STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345443	A. BUILDING _____ B. WING _____	C 02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK FOREST HEALTH AND REHABILITATION	5680 WINDY HILL DRIVE WINSTON SALEM, NC 27105

(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 A complaint investigation was conducted from 2/01/2023 through 2/02/2023. Event ID# OPQ411 The following intakes were investigated NC00197846, NC00197715, NC00197690, NC00197258. 3 of the 18 complaint allegations resulted in deficiency.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would	F 623		2/21/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/21/2023

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F 623	Continued From page 1	F 623		

be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance

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F 623	Continued From page 2 and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to notify an emergency contact of a resident transfer out of the facility (Resident #3). Resident #3 was transferred to the hospital with an altered mental status. His emergency contact was not notified and was not aware he was at the hospital until Resident #3 contacted her the following day. This deficient practice occurred for 1 of 2 residents reviewed for notification of changes.	F 623	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of	

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F 623	Continued From page 3 Findings included: Resident #3 was admitted to the facility on 12/3/22 with diagnoses cognitive impairment, diabetes mellitus, encephalopathy. His most recent minimum data set showed that he had moderate to severe cognitive impairment. He only required supervision for mobility, transfers, and eating. Resident #3 and his niece were both listed as contacts in his chart. During a record review on 2/2/22 at 11:25 AM, Nurse #1 documented that Resident #3 presented with altered mental status on 1/28/23 at 5:00 PM. She documented that increased confusion was observed. Vitals, including blood sugar, were within normal range. An ambulance was called and Resident #3 was transported to the hospital for evaluation. There was no documentation stating the responsible party was notified. Multiple attempts to contact Nurse #1, who was an agency nurse, were unsuccessful. During an interview with the administrator on 2/2/22 at 2:15 PM, she stated she had a soft file concerning that incident and that she was currently working on a plan of correction. She stated she had been made aware by Resident #3's emergency contact that she was not aware Resident #3 had been sent to the hospital until he contacted her asking for a ride back to the facility on 1/29/23. The administrator also stated that during their investigation, Nurse #1 stated that	F 623	compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F623 the facility failed to notify an emergency contact of a resident's transfer out of the facility. 1. Corrective action for resident(s) affected by the alleged deficient practice: On 1/28/2023, resident #3 was transferred to the hospital. On 1/30/2023 administrator met with resident emergency contact, and notified of resident transfer to the hospital. 2. Corrective action for residents with the potential to be affected by the alleged deficient practice: On 2/2/2023, the Assistant Director of Nursing completed an audit of residents that were potentially impacted by this practice. The facility reviewed all residents who had been transferred or discharged from the facility in the past 14 days to ensure an emergency contact had been notified. Of 18 discharges, 1 resident emergency contact had not been notified, which was resident #3. No additional concerns were found with proper notifications. 3. Measures/Systemic changes to prevent reoccurrence of alleged deficient practice: Education: On 2/2/2023, the Staff Development Coordinator (SDC) Nurse initiated education for all Licensed Nurses, Registered Nurses (RNs), and Licensed Practical Nurses (LPNs), on proper	

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F 623	Continued From page 4 Resident #3 told her that he was taking his cell phone with him and would contact someone later. Nurse #1 also stated Resident #1 was the only one listed on the account and that was wasn't anyone else to contact. During an interview with the admissions coordinator on 2/2/22 at 2:45 PM, she was able to pull up the history portion of Resident #3's chart and it showed his niece was entered as an emergency contact into his chart on 12/30/23 at 10:34 AM.	F 623	procedures for notification of resident transfer/discharge from the facility. This information has been integrated into the standard orientation training and will be reviewed by the Quality Assurance process to verify that the change has been sustained. As of 2/8/2023, any nursing staff who does not receive scheduled in-service training will not be allowed to work until training has been completed. 4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Administrator or designee will monitor compliance utilizing the F623 Quality Assurance Tool. The tool will monitor transfers to the hospital to ensure that resident emergency contact have been notified. This will be monitored weekly x 3 weeks then monthly x 2 months. Reports will be presented to the monthly Quality Assurance (QA) committee by the Administrator or designee to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the monthly Quality A Meeting or until no longer deemed necessary. The weekly QA Meeting is attended by the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Therapy Manager, Unit Support Nurses, Health Information Manager, and the Dietary Manager.	

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F 623	Continued From page 5	F 623	Date of Compliance: 2/8/2023	
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.	F 690		2/21/23

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F 690	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to provide necessary care and services of a urinary catheter when a Nurse (Nurse #02) failed to clean a resident's catheter prior to inserting an irrigation syringe. This occurred for 1 of 3 residents (Resident # 01) reviewed for catheter care. The findings included: A review of the facility policy, titled, "Restorative Nursing - Bladder irrigation" dated 01/2023 provided the policy and procedures for two types of intermittent urine bladder irrigation techniques, closed intermittent and open intermittent. The open irrigation provided the following steps: 1. Apply gloves. 2. Open sterile irrigation tray: establish sterile field and pour required amount of sterile solution into sterile solution container. Replace cap on large container of solution. 3. Position waterproof drape under catheter. 4. Aspirate the ordered amount of solution into irrigating syringe. 5. Move sterile collection basin close to client's thigh. 6. Wipe connection point between catheter and tubing with antiseptic wipe before disconnecting. 7. Disconnect catheter from drainage tubing, allowing urine to flow into sterile collection basin; cover open end of drainage tubing with sterile protective cap and position tubing so it stays coiled on top of bed. 8. Insert tip of syringe into lumen of catheter and gently instill solution. 9. Withdraw syringe, lower catheter, and allow	F 690	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 690 Bowel/Bladder Incontinence, Catheter Current corrective action for resident #1 was reviewed on 2/2/2023 by the Director of Nurses (DON) and the Assistant Director of Nurses (ADON), Administrator, and Assistant Administrator. Review of the corrective action didn't require any revisions in the current corrective action plan below 1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice: On 2/2/2023 immediate education was completed with the staff nurse in regards to proper catheter flushing procedures. There were no adverse effects observed as a result of the deficient practice. The physician was notified of the above information. 2. How the facility will identify other	

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F 690	Continued From page 7	F 690		

solution to drain into basin. Repeat, instilling solution and draining several times until drainage is clear of clots and sediment.
10. If solution does not return, have client turn onto side facing nurse; if changing position does not help, reinsert syringe and gently aspirate solution.
11. After irrigation is complete, remove protector cap from drainage tubing adapter, cleanse adapter with alcohol swab, and reinsert adapter into lumen of catheter.
12. Anchor catheter to client's leg or thigh with tape or Velcro multipurpose tube holder.
13. Assist client into a comfortable position.
14. Lower bed to lowest position, and position side rails accordingly.
15. Dispose of contaminated supplies, remove gloves, and perform hand hygiene.

Resident #1 was admitted to the facility on 2/2/2021 with a diagnosis of neuromuscular dysfunction of the urine bladder with a urine catheter in place.

A review of the quarterly Minimum Data Set (MDS) dated 10/12/2022 for Resident #1 revealed he had severe cognitive impairment, required total assistance of staff with toilet use and personal hygiene, and had an indwelling urine catheter.

A review of Resident #1's care plan dated 10/31/2022 had a focused area identified that read, Resident #1 had an indwelling catheter in place for a neurogenic bladder. The interventions included Resident #1 required total assistance of staff with all aspects of personal hygiene.

A review of Resident #1's physician orders

residents having the potential to be affected by the same deficient practice:

On 2/2/2023 the Assistant Director of Nurses (ADON) and Unit Managers audited all residents with indwelling catheters. The results of the audit showed that out of 32 residents, 4 residents flushes had already been completed for that day prior to staff education. There were no adverse effects observed. The physician was notified of the results of audit.

3.Address what measures will be put in place or systematic changes made to ensure that the deficient practice will not reoccur:

Education:

On 2/2/2023, the Staff Development Coordinator (SDC) Nurse initiated education for all Licensed Nurses, Registered Nurses (RNs), and Licensed Practical Nurses (LPNs), on catheter care, specifically related to proper procedures for irrigation of catheter.
This education includes:
•Bladder irrigation procedures including cleansing catheter injection ports with antiseptic swab.

This information has been integrated into the standard orientation training and will be reviewed by the Quality Assurance process to verify that the change has been sustained. As of 2/8/2023, any nursing staff who does not receive

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F 690	Continued From page 8 included to Irrigate the urine catheter with 50 milliliters (ml) of normal saline three times a day for urine retention. An observation was conducted on 2/2/2023 at 9:40 a.m. of Nurse #02 during the ordered urine catheter irrigation for Resident #1. The Nurse preformed hand hygiene, donned a pair of gloves, and opened a 60 ml sterile irrigation syringe. She then opened the normal saline and drew up 50 ml of normal saline. She walked over to Resident #1's bedside and explained the procedure to the Resident. She lifted the Resident's blanket, disconnected the urine collection bag tubing from the catheter and then inserted the syringe into the open area. She did not cleanse the site prior to inserting the syringe and did not check to ensure the urine from the bladder was emptied. She then slowly pushed the normal saline into the catheter. She removed the syringe and reconnected the drainage bag tubing to the catheter without cleansing the tubing tip. An interview was conducted with Nurse #02 at 2/2/2023 at 9:44 a.m. during the observation while she flushed the urine catheter for Resident #1. When she finished flushing and reconnected the tubing, she was asked if she had cleansed the catheter tip prior to inserting the irrigation syringe. She responded, "No, I probably should have." When asked if she cleansed the tip of the drainage bag tubing prior to reinserting into the catheter, she replied, "No, because I held it in my hand." When asked if she received education at the facility on flushing a catheter, she revealed she had received education on the care of a catheter and the insertion of a catheter but had not received education on how to conduct a flush (irrigation) of a catheter.	F 690	scheduled in-service training will not be allowed to work until training has been completed. As a result of the alleged citation the Director of Nursing or designee will complete monthly rounds to ensure catheters are irrigated properly. 4.Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements: The Director of Nursing or designee will monitor compliance utilizing the F690 Quality Assurance Tool weekly x 5weeks then monthly x 2 months. The DON or designee will monitor for compliance the proper way irrigate indwelling catheters. Reports will be presented to the weekly Quality Assurance committee by the DON to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Therapy Manager, Unit Support Nurses, Health Information Manager, and the Dietary Manager. Compliance Date: 2/8/2023	

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F 690	Continued From page 9 An interview was conducted with the Assistant Director of Nursing (ADON) and the Corporate Nurse Consultant on 2/2/2023 at 10:18 a.m. and the ADON revealed if she was going to provide a urinary catheter flush, she would conduct hand hygiene, don gloves, set up the equipment/supplies, draw up the sterile normal saline, inform the resident what procedure she was going to do, disconnect the drainage bag tubing from the catheter, cleanse the catheter with alcohol or another antiseptic solution (provided in the irrigation tray), and then insert the tip of the syringe into the tubing. She stated she would disconnect the syringe and cleanse both the catheter and the drainage tubing prior to reinserting into the catheter. The Corporate Consultant revealed keeping the catheter system closed and assessing the sample port in the closed system irrigation was the preferred method but if using the open catheter flush system, she agreed with the ADON statement for the process. The ADON and the Corporate consultant stated they would provide catheter care and irrigation education immediately.	F 690		