STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345235		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		B. WING					
				STREET ADDRESS, CITY, STATE, ZIP CODE	04/15/2021		
NAME OF PROVIDER OR SUPPLIER				3801 WADE COBLE DRIVE			
TWIN LAK	ES COMMUNITY			BURLINGTON, NC 27215			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	TION SHOULD BE COMPLET		
IAG				DEFICIENCY)			
E 000	Initial Comments		E 00	ю			
		certification survey was					
	facility was found in c						
	requirement CFR 483 Preparedness. Even						
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)	(i)(ii)	F 68	37	5	5/10/21	
	§483.25(b)(2) Foot ca	are.					
	and care to maintain	nts receive proper treatment mobility and good foot					
	health, the facility mu (i) Provide foot care a	st: and treatment, in accordance					
	with professional star	ndards of practice, including					
	to prevent complication medical condition(s)	ons from the resident's and					
		st the resident in making					
		rtation to and from such					
	appointments. This REQUIREMENT by:	is not met as evidenced					
	Based on observatio	ns, interviews and record		Immediate action(s) taken for			
		led to provide foot care for 2 ents with thick and long		resident(s) found to have been include:	affected		
	toenails (Resident #1 reviewed for foot care	5 and Resident #54)		Nail care was provided for resi			
	The findings included			4-21-2021 by the Medical Dire Nurse Practitioner. Nail care provided on resident #54 on 4-	was		
	-			facility staff with follow-up by th	ne Nurse		
		mitted on 11/11/16. The s, right side hemiplegia,		Practitioner on 4-21-2021. The Nursing organized an initial au			
		ident and dementia. The		assessment of each resident			
		a Set (MDS) dated 1/27/21,		which was completed on 4-14-			
		15 was cognition impairment		Residents requiring specialized			
	and required total as	sistance with activities of		due to high risk conditions wer	e referred		
	daily living.			to the Medical Director and his	Nurse		

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.

05/06/2021

	S FOR MEDICARE &		0.00		OMB NO. 0938-03
IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345235		(X2) MULTIPL	(X3) DATE SURVEY COMPLETED		
		B. WING	04/15/2021		
NAME OF PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	
				3801 WADE COBLE DRIVE BURLINGTON, NC 27215	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETIC
F 687	Continued From page	e 1	F 687		
	Care plan dated 1/26 Resident #15 had an	/21 identified the problem as ADL self-care performance entia, diabetes, and cerebral		Practitioner for appropriate care treatment.	and
	vascular accident with Resident #15 was als stage 2 pressure ulce included the resident function. Pressure ulc infection, Pressure ul in 30 days. The interv	n right sided hemiplegia. to care planned 2/17/21 for a er to left heel. The goals will maintain current level of		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.	
	worn at all times while Monitor/document/rep potential for improver			Actions taken/systems put into p reduce the risk of future occurrent include: Written education and policy rem were provided to all clinical staff	nce
	wound care notes dat	skin assessments and ted 2/19/21 through 4/13/21, condition of Resident #15's vere checked.		and caregivers) on 4-16-2021. Ir education was conducted with th team on 4-21-2021. Follow-up s meetings were held April 30, 202	taff
	#15 was in bed sleep uncovered in bunny b had thick black funga	boots. Bilateral big toenails I toenails and the other four were very long/curled and		Director of Nursing and Staff Development Coordinator with th care staff addressing the proper nails including resident preference high risk conditions. In addition, clinical team was assigned the c Providing Nail and Foot Care with expected completion date of Mar	care of ces and the ourse th an
	9:40 AM, Nurse #1 re socks of Resident #1 the same. Resident # in pain at that the tou removed the socks. If from the socks agains	tion of left heel on 4/14/21 at moved the bunny boots and 5 and the toenails remained 15 screamed and grimace ch of her feet as the nurse appeared the pressure st the toenails were causing checked each of the toes		2021. How the corrective action(s) will monitored to ensure the practice recur: The Director of Nursing and/or A will review nail care for residents risk conditions weekly. Nursing	be will not ssistant with high

Facility ID: 923513

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345235 NAME OF PROVIDER OR SUPPLIER		. ,		(X3) DATE SUR COMPLETE	
		B. WING		04/15/2	2021
		STREET ADDRESS, CITY, STATE, ZIP CO		CODE	
TWIN LAKES COMMUNITY					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE CO THE APPROPRIATE	(X5) DMPLETIC DATE
itinued From page	2	F 68	7		
e embedded in the ne toes. Nurse #1 uld reported the c charge nurse, the ument in the nurse munication book nails that needed to o confirmed the aid e cut the 4 digits of ort to the Nurse at kness/discoloration servation on 4/14/2 and Nurse Aide #2 et were cleaned at daily wound treat istants confirmed toenails had thick other four toenails g/curled and grown NA#1 stated whe difficult for the aid orted to the charge ort it to the nurse p condition of Residen reported several are since they were ssing on Resident o confirmed the too Id have been cut/t istant.	e sides of the skin on each stated the nurse aides ondition of the toenails to charge nurse would then e practitioner/physician of the residents (diabetic) to be trimmed/cut. Nurse # des and/or nursing could of the toenails down and bout the n of the big toes. 20 at 10:00 AM, Nurse Aide 2 (NA) stated Resident #15 ' nd checked during baths ment. Both nursing the condition of the bilateral black fungal toenails and s on both feet were very ng into the sides of each on the toenails were thick des to cut it would be e nurse who would then oractitioner. NA #2 stated lent #15 ' s big toenails had I times and nursing was e doing daily wound care #15 ' s heel. Both aides enails on the other four toes rimmed by the nursing		skin check. Foot care has the skin check report for w documentation. The Director of Nursing, or conduct a random audit of weekly X4 and a random a five (5) residents per week months until substantial co achieved or as otherwise of the Risk Management/Qua Committee. This plan of correction will the monthly Quality Assura- until such time consistent s	eekly designee, will all residents nudit of at least for two (2) mpliance is letermined by ality Assurance be monitored at ance meeting substantial	
	CALCENCIES RECTION ER OR SUPPLIER OMMUNITY SUMMARY STI (EACH DEFICIENCY REGULATORY OR I antinued From page e embedded in the ne toes. Nurse #1 uld reported the c charge nurse, the ument in the nurse nunnication book hails that needed f to confirmed the aid e cut the 4 digits of or to the Nurse at kness/discoloration Servation on 4/14/2 and Nurse Aide #2 et were cleaned a daily wound treat istants confirmed toenails had thick other four toenails g/curled and growin NA#1 stated whe difficult for the aid priced to the charge ort it to the nurse price condition of Resident are since they were ssing on Resident to confirmed the tool d have been cut/t istant. Servation on 4/14/2 ctitioner(NP) obsection and Source of the server and source of the server are since they were stigent #15's feet a hails on both feet server and source of the server and have been cut/t	BR MEDICARE & MEDICAID SERVICES FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Thinued From page 2 e embedded in the sides of the skin on each the toes. Nurse #1 stated the nurse aides uld reported the condition of the toenails to charge nurse, the charge nurse would then ument in the nurse practitioner/physician immunication book of the residents (diabetic) hails that needed to be trimmed/cut. Nurse # o confirmed the aides and/or nursing could e cut the 4 digits of the toenails down and ort to the Nurse about the kness/discoloration of the big toes. servation on 4/14/20 at 10:00 AM, Nurse Aide and Nurse Aide #2 (NA) stated Resident #15 ' et were cleaned and checked during baths daily wound treatment. Both nursing istants confirmed the condition of the bilateral toenails had thick black fungal toenails and other four toenails on both feet were very g/curled and growing into the sides of each NA#1 stated when the toenails were thick difficult for the aides to cut it would be orted to the charge nurse who would then ort it to the nurse practitioner. NA#2 stated condition of Resident #15 ' s big toenails had in reported several times and nursing was are since they were doing daily wound care asing on Resident #15 ' s heel. Both aides o confirmed the toenails on the other four toes Id have been cut/trimmed by the nursing	PR MEDICARE & MEDICAID SERVICES FICIENCIES FICIENCIES RECTION IDENTIFICATION NUMBER: A BUILDING B. WING B. WING ER OR SUPPLIER OMMUNITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Request of the sides of the skin on each the toes. Nurse #1 stated the nurse aides uld reported the condition of the toenails to charge nurse, the charge nurse would then ument in the nurse practitioner/physician munication book of the residents (diabetic) hails that needed to be trimmed/cut. Nurse # o confirmed the aides and/or nursing could e cut the 4 digits of the toenails down and ort to the Nurse about the kness/discoloration of the big toes. servation on 4/14/20 at 10:00 AM, Nurse Aide and Nurse Aide #2 (NA) stated Resident #15 ' et were cleaned and checked during baths daily wound treatment. Both nursing istants confirmed the condition of the bilateral toenails had thick black fungal toenails and other four toenails on both feet were very //curled and growing into the sides of each NA#1 stated when the toenails were thick difficult for the aides to cut it would be orted to the charge nurse who would then ort it to the nurse practitioner. NA #2 stated condition of Resident #15 ' s heel. Both aides o confirmed the toenails on the other four toes ld have been cut/trimmed by the nursing istant. servation on 4/14/21 at 10:18 AM, the Nurse citioner(NP) observed the condition of istant.	PRIMEDICARE & MEDICAID SERVICES Indexcise (x1) PROVIDER/SUPPLIER/CLIA A BUILDING A BUILDING B KING STREET ADDRESS, CITY, STATE, ZIP C OMMUNITY STREET ADDRESS, CITY, STATE, ZIP C OMMUNITY STREET ADDRESS, CITY, STATE, ZIP C OMMUNITY STREET ADDRESS, CITY, STATE, ZIP C DIMUNITY StREET ADDRESS, CITY, STATE, ZIP C OMMUNITY StREET ADDRESS, CITY, STATE, ZIP C SWMARY STATEMENT OF DEFICIENCIES DID (EACH DEFICENCY WIST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX thinued From page 2 F 687 e embedded in the sides of the skin on each the toss. Nurse #1 stated the nurse practitioner/physician munication book of the residents (diabetic) munication book of the residents (diabetic) anails than teeded to be trimmed/uct. Nurse # to confirmed the aides and/or nursing could er cut the 4 digits of the toenails down and ort to the Nurse about the kness/discoloration of the big toes. This plan of correction will the Risk Management/Qua Commits until substantial co. set were cleaned and checked during baths daily wound treatment. Both nursing istants confirmed the condition of the bilateral toenails and thick black fungal toenails and the nurse practitioner. NA #2 stated condition of Resident #15' s heel. Both aides o confirmed the toenails not the other four toes land an reported several times and nursing was res since they were doing daily wound care ssing on Resident #	Inclusion (M1) PROVIDERSUPPLEMENTIAL (M2) MULTIPLE CONSTRUCTION (M2) MULTIPLE (M2) MULTIPLE

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 06/28/2021 MAPPROVED D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345235	B. WING				04/	15/2021
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST			
TWIN LAKES COMMUNITY					3801 WADE COBLE DRIVE BURLINGTON, NC 272'			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 687	stated Resident #15 ' daily during baths and nurse aides should re- when residents with the care due to staff inabi- routine care. The NP should report to nursi- document in the NP/M The NP stated she are the facility daily and d days. The expectation check/trim resident 's report any residents to that they were unable 2. Resident #54 was a diagnoses included va- kidney disease and d Minimum Data Set (M indicated Resident #52 and required total assi- daily living. Care plan dated 1/5/2 as Resident #54 had performance deficit re- chronic kidney disease included the resident of function. The interv- required two-person a encourage the reside assistance, fully prais encourage the reside with each interaction. Review of the weekly wound care notes dated the set of	s feet should be checked d wound treatment. The sport to the charge nurse hick toenails need toenail ility to cut or trim them with further stated nurse aides ng and nursing should MD communication book. nd/or the physician were in the podiatry rounds every 60 in would be for NA/Nursing to is toenails in general and hat had serious conditions to trim. admitted on 1/1/18. The ascular dementia, chronic iabetes. The quarterly MDS) dated 3/21/21, 54 was cognitively impaired sistance with activities of 2021 identified the problem an ADL self-care elated to vascular dementia, se and diabetes. The goal would maintain current level ventions included resident assistance with transfers, int to use bell to call for se all efforts at self-care and int to participate possible skin assessments and ted 2/19/21 through 4/13/21, condition of Resident #15 '	F	687				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 06/28/2021 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345235	B. WING			04/	15/2021
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
TWIN LAKES COMMUNITY					01 WADE COBLE DRIVE JRLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 687	place and feet expose toe had long thick toe right toenail thick blac toenails on other toes Observation on 4/14/2 condition of the Resid same. During an interview of #1 and NA#2 aides st condition of Resident times to the nursing s months. Both nursing toenails needed to be the nails of the big toe black dirt under the na Observation on 4/14/2 Practitioner(NP) obse Resident #54's feet an toenails on both feet s cut/trimmed by the nu some extra thick black bed that she was not stated nurse aides sh nurse when residents toenail care due to sta them with routine care nurse aides should re should document in th book. The NP stated a were in the facility dai every 60 days. The ex	 /21 at 1:30 PM, g bed with bunny boots in ed under the blanket, left big nail with black discoloration. ck dirty under nail bed, long of the second se	F 68	37			

Facility ID: 923513

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	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 06/28/2021 FORM APPROVED MB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION	(×	K3) DATE SURVEY COMPLETED
		345235	B. WING			04/15/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	FE, ZIP CODE	
TWIN LAKES COMMUNITY				3801 WADE COBLE DRIVE BURLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TVE ACTION SHOULD BE CED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION E DATE
F 687	Director of Nursing (D assessments should included checking res nurse aides can cut/tr toenails were not diffi- nail bed. If the resident to cut/trim toenails, the reported to charge nur- nurse practitioner or tr facility does not use of The DON reported the thick, long and fungal have been reminded toenails. Interview on 4/15/21 at indicated residents wi fungal toe(s) infection notify the nurse pract any resident in need of should be checking to nail care, cutting/trime The Nurse Practitioner	n 4/14/21 at 12:35 PM, the DON) stated weekly skin be done on residents to sident toenails. Nursing and rim resident toenails if the cult and had grown past the nts had long thick or difficult be concerns should be the physician, since the potside podiatry services. e NP had the ability to cut toenails in the facility. Staff to check/trim and report at 10:55 AM, the Physician ith diabetic foot and/or a, the facility staff should itioner and/or physician of of podiatry foot care. Nursing benails and doing routine ming toenails when needed. er was trained and ovision of foot care for all e issues beyond the nursing	F 68			

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