Medical Director. The identified residents care plans will also be reviewed by July 6, 2020 to ensure care plans accurately reflect end of life care and visitation in the center as required/requested by providers and family to meet the needs of the resident during death and dying. 3. The Regional Director of Clinical Services provided re-education to the Director of Nursing and the Administrator regarding resident's rights to allow a resident's immediate family member to have end of life visitation in accordance to CMS memo COVID-19 QSO 20-14-NH and the facility's COVID-19 pandemic plan on July 1, 2020. Family members of residents whom medical director/physician assessment determined end of life will be allowed visitation rights during the COVID -19 pandemic. The facility Administrator will schedule and communicate the frequency and duration of each visit with the resident's responsible party. 		

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F 563	<p>Continued From page 2</p> <p>specified no visitation due to COVID-19.</p> <p>On 06/07/20 Nurse #1 and Nurse #2 documented that one of Resident #1 ' s family members (Family member #2) made verbal threats toward the staff during her visit with the resident.</p> <p>Nurse #2 was interviewed on 6/16/2020 at 1:45 pm via telephone. Nurse #2 stated, prior to the 06/07/20, Resident #1 had declined and was placed on palliative care. The resident ' s family could have in-person, one-hour visits with the resident. On 06/07/20 she called 911 due to threats made by Family Member #2 and the she was asked to leave the facility. After this incident on 06/07/20, all the resident ' s family members were not allowed to have in person visits with the resident. Nurse #2 stated that she was unaware of any problems that Family member #1 had caused when she visited the resident.</p> <p>An interview was attempted with Nurse #1, but he was not available.</p> <p>The Administrator was interviewed on 6/15/2020 at 11:24 am. He stated on 6/5/20, Resident #1 physically declined, and the resident ' s family members were allowed to come inside the facility, one at a time, to have one-hour end of life visits with the resident. He explained that on 06/07/20, Family Member #1 and Family member #2 visited the resident at separate times. During Family member #2 ' s 06/07/20 visit she informed Nurse #1 that she was "going to get you outside of this facility." The family member continued to yell, and the staff called 911 for police to have her escorted out of the facility. Family Member #2 informed the staff at the nurses ' station that "I ' m going to return and burn this whole building</p>	F 563	<p>4. The Director of Nursing/Administrator will complete quality monitoring of current residents receiving end of life services weekly x 12 weeks then monthly x 3 to ensure visitation is allowed, scheduled and communicated to the resident's responsible party. Opportunities of improvement will be corrected by the DON and Administrator as identified during these quality monitoring audits. The Director of Nursing will report on the results of the quality monitoring audits to the Quality Assurance Performance Improvement Committee. Findings will be reviewed by the QAPI committee and quality monitoring updated as indicated.</p>		

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F 563	<p>Continued From page 4</p> <p>6/8/2020, when came to visit the resident at her window she was unable to visit because the curtain to the window was closed. She stated she went to the main door, which was locked, to ask about the curtain to the resident ' s window being closed and was informed that she could not enter the facility. Family member #1 stated on 6/10/20 she received a call from the facility around noon and was informed that Resident #1 had passed away during the morning. Family member #1 stated she felt it was unfair that she could not see the resident during her last days because of Family Member #2 ' s behavior.</p> <p>On 6/19/2020 at 12:30 pm an interview was conducted with the Administrator. The Administrator stated he decided to keep the resident ' s family away from the building until he could resolve some concerns regarding Family member #2 ' s threats. The Administrator explained there were no concerns with the visitation or behavior of Family Member #1, but he made the decision to keep all the family members out of the facility due to threats made by Family member #2.</p>	F 563			