

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

PRINTED: 04/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN OAKS NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1704 NC HIGHWAY 39 N</b> <b>LOUISBURG, NC 27549</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 000	INITIAL COMMENTS	F 000			
F 580 SS=D	<p>A complaint investigation survey was conducted from 03/01/21 through 03/04/21. Event ID# 2JSL11. 1 of the 6 complaint allegations was substantiated resulting in a deficiency.</p> <p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p>	F 580		3/19/21	

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

TITLE

(X6) DATE

Electronically Signed

03/19/2021

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 580	<p>Continued From page 1</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews with staff and family, the facility failed to notify a resident's responsible party when resident experienced urinary retention and required an indwelling urinary catheter for 1 of 4 residents (Resident #2) reviewed for notification of significant changes in condition.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 2/11/2021 with diagnoses that included unspecified dementia without behavioral disturbance, adult failure to thrive, essential hypertension, and acute respiratory failure with hypoxia.</p> <p>Review of the 5 Day Admission Minimum Data Set (MDS) assessment dated 2/15/2021 revealed Resident #2 had moderate cognitive impairment.</p>	F 580	<p>Franklin Oaks Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Franklin Oaks Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the deficiency is accurate. Further, Franklin Oaks Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute</p>		

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F 580	Continued From page 2  A review of a physician's order dated 2/12/2021 read in part "in & out catheter if unable to void for 12 hours times 2. If residual greater than 300cc, may leave catheter in place. Place on problem list for follow up with clinician."  A nurse progress note dated 2/13/2021 at 7:54 AM revealed that Resident #2 had urinary retention. An in and out catheter revealed there was 500 milliliters of clear amber urine.  A nurse progress note dated 2/13/2021 on the 7 PM to 7AM shift revealed Resident #2 had urinary retention. An in and out catheter revealed there was 650 millimeters of urine.  A nurse progress note dated 2/14/2021 revealed Resident #2 had urinary retention of 625 milliliters of urine and urinary catheter left in place.  Record review of nursing progress notes 2/12/2021 to 2/15/2021 revealed no notification of Responsible Party (RP) for in and out catheter nor indwelling urinary catheter.  An interview was conducted with Resident #2's RP on 3/2/2021 at 1:13 PM. The RP revealed that she was not notified by the facility of resident's inability to void. The RP further stated that the facility did not notify her of the resident having an indwelling tube in her bladder.  An interview with nurse #3 on 3/2/2021 revealed that she had cared for Resident #2 on 2/12/2021. The nurse stated she had assisted Resident #2 to the bathroom twice and she was unable to void.  An interview was conducted with nurse #1 on	F 580	Resolution, formal appeal procedure and/or any other administrative or legal proceeding.  F 580 Resident # 2 no longer resides at facility.  On 3/1/2021 a 100% audit was initiated of all current resident's progress notes from the last 14 days by the Assistant Director of Nursing (ADON) and Unit managers utilizing a resident census to ensure that all documented acute changes in condition were assessed timely, the physician and the Resident Representative (RR) were notified, and physician orders were followed. The Unit Manger or ADON will assess the resident, notify the physician and RR during the audit for any identified areas of concerns. Audit was completed 3/12/2021.  On 3/12/2021 a 100% in-service was initiated by the Staff Facilitator with all nurses regarding acute change assessment to include notification of physician and resident representative of a change in condition. In-services to be completed by 3/19/2021.  100% of all progress notes will be audited by the ADON and Unit Managers utilizing the Change in Condition Audit Tool to ensure all acute changes in resident condition are being addressed timely to include notification of physician and the resident representative and that all physician orders are followed 5 x a week for 8 weeks then monthly x 1 month. Any		

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F 580	<p>Continued From page 3</p> <p>3/1/2021 at 2:27 PM. The nurse revealed she provided care for Resident #2 on 2/13/2021 and the resident required an in and out catheter for urine retention.</p> <p>Multiple attempts were made to contact nurse #2 without success.</p> <p>An interview conducted with nurse #3 on 3/2/2021 at 3:40 PM. The nurse revealed she contacted the on-call physician's assistant (PA) on 2/12/2021 and received an order for in and out catheterization due to Resident #2's bladder being distended. The nurse stated Resident #2 had 650 millimeters of urine returned and tolerated the procedure without difficulty.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/3/2021 at 3:44 PM. The DON stated the nurses should have notified the resident's RP about her urinary retention.</p>	F 580	<p>areas of concern will be immediately addressed by the ADON or Unit Managers to include assessment of the resident, notification of the physician and RR and staff retraining. The DON will review and initial the Change in condition audit tool weekly x 8 weeks and monthly x 1 month to ensure completion and that all areas of concerns have been addressed.</p> <p>The DON will forward the results of the Change in Condition audit tool Executive Quality Assurance (QA) committee monthly for 3 months. The Executive QA Committee will meet monthly for 3 months and review the Change in Condition audit tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>	