



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS
Drexdal Pratt
Division Director

IMPORTANT NOTICE - PLEASE READ CAREFULLY

April 22, 2014

Ms. Ilene Elliott, Administrator
The Oaks at Sweeten Creek
3864 Sweeten Creek Road
Arden, NC 28704

admin@oaksatsweetencreek.com

Dear Ms. Elliott:

The Plan of Correction for the survey dated April 2, 2014 is not acceptable for the following reason(s):

Your PoC for the deficiencies must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility. Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

Each tag must include each of the above actions, in your Plan of Correction. The letter(s) indicate which action that particular tag is lacking:

- For bullet #4- The deficient practice noted on the 2567 occurred for a new admission. Will the staff member completing the monitoring include new admissions when possible?
- Also, please include a completion date in the specified column.

Please make needed corrections and return as soon as possible. **Failure to submit an acceptable PoC by the date noted in your original notice may result in additional remedies.** If you have any questions, please contact me. Thank you for your immediate attention in this matter.

Nursing Home Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Tel 828-669-3372 • Fax 828-669-3382

Location: Building 17 • Black Mountain Neuro-Medical Treatment Center Campus

Mailing Address: 952 Old US Highway 70 • Black Mountain, NC 28711

An Equal Opportunity / Affirmative Action Employer



Ms. Elliott, Administrator
April 22, 2014
Page Two

Sincerely,

A handwritten signature in black ink that reads "Karen Roquemore / skh". The signature is written in a cursive style.

Karen Roquemore, RN
Facility Survey Consultant

KR:skh

Enclosure
Plan of Correction