## DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING С 345284 B. WING 09/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD THE OAKS WINSTON SALEM, NC 27103 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **INITIAL COMMENTS** F 000 F 000 A complaint investigation survey was conducted 9/21/21 through 9/22/21. Event #W5PS11. 1 of 14 allegations was substantiated but did not result in a deficiency. F 580 Notify of Changes (Injury/Decline/Room, etc.) F 580 9/25/21 SS=D CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-(A) A change in room or roommate assignment as specified in §483.10(e)(6); or LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITI F (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.

10/12/2021

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		ND HUMAN SERVICES MEDICAID SERVICES				M APPROVE 0. 0938-039	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345284	B. WING		09	C 3/24/2021	
NAME OF PI	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
	<b>~</b>		90	01 BETHESDA ROAD			
THE OAK	5		WINSTON SALEM, NC 27103				
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 580	Continued From page	e 1	F 580				
	<ul> <li>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</li> <li>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</li> </ul>						
	that is a composite di §483.5) must disclose its physical configura locations that compri- part, and must specif room changes betwe under §483.15(c)(9).	osite distinct part. A facility istinct part (as defined in e in its admission agreement tion, including the various se the composite distinct by the policies that apply to en its different locations Γ is not met as evidenced					
	Based on record rev interview and staff int notify Resident #5's p day delay in beginnin	iews, family member terviews, the facility failed to obysician that there was a 6 og two intravenous antibiotics for 1 of 1 resident reviewed t:		The statements made on this pl correction are not an admission not constitute an agreement with alleged deficiencies. To remain in compliance with all and state regulations the facility or will take the actions set forth	to and do n the federal has taken		
	-	nitted to the facility on 8/3/21		plan of correction. The plan of c constitutes the facility⊡s allegati compliance such that all alleged deficiencies cited have been or	orrection ion of		
	Data Set (MDS) asse	#5's admission Minimum essment dated 8/10/21		corrected by the dates indicated			
	cognitive skills for da	t had minimally impaired ily decision making.		F580 1. Corrective action for resident(	(s)		
	A review of Resident	#5's medical record t summary form, that is		affected by the alleged deficient	practice:		

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## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING С 345284 B. WING 09/24/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 BETHESDA ROAD THE OAKS WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 580 Continued From page 2 F 580 from an outside visit, dated 8/18/21 from the notified the Medical Director of the new wound clinic ordered the following antibiotics: orders for Meropenem and Vancomycin Vancomycin 1 gram solution one time daily which were recommended 08.18.2021 intravenously x 6 weeks and Meropenem 1 gram and started on 08.24.2021 and solution intravenously every 8 hours x 6 weeks for 08.25.2021. his sacral osteomvelitis. On 09.24.2021, the wound doctor was A review of Resident #5's medication interviewed and stated he did not feel that administration record for August 2021 showed the wound had worsened due to the delay that the Meropenem began on the evening of and he felt like the wound was slowly 8/24/21 and the Vancomycin was begun on the improving. morning of 8/25/21. 2. Corrective action for residents with the A telephone interview was conducted on 9/22/21 potential to be affected by the alleged at 1:53 PM with Nurse #1 who was assigned to deficient practice: Resident #5 on 8/18/21, when he would have All residents in the facility who receive returned to the facility following his appointment. recommended orders from an outside Nurse #1 stated that he had no recollection of provider have the potential to be affected. being handed any paperwork upon Resident #5's Beginning on 09.21.2021, the Director of return. When asked what the normal process was, he replied that when a resident returned, the Nursing audited 100% of all resident staff received an envelope that contained an appointments for the last 14 days to after-visit summary which may or may not review any recommended orders received recommend any changes in care. He stated they from an outside provider and ensure the put the paperwork in the resident's chart and, if proper notifications were made for any there were any medication changes, they enter newly initiated orders. Proper notifications that information by hand immediately and then were completed for all recommended send it to the pharmacy for review. Nurse #1 was orders received. This was completed on unable to remember why he did not get any 09.22.2021. paperwork but stated again that none was returned to him. On 09.22.2021, the Director of Nurses (DON) or designee initiated daily audits of all appointments and Emergency Room A telephone interview was conducted on 9/22/21 at 2:30 PM with Nurse #2 who was assigned to Visits to ensure proper follow up and Resident #5 on 8/24/21 who stated that she notification to the provider was completed received a phone call from Resident #5's bladder for any recommended orders. All doctor who wanted to start the resident on an notifications were completed in a timely antibiotic but was told by a family member that he manner. was already on two which didn't match their

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING С 345284 B. WING 09/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD THE OAKS WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 580 Continued From page 3 F 580 records. She stated that she immediately notified On 09.22.2021, the DON, transportation the previous director of nursing (DON) who was coordinator, Administrator, and the Quality able to locate the missing document, enter the Assurance Nurse consultant (QANC) medication orders, and send them to the reviewed and made changes to the pharmacy for review. current procedure for following up on recommended orders from consults. This An interview with the current DON on 9/22/21 at change will help to ensure proper 3:50 PM stated they are working on creating a notifications are made in a timely manner. central location for all after visit summaries to return to, as well as, educating the front staff on 3. Measures/Systemic changes to prevent the importance of securing all paperwork that reoccurrence of alleged deficient practice: returns with resident. He added that all staff will Education: be educated to prevent this from happening in the On 09.22.2021, the QANC reviewed the future and it will be added to their quality policy on Physician Progress Notes and assurance meetings. He further stated it was his Consults Policy and Procedure. There expectation for staff to notify the physician of were no changes required for the policy. missed medications. On 09.21.2021, the DON began A telephone interview was conducted with wound reeducating all full time, part time, agency doctor on 9/24/21 at 2:15 PM. He stated that he staff, and PRN Licensed Nurses, RNs, had been made aware of the missed doses of LPNs, and Medication Aides on the antibiotic by Resident #5's family member when following topics (See education): he saw the resident this week and had made the How to review after visit summaries or decision to add on two more weeks of antibiotics consults for any recommended orders. to his original plan to compensate for the delay. When to notify the Physician or He was not aware of the delay prior to this last provider of any recommended orders. visit. He did not feel that the wound had worsened Appropriate follow up on any due to the delay and he felt like it was slowly recommended orders from an outside provider. improving. On 09.22.2021, the transportation A telephone interview was conducted with the coordinator was educated by the Quality facility doctor on 9/24/21 at 2:30 PM. He stated Assurance Nurse Consultant (QANC) and that he was not aware Resident #5 was ordered the Director of Nurses (DON) on the intravenous antibiotics on 8/18/21 and he was not following: The transportation coordinator or notified they weren't started until 6 days later. He stated the current policy is that the staff put the designee will forward a copy of all weekly new orders in the provider notebook which is then appointments to the DON. looked at and signed off by a provider. The transportation coordinator or designee will forward a copy of all after

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
		345284	B. WING			C 09/24/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		00/24/2021	
	_			901 BETHESDA ROAD			
THE OAK	5			WINSTON SALEM, NC 27103			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIC DATE	
F 580		e 4	F 58	visit summaries or consults to This information has been inter the standard orientation training be reviewed by the Quality As process to verify that the char been sustained. As 9.22.2021 who does not receive schedul in-service training will not be a work until training has been of 4. Monitoring Procedure to end the plan of correction is effect specific deficiency cited rema and/or in compliance with reg requirements. The Administrator or designed compliance utilizing the F580/ Quality Assurance Tool weekl then monthly x 3 months. The monitor notification process for recommended orders from co outside provider appointments emergency room visits. Repo presented to the weekly Quali Assurance committee by the I Nurses to ensure corrective a initiated as appropriate. Comp be monitored and the ongoing program reviewed at the weel Assurance (QA) Meeting. The Meeting is attended by the Ad Director of Nursing, Minimum Coordinator, Therapy Manage Information Manager, and the Manager.	egrated into ng and will sourance nge has any staff led allowed to ompleted. noure that ive and that ins corrected ulatory e will monitor (F760 y x 4 weeks tool will or new nsults, s, or orts will be ity Director of ction is oliance will g auditing kly Quality e weekly QA lministrator, Data Set er, Health	9/25/21	
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CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· ,		(X3) DA	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
			A. BUILDIN	IG	с	
		345284	B. WING		(	9/24/2021
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY	, STATE, ZIP CODE	
	_			901 BETHESDA ROAD		
THE OAK	5			WINSTON SALEM, N	C 27103	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page	e 5	F 7	60		
1 100		nts are free of any significant		00		
	medication errors.	his are nee of any significant				
		is not met as evidenced				
	by:					
		iews, family member		The statements	made on this plan of	
	interview and staff int	erviews, the facility failed to		correction are ne	ot an admission to and do	
		tion of two intravenous			n agreement with the	
		pt of a physician's order for 1		alleged deficien		
		d who required treatment			npliance with all federal	
	with an intravenous a	intibiotic medication		-	tions the facility has taken	
	(Resident #5).				actions set forth in this	
	The findings included	l:		constitutes the f	n. The plan of correction acility⊡s allegation of	
				compliance sucl		
		nitted to the facility on 8/3/21			d have been or will be	
	with a diagnosis of sa	acrai osteomyeilus.		F760	e dates indicated.	
	A review of Resident	#5's admission Minimum			ction for resident(s)	
		essment dated 8/10/21			alleged deficient practice:	
		had minimally impaired			eived Meropenem on the	
		ily decision making. The		evening shift on	•	
	-	two-person extensive				
	assistance from staff	for all his daily care needs.		Resident #5 rec morning of 08.2	eived Vancomycin on the 5.2021.	
	A review of Resident	#5's medical record				
		t summary form, that is			the Director of Nursing	
		when a resident returns			lical Director of the new	
		dated 8/18/21 from the			penem and Vancomycin	
		the following antibiotics: solution one time daily		and started on 0	ommended 08.18.2021 08 24 2021 and	
		eks and Meropenem 1 gram		08.25.2021.	0.27.2021 and	
		y every 8 hours x 6 weeks for		00.20.2021.		
	his sacral osteomyeli			On 09.24.2021.	the wound doctor was	
	, , , , , , , , , , , , , , , , , , ,				stated he did not feel that	
	A review of Resident	#5's medication		the wound had v	worsened due to the delay	
		for August 2021 showed		and he felt like t	he wound was slowly	
	-	began on the evening of		improving.		
		comycin was begun on the		-	ction for residents with the	
	morning of 8/25/21.			potential to be a	ffected by the alleged	

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· /	IPLE CONSTRUCTION	. ,	(X3) DATE SURVEY COMPLETED		
						С	
	345284		B. WING		09/	09/24/2021	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE		
THE OAKS				901 BETHESDA ROAD WINSTON SALEM, NC 27103			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIO DATE	
F 760	Continued From page	2 6	F 7	60			
				deficient practice.			
	A telephone interview	was conducted on 9/22/21		All residents in the facility	y who have		
	-	e #1 who was assigned to		orders for medications h			
	Resident #5 on 8/18/21 when he would have			to be affected.			
	returned to the facility following his appointment.						
		he had no recollection of		Beginning on 09.21.202			
	• • • •	perwork upon Resident #5's		Nursing audited 100% of			
		what the normal process		appointments for the last			
		when a resident returned, the elope that contained an		identify any recommende were not appropriately for			
	after-visit summary w			Orders were followed up	-		
		nges in care. He stated they		and new orders were init			
	-	the resident's chart and, if		and Medical Director not			
		tion changes, they enter that		completed on 09.22.202	1.		
	information by hand in	mmediately and then send it					
		eview. Nurse #1 was unable		On 09.25.2021, the DON			
		did not get any paperwork		initiated daily audits of al			
	but stated again that	none was returned to him.		and Emergency Room V			
				that staff were following			
	-	was conducted on 9/22/21		recommended orders. A			
		ansportation driver for the at can't recall who he handed		followed up on appropria	nery.		
		ork to but stated that he		On 09.22.2021, the DON	transportation		
		elope with paperwork back		coordinator, Administrato			
		ted that he is aware that		reviewed and made char			
	· ·	rned with paperwork and this		current procedure for foll	-		
		to a staff member when the		recommended orders fro			
	resident returns.			3. Measures/Systemic c			
				prevent reoccurrence of	alleged deficient		
		was conducted on 9/22/21		practice:			
		e #2 who was assigned to		Education:	IC reviewed the		
		21 who stated that she		On 09.22.2021, the QAN			
	doctor who wanted to	from Resident #5's bladder		policy on Physician Prog Consults Polity and Proc			
		by a family member that he		were no changes require			
		hich didn't match their			a lor the policy.		
	-	that she immediately notified		On 09.21.2021, the DON	began		
		of nursing (DON) who was		reeducating all full time,	-		
					, , ,,	1	

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING \_\_\_\_ С 345284 B. WING 09/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA ROAD THE OAKS WINSTON SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 760 Continued From page 7 F 760 medication orders, and send them to the LPNs, and Medication Aides on the pharmacy for review. following topics (See education): A telephone interview was conducted on 9/22/21 How to review after visit summaries or at 2:44 PM with the previous DON who stated she consults for any recommended orders. had no recollection of the event and did not wish When to notify the Physician or to comment any further. provider of any recommended orders. Appropriate follow up on An interview with the nurse consultant on 9/22/21 recommended orders from an outside at 3:00 PM revealed both antibiotics were entered provider. by the previous DON on the afternoon of 8/24/21 and then sent to the pharmacy. The Meropenem On 09.22.2021, the transportation began that evening, 8/24/21 and the Vancomycin coordinator was educated by the Quality began the following morning, 8/25/2021. Assurance Nurse Consultant (QANC) and the Director of Nurses (DON) on the A record review on 9/22/21 at 3:30 PM showed a following: full assessment of Resident #5's wound on 8/18/21 and on 8/27/21 and there was no The transportation coordinator or designee will forward a copy of all weekly worsening of the wound. appointments to the DON. An interview with the current DON on 9/22/21 at The transportation coordinator or 3:50 PM who stated clearly that it was his designee will forward a copy of all after expectation that all staff members follow the visit summaries or consults to the DON procedures in place for all residents who return for review. from outside appointments. He stated they are working on creating a central location for all after This information has been integrated into visit summaries to return to, as well as, educating the standard orientation training and will the front staff on the importance of securing all be reviewed by the Quality Assurance paperwork that returns with resident. He added process to verify that the change has that all staff will be educated to prevent this from been sustained. As 09.22.2021, any staff happening in the future. who does not receive scheduled in-service training will not be allowed to A telephone interview was conducted with wound work until training has been completed. doctor on 9/24/21 at 2:15 PM. He stated that he 4. Monitoring Procedure to ensure that had been made aware of the missed doses of the plan of correction is effective and that antibiotic by Resident #5's family member and specific deficiency cited remains corrected had made the decision to add on two more weeks and/or in compliance with regulatory of antibiotics to his original plan to compensate requirements. for the delay. He did not feel that the wound had The Director of Nursing or designee will

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284			(X2) MULTIF A. BUILDING	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
		B. WING	C 09/24/2021		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
THE OAK	S			901 BETHESDA ROAD WINSTON SALEM, NC 27103	
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETI
F 760	was slowly improving A telephone interview facility doctor on 9/24 that he was not awar aware that Resident ; intravenous antibiotic current policy is that in the provider notebo and signed off by a p current process has f order not being adde which, in turn, delaye antibiotics for 6 days.	the delay and he felt like it was conducted with the 4/21 at 2:30 PM. He stated e of the delay and was not #5 was ordered additional cs on 8/18/21. He stated the the staff put the new orders ook which is then looked at rovider. He agreed the flaws due to Resident #5's d to the provider notebook ed him starting on the . He does not feel, however, a harmed, or the wound	F 76	monitor compliance utilizing the F760/F580 Quality Assurance To x 4 weeks then monthly x 3 mont DON or designee will monitor for compliance with appropriate follo any recommended orders after a outside provider appointment, or emergency room visits. Reports presented to the weekly Quality Assurance committee by the DOI ensure corrective action is initiate appropriate. Compliance will be monitored and the ongoing auditi program reviewed at the weekly Q Assurance (QA) Meeting. The we Meeting is attended by the Admir Director of Nursing, Minimum Dai Coordinator, Therapy Manager, U Support Nurses, Health Informati Manager, and the Dietary Manag	hs. The w up of consult, will be N to ed as ng Quality eekly QA histrator, ta Set Jnit on

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