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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345186	A. BUILDING _____ B. WING _____	09/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

(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 11/7/11 Ammended 2567 to correct error in 2567 sent 10/13/11.	F 000	1. Corrective Action will be accomplished for those Residents to have been affected by the deficient practice;	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interviews the facility failed to treat resident with respect for 1 of 2 sampled residents (Resident # 67) Resident # 67 was admitted to the facility on 8/14/2009 with diagnoses that included asthma, and chronic lung disease. The most recent Minimum Data Set (MDS) dated 9/7/2011 indicated that Resident # 67 had no short or long term memory problem and was independent with daily decision making. The same MDS revealed the Resident # 67 required supervision with Activities of Daily Living (ADL) and the Resident # 67 had no behavior problems. During an interview on 9/27/2011 at 11am Resident # 67 indicated that during patient care on 8/7/2011 the Nursing Assistant (NA # 1) was " very ugly to her. " Resident # 67 indicated that NA #1 stated " The Welfare was paying her bill " and cut off her fan for no reason. Resident # 67 revealed that her feelings were hurt. Resident # 67 also indicated that during patient care NA# 1	F 241	A. All Resident's who resides at our facility dignity is maintained, enhanced and protected on a daily basis by our staff. Resident noted in statement of deficiencies had no negative outcome related to incident. 2. Corrective action will be accomplished for those Residents having potential to be affected by the same deficient practice by; A. Administrator, D.O.N. and Nursing Supervisor's will be completing rounds daily to assure compliance with dignity and respect of individuality for our residents. B. Facility will interview five residents weekly times four then monthly times three to assist with identification of any concerns related to violations of their dignity and respect of individuality. Outcome of interviews will be documented and maintained within facility. Interviews will be completed by Social Services/ Administrator/ Designee. 3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;	10-27-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Wall — TITLE: Administrator — (X6) DATE: 11-17-11

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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	345186	A. BUILDING _____ B. WING _____	09/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

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F 241	Continued From page 1 was rough with her but did not hurt her. Resident # 67 stated that she did not tell anyone at first but told a Nurse # 1 several days later. NA # 1 was called on 9/27/2011 at 4:30pm for an interview, a message was left. NA # 1 never called back. During an interview on 9/28/2011 at 3pm with Nurse # 1 indicated that Resident # 67 revealed to her several days after the incident that one of the staff had been ugly to her. Nurse # 1 indicated that Resident # 67 stated that staff was rough with her during patient care and that staff told Resident # 67 that the welfare was paying her bill and cut off her fan for no reason. Nurse #1 indicated that this hurt Resident # 67 ' s feelings. During an interview on 9/29/2011 at 3:30pm with Social Worker (SW) indicated that she received a Five Oaks Manor, Resident/Family Concern Form dated 8/11/2011 that revealed that NA # 1 had stated to Resident # 67 that " welfare was paying her bill " and that NA # 1 had been rough with her during patient care and NA#1 didn ' t clean bowel off of Resident # 67 front. The SW indicated that she spoke with Resident # 67 and that the Resident # 67 revealed that her feelings were hurt. Resident # 67 informed the SW that she did not want NA # 1 to be her aide anymore. The SW revealed that all the information was given to Administrator. The SW also indicated that the staff was terminated because of her behavior and inappropriate language to Resident # 67. During a review of the Resident/Family Concern	F 241	A. Administrator, D.O.N. and Nursing Supervisor's will be completing rounds daily to assure compliance with dignity and respect of individuality for our residents. B. Facility will interview five residents weekly times four then monthly times three to assist with identification of any concerns related to violations of their dignity and respect of individuality. Outcome of interviews will be documented and maintained within facility. Interviews will be completed by Social Services/ Administrator/ Designee. C. All staff will be provided additional education on the following topic: > Dignity and respect of individuality > Abuse policy/ Reportable Incidents Inservices will be completed by S.D.C. and Administrator. All new hires will be inserviced during orientation by S.D.C. on dignity and respect of Individuality, Abuse policy/ Reportable Incidents. 4. Methods that will be used to monitor and evaluate the corrective action: A. Administrator, D.O.N. and Nursing Supervisor will be completing rounds daily to assure compliance with dignity and respect of individuality for our residents.	

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FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

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F 241	Continued From page 2 Form on 9/29/2011 revealed a concern dated 8/11/2011 indicated by Resident # 67 " stated that NA # 1 was rough with her during patient care and stated that the welfare was paying her bill. " The form revealed that the facility investigated this situation and staff was terminated. During an interview on 9/29/2011 at 4pm with the Director of Nursing (DON) and Administrator, the DON revealed that she was a part of the investigation with the Administrator for Resident # 67. The Administrator indicated that he was informed by staff that NA # 1 had made several inappropriate statements to Resident # 67 and after talking with the Resident # 67, he felt that staff had hurt this resident ' s feeling.	F 241	Any identified concerns will be reported to management immediately and corrected in a timely manner. B. Reports of any findings will be reviewed at our monthly Quality Assurance meeting. Committee will evaluate the findings to determine the need for continued interventions or Amendment of plan.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: . Based on observations, record reviews, and staff interviews the facility failed to maintain sanitary conditions in the kitchen by not ensuring hair coverings were worn by dietary staff in the kitchen; by not ensuring food service equipment	F 371	1. Corrective Action will be accomplished for those Residents to have been affected by the deficient practice; A. No residents were identified. 2. Corrective Action will be accomplished for those residents having the potential to be affected by the same deficient practice by; A. All dietary staff are now wearing hairnets. B. All floors, equipment and food preparation areas have been cleaned and are being kept clean in a sanitary condition and free from debris. C. All raw meats are being stored separately from other foods in the walk in refrigerator. D. All opened/ resealed containers of food items are now labeled and dated.	10-27-11

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F 371	Continued From page 3 and food preparation areas were maintained clean and free from debris and soiled oven mitts; by not ensuring raw meats were stored separately from other foods in the walk-in refrigerator; by not ensuring opened food items were resealed, dated and labeled; by not ensuring cleaning supplies and food service supplies were stored separately and off of the floor; by not ensuring dishware were sanitized in the dishwashing machine; by not ensuring milk products were served at temperatures below 41 degrees Fahrenheit; and, by not ensuring food tray lid covers were clean, dry, and in good condition prior to use. Findings included: 1. During the initial tour of the kitchen on 9/25/11at 3:43pm, two male dietary employees were observed in the food preparation area without hairnets covering their hair. One of the two employees was cutting and placing brownies in single serving sized baggettes. The second employee was observed walking throughout the food preparation area. 2. During the initial tour of the kitchen on 9/25/11at 3:43pm, there were empty cardboard boxes and brown wrapping paper on the floor next to the door of the walk-in refrigerator; and, empty cardboard boxes, a Styrofoam cup, paper wrappings on the floor, next to the ice machine in the stock delivery area. The Second Shift Cook revealed food deliveries were received on Tuesdays and Fridays (the tour was on a Sunday). The lid of the flour bin, located in the dry storage room, was covered with a white powder substance. The inside of the microwave, on top of	F 371	E. All cleaning supplies and food service supplies are being stored separately. F. All dishware are being cleaned and sanitized at proper temperature in the dishwashing machine. G. All milk products are now being served at temperatures 41°F or below. H. All food tray lids are clean, dry and in good condition. Any food tray lid not in good condition will be replaced. 3. Measures will be put into place or systematic changes made to ensure the deficient practice will not occur; A. Dietary management will inservice dietary staff on the following topics: > Procure food from sources approved or considered satisfactory by federal, state or local authorities > Store, prepare, distribute, and serve food under sanitary conditions > Maintaining dietary department in a clean sanitary condition and free from debris	

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F 371	Continued From page 4 a preparation table, contained brown particles and brown stains; also, there was an uncovered bowl of rice on top of the microwave. A hairnet was observed in the bottom of the mixing bowl of the small mixer and there was a soiled oven mitt lying on top of the mixer. There was an uncovered, Styrofoam cup containing a white substance next to the hot beverage machines that was not labeled. There were three Styrofoam plates of uncovered, prepared meals on the top shelf of the steamtable (a live fly was observed in the food of one of the plates). The Dietary Cook stated that the three plates of food were "back-up" then threw the plates of food in the trash. He did not reveal what he meant by "back-up". The handles to the double convection oven were greasy to touch; and there were brown and white greasy stains on the inside and outside doors of these ovens which were not in use at the time of the tour. The vent in the ice machine located in the main dining room was covered with a dark, gray lint. During an observation of the meal serving tray line in the kitchen on 9/29/11 at 11:35am, a soiled oven mitt was lying in one of the empty bins of the steamtable next to cleaned, sectional and slanted plates. 3. During the initial tour of the kitchen on 9/25/11 at 3:43pm, an observation of the walkin refrigerator in the kitchen revealed 3-long plastic sleeves of raw ground meat on a sheet pan stored on the shelf above 1-opened case of sealed bags of cut vegetables, 2-vacuum packed ready-to-eat turkeys, and 1-vacuum packed ready-to-eat ham. A brownish/red water-like substance was observed on the opened lid of the	F 371	> Proper storage of food > Labeling and dating of all opened/ resealed containers of food > Cleaning supplies and food supplies to be stored separately > Maintaining dietary equipment in a clean and sanitary condition > Dishware is to be cleaned and sanitized in dishwasher at appropriate temperature > Serving milk products at appropriate temperature > Dishware is to be utilized in dry, clean and in good condition All new hires will receive education on the above topics during orientation. B. Dietary Management/ Administrator will complete audits within the following areas to assure compliance with policy/ procedures and state/ federal regulations; > Food is being prepared, distributed under sanitary conditions > Floors, equipment and food preparation areas are clean and under sanitary conditions free from debris	

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F 371	Continued From page 5 box containing the vegetables. 4. During the initial tour of the kitchen on 9/25/11 at 3:43pm, the observation of the walkin freezer revealed: 1-opened box of cut biscuit dough; 1-opened box of ribeye steaks; 1-opened bag of diced chicken in an opened box; 1-resealed bag of meatballs that was not dated or labeled. In the dry storage room there were: 1-opened bag of cereal in an opened box; 1-resealed bag of vanilla wafers that was not dated or labeled; and, 1-resealed bag of curly noodles (not dated/labeled) spilling out into a green plastic container of sealed noodles due to a large hole in the bag. 5. During the initial tour of the kitchen on 9/25/11 at 3:43pm, the observation of the cleaning supplies room revealed: 1-case of bleach; 1-case of detergent; and, 4-small beverage coolers stacked on the floor, next to the water heater. There was 1-case of plastic cup lids (with several lids spilling from one of the plastic sleeves) on the floor in the paper supplies room. 6. During a second visit to the kitchen on 9/27/11 at 10:50am, two wash and rinse cycles of dishes in the high-temperature dishwashing machine were observed. The temperature of the wash cycle was 150 degrees Fahrenheit and the rinse cycle was at 168 degrees Fahrenheit (12 degrees below the required 180 degrees Fahrenheit). One of the two dietary staff operating the dishwashing machine stated that the dishes were to be washed at 150 degrees Fahrenheit and rinsed at temperatures between 150-160 degrees Fahrenheit. After examining the dishwashing	F 371	>Food properly stored > Opened/ Resealed items properly labeled > Cleaning and food supplies stored properly > Dishware clean and sanitized properly in dishwasher at appropriate temperature > Milk products served at appropriate temperature 41°F or below > Dishware is dry, clean and in good condition Facility will complete audits three times daily for eight weeks then daily thereafter to assist with maintaining compliance. Audits will be completed by dietary management and/ or NHA. 4. Methods that will be used to monitor and evaluate the corrective action; A. Dietary management and/ or NHA will complete audits three times daily for eight weeks then daily thereafter to assist with maintaining compliance. B. Findings will be reported to the Nursing Home Administrator immediately when policy is not adhered to.	

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	345186	A. BUILDING _____ B. WING _____	09/29/2011

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FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

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F 371	Continued From page 6 machine, the DM (Dietary Manager) noted that the booster switch was in the off position. The dietary staff revealed that earlier during this wash process, she had placed the booster switch in the "off" position when a food tray was jammed in the machine. The DM placed the booster switch in the "on" position and directed the dietary staff to return all of the breakfast dishware to the dishwashing area because everything would have to be sent through the dishwashing machine again to be correctly sanitized. 7. During the tray serving line observation in the kitchen on 9/29/11 at 11:35am, temperatures were taken of the single servings of milk and nectar thickened milk which were covered with ice in large plastic bins next to the meal serving line. The temperatures of 8-glasses of fortified milk and 5-coffee mugs of nectar thickened milk ranged from 55-57 degrees Fahrenheit (above the maximum 41 degrees Fahrenheit limit). The Dietary Manager directed the dietary staff to remove and replace all of the milks on the serving line. 8. During the tray serving line observation in the kitchen on 9/29/11 at 11:35am, 7 of the meal tray lid covers on the rack next to the tray line were wet and one of the lids contained dried yellow particles. The inside dome of 20 of the tray lid covers were peeling. The Dietary Manager directed the dietary staff to remove and replace all of the tray lid covers that were peeling from the meal serving line. On 9/29/11 at 12:20pm, the Dietary Manager	F 371	C. Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in Accordance with the facility progressive disciplinary policy. D. Report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance Committee at the monthly meeting. Committee will evaluate the findings to determine the need for continued intervention or amendment of plan.	

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F 371	Continued From page 7 indicated that the rinse cycle temperature on the dishwashing machine was set too high (190 degrees Fahrenheit) which caused the tray lid covers to peel on the inside of the domes.	F 371		

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	345186	A. BUILDING 02 - BUILDING 02 B. WING _____	10/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

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K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/13/2011 the facility did not have a Fire Department Connection "FDC" Sign at the Siamese connection at the right side parking lot locatoin. CFR#: 42 CFR 483.70 (a)	K 062	1. Corrective action will be accomplished by the facility to correct the deficient practice; A. Fire Department Connection "FDC" sign has been placed at the Siamese connection at the noted parking lot location. 2. Identify other Life Safety issues having the potential to affect residents by the same deficient practice; A. Facility will complete inspections weekly times eight weeks then monthly at location where sign was placed to assure compliance with K062 Life Safety Code Standard. B. Inspections will be completed by Maintenance Director and/or Administrator. 3. Measures will be put into place or what systemic change facility will make to ensure that the deficient practice does not recur; A. Facility will complete inspections weekly times eight weeks then monthly at location where sign was placed to assure compliance with K062 Life Safety Code Standard.	10-27-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Wall — TITLE: Administrator — (X6) DATE: 10-25-11

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K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/13/2011 the facility did not have a Fire Department Connection "FDC" Sign at the Siamese connection at the right side parking lot locatoin. CFR#: 42 CFR 483.70 (a)	K 062	B. Inspections will be completed by Maintenance Director and/or Administrator. C. Outcome of weekly/monthly inspections to assure compliance with placement of sign will be documented on audit tool identified as Inspection of Sign. D. Any identified non-compliance concerns will be reported to Administrator. Concerns will be corrected in a timely manner. E. Maintenance Director has been provided education on the following topic; >NFPA 101 Life Safety Code Standard CFR #42 CFR 483.70 (a) Education was completed on 10-24-11 by Administrator. 4. Monitoring will occur at our monthly quality assurance meeting. Report of findings will be reported to our QA committee to review for continued intervention or Amendment of plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	345186	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/13/2011

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K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/13/2011 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against it being accidently turned off. CFR#: 42 CFR 483.70 (a)	K 062	1. Corrective action will be accomplished by the facility to correct the deficient practice; A. Facility has installed an accelerator to our dry pipe sprinkler system that is electrically supervised to protect the system against it being accidentally turned off. 2. Identify other Life Safety issues having the potential to affect residents by the same deficient practice; A. Facility will complete weekly times eight then monthly inspection of newly installed accelerator to assure valve is electrically supervised to protect the system against it being accidentally turned off. Inspections will be completed by Maintenance Director. 3. Measures will be put into place or what systemic change facility will make to ensure that the deficient practice does not recur.	10-27-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John Wall	Administrator	10-25-11

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.

MAS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345186	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS MANOR	413 WINECOFF SCHOOL ROAD CONCORD, NC 28027

(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
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/13/2011 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against it being accidently turned off. CFR#: 42 CFR 483.70 (a)	K 062	A. Facility will complete weekly times eight then monthly inspection of newly installed accelerator to assure valve is electrically supervised to protect the system against it being accidentally turned off. Inspections will be completed by Maintenance Director. B. Any identified non-compliance concerns will be reported to Administrator. Concerns will be corrected in a timely manner. C. Staff will receive additional education on the following topic; >K062 NFPA 101 Life Safety Code Standard CFR #42 CFR 483.70 (a) Administrator/S.D.C. will present education. Education will be completed before 10-27-11. D. Outcome of weekly/monthly inspections to assure compliance with newly installed accelerator will be documented on audit tool identified as Inspection for newly installed accelerator. 4. Monitoring will occur at our monthly quality assurance meeting. Report of findings will be reported to our QA committee to review for continued intervention or amendment of plan.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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