

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

PRINTED: 09/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345186	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>OCT 04 2011</u> B. WING _____	(X3) DATE SURVEY COMPLETED C 09/08/2011
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NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027
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(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews the facility failed to provide Lovenox (anticoagulant medication) as ordered on admission to the facility on 8/12/11 for 1 of 4 sampled residents (Resident #4).</p> <p>Findings include:</p> <p>Resident #4 was admitted to the facility 7/26/2011 from the hospital and was transferred to the hospital on 8/5/2011 with Hypertension (HTN). From the hospital he went to another facility and by family choice was re-admitted to this facility on 8/12/2011. His diagnoses included HTN and Coronary Artery Disease. He had a history of Chronic Obstructive Pulmonary Disease, recurrent venous and arterial emboli when off anticoagulants, a Myocardial Infarction (MI), placement of a filter to prevent emboli going to his lungs secondary to a deep vein thrombosis (DVT) in his left lower leg, and an amputation of his left hand secondary to a blood clot.</p> <p>His Admission Resident Data Set dated 7/26/2011 indicated a current diagnosis of DVT in</p>	F 309	<p>1. Corrective Action will be accomplished for those Residents found to have been affected by the deficient practice; A. Resident #4 is currently receiving Lovenox 80 mg sub Q daily.</p> <p>2. Corrective action will be accomplished for those Residents having potential to be affected by the same deficient practice by; A. D.O.N./Designee will audit all new admissions within 24 hours to assure compliance with facility policy and state/federal regulations. B. D.O.N./Designee will review all physician orders during morning meeting and follow up will occur at P.M. meeting to assure compliance with facility policy and state/federal regulations. C. All physician orders follow up will be put on physician orders audit tool to assist with monitoring of compliance.</p>	10-6-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Wall</i>	TITLE <i>Administrator</i>	(X6) DATE 9-26-11
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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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NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027		
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F 309	<p>Continued From page 1</p> <p>his left lower leg as well as Coronary Artery Disease.</p> <p>Review of the Medication Administration Record (MAR) that came with Resident #4 from the transferring facility dated 8/9-8/31/2011 revealed that Resident #4 was receiving Lovenox 80 milligrams (mg) subQ (subcutaneous) daily. The Discharge Instructions from the transferring facility dated 8/12/2011 also indicated that Resident #4 was to receive Lovenox 80 mg subQ daily. Lovenox is an anticoagulant given daily to prevent the formation of blood clots. Resident #4 had a history of problems with blood clots.</p> <p>Review of the Telephone Physician order sheet dated 8/15/2011 revealed an order for Lovenox 80 mg/0.8ml to be given SC that night. In an interview the Director of Nurses (DON) stated that it was facility policy to obtain admission medication orders from the current medication list from the transferring facility.</p> <p>The current MAR dated 8/12/11 to 8/31/11 revealed that Lovenox 80mg was added to the list of medications to be given on 8/15/11. The MAR indicated Lovenox 80 mg SC was given the evening of 8/15/11. The MAR revealed that Lovenox 80 mg SC daily was added to the list of medication to be given on 8/16/2011. The MAR indicated that Resident #4 did not receive Lovenox for 2 days, 8/12-8/14/2011.</p> <p>The most recent Minimum Data Set (MDS) dated 8/26/2011 indicated that Resident #4 had severely impaired cognition. The MDS also revealed that he received injectable medications 7 of the last 7 days.</p>	F 309	<p>3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>A. D.O.N/ Designee will complete 100% audits of New Admissions and physician orders for four weeks then monthly times three to assure compliance. Outcome of audit will be documented on appropriate audit tool. Any identified non compliance will be reported to Administrator and corrections will be completed in a timely manner.</p> <p>B. Licensed nurses will be inserviced by Director of Nursing on the following topics:</p> <ul style="list-style-type: none"> > Completion of New Admissions Medical Record > Follow up of physician orders in a timely manner <p>4. Methods that will be used to monitor and evaluate the corrective action;</p>		

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F 309	<p>Continued From page 2</p> <p>On 9/8/2011 at 1:15 pm a family member stated in an interview that Resident #4 missed receiving his Lovenox on 8/13-8/14/2011 and didn't get it on 8/15/2011 until after she told the nurse that he was supposed to be getting it.</p> <p>In an interview on 9/8/2011 at 1:14 pm Nurse #1 stated that Resident #4 "was still getting Lovenox and had been since he was at the facility." She also revealed that "when he came back time before last (8/12/2011) it was missed, but we got an order and it was given that night."</p> <p>On 9/8/2011 at 2:00 pm Nurse #2 the Unit Coordinator stated in an interview when Resident #4 came back from (named) facility, "the Lovenox was not clear on the copy of medications and it was missed until a (named) family member brought it to their attention on 8/15/2011 and an order was written that day." She also indicated that she was responsible for the accuracy of the medication reconciliation for Resident #4 on 8/12/2011.</p> <p>At 3:15 pm 9/8/2011 the Director of Nurses (DON) stated in an interview that medications were transcribed from the (named) facility's MAR. The DON indicated that the MAR did have the Lovenox 80 mg SC on it and it was given there 8/10-8/12/2011. It was not given at this facility until 8/15/2011. The DON also revealed that it was the responsibility of the admitting nurse and/or the nurse supervisor (Unit Coordinator) to transcribe the medications when Resident #4 was admitted.</p>	F 309	<p>A. D.O.N./Designee will audit all new admissions within 24 hours to assume compliance with facility policy and state/federal regulations.</p> <p>B. D.O.N./Designee will review all physician orders during morning meeting and follow up will occur at P.M. meeting to assure compliance with facility policy and state/federal regulations.</p> <p>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.</p> <p>D. Report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee consisting of D.O.N., Medical Director, NHA, Risk Manager, Pharmacy Consultant, Social Services Director and Dietary Manager Monthly to review the need for continued intervention or Amendment of plan.</p>		