

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - CHARLOTTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4009 CRAIG AVENUE</b> <b>CHARLOTTE, NC 28211</b>	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced recertification survey was conducted on 4/25/22 through 4/28/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #GC9A11.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted from 4/25/22 through 4/28/22. Event ID# GC9A11</p> <p>Three of the three complaint allegations were not substantiated for Intake NC00187487.</p>	F 000		
F 584 SS=D	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p>	F 584		5/26/22

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

TITLE

(X6) DATE

Electronically Signed

05/20/2022

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 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and resident interviews, the facility failed to maintain residents' wheelchair in good repair for 2 of 2 sampled residents reviewed for a safe, clean, comfortable, homelike environment (Residents #43 and Resident #94).</p> <p>The findings included:</p> <p>a. Resident #43 was admitted to the facility on 08/25/16.</p> <p>Resident #43's quarterly Minimum Data Set (MDS) dated 02/11/22 indicated her cognition was moderately impaired. The MDS further specified Resident #43 was using wheelchair as the mobility device and was independent for locomotion on and off unit during the assessment.</p>	F 584	<p>White Oak Manor Charlotte ensures the residents reside in a safe, clean, comfortable, and homelike environment.</p> <p>Resident #43 and #94's wheelchairs that were noted by the surveyor to be in disrepair were repaired by the Maintenance Department on 4/27/22. The repairs included the noted frayed, torn, ripped, and peeled arm rests.</p> <p>An audit of facility residents' wheelchairs was completed by the Maintenance Department on 5/18/2022. Any other identified issues were repaired or replaced during the audit.</p> <p>The Maintenance Department was re-educated on ensuring wheelchairs are kept in good condition and repairs or</p>		

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F 584	<p>Continued From page 2</p> <p>In an observation conducted on 04/25/22 at 1:25 PM, Resident #43 was seen sitting in her wheelchair with a frayed and torn right arm rest approximately 2 inches by 6 inches. The left arm rest was noted with 2 ripped lines approximately 1 inch and 3.5 inches in length respectively. An interview was conducted with Resident #43 during the observation. She could not recall how long the bilateral arm rests had been in disrepair. She denied she had notified any staff about the arm rests and stated it would be nice if the maintenance staff could fix it as it could cause skin irritation at times. The bilateral arm rests for Resident #43's wheelchair remained in disrepair during the following subsequent observations: 04/26/22 at 4:38 PM and 04/27/22 at 9:53 AM.</p> <p>b. Resident #94 was admitted to the facility on 12/09/19.</p> <p>Resident #94's quarterly MDS dated 03/08/22 indicated her cognition was severely impaired. The MDS specified Resident #94 was using wheelchair as the mobility device and required extensive assistance for locomotion on and off unit during the assessment.</p> <p>In an observation conducted on 04/26/22 at 5:14 PM, Resident #94 was seen sitting in her wheelchair in the hallway with a peeled and torn right arm rest approximately 1.5 inches by 4 inches. The left arm rest was frayed and torn approximately 1 inch by 3 inches along with 1 ripped line approximately 3 inches in length.</p> <p>A subsequent observation conducted on 04/27/22 at 9:17 AM revealed Resident #94's wheelchair remained in disrepair.</p>	F 584	<p>replacements are made as identified and needed. The other facility staff were also re-educated on the importance to report any repairs needed for the residents' wheelchairs to the Maintenance Department when noted. This re-education was completed on 5/18/22 by the Staff Development Coordinator (SDC). Newly hired facility staff will receive this education during their job specific orientation by the SDC or Department Manager.</p> <p>The Maintenance Director will monitor 5 resident wheelchairs for 12 weeks to ensure that the wheelchairs are in good condition. A monitoring list of residents' wheelchairs that require repair or replacement will also be maintained to ensure the repairs or replacements of the wheelchairs are completed in a timely manner.</p> <p>Results from the monitoring will be discussed during the morning Quality Improvement (QI) meeting Monday through Friday for 12 weeks and as needed thereafter. Identified issues or trends will be further discussed at the monthly Quality Assurance (QA) meeting with the team and recommendations made as indicated.</p> <p>The Maintenance Director is responsible for the ongoing compliance of Tag 0584.</p>		

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F 584	<p>Continued From page 3</p> <p>In an interview conducted on 04/27/22 at 9:23 AM, Resident #94 stated the damaged arm rests of her wheelchair just irritated her skin and it bothered her at times.</p> <p>During an interview conducted on 04/27/22 at 2:04 PM, Nurse #5 stated the arm rest for Resident #43 and Resident #94 needed to be replaced. She did not notice that the arm rest for both Residents' wheelchair were peeled, torn, ripped, and frayed when she was providing care. She stated if the repair needs were urgent or safety related, she would notify the Maintenance Manager (MM) immediately. Otherwise, she would submit a work order log in the nurse station.</p> <p>During a joint observation with the MM on 04/27/22 at 2:37 PM, he indicated the wheelchair for Resident #43 and Resident #94 were in disrepair. He stated he routinely checked the facility once every morning to identify repair needs. He had missed both wheelchairs during the walk through and admitted it was his oversight. He stated when the repair need was urgent or safety related, the staff would call or notify him in person immediately. All other less urgent repair needs would be submitted through the work order log located in each nurse station and he would check at least 5 to 6 times daily. He added he was unaware of these repair needs as he relied heavily on work orders filed by the staff.</p> <p>During an interview with the Director of Nursing on 04/27/22 at 2:51 PM, she stated the arm rest of the wheelchair for Resident #43 and Resident #94 needed to be fixed or replaced. She expected all the direct care staff to be more attentive to the condition of Resident's health</p>	F 584			

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F 584	Continued From page 4 equipment when providing care to ensure the MM was aware of repair needs in timely manner.	F 584			
F 641 SS=D	<p>Interview with the Administrator on 04/27/22 at 3:29 PM revealed it was her expectation for all the health equipment to be in good repair.</p> <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for a restorative nursing program for 1 of 2 residents reviewed for restorative nursing splinting programs (Resident #86).</p> <p>Findings included:</p> <p>Resident #86 was admitted to the facility on 12/17/13 with diagnoses that included depression, vascular dementia, cerebrovascular disease, and hemiplegia.</p> <p>A physician order dated 02/25/21 was for restorative nursing to apply bilateral palm/carrot splints to Resident #86 6 days a week. Apply in the morning and remove at bedtime. Give gentle ROM prior to applying hand splints.</p> <p>Review of a quarterly MDS revealed Resident #86 had unclear speech, sometimes could understand, and was sometimes understood. Resident #86 had both short term and long-term</p>	F 641	<p>White Oak Manor Charlotte ensures the accuracy of Minimum Data Set (MDS) assessments.</p> <p>The Resident Assessment Coordinator (RAC) inaccurately coded the restorative nursing minutes that were recorded for the application of the bilateral hand splints that were applied to Resident #86. The inaccuracy was made in error or due to an oversight.</p> <p>Resident #86's quarterly MDS assessment dated 2/7/22 was reopened, modified, and corrected to reflect the accurate date that was recorded for the bilateral hand splints being applied to Resident #86 as ordered for 15 minutes. The correction was made by the RAC on 5/13/22.</p> <p>Current and newly admitted residents will continue to be coded accurately for restorative nursing programs by the</p>	5/26/22	

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F 641	<p>Continued From page 5</p> <p>memory deficits and required extensive assist of 1 staff member for bed mobility, transfers, eating, toileting, and hygiene. Resident #86 was non ambulatory and had impaired functional limitation in range of motion (ROM) to both (bilateral) upper and lower extremities. Resident #86 received restorative nursing program for splinting at least 15 minutes a day on 5 days of the review period.</p> <p>A review Resident #86's care plans most recently updated on included a need for contracture management and to maintain her range of motion (ROM) through the next review. Interventions included to have the restorative nursing splinting program to both palms 6 days a week; application of carrot splints every morning (AM) and removed at bedtime (PM) and receive gentle ROM to both palms before the carrot splints were applied.</p> <p>An interview with MDS Nurse #1 conducted on 04/28/22 at 1:53 PM revealed a review of the restorative nursing minutes recorded the hand splints applied to Resident #86 were less than 15 minutes a day on 02/01/22, 02/02/22, 02/04/22 and 02/07/22. The hand splints were not applied to Resident #86 on 02/05/22 or 02/06/22. The one day the restorative nursing assistant recorded the bilateral hand splints had been applied to Resident #86 as ordered for 15 minutes was on 02/03/22. MDS Nurse #1 explained the MDS assessment was coded with the incorrect number of days because Resident #86 received 15 minutes of Restorative Nursing hand splints only 1 day of the review or look back period. MDS nurse #1 revealed that it was important to code all areas of the MDS correctly.</p>	F 641	<p>RACs.</p> <p>The RAC staff were re-educated on accurate coding of the MDS assessments, particularly for restorative nursing programs for devices such as hand splints and minutes recorded accurately for the days received of the program during the look back period. This re-education was completed by the Corporate MDS Nurse Consultant on 5/11/22.</p> <p>Newly hired RACs will receive this education during their job specific orientation with the Corporate MDS Nurse Consultant.</p> <p>The Corporate MDS Nurse Consultant or appointed RAC nurse will monitor the accuracy of the residents on restorative nursing programs by reviewing up to 5 residents (if available) weekly for 6 weeks, then 5 residents monthly for 2 months.</p> <p>Identified trends will be discussed during the morning Quality Improvement (QI) meeting Monday through Friday for 12 weeks and as needed thereafter. Any identified issues will be further discussed during the monthly Quality Assurance (QA) meeting with the team and recommendations made as indicated.</p> <p>The RACS are responsible for the ongoing compliance of Tag 0641.</p>		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		5/26/22	

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F 812	Continued From page 6  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to remove expired milk from 1 of 2 refrigerator storage areas (walk in cooler), 42 potatoes and 4 green bell peppers with signs of spoilage from 1 of 2 refrigerator storage areas (walk in cooler) and salad mix with best by date of 04/8/22 with dark discolorations throughout the bag in 1 of 2 storage areas (walk in cooler). These practices had the potential to affect residents served this food.  The findings included:  1. An observation of the walk-in cooler was made on 04/24/22 at 9:50 AM along with Dietary Manager. The observation revealed 16 cartons of light chocolate milk that expired on 04/20/22. The	F 812	White Oak Manor Charlotte ensures that food is properly stored, sealed, labeled, dated, free from spoilage, and discarded when expired or not used by the best by date.  The items located in the walk-in cooler (expired milk, 42 potatoes and 4 green bell peppers with signs of spoilage, and discolored salad mix with a past best by date) were discarded immediately when identified during the survey.  All food items in the walk-in cooler were checked for expiration, spoilage, and the used by date by Dietary Manager on 4/25/22.		

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F 812	<p>Continued From page 7</p> <p>Dietary Manager instructed one of the dietary aides to discard the expired milk</p> <p>Dietary Manager was interviewed on 04/28/22 at 2:36 PM. Dietary Manager stated the staff were trained to discard anything that is out of date. He further stated the staff should have removed the milk and placed a sign do not use on it. He stated they can send it back to receive credit.</p> <p>2. An observation of the walk-in cooler was made on 04/24/22 at 9:50 AM along with Dietary Manager. The observation revealed 42 potatoes in a box dated 03/21/22 mushy with dark areas, and creamy substance coming out. A continued observation revealed 4 green bell peppers that were mushy with some discoloration of orange and dark black areas. The Dietary Manager instructed one of the dietary aides to discard the potatoes and green peppers.</p> <p>Dietary Manager was interviewed on 04/28/22 at 2:36 PM . Dietary Manager stated the staff are trained to discard anything that is out of date. He further stated truck came in early today, and instead of the staff going through and checking and discarding expired food, they just placed the items from the truck in the cooler.</p> <p>3. An observation of the walk-in cooler was made on 04/24/22 at 10:02 AM along with Dietary Manager. The observation revealed salad mix on the top shelf with best by date of 4/8/22 with dark discolorations throughout the bag. The Dietary Manager instructed one of the dietary aides to discard the salad mix.</p>	F 812	<p>Dietary staff were re-educated on food items being checked for expiration, spoilage, and best by dates, and discarded when necessary. This re-education was completed on 4/27/22 by the Dietary Manager. Newly hired dietary staff will receive this education during their job specific orientation by the Dietary Manager.</p> <p>The Dietary Manager will monitor food items in the walk-in cooler 5 days a week for 2 weeks, then 3 days a week for 4 weeks, and then weekly for 6 weeks.</p> <p>Results from the monitoring will be discussed during the morning Quality Improvement (QI) meeting Monday through Friday for 12 weeks and as needed thereafter. Identified issues or trends will be further discussed at the monthly Quality Assurance (QA) meeting with the team with recommendations made as indicated.</p> <p>The Dietary Manager is responsible for the ongoing compliance of Tag 0812.</p>		



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F 812	Continued From page 8  Dietary Manager was interviewed on 04/28/22 at 2:36 PM. Dietary Manager stated the staff are trained to discard anything that is out of date. He further stated truck came in early today, and instead of the staff going through and checking and discarding expired food, they just placed the items from the truck in the cooler. He stated that the salad mix should have been stored in the original box, and the staff just got in a hurry and placed it on the top shelf.  The Corporate Dietician was interviewed on 04/28/22 at 2:36 PM . The Corporate Dietician states the Dietary Manager had only been there for a few weeks. And the truck came in super early. She further stated that the Dietary Manager had been doing a great job and this was just an oversight.  The Administrator was interviewed on 04/28/22 at 4:10 PM. The Administrator stated that she expected all expired food products to be discarded. She further stated the Dietary Manager was new and had done a great job getting the kitchen in order.	F 812			