

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

PRINTED: 03/04/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>FIVE OAKS MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 WINECOFF SCHOOL ROAD</b> <b>CONCORD, NC 28027</b>		
(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 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and resident observation, the facility failed to code the Minimum Data Set (MDS) accurately of 1 (Resident #134) of 3 reviewed MDS for dental status.</p>	F 278	<p>1. Corrective action accomplished for those residents to have been affected by the deficient practice;</p> <p>A. Resident #134 Minimum Data Set (MDS) was corrected (modified) on</p>	2/25/16	

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

TITLE

(X6) DATE

Electronically Signed

02/19/2016

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 278	<p>Continued From page 1</p> <p>Findings included:</p> <p>Resident #134 was readmitted to facility on 6/01/15 with diagnosis listed as: Alzheimer's disease. Latest Minimum Data System (MDS) completed on 10/21/15 Brief Interview Mental Status (BIMS) score indicated the resident was severely cognitively impaired, with delirium, indicators of pain was present, and has difficulty expressing needs and wants. Dental status of resident #134 was coded with cavity or broken natural teeth.</p> <p>Staff interview conducted on 01/28/15 at 8:40 AM with Nurse #1 stated that resident had no teeth and was receiving pureed diet. Staff interview with NA # 1 on 01/28/16 at 8:30 AM who stated that resident had teeth and that she had performed oral care previously using swabs. The NA #1 then asked Resident #134 to open his mouth and it was noted the resident was edentulous.</p> <p>Interview with MDS coordinators Nurse # 4 &amp; # 5 on 01/28/16 at 9:30 a.m. concerning MDS information. Both Nurse 4 &amp; 5 stated that the information entered into the MDS was gathered by other staff members and then entered by MDS coordinators into the MDS.</p> <p>During interview with Director of Nursing (DON) on 01/28/16 at 11:30 AM she stated that her expectation was that the MDS be completed accurately. Documentation of dental status noted to be inaccurate and confirmed by the DON.</p>	F 278	<p>1-28-16 to accurately reflect dental status. Resident #134 no longer resides at our facility.</p> <p>2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;</p> <p>A. Facility will complete 100% audit of all residents most current MDS to verify accuracy and compliance with state/federal regulations. Any identified non compliance with Minimum Data Sets will be corrected (modified ) immediately. 100% Audit will be completed on or before 2-25-16. Audits will be completed by corporate consultant and IDT team. Outcome of audits will be documented on MDS audit tool. Facility will complete random audits (10 per week times four weeks) then ( 10 per month times two months) to verify accuracy and compliance with state/federal regulations. Any identified non compliance with Minimum Data Sets will be corrected (modified) immediately. Outcome of audits will be documented on MDS audit tool.</p> <p>3. Measures/Systematic changes put in place to ensure that the deficient practice does not recur;</p> <p>A. Facility will complete random audits (10 per week times four weeks) then ( 10 per month times two months) to verify accuracy and compliance with state/federal regulations. Any identified non compliance with Minimum Data Sets</p>		

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F 278	Continued From page 2	F 278	<p>will be corrected (modified) immediately. Outcome of audits will be documented on MDS audit tool.</p> <p>B. All MDS nurse's who complete Minimum Data Sets have received additional training on completion of assessments/accuracy of Minimum Data Sets. Training was completed on 2-11-16 by Corporate Resident Assessment Nurse. Any new hires for MDS position will receive training from Corporate Resident Assessment Nurse on completion of assessments/accuracy of Minimum Data Sets during orientation.</p> <p>4. Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>A. Reports of audit findings will be reported to the Quality Assurance Committee monthly times three months to review for continued intervention of plan or amendment of plan. In the event corrections are needed a plan will be developed, implemented and evaluated for its effectiveness.</p>		
F 460 SS=D	<p>483.70(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY</p> <p>Bedrooms must be designed or equipped to assure full visual privacy for each resident.</p> <p>In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.</p>	F 460		2/25/16	

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F 460	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to maintain fully functioning privacy curtains for 12 of 48 resident rooms. The findings included: Observations of resident rooms was conducted on 1/26/16 from 11:51 am to 12:26 pm. The following observations were made of privacy curtains in resident rooms: Resident room 101, a semiprivate room, was observed to have one cord to change the direction of the privacy curtain. The pull cord to change the direction of the privacy curtain was observed for side A. The curtain could not be redirected to provide privacy for bed B. Observation of resident room 103 revealed, it was a semiprivate room, with one cord used to change the direction of the privacy curtain. The pull cord to change the direction of the privacy curtain was observed for side B. The curtain could not be redirected to provide privacy for bed B. Observation of resident room 104 revealed, it was a semiprivate room, with one cord to change the direction of the room ' s privacy curtain. The pull cord to change the direction of the privacy curtain was observed for side B. The curtain could not be redirected to provide privacy for bed B. Observation of Resident room 106 revealed, it was a semiprivate room, with no cord to redirect the track for the privacy curtain for either resident bed A or resident bed B. The privacy curtain was observed to be stuck in-between the beds and unable to provide privacy for either bed. Observation of resident room 109 revealed, it was a semiprivate room, with one cord to change the	F 460	1. Corrective action accomplished for those residents to have been affected by the deficient practice;  A. Resident's in room number's 101, 103, 104, 106, 109, 105, 113, 303, 304, 308, 410, 204, and 200 will have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.  2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;  A. All facility beds except private rooms will have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. Sufficient materials to complete compliance for all beds except private rooms has been ordered and will be installed upon arrival at facility in a timely manner. Ceiling suspended tracks were ordered on 2-5-16 from Crest Healthcare Supply. Privacy curtains were ordered on 2-5-16 from American Associated Companies, INC.  B. Facility will complete Quality Assurance observations throughout facility daily times 60 days (6 per day) on various shifts then weekly times four weeks (6 per week) on various shifts to assure our resident's		

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F 460	<p>Continued From page 4</p> <p>direction of the privacy curtain. The cord to change the direction of the cord was observed for bed A. The curtain could not be redirected to provide privacy for bed B.</p> <p>Observation of Resident room 105 revealed, it was a semiprivate room, with one cord to change the direction of the privacy curtain. The cord to change the direction of the curtain was observed for bed B. The curtain could not be redirected to provide privacy for bed A.</p> <p>Observation of resident room 113 revealed, it was a semiprivate room, with one cord to change the direction of the curtain. The cord to change the direction for privacy was on bed A side. The curtain could not be redirected to provide privacy for bed B.</p> <p>Observation of resident room 303 revealed, it was a semiprivate room, with one cord to change the direction of the privacy curtain. The cord to change the direction of the curtain was on side B. The privacy curtain could not be redirected on the track to provide privacy to bed B.</p> <p>Observation of resident room 304 revealed, it was a semiprivate room, with one cord to change the direction of privacy curtain. The cord to change the direction of the curtain was observed on side A. The privacy curtain could not be redirected on the track to provide privacy to bed B.</p> <p>Observation of resident room 308 revealed, it was a semiprivate room, with on cord to change the direction of the privacy curtain. The cord to change the direction of the curtain was observed on side A. The privacy curtain could not be redirected to provide privacy to bed B.</p> <p>Observation of resident room 410 revealed, it was a semiprivate room, with one cord to change the</p>	F 460	<p>privacy is protected and compliance with state/federal regulations. Observations will be completed by Unit Coordinator's, Nursing Supervisor's, Director of Nursing, Staff Development Coordinator, Guardian Angels, Manager on Duty and Administrator. Outcome of observations will be documented on Quality Assurance Monitoring Tool for resident's privacy.</p> <p>C. Facility will complete interviews with our resident's regarding privacy daily (6 per day) times 60 days then weekly times four weeks (6 per week) to assure our resident's privacy is protected and compliance with state/federal regulations. Interviews will be completed by Unit Coordinator's, Nursing Supervisor's, Director of Nursing, Staff Development Coordinator, Guardian Angels, Manager on Duty and Administrator. Outcome of interviews will be documented on Quality Assurance Resident's Privacy interview form.</p> <p>3. Measures/Systematic changes put in place to ensure that the deficient practice does not recur;</p> <p>A. All facility beds except private rooms will have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. Sufficient materials to complete compliance for all beds except private rooms has been ordered and will be installed upon arrival at facility in a timely manner. Ceiling suspended tracks were ordered on 2-5-16</p>		

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F 460	<p>Continued From page 5</p> <p>direction of the privacy curtain. The cord to change the direction of the curtain was observed on side A. The privacy curtain could not be redirected to provide privacy to bed A.</p> <p>Interview with Nursing Assistant (NA) #1 on 1/27/16 at 8:16 am revealed the privacy curtain for room 106 did not provide privacy for either resident in bed A or bed B. NA#1 indicated the curtain stopped half way and could not be redirected on the track. NA#1 further revealed resident room #104 had only one pull string to redirect the path of the curtain. The NA revealed the privacy curtain needed the additional pull sting to change the direction that the privacy. The curtain for resident room 104 would only provide privacy for bed A. NA#1 indicated she had not filled out a maintenance requisition and had not communicated the curtain was malfunctioning.</p> <p>Interview with the Unit Coordinator on 1/27/16 at 8:25 am revealed staff were to notify maintenance in the instance privacy curtains were malfunctioning. When maintenance needs were identified staff were to fill out a maintenance request form. She further indicated she received no notification in regards to cords being missing from privacy curtains or staff not being able to redirect the privacy curtain from one bed to another. The Unit Coordinator indicated she was unaware of missing pull strings needed to change the direction of the privacy curtain.</p> <p>Interview with the Maintenance Director on 1/27/16 at 8:29 am revealed he became aware of maintenance needs through the use of documented maintenance requests. Maintenance indicated he had no concerns brought to his attention in regards to resident ' s</p>	F 460	<p>from Crest Healthcare Supply. Privacy curtains were ordered on 2-5-16 from American Associated Companies, INC.</p> <p>B. Facility will complete Quality Assurance observations throughout facility daily times 60 days (6 per day) on various shifts then weekly times four weeks (6 per week) on various shifts to assure our resident's privacy is protected and compliance with state/federal regulations. Observations will be completed by Unit Coordinator's, Nursing Supervisor's, Director of Nursing, Staff Development Coordinator, Guardian Angels, Manager on Duty and Administrator. Outcome of observations will be documented on Quality Assurance Monitoring Tool for resident's privacy.</p> <p>C. Facility will complete interviews with our resident's regarding privacy daily (6 per day) times 60 days then weekly times four weeks (6 per week) to assure our resident's privacy is protected and compliance with state/federal regulations. Interviews will be completed by Unit Coordinator's, Nursing Supervisor's, Director of Nursing, Staff Development Coordinator, Guardian Angels, Manager on Duty and Administrator. Outcome of interviews will be documented on Quality Assurance Resident's Privacy interview form.</p> <p>D. All staff will receive training on or before 2-25-16 on the following topic; &gt; Maintaining privacy/dignity for our residents Training will be completed by Staff</p>		

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F 460	<p>Continued From page 6</p> <p>privacy curtains malfunctioning. The Maintenance Director revealed there was supposed to be 2 cords on the track that supports the privacy curtain. The cords would allow the privacy curtain to change directions and provided privacy by pulling the cord that controls the track for the bed.</p> <p>Review of Maintenance requisitions from 11/1/15 through 1/26/16 revealed no maintenance requests in regards to privacy curtains.</p> <p>Observation of resident room 204, a semiprivate room, on 1/27/16 at 9:59 am revealed one cord to change the direction of the privacy curtain. The curtain could not be redirected to provide privacy for bed A.</p> <p>Interview with NA #2 on 1/27/16 at 9:59 am revealed she provided privacy to bed A by closing the door. NA#2 indicated roommate in bed B did not see the resident exposed because nursing would request that bed B wait until they were finished providing care to bed A for him to get to the restroom. NA#2 further indicated in the instance bed B wanted to get access back into the room he was asked to wait until they were finished providing care to bed A.</p> <p>Observation of resident room 200, a semiprivate room, on 1/27/16 at 10:06 am revealed one cord to change the direction of the privacy curtain. The curtain could not be redirected to provide privacy for bed A.</p> <p>Interview with the Director of Nursing (DON) on 1/27/16 at 8:31 am revealed that although the pull cords were missing resident privacy was still being adhered to as evidenced by staff closing the door and making sure the window blinds were</p>	F 460	<p>Development Coordinator and/or management staff. All new hires will receive training during orientation.</p> <p>E. Any associate identified to be non-compliant with violations of our resident's privacy will receive additional training and/or disciplinary action.</p> <p>4. Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>A. Reports of Quality Assurance observations/resident interviews will be reported to the facility Quality Assurance Committee monthly to review for continued intervention or amendment of plan. In the event corrections are needed a plan will be developed, implemented and evaluated for its effectiveness.</p>		

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