

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

PRINTED: 04/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/16/2016
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 4009 CRAIG AVENUE CHARLOTTE, NC 28211		
(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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225		4/13/16	

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

TITLE

(X6) DATE

Electronically Signed

04/05/2016

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 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to report to Health Care Personnel Registry the investigation of an injury of unknown origin for 1 of 1 residents reviewed. (Resident #1)</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 12/29/2012 with diagnoses which included parkinson's, hypertension, arthritis, bipolar, and chronic obstructive pulmonary disease. Her most recent quarterly minimum data set dated 2/26/16 revealed that resident #1 was severely cognitively impaired and was total care with activities of daily living.</p> <p>Review of the investigation of an injury which was discovered on 3/2/16 revealed a diagram that showed the injury covered upper right extremity, right breast and axillary area.</p> <p>Review of nurse practitioner note dated 3/2/16 revealed that resident #1 was seen for her monthly visit and per nursing request due to bruising noted on the right lateral breast, medial upper arm and axilla. No reports of trauma to the area. Patient grimaces upon adduction and abduction of the right arm. Will obtain 3 view xray to the shoulder and arm, ultrasound to the right breast and refer to orthopedic per xray results. Acute bruising noted on the right lateral breast medial upper arm and axilla.</p> <p>Review of nurses note dated 3/3/16 at 12:40 PM revealed that the resident was noted with discoloration and edema to right upper extremity extending down into the axillary region and side</p>	F 225	<p>White Oak Manor-Charlotte ensures that all alleged violation involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials (including to the State survey and certification agency).</p> <p>Resident #1's areas of discoloration were identified on 3/2/2016 and were reported to the Director of Nursing (DON) and the Administrator immediately as well as the Nurse Practitioner (NP) who was present that day. The investigation was initiated immediately. The Quality Improvement Team (QI), including the DON, Administrator, and NP deemed the cause of the linear shaped discoloration on Resident#1 upper right arm was caused from a blood pressure cuff within 24 hours of the time of identification. The bleeding did spread down the axilla area and to the Rt. breast area which is normal per the NP documentation and contributed by this Resident's medication and diagnosis. Other testing were ordered to assure no resulting complications had occurred. All test results were negative. Thus this occurrence was not further reported to any State agency in accordance with the law, due to the explanation that the discolored area was caused by a blood pressure cuff.</p> <p>A body audit was completed by the</p>		

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F 225	<p>Continued From page 2</p> <p>of the right breast. The nurse practitioner assessed the resident and observed right shoulder pain. An occupational therapy referral was made by the nurse practitioner as well as an xray and ultrasound on 3/2/16 which were both negative. Site is situated above elbow and linear at the same site of a blood pressure cuff. Resident is on Depakote and has anemia, both of which contribute to bruising. The Department of Social Services guardian informed of discoloration.</p> <p>Interview with nurse aid #1 who routinely took care of the resident on day shift stated that on Monday 2/29/16 when she worked there were no marks on the body. Nurse aid was off on Tuesday 3/1/16. When she came back to work on Wednesday 3/2/16 and doing am care, she found the large discolored area which she described as covering the upper arm, shoulder, right breast and large area under the arm. She immediately reported it to nurse #1.</p> <p>Interview with nurse #1 who was working on 3/2/16 revealed that nurse aid #1 reported to her a large area of bruising to resident #1 's upper right side. This nurse went to assess the area and immediately reported it to her supervisor. She described the area as being a large purplish discolored area on upper arm, right breast, and under the arm. The nurse stated that staff came around and investigated and asked a lot of questions, but this nurse was unsure of the results of the investigation.</p> <p>On 3/16/16 at 3:15 PM, the director of nursing was interviewed and stated that an investigation was done on resident #1's injury. She revealed that Nurse #1 came to her on 3/2/16 and asked</p>	F 225	<p>licensed nursing staff to identify any resident who might have an injury that potentially needs to be reported to the State Agency. This audit was completed prior to 4-13-16.</p> <p>The Administrator and DON reviewed the audit findings to assure compliance to F225 and any injury of unknown source was reported to the State Agency within 24 hours if unable to identify a reasonable cause within that time frame in accordance with the law.</p> <p>The Administrator and DON reviewed resident injuries for the past 3 months to assure any injury of unknown source was reported to the State Agency. The Nursing staff are aware of Notification to the Administrator and/or the DON of all alleged violations involving mistreatment, Neglect, abuse, including injuries of unknown source and misappropriation of resident property and the reporting requirements. This was reviewed along with a re-education of "Sensitivity Training" conducted on 4\5\16 by the Social Services (SS) Consultant for the facility staff, including the DON and Administrator. This training details that all injuries are required to be reported immediately to the charge nurse, who immediately reports to the DON and Administrator who determines reportable status to the state agency in accordance with the law. Newly hired staff receive this education during their job specific orientation.</p>		

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F 225	<p>Continued From page 3</p> <p>her to come see the bruise along with the nurse practitioner. The bruise appeared to be linear and went up and down chest and appeared to be a deep tissue injury. A hardened area was felt down under the arm where the blood had pooled. We thought it had to be some sort of device, maybe a tourniquet or blood pressure cuff. A body audit was done and everyone was interviewed. From the interviews, no one recalled any injury. Xrays and an ultrasound were ordered by the nurse practitioner on 3/2/16. The ultrasound showed edema, no mass or fluid collection, and the xrays of the shoulder showed no fracture. A complete blood count and depakote level was ordered and drawn on 3/3/16 and all were normal. On 3/3/16 heat treatments to right shoulder were started. The nurse practitioner notified the county department of social services guardian with plan of care. The director of nursing further stated that the facility is supposed to do 24 hour/5 day report to state agency for abuse and injuries of unknown origin. She further stated the investigation started out as an injury of unknown origin, then was concluded to have been caused by a blood pressure cuff. The last recorded blood pressure was taken on Sunday 2/28/16 before the bruising was reported on 3/2/16.</p> <p>On 3/16/16 at 5:00 PM the administrator was interviewed. She stated after discussing the investigation in the morning meeting, they had determined due to the way the injury presented itself, that the injury was caused by a blood pressure cuff. She stated this was determined within 24 hours, so therefore was not an injury of unknown origin, so was not reported as an injury of unknown origin.</p>	F 225	<p>To assure ongoing compliance to F225 for reporting injuries of unknown source to the State Agency in accordance with the law when an injury of unknown source is identified, the Administrator will contact the SS or nursing consultant within 24 hours to review the need to report to the State agency. The Administrator will document this consultation for the next four weeks and incorporate into their standard practice thereafter.</p> <p>Resident occurrences with injuries are reviewed and discussed Monday thru Friday during the morning QI meetings to assure injuries of unknown source are reported to the State Agency in accordance with the law. Identified trends are reviewed during the QI meetings weekly for four weeks then as needed with recommendations as indicated to assure State Agency reporting requirements are met.</p> <p>Monthly QAPI meetings will review occurrences where an injury was sustained to assure reporting requirements to the State Agency in accordance with the law were met and recommend system changes as needed.</p> <p>The Administrator is responsible for ongoing compliance for F225.</p>		

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F 225	Continued From page 4 Telephone interview with nurse practitioner on 3/16/16 at 5:30 PM revealed that when she saw the injury she ordered tests which were negative and determined the same day that the injury was probably caused by a blood pressure cuff.	F 225		