

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2020
NAME OF PROVIDER OR SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 A complaint investigation survey was conducted from 8/17/2020 through 8/19/2020. Event ID# C7O211 1 of the 6 complaint allegations was substantiated resulting in deficiencies.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to provide a C-PAP brought to the facility from home for 1 of 1 resident reviewed for accommodation of needs. (Resident #1) Findings included: Resident #1 was admitted to the facility on 7/27/2020. Review of Resident #1 ' s minimum data set assessment dated 7/29/2020 revealed he was assessed as cognitively intact. He had no moods or behaviors. His medical diagnoses included medically complex conditions, acute respiratory failure with hypoxia, coronary artery disease, heart failure, hypertension, pneumonia, and respiratory failure. Review of Resident #1 ' s care plan dated 8/5/2020 revealed he was at risk for recurrent	F 558	9/14/20	
			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 the 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 because it is required by the provision of the state and federal law. I also demonstrate our good faith and desire to continue to improve the quality of care and services to our residents. I.IMMEDIATE CORRECTIVE ACTION Resident #1 no longer resides in the facility.	

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

TITLE

(X6) DATE

Electronically Signed

09/05/2020

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 558	<p>Continued From page 1</p> <p>pneumonia respiratory distress. The interventions included to monitor for signs and symptoms of adverse reactions to medications, administer medications as ordered, oxygen as ordered, encourage fluids, and listen to lungs as ordered or indicated and notify the physician if condition worsen.</p> <p>Review of a nursing note dated 8/2/2020 revealed Resident #1 ' s daughter called Nurse #1 voicing her concern that Resident #1 was supposed to wear a C-PAP at night which she delivered 8/1/2020 but he was never given the C-PAP that night. Nurse #1 checked on the C-PAP and noted, due to COVID19 pandemic, any belonging received from family had either stay quarantined for 24 hours or sanitized before entering facility. Nurse #1 found the C-PAP machine still in quarantine from the day before, cleaned the C-PAP, delivered it to Resident #1, and acquired an order for the machine.</p> <p>During an interview on 8/17/2020 at 3:36 PM Resident #1 ' s family member stated she brought Resident #1 ' s C-PAP to the facility because Resident #1 had been sleeping poorly and he had used a C-PAP at home. She stated she was at the entrance waiting for a nurse to complete discharging a resident. Once it was completed, she then asked the nurse to take the C-PAP into the facility and stated she was told it would get cleaned and he would have it that night. She further stated the next day she discovered from Resident #1 that he did not have his C-PAP that night so she called the facility and spoke to a nurse who then went and found the C-PAP was in quarantine for 24 hours and had not been disinfected the day prior. She concluded she did not think it was appropriate for medical</p>	F 558	<p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice .</p> <p>" On August 20,2020 a baseline audits were conducted by the Clinical Competency Coordinator of all resident active order for c-pap have been performed to ensure that the equipment has been provided. As a result of all resident needing c-pap have been provided. Three other residents were identified, all currently having the equipment needed.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>"The Admission Director/Coordinator and Admission nurse will ensure that any resident transferred from a hospital will received all necessary medical equipment before arriving to the facility</p> <p>"Prior to admission all required equipment will be ordered by the Admission Director and deliver from authorized supplier for resident use while in the facility.</p> <p>" The Admission Director/Coordinator and Admission nurse will keep a log of all incoming resident that equipment have been ordered and received. The Clinical Competency Coordinator will audit log daily and then weekly to ensure all equipment needed has been provided.</p>		

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F 558	<p>Continued From page 2</p> <p>equipment to be held for 24 hours instead of disinfected and given to him upon arrival.</p> <p>During an interview on 8/17/2020 at 3:02 PM Administrative Assistant stated normally when a C-PAP is dropped off she disinfects it with Clorox wipes and takes it to the room and lets the nurse know. She stated she did work on 8/1/2020 and is the COVID19 door monitor and screener. She stated she did not remember Resident #1 family member dropping off a C-PAP and was unsure why it was left in the 24-hour holding area until the next day where the nurse found it. She concluded she did not remember anyone informing her of a C-PAP that needed to be disinfected and brought to Resident #1.</p> <p>During an interview on 8/17/2020 at 3:13 PM Nurse #1 stated Resident #1 was admitted and did not have an order for a C-PAP and then the daughter called him at the facility saying her dad was supposed to use the C-PAP. She brought it to the facility the day before, but the C-PAP was still in 24-hour quarantine. He told her he would get it and clean it. He got the C-PAP from outside and got an order for the C-PAP. He concluded the C-PAP machine was found still in the 24-hour quarantine area.</p> <p>During an interview on 8/17/2020 at 5:13 PM Nurse #2 stated she could not remember the date, but a family member did at one point drop off a C-PAP and distilled water for a resident. She stated she did not remember who the resident was but she told the family member it would be placed in the vestibule area of the facility until the person observing the door could disinfect it and then it would be given to the resident. She concluded she left it in the location that items</p>	F 558	<p>"On August 20,2020 the Clinical Coordinator provided in-services to all partners/screener have been in-serviced on the proper procedure for accepting and disinfecting medical equipment and delivering them to the resident rooms. This education will be added to the general orientation for new hire employees.</p> <p>"The Admission nurse will confirm with the Admission director and Clinical Competency Coordinator of all ordered medical necessary equipment and ensure availability upon patient arrival.</p> <p>"The Admission Director and Admission nurse will confirmed that all medical equipment needed by the resident during his or her stay, have arrived and available during the resident stay at the facility. A daily log of all equipment has been implemented to record all equipment/package received and delivered to the appropriate patient. The Admission nurse will be maintaining the log daily with new admission and weekly thereafter</p> <p>IV.MONITORING PROCESS</p> <p>Daily audit of incoming medical equipment will be performed by the Admission nurse and Clinical Competency Coordinator to ensure all equipment has been delivered to the correct resident. The information will be obtained by the Clinical Competency Coordinator and reported during QAPI meeting monthly</p>		

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

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F 558	Continued From page 3 brought for family was quarantined and informed the Administrative Assistant of the C-PAP and returned to work. She did not know if the resident got the C-PAP that day or not. During an interview on 8/17/2020 at 2:07 PM the Director of Nursing stated medical equipment including C-PAPs must be disinfect and brought in the facility, not left in 24-hour quarantine. She concluded it should have been disinfected and brought to Resident #1 on 8/1/2020.	F 558	until three consecutive months of compliance is maintained then quarterly thereafter. Date of Compliance 09/14/20.		