

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

PRINTED: 07/23/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/17/2012
NAME OF PROVIDER OR SUPPLIER  THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103	
(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 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain proper positioning for 1 of 1 sampled resident receiving a continuous tube feeding. (Resident # 3)</p> <p>Resident # 3 was admitted to the facility on 4/19/12 with a gastrostomy tube due to a diagnosis of esophageal stenosis and swallowing difficulty.</p> <p>A physician 's order, dated 7/9/12, indicated Jevity 1.5 Cal. was to be infused at 60 milliliters per hour from 12:00 pm until 8:00 am.</p> <p>A care plan, dated 4/30/12, indicated the resident was at risk for aspiration and included the approach to keep HOB (head of bed) elevated, unless otherwise contraindicated.</p> <p>On 7/17/12 at 2:40 pm Nursing Assistant # 1 (NA # 1) entered Resident # 3 's room with supplies to provide incontinent care. The resident was observed sitting upright in bed with the head of</p>	F 322	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. 483.25 (g) 2 NG Treatment/Services- Restore Eating Skills F Tag # 322 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u></p> <ul style="list-style-type: none"> <li>Resident #3 is no longer in the facility.</li> <li>NA# 1 was counseled and educated by DON on July 19, 2012 on providing care and the need to keep the HOB elevated while a resident receives feeding through a gastrostomy tube.</li> </ul> <p><u>The facility will take corrective action for those residents having the potential to affected by the same deficient practice:</u></p> <ul style="list-style-type: none"> <li>All residents with tube feedings have the potential to be affected by this alleged practice.</li> <li>On July 27, 2012 the DON/designee reviewed all residents with tube feedings and revealed care plans included elevating the head of bed and observation of those residents confirmed that head of bed was elevated or pump was on hold/off during care.</li> <li>All NA were inserviced by SDC on providing care to residents with receiving nutrition through a gastrostomy tubes.</li> </ul>	07-29-12

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

TITLE

(X6) DATE

*Susan Hallett* Administrator 08-02-12

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 322	<p>Continued From page 1</p> <p>the bed elevated approximately 45 degrees and with one pillow behind her head. A feeding pump at the resident ' s bedside was observed to be infusing Jevity 1.5 Cal. at 60 milliliters per hour through a gastric tube. A sign was observed taped above the head of the resident ' s bed and read in part: HOB (head of bed) elevated @ (at) a min (minimum) of 45o (degrees) during all tube feedings and for 45 minutes after turned off.</p> <p>NA# 1 lowered the head of the bed to the lowest position (flat) while the resident ' s head remained on one pillow. When asked if the tube feeding was running, NA # 1 looked at the feeding pump and replied, " Yes ". NA # 1 proceeded to provide incontinent care with the head of the bed in the lowest, flat position.</p> <p>NA # 1 was asked about the sign above the resident ' s bed. NA # 1 stated this resident was not her regular resident and she did not know if the head of the bed needed to be elevated or not.</p> <p>On 7/17/12 at 2:48 pm, Nurse # 1 entered Resident # 3 ' s room and talked to NA # 1. Nurse # 1 started to leave the room and was interviewed just prior to exiting the room. Nurse # 1 looked at the feeding pump and confirmed the tube feeding was infusing and stated the head of the bed should be elevated. Nurse # 1 then instructed NA # 1 to push the " hold " button on the feeding pump to turn off the infusion, and stated he would restart the tube feeding later when care was finished and the head of the bed could be elevated.</p> <p>On 7/17/12 at 3:10 pm NA # 1 was interviewed about her knowledge of taking care of residents</p>	F 322	<p><u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not occur:</u></p> <ul style="list-style-type: none"> <li>On July 24-28, 2012 the SDC educated all NAs on providing care to residents with receiving nutrition through a gastrostomy tube. The topic included maintaining the HOB elevated or notifying the nurse of the need for ADL Care so that the tube feeding can be stopped during that time.</li> <li>Any in-house staff who did not receive in-service training will not be allowed to work until training is completed.</li> <li>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</li> </ul> <p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u></p> <ul style="list-style-type: none"> <li>Using the QA Survey Tool the DON, SDC, Nurse Manager or designee will review 1 resident per day Monday-Friday with tube feeding to ensure HOB is elevated or pump was on hold/off during care. Audit will be done five times a week for two weeks then weekly for two months.</li> <li>Identified issues will be reported immediately to DON or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting. The weekly Committee members will include at a minimum: Administrator, DON, SDC, Support Nurse, MDS nurses, Social Services, dietary and other clinical team members as needed.</li> </ul>	

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F 322	<p>Continued From page 2</p> <p>with tube feedings. NA # 1 stated she did not have any residents with tube feedings on her regular assignment, but knew the head of the bed was supposed to be elevated. She stated she was nervous being observed and forgot the head of the bed needed to be elevated for (name); the resident identified as Resident # 3.</p> <p>On 7/17/12 at 3:20 pm, Nurse # 2, assigned to Resident # 3, stated the head of the bed for Resident # 3 and other residents with tube feedings should be elevated when the feeding pump was running and the feeding infusing.</p> <p>On 7/17/12 at 5:30 pm the Director of Nursing (DON) was interviewed about care of residents with tube feedings. The DON stated she expected that nursing assistants, including NA # 1 would be aware that the head of the bed should be elevated when a feeding pump was running, and that the head of the bed of Resident # 3 should have been elevated 45 degrees. She indicated NA # 1, and other nursing assistants were instructed to go ask a nurse if they had questions, and that NA # 1 should have done this if she had questions.</p>	F 322		