STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345171	A. BUILDING _____ B. WING _____	10/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - SHELBY	401 N MORGAN ST BOX 790 SHELBY, NC 28150

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F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff interviews the facility failed to clean and trim nails for two (2) of three (3) residents dependent for care. Residents #62 and #109. The findings are: 1. Resident #62 was admitted to the facility with the diagnosis of dementia. Review of Resident #62's most recent Quarterly Minimum Data Set (MDS) dated 07/05/12 revealed she had severe cognitive impairment. Further review of the MDS indicated she was dependent for all activities of daily living; particularly she needed total assistance with personal hygiene. An observation was made on 10/09/12 at 8:50 AM of Resident #62. She was observed to have brown matter under all fingernails on her right hand. During an observation made on 10/10/12 at 9:00 AM Resident #62 was noted to have brown matter under all fingernails of her right hand. On 10/10/12 at 3:10 AM an interview was conducted with Nurse #1. He reported that	F 312	White Oak Manor-Shelby is submitting this POC to comply with State Operations Manual section 7304D. This plan of correction does not constitute an admission of any facts, allegations or conclusions stated in the CMS 2567 and is not intended for any other purpose other than compliance with sections 7304D of the State Operations Manual and authorizing regulations. F312 White Oak Manor-Shelby does ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. How Corrective Action will be Accomplished for Each Resident Found to Have Been Affected by the Deficient Practice. Resident #62 and #109 do receive appropriate nail care. Resident #62 did have their finger nails trimmed and cleaned by the nurse on October 10, 2012. This was documented on the Nail Audit Sheet. The same nurse documented the resident's nails (finger and toe) did not require any care on the Nail Audit Sheet for October 3, 2012. Resident #62 did have the plan of care updated on October 11, 2012 to reflect the resident being noted to scratch/dig at their bottom at times and to wash the resident's hands and provide nail care	11-8-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sonia Crisp — TITLE: Administrator — (X6) DATE: 11-1-12

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 312	Continued From page 1 Resident #62 had been given a shower that day (10/10/12) by Nursing Assistant #2. On 10/10/12 at 3:20 PM an interview was conducted with Nursing Assistant (NA) #1. NA #1 reported that they are to clean resident's fingernails during showers. An observation was made on 10/10/12 at 4:00 PM of Resident #62 lying in her bed. She continued to have brown matter under all fingers of her right hand. She stated during this observation that she had received a shower that day but they did not clean her fingernails. An interview was conducted on 10/11/12 at 9:36 AM with NA #2. NA #2 stated she gave Resident #235 a shower on 10/10/12. She stated she normally cleans resident's fingernails while they are in the shower. She stated she din not clean Resident #62's fingernails during her shower but she should have. An interview with the Director of Nursing (DON) was conducted on 10/11/12 at 9:51 AM. The DON stated it was her expectation that fingernails are to be cleaned on shower days as well as when ever they are noticed to be dirty. She stated the NA should have cleaned Resident #62's fingernails. 2. Resident #109 was admitted to the facility with the diagnoses of a brain neoplasm and altered mental status. Review of his most recent quarterly Minimum Data Set (MDS) dated 09/19/12 revealed Resident #109 to have severely impaired cognition	F 312	as needed. Resident #62 was already care planned to resist care at times. Resident #109 did have their fingernails trimmed and cleaned by an Activity Assistant (who is also a Nursing Assistant) on October 11, 2012. On October 9, 2012, the resident refused nail care offered by the Nursing Assistant. This was reported to the Nurse. The resident again refused nail care on October 10, 2012. The resident has a good relationship with the Activity Assistant and agreed to allow that staff member to trim their nails, which is why the Activity Assistant was the staff member who provided nail care to the resident. Resident #109 did have an update made to the ADL care plan on October 11, 2012 to reflect the resident's refusal of nail care at times and if this occurs, have someone else attempt to provide nail care. Nursing Assistant (NA) #2 has been given re-education on ensuring a resident's nails are cleaned as part of everyday ADLs, as well as when a resident is being bathed or showered. This re-education was conducted both verbally 1:1, as well as during an inservice on Nail Care on October 23, 2012. This re-education was completed by both the Director of Nursing and the Administrator.	

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F 312	Continued From page 2 but was able to understand others and be understood. His MDS further revealed he required extensive assistance with activities of daily living (ADL), including personal hygiene. His care plan included the need for nursing assistant (NA) care and required assistance with hygiene and daily grooming. A review of Resident #10's Shower/Skin Observation Report dated 10/05/12 revealed a completed shower with normal skin findings. A review of this report dated 10/09/12 revealed a completed shower and normal skin findings. On 10/09/12 at 9:15 AM Resident #109 was observed awake and sitting in his wheelchair, chewing tobacco and spitting frequently into a cup. His fingernails were 3/8 inches long on both hands with dark brown debris under all the nails. On 10/10/12 at 8:30 AM Resident #109 was observed awake and sitting in his wheelchair. His fingernails were 3/8 inches long on both hands with dark brown debris under all the nails. On 10/10/12 at 8:30 AM Resident #109 was interviewed. He stated that was time to have his nails cut and that he told someone about it the previous day but he could not provide a name. On 10/11/12 at 9:10 AM Resident #109 was observed awake and lying in his bed. His fingernails were 3/8 inches long on both hands with dark brown debris under all the nails. On 10/11/12 at 9:10 AM Resident #109 was	F 312	Nursing Assistant (NA) #4 has been given re-education on ensuring a resident's nails are cleaned as part of everyday ADLs, as well as when a resident is being bathed or showered. This re-education was conducted both verbally 1:1, as well as during an inservice on Nail Care on October 23, 2012. This re-education was completed by both the Director of Nursing and the Administrator. 2. How Corrective Action will be Accomplished for Those Residents Having a Potential to be Affected by the Same Deficient Practice. Nursing staff (Nursing Assistants and Nurses) have been inserviced on Nail Care. This inservice included: nail care being part of everyday ADL care by Nursing Assistants and Nurses, nail care audits completed by Nursing, ensuring resident refusals are documented, and providing follow-up with a resident who has refused nail care to determine the cause. This re-education was conducted by the Administrator and the Director of Nursing on October 23, 2012 for the Nursing Assistants and by the Director of Nursing on October 24, 2012 for the Nurses. Additional inservicing was conducted on October 31, 2012 by the Staff Development Coordinator. Inservicing to the Nursing Department will be completed as of November 7, 2012	

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F 312	Continued From page 3 interviewed. He stated that he would like someone to clean and trim his nails. Resident #109 also stated that when his fingernails get long they started to split and he did not want that to happen. On 10/11/12 at 10:52 AM NA #4 was interviewed. NA #4 stated she was familiar with Resident #109's care needs and his requirement for assistance with all aspects of his ADL. She stated Resident #109 received two showers each week on Tuesdays and Fridays on the second shift and this was documented on Shower/Skin Observation Reports. NA #4 stated that significant hygiene and skin findings were documented on this report and communicated to the nurse. NA #4 stated that if a resident's fingernails need trimming and cleaning the facility's policy is to seek permission from the nurse to perform this care. NA #4 stated she could not recall what Resident #109's fingernails looked like as she was pressed for time in getting him out of bed. On 10/11/12 at 11:30 AM the Director of Nursing (DON) was interviewed. The DON stated her expectation of staff is to check resident fingernails with ADL care in the morning or on their shower day.	F 312	and will be done by the Staff Development Coordinator and RN Weekend Supervisors. Staff members who are on approved leave of absences will have their inservicing completed upon reporting back to work. This training will be repeated with newly hired Nurses and Nursing Assistants during Orientation. This training will also be reinforced as necessary to ensure compliance. 3. Address What Measures Will be Put Into Place or Systemic Changes Made to Ensure that the Deficient Practice Will Not Recur. Nursing staff (Nursing Assistants and Nurses) have been inserviced on Nail Care. This inservice included: nail care being part of everyday ADL care by Nursing Assistants and Nurses, nail care audits completed by Nursing, ensuring resident refusals are documented, and providing follow-up with a resident who has refused nail care to determine the cause. This re-education was conducted by the Administrator and the Director of Nursing on October 23, 2012 for the Nursing Assistants and by the Director of Nursing on October 24, 2012 for the Nurses. Additional inservicing was conducted on October 31, 2012 by the Staff Development Coordinator. Inservicing to the Nursing Department will be completed as of November 7, 2012	
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.	F 465		

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F 465	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observations, interviews and review of facility policy the facility failed to ensure that one (1) of three (3) automatic ice dispensers were clean. The Findings Are: A review of the facility's policy titled Sanitation/Infection Control dated 08/2010 revealed ice machines should be cleaned and sanitized at least quarterly. An observation of the automatic ice dispenser on the Skilled hall on 10/11/12 at 9:25 AM revealed a pink, gelatinous substance on the outside edge of the ice shoot. The cover of the ice maker was removed by Maintenance #1. The inside of the plastic cover and around the edges of the ice making unit was coated with a thick, hairy black gelatinous substance. A pink, gelatinous substance was also observed on the inside of the ice shoot. The black, hairy substance was easily transferred to Maintenance #1's finger. Maintenance #1 stated the substance was"mold and the machine needed to be cleaned". The interview further revealed the ice maker was supposed to be cleaned every three (3) months. No service records were available to indicate the last time the ice maker had been cleaned. An interview with the Assistant Director of Nursing (ADON) on 10/11/12 at 9:50 AM revealed resident's, visitors and staff used ice from the ice maker on the Skilled hall. Interview further revealed	F 465	and will be done by the Staff Development Coordinator and RN Weekend Supervisors. Staff members who are on approved leave of absences will have their inservicing completed upon reporting back to work. This training will be repeated with newly hired Nurses and Nursing Assistants during Orientation. This training will also be reinforced as necessary to ensure compliance. Ongoing compliance to F312 will be monitored by the Administrator, DON, ADON, and Nursing management (Staff Development Coordinator and RN Unit Coordinators) by completing random observations of residents' nails to ensure compliance with nail care. Ten (10) random observations will be made on each of the three (3) Nursing Units (for a total of 30 observations) monthly for three months (October, November, December), then once a quarter for the next three quarters (January-March, April-June, and July-September), and then as needed thereafter. 4. Indicate How the Facility Plans to Monitor Its Performance to Make Sure That Solutions are Sustained and Dates When Corrective Action will be Complete. Ongoing compliance to F312 will be	

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F 465	Continued From page 5 that maintenance was responsible for cleaning the ice maker and he expected the ice maker to be clean. An interview with NA #3 on 10/11/12 at 10:00 AM revealed she used ice from the ice maker on the Skilled hall to fill resident's ice pitchers. An interview with the Administrator of the facility on 10/11/12 at 10:15 AM revealed maintenance was responsible for cleaning the ice maker on the Skilled hall and she expected it to be cleaned every three (3) months.	F 465	monitored by review of the random observations of residents' nail care. The results of these observations will be reviewed by the QI team upon completion monthly for 3 months, then quarterly for three quarters, and then as needed thereafter for any additional recommendations. The results of these random audits will also be reviewed during the quarterly QA Meeting for further discussion and recommendations. The Administrator and the Director of Nursing are responsible for ongoing compliance to F312. Compliance date for F312: November 8, 2012 F465 White Oak Manor-Shelby does provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. 1. How Corrective Action will be ~~Accomplished for Each Resident~~ Found to Have Been Affected by the Deficient Practice. The automatic ice dispenser on the Skilled Unit was emptied, cleaned and sanitized on October 11, 2012. The Maintenance Assistant completed this and the Administrator verified the work was completed.	11-8-12

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F 465	Continued From page 6	F 465	The Administrator reviewed the policy of cleaning the automatic ice dispensers at least every 3 months with the Maintenance Assistant on October 11, 2012. 2. How Corrective Action will be Accomplished for Those Residents Having a Potential to be Affected by the Same Deficient Practice. The Maintenance Staff (Supervisor and one Assistant) have been reeducated on the cleaning and sanitizing of the automatic ice dispensers. This re-education included: all automatic ice dispensers are to be cleaned and sanitized at least quarterly and then documented on the Ice Machine Cleaning Log. The Administrator will then sign off when work is completed. This reeducation was completed verbally with the Maintenance Assistance on October 11, 2012. A written inservice was also completed by the Administrator with the Maintenance staff on October 30, 2012. This training will also be completed for any new hires in Maintenance during Orientation. Additional training will be reinforced as necessary to ensure compliance. 3. Address What Measures Will be Put Into Place or Systemic Changes Made to Ensure that the Deficient Practice	

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F 465	Continued From page 7	F 465	Will Not Recur. The Maintenance Staff (Supervisor and one Assistant) have been reeducated on the cleaning and sanitizing of the automatic ice dispensers. This re-education included: all automatic ice dispensers are to be cleaned and sanitized at least quarterly and then documented on the Ice Machine Cleaning Log. The Administrator will then then sign off when work is completed. This reeducation was completed verbally with the Maintenance Assistance on October 11, 2012. A written inservice was also completed by the Administrator with the Maintenance staff on October 30, 2012. This training will also be completed for any new hires in Maintenance during Orientation. Additional training will also be reinforced as necessary to ensure compliance. Ongoing compliance to F465 will be monitored by the Administrator and the Maintenance Supervisor. This will be achieved by documenting on the cleaning and sanitizing of the automatic ice dispensers on the newly created "Ice Machine Cleaning Log". This log was initiated on October 11, 2012. Once Maintenance completes the cleaning and sanitizing of the automatic ice dispensers, this is documented on the log and then the	

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F 465	Continued From page 8	F 465	Administrator verifies the work was completed. The Administrator will also verify all three automatic ice dispensers are cleaned and sanitized at least quarterly by monitoring the "Ice Machine Cleaning Log" completion and follow-up verification of the work completed. The "Ice Machine Cleaning Log" will be ongoing. 4. Ongoing compliance to F465 will be monitored by review of the "Ice Machine Cleaning Log" by the Administrator to ensure all three automatic ice machines are cleaned and sanitized each quarter. The log use will be ongoing. The results of the log will also be reviewed during the quarterly QA Meeting for further discussion and other recommendations as needed. The Administrator and the Maintenance Supervisor are ~~responsible for ongoing~~ compliance to F465. Compliance date for F465: November 8, 2012	