STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345477	A. BUILDING _____ B. WING _____	C 03/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OAKS AT SWEETEN CREEK	3864 SWEETEN CREEK ROAD ARDEN, NC 28704

(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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) 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 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		4/9/19

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

Electronically Signed | 04/02/2019

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 580	Continued From page 1 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record reviews, family and staff interviews, the facility failed to notify the Responsible Party of a fall for 1 of 3 residents reviewed for accidents (Resident #1). The findings included: Resident #1 was admitted to the facility on 02/28/19 with multiple diagnoses that included cerebrovascular accident (stroke) left dominant side and hemiplegia (paralysis on one side of the body). Review of the Change in Condition (CIC) evaluation form completed by Nurse #1 and dated 02/28/19 revealed Resident #1 had an unwitnessed fall in her room. The CIC indicated Resident #1 was assessed with no injuries and was on anticoagulant (blood thinner) medication. The CIC noted the physician and Responsible Party (RP) were both notified on 02/28/19 at 6:00 PM. Review of Resident #1's nurse notes revealed an entry dated 03/01/19 that read in part, "Resident #1 is being sent to the Emergency Department for a previous fall for a check-up." There was no	F 580	F 580 - A meeting for resident #00736 was held on 3/2/19 by the RN Weekend Supervisor. On this date, the responsible party provided a valid phone number for resident #00736. During this meeting, a licensed nurse also notified resident's responsible party regarding fall of 2/28/19. The Director of Nursing or designee will complete a Quality Assurance review of residents change in condition by 4/4/19, going back 30 days. Any discrepancies in notification will be addressed immediately with appropriate notifications to resident's responsible party. The Director of Nursing and/or RN Staff Development Coordinator will provide education to licensed nurses regarding notification to resident's responsible party related to change in condition by Thursday, 4/4/19. The Director of Nursing and/or designee will complete Quality Improvement monitoring of all changes in condition,for notification of responsible party.	

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F 580	Continued From page 2 indication the RP was notified. Review of the admission Minimum Data Set (MDS) dated 03/07/19 indicated Resident #1 had moderate impairment in cognition and required extensive to total staff assistance with all activities of daily living except for eating. The MDS noted Resident #1 had 2 or more falls with no injury. During a telephone interview on 03/14/19 at 11:12 AM, Resident #1's RP revealed she was not notified of her fall on 02/28/19 until days later. The RP stated she wanted to be notified with any issues concerning Resident #1 and at the time of Resident #1's admission she had provided the facility with contact numbers for both herself and her husband in case she couldn't be reached. During an interview on 03/14/19 at 4:15 PM Nurse #1 confirmed she notified the on-call physician on 02/28/19 when Resident #1 fell from her bed onto the floor but did not notify the RP. Nurse #1 stated she completed the CIC assessment for Resident #1 and must have indicated the RP was notified in error. She explained it was a late admission and there were no contact numbers for the RP included with the admission paperwork. Nurse #1 added she contacted the Nurse Supervisor (NS) when she was unable to access a face sheet (form containing resident specific information) or create an incident report because Resident #1's medical record number had not been created in the facility's computer system. Nurse #1 stated she was instructed to complete as much on paper and leave the remaining paperwork for the Assistant Director of Nursing to complete the next day. Nurse #1 stated she did not work the	F 580	Monitoring will be completed three times a week for four weeks starting week of 4/8/19, then one time a week for three months. The Director of Nursing will introduce the plan of correction to the Ad Hoc Quality Assurance/Performance Improvement Committee on 4/2/19. The Director of Nursing is responsible for implementing the plan. Findings will be reviewed by the Quality Assurance/Performance Improvement Committee monthly for 4 months, and Quality Monitoring (audits) will be updated if changes are needed based on findings. The Quality Assurance/Performance Improvement Committee consists of, but is not limited to, the Medical Director, Executive Director, Director of Nursing, Staff Development Coordinator, and Unit Manager. The committee meets quarterly at a minimum.	

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F 580	Continued From page 3 following day and was unable to follow-up to ensure Resident #1's RP was notified. The NS was unable to be reached for a telephone interview. During an interview on 03/15/19 at 2:00 PM the Director of Nursing stated she would have expected for the RP to have been notified of Resident #1's fall on 02/28/19.	F 580		