

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - SHELBY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 N MORGAN STREET SHELBY, NC 28150</b>	
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F 000	INITIAL COMMENTS  An unannounced complaint investigation was conducted from 10/17/2024 through 10/18/2024. Additional information was obtained offsite on 10/21/24, therefore the exit date was changed to 10/21/24. The following intake was investigated: NC00221778. 1 of the 4 allegations resulted in deficiency. Event ID #YKMI11.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident, and staff interviews the facility failed to provide nail care for a dependent resident for 1 of 3 residents (Resident #2) reviewed for activities of daily living (ADL).  The findings included:  Resident #2 was readmitted to the facility on 4/15/2024 with diagnoses which included dementia and muscle weakness.  Review of a quarterly Minimum Data Set (MDS) dated 4/21/2024 revealed Resident #2 was moderately cognitively impaired, required maximum assistance for bathing and supervision for personal hygiene.  A care plan dated 9/4/2024 revealed Resident #2 required assistance for all activities of daily living (ADL) related to weakness secondary to	F 677	White Oak Manor-Shelby ensures residents dependent on Activities of Daily Living (ADL) receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene including nail care.  Resident #2 was provided with nail care with trimming and cleaning underneath nails on 10/18/2024 by the first shift nursing assistant and will be provided with nail care as needed.  An audit was completed by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) of current residents' nails on 11/5/2024 to identify any resident in need of nail care (trimmed and cleanliness underneath nails). Current and newly admitted residents will be provided with nail care as needed. Central	11/15/24

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

TITLE

(X6) DATE

Electronically Signed

11/05/2024

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 677	<p>Continued From page 1 non-traumatic intracranial hemorrhage.</p> <p>An observation and interview were conducted on 10/17/2024 at 9:10 am of Resident #2. Resident #2 was observed with 1/4 inch long jagged fingernails on all ten fingers with a brown substance underneath all ten nails. Resident #2 stated the only time her nails were trimmed or cleaned, was when she went to activities.</p> <p>An observation was conducted on 10/17/2024 at 3:25 pm of Resident #2. Resident #2's fingernails remained ¼ inch long, jagged, with a brown substance underneath all ten fingernails.</p> <p>An interview was conducted on 10/18/2024 at 11:19 am with Nurse Aide (NA) #2. NA #2 stated she worked first shift, 7:30 am to 3:00 pm, on 10/17/2024. NA #2 stated that she was not assigned Resident #2, however, she had assisted NA #3 with giving a bed bath. NA #2 stated that NAs were allowed to perform nail care, including cleaning and cutting, and stated that she had not provided fingernail care for Resident #2 because she was only assisting with bathing the resident.</p> <p>An interview was conducted on 10/18/2024 at 12:22 pm with NA #3. NA #3 stated that she worked first shift, 7:00 am to 3:00 pm, on 10/17/2024 and was assigned Resident #2. NA #3 stated she had only worked at the facility for a few weeks. NA #3 stated NA #2 assisted her in giving Resident #2 a bed bath on 10/17/2024. NA #3 stated she had not performed fingernail care for Resident #2 because she had not been taught/instructed to perform fingernail care since she started at the facility.</p> <p>An interview was conducted on 10/18/2024 at</p>	F 677	<p>Supply Manager will stock all nail supplies on each unit and will continue to check the stock and refill the supply on a weekly basis.</p> <p>The nursing staff members were re-educated on nail care by the DON and ADON by 11/15/2024. Newly hired nursing staff members will receive the education during their job specific job orientation by the DON and ADON.</p> <p>Nursing Administration will monitor by randomly observing 5 resident nails weekly for 12 weeks to ensure compliance.</p> <p>Results of the monitoring will be discussed weekly during Morning QI meetings for 12 weeks, and then further discussions with the QA Committee meetings for recommendations as indicated.</p> <p>The DON is responsible for ongoing compliance for F677.</p> <p>Compliance date is 11/15/2024.</p>		

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F 677	Continued From page 2 12:04 pm with the Director of Nursing (DON). The DON stated that NAs were responsible for performing fingernail care for residents on an as needed basis. The DON stated that she was not aware that Resident #2 had ¼ inch, jagged fingernails with a brown substance underneath. The DON stated her fingernails should have been cut and cleaned.	F 677			
F 880 SS=F	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880		11/15/24	

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F 880	<p>Continued From page 3</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff</p>	F 880	White Oak Manor-Shelby ensures to		

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F 880	<p>Continued From page 4</p> <p>interviews, the facility failed to establish policies and procedures for standard and transmission-based precautions and failed to implement Enhanced Barrier Precautions (EBP) when providing urinary catheter care for 1 of 3 staff members reviewed for infection control practices (Nurse Aide #1).</p> <p>The findings included:</p> <p>A review of the facility's Infection Control policies and procedures revealed no policy and procedure for Enhanced Barrier Precautions (EBP).</p> <p>Review of a care plan dated 9/12/2024 revealed Resident #1 had an indwelling catheter with interventions which included to utilize Enhanced Barrier Precautions (EBP) per facility protocol.</p> <p>An observation was conducted on 10/17/2024 at 3:35 pm. Resident #1 had an EBP sign which stated "everyone should clean their hands before entering and after leaving the room. All healthcare personnel must wear gloves and gown for the following high-contact activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use of a central line/urinary catheter/feeding tube/tracheostomy, and/or wound care (any skin opening requiring a dressing)." A personal protective equipment (PPE) caddy was hanging outside of the door. Nurse Aide (NA) #1 was observed sanitizing her hands prior to entering Resident #1's room. NA #1 washed her hands, put on clean gloves, and proceeded to provide urinary catheter care.</p> <p>An interview was conducted on 10/17/2024 at 3:45 pm with NA #1. NA #1 stated she was</p>	F 880	<p>implement and maintain an infection prevention and control program and policies designed to provide safe, sanitary and comfortable environment and help prevent the development and transmission of communicable disease.</p> <p>Corporate Nurse Consultant implemented policy and procedures for Enhanced Barrier Precautions (EBP) on 11/4/2024.</p> <p>Resident #1's EBP was posted. Nurse Aide was re-educated on 10/17/2024 by the Director of Nursing (DON) regarding the posting of EBP including hands are cleaned before entering room and after leaving room; wear gloves and gown for dressing, bathing/ showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting; and device care or use of a central line, urinary catheter, feeding tube, tracheostomy and wound care. Nurse Aide will follow EBP for Resident #1 who has foley catheter in place, as indicated on the posting.</p> <p>Current and newly admitted residents with foley catheters have the EBP signs posted, and the EBP will be followed by the staff members.</p> <p>An audit of current residents requiring to be on EBP including residents with foley catheters was completed on 10/17/2024 by the Nursing Administration.</p> <p>The nursing staff were re-educated on following the posting for EBP, which</p>		

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F 880	<p>Continued From page 5</p> <p>trained on infection control when she was hired. NA #1 stated EBP were used when a resident had a common cold and sometimes for a wound. NA #1 stated that she had seen the EBP sign and caddy on the outside of Resident #1's door but was not sure why it was there. NA #1 stated Resident #1 did not have a wound and did not have any respiratory symptoms which is why she did not wear a gown when providing indwelling urinary catheter care. NA #1 was unaware that EBP was utilized for residents with an indwelling urinary catheter. NA #1 stated that she had received education about EBP.</p> <p>An interview was conducted on 10/17/2024 at 3:48 pm with Nurse #1. Nurse #1 stated EBP was utilized when a resident had an indwelling urinary catheter or a wound. Nurse #1 stated staff should wear a gown, mask, and gloves when providing direct care including indwelling urinary catheter care. Nurse #1 stated Resident #1 had an indwelling urinary catheter and a wound. Nurse #1 stated a mask, gown, and gloves should have been worn when providing indwelling urinary catheter care.</p> <p>An interview was conducted on 10/18/2024 at 8:32 am with the Assistant Director of Nursing (ADON). The ADON stated that she was also the Staff Development Coordinator (SDC) and the Infection Preventionist (IP). The ADON stated that during orientation, staff were educated about EBP. The ADON stated staff were taught to look for precaution signage on the outside of the resident's room and were to follow what the signage said. The ADON stated staff was taught to ask for clarification if they had any questions regarding EBP. The ADON stated she had not performed audits of donning/doffing PPE and</p>	F 880	<p>included residents with a foley catheter, regarding hand are cleaned before entering room and after leaving room; wear gloves and gown for dressing, bathing/ showering, transferring, changing linens, provided hygiene, changing briefs or assisting with toileting; and device care or use of a central line, urinary catheter, feeding tube, tracheostomy and wound care. This re-education was completed by the DON and Assistant Director of Nursing (ADON) by 11/15/2024.</p> <p>Newly hired nursing staff will receive this education during their job specific orientation by the DON and ADON.</p> <p>Residents requiring EBP will be monitored by observing up to 5 nursing staff following EBP for 5 residents weekly for 12 weeks. The monitoring will be completed by the DON and ADON.</p> <p>Results from the monitoring will be discussed weekly during the Morning Quality Improvement (QI) meetings for 12 weeks and any identified issues or trends will be further discussed at the Quality Assurance (QA) meeting with the team and recommendations made as indicated.</p> <p>The DON is responsible for ongoing compliance of F880.</p> <p>Compliance date is 11/15/2024.</p>		

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F 880	Continued From page 6 would provide additional training for staff if there were any issues. The ADON stated gloves and a gown, should be worn when providing direct care to a resident with an indwelling urinary catheter or a wound. The ADON stated NA #1 should have worn a gown and gloves when she provided indwelling urinary catheter care for Resident #1.  An interview was conducted on 10/18/2024 at 10:45 am with the Director of Nursing (DON). The DON stated EBP were new, and staff were educated when the facility began to implement EBP. The DON stated EBP were used for residents who had an indwelling urinary catheter, intravenous catheter (IV), wounds, or received tube feeding. The DON stated a gown, and gloves were to be worn when providing direct care to a resident on EBP. The DON stated there was a sign and PPE on the door if a resident was on EBP and the ADON was responsible for placing EBP signage. The DON stated a gown, and gloves should have been worn when staff provided indwelling urinary catheter care. The DON stated that there were no policies or procedures for EBP and stated that their corporate office had instructed them to go by Center for Disease Control (CDC) guidelines.	F 880			
F 882 SS=F	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)  §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:  §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology,	F 882		11/15/24	

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F 882	<p>Continued From page 7 epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to designate a qualified Infection Preventionist (IP) who had completed specialized training in infection prevention and control, to be responsible for the facility's Infection Control Program. The deficient practice had the potential to affect 105 of 105 residents at the facility.</p> <p>The findings included:</p> <p>An Entrance Conference was conducted on 10/17/2024 at 8:40 am with the Administrator. The Administrator stated the Assistant Director of Nursing (ADON) was the Infection Preventionist (IP).</p> <p>An interview was conducted on 10/18/2024 at 8:30 am with the Administrator. The Administrator stated that the ADON had immediately stepped into the IP role after the previous IP left on 7/25/24. The Administrator stated the facility had not had a qualified IP since 7/25/2024. The Administrator stated she had signed the ADON up for the Statewide Program for Infection Control and Epidemiology (SPICE) training on 10/17/2024 after she realized that the ADON not being SPICE trained might be "an</p>	F 882	<p>White Oak Manor-Shelby ensures to designate and educate a licensed nurse as the Infection Preventionist who is responsible for the Infection Prevention and Control Program.</p> <p>Current and newly admitted residents will be provided with the protection of a qualified individual as an Infection Preventionist to ensure the implementation of a program that prevents and controls infections.</p> <p>The Assistant Director of Nursing (ADON) completed the Statewide Program for Infection Control and Epidemiology (SPICE) training on 11/6/2024.</p> <p>A new Staff Development Coordinator (SDC) will be hired and will complete the SPICE training.</p> <p>The Director of Nursing (DON) and ADON were re-educated by the Corporate Consultant on 11/5/2024 regarding the importance of always having a qualified Infection Preventionist(s) designated.</p>		



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F 882	<p>Continued From page 8</p> <p>issue." The Administrator stated there were only two SPICE training classes per year and she signed the ADON up to take the class that started on 11/4/2024. The Administrator stated that she had every intention of enrolling the ADON in SPICE training but had just not signed the ADON up.</p> <p>An interview was conducted on 10/18/2024 at 8:32 am with the ADON. The ADON stated she began the role of IP immediately after the previous IP left. The ADON stated that she had not received any training for her role as an IP. The ADON stated a consultant did not come to the facility routinely but whenever she had a question about something related to Infection Control, she would call and ask a corporate consultant. The ADON stated the Administrator signed her up on 10/17/2024 to take SPICE training and she would attend training on 11/4/2024 through 11/6/2024. The ADON stated that she had no primary training in epidemiology or infection prevention/control.</p> <p>An interview was conducted on 10/18/2024 at 10:05 am with the Director of Nursing (DON). The DON stated that after the previous IP left, the ADON stepped into the IP role. The DON stated she had taken SPICE training more than five years ago but did not have a copy of her certification and was not able to obtain a copy.</p>	F 882	<p>Newly hired designated nursing personnel will receive this education and SPICE training during their job specific orientation by the Corporate Consultant and/ or DON.</p> <p>The Infection Preventionist will be monitored by reviewing Infection Control reports for accuracy weekly for 12 weeks. The monitoring will be completed by the DON.</p> <p>Results from the monitoring will be discussed weekly during the Morning Quality Improvement (QI) meetings for 12 weeks and any identified issues or trends will be further discussed at the Quality Assurance (QA) meeting with the team and recommendations made as indicated.</p> <p>The DON is responsible for ongoing compliance of F882.</p> <p>Compliance date is 11/15/2024.</p>		