STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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
E 000	Initial Comments An unannounced Recertification survey was conducted on 04/12/21 through 04/15/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #SG5Q11.	E 000		
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide foot care for 2 of 2 dependent residents with thick and long toenails (Resident #15 and Resident #54) reviewed for foot care. The findings included: Resident #15 was admitted on 11/11/16. The diagnoses of diabetes, right side hemiplegia, cerebral vascular accident and dementia. The annual Minimum Data Set (MDS) dated 1/27/21, indicated Resident #15 was cognition impairment and required total assistance with activities of daily living.	F 687	Immediate action(s) taken for the resident(s) found to have been affected include: Nail care was provided for resident #15 on 4-21-2021 by the Medical Director□s Nurse Practitioner. Nail care was provided on resident #54 on 4-15-2021 by facility staff with follow-up by the Nurse Practitioner on 4-21-2021. The Director of Nursing organized an initial audit and an assessment of each resident□s nails, which was completed on 4-14-2021. Residents requiring specialized nail care due to high risk conditions were referred to the Medical Director and his Nurse	5/10/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/06/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 687	Continued From page 1 Care plan dated 1/26/21 identified the problem as Resident #15 had an ADL self-care performance deficit related to dementia, diabetes, and cerebral vascular accident with right sided hemiplegia. Resident #15 was also care planned 2/17/21 for a stage 2 pressure ulcer to left heel. The goals included the resident will maintain current level of function. Pressure ulcer will be free from infection, Pressure ulcer will progress to healing in 30 days. The interventions always included float heels while in bed. Heel protectors to be worn at all times while in bed. Monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function. Review of the weekly skin assessments and wound care notes dated 2/19/21 through 4/13/21, did not document the condition of Resident #15's toenails and/or they were checked. Observation on 4/13/21 at 11:36 AM, Resident #15 was in bed sleeping and her feet were uncovered in bunny boots. Bilateral big toenails had thick black fungal toenails and the other four toenails on both feet were very long/curled and growing into the sides of each toe. Wound care observation of left heel on 4/14/21 at 9:40 AM, Nurse #1 removed the bunny boots and socks of Resident #15 and the toenails remained the same. Resident #15 screamed and grimace in pain at that the touch of her feet as the nurse removed the socks. It appeared the pressure from the socks against the toenails were causing some pain. Nurse # 1 checked each of the toes and confirmed the fungal toenails of the big toes and the extended length of the other toenails that	F 687	Practitioner for appropriate care and treatment. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. Actions taken/systems put into place to reduce the risk of future occurrence include: Written education and policy reminders were provided to all clinical staff (nurses and caregivers) on 4-16-2021. In person education was conducted with the clinical team on 4-21-2021. Follow-up staff meetings were held April 30, 2021 by the Director of Nursing and Staff Development Coordinator with the direct care staff addressing the proper care of nails including resident preferences and high risk conditions. In addition, the clinical team was assigned the course Providing Nail and Foot Care with an expected completion date of May 09, 2021. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing and/or Assistant will review nail care for residents with high risk conditions weekly. Nursing staff will monitor the care of nails for all residents in conjunction with the resident□s weekly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 687	Continued From page 2 were embedded in the sides of the skin on each of the toes. Nurse #1 stated the nurse aides should reported the condition of the toenails to the charge nurse, the charge nurse would then document in the nurse practitioner/physician communication book of the residents (diabetic) toenails that needed to be trimmed/cut. Nurse # also confirmed the aides and/or nursing could have cut the 4 digits of the toenails down and report to the Nurse about the thickness/discoloration of the big toes. Observation on 4/14/20 at 10:00 AM, Nurse Aide #1 and Nurse Aide #2 (NA) stated Resident #15 ' s feet were cleaned and checked during baths and daily wound treatment. Both nursing assistants confirmed the condition of the bilateral big toenails had thick black fungal toenails and the other four toenails on both feet were very long/curled and growing into the sides of each toe. NA#1 stated when the toenails were thick and difficult for the aides to cut it would be reported to the charge nurse who would then report it to the nurse practitioner. NA #2 stated the condition of Resident #15 ' s big toenails had been reported several times and nursing was aware since they were doing daily wound care dressing on Resident #15 ' s heel. Both aides also confirmed the toenails on the other four toes could have been cut/trimmed by the nursing assistant. . Observation on 4/14/21 at 10:18 AM, the Nurse Practitioner(NP) observed the condition of Resident #15's feet and confirmed the 4 digit toenails on both feet should have been cut/trimmed by the nursing staff, big toe of the left foot had some extra thick black discoloration of the nail bed that she was not aware of. The NP	F 687	skin check. Foot care has been added to the skin check report for weekly documentation. The Director of Nursing, or designee, will conduct a random audit of all residents weekly X4 and a random audit of at least five (5) residents per week for two (2) months until substantial compliance is achieved or as otherwise determined by the Risk Management/Quality Assurance Committee. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 687	Continued From page 3	F 687		

stated Resident #15 ' s feet should be checked daily during baths and wound treatment. The nurse aides should report to the charge nurse when residents with thick toenails need toenail care due to staff inability to cut or trim them with routine care. The NP further stated nurse aides should report to nursing and nursing should document in the NP/MD communication book. The NP stated she and/or the physician were in the facility daily and did podiatry rounds every 60 days. The expectation would be for NA/Nursing to check/trim resident ' s toenails in general and report any residents that had serious conditions that they were unable to trim.

2. Resident #54 was admitted on 1/1/18. The diagnoses included vascular dementia, chronic kidney disease and diabetes. The quarterly Minimum Data Set (MDS) dated 3/21/21, indicated Resident #54 was cognitively impaired and required total assistance with activities of daily living.

Care plan dated 1/5/2021 identified the problem as Resident #54 had an ADL self-care performance deficit related to vascular dementia, chronic kidney disease and diabetes. The goal included the resident would maintain current level of function. The interventions included resident required two-person assistance with transfers, encourage the resident to use bell to call for assistance, fully praise all efforts at self-care and encourage the resident to participate possible with each interaction.
Review of the weekly skin assessments and wound care notes dated 2/19/21 through 4/13/21, did not document the condition of Resident #15 ' s toenails and/or they were checked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 687	Continued From page 4	F 687		

Observation on 04/13/21 at 1:30 PM, Resident#54 was lying bed with bunny boots in place and feet exposed under the blanket, left big toe had long thick toenail with black discoloration. right toenail thick black dirty under nail bed, long toenails on other toes.

Observation on 4/14/21 at 10:02 AM, the condition of the Resident #54 remained the same.
During an interview on 4/14/21 at 10:05 AM, NA #1 and NA#2 aides stated they have reported the condition of Resident #54 ' s toenails several times to the nursing staff within the past few months. Both nursing assistants confirmed the toenails needed to be trimmed on both feet and the nails of the big toe were extremely thick with black dirt under the nail.

Observation on 4/14/21 at 10:18 AM, the Nurse Practitioner(NP) observed the condition of Resident #54's feet and confirmed the 4 digit toenails on both feet should have been cut/trimmed by the nursing staff, big toes had some extra thick black discoloration of the nail bed that she was not aware of. The NP further stated nurse aides should report to the charge nurse when residents with thick toenails need toenail care due to staff inability to cut or trim them with routine care. The NP further stated nurse aides should report to nursing and nursing should document in the NP/MD communication book. The NP stated she and/or the physician were in the facility daily and did podiatry rounds every 60 days. The expectation would be for NA/Nursing to check/trim resident ' s toenails in general and report any residents that had serious conditions that they were unable to trim.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345235	A. BUILDING _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES COMMUNITY	3801 WADE COBLE DRIVE BURLINGTON, NC 27215

(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 687	Continued From page 5 During an interview on 4/14/21 at 12:35 PM, the Director of Nursing (DON) stated weekly skin assessments should be done on residents to included checking resident toenails. Nursing and nurse aides can cut/trim resident toenails if the toenails were not difficult and had grown past the nail bed. If the residents had long thick or difficult to cut/trim toenails, the concerns should be reported to charge nurse who would notify the nurse practitioner or the physician, since the facility does not use outside podiatry services. The DON reported the NP had the ability to cut thick, long and fungal toenails in the facility. Staff have been reminded to check/trim and report toenails. Interview on 4/15/21 at 10:55 AM, the Physician indicated residents with diabetic foot and/or fungal toe(s) infection, the facility staff should notify the nurse practitioner and/or physician of any resident in need of podiatry foot care. Nursing should be checking toenails and doing routine nail care, cutting/trimming toenails when needed. The Nurse Practitioner was trained and responsible for the provision of foot care for all residents with foot/toe issues beyond the nursing and/or nurse aide capabilities.	F 687		