

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER FORREST OAKES HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 620 HEATHWOOD DRIVE ALBEMARLE, NC 28001	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0563 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, observation, and staff and family interviews, the facility failed to honor a resident's right to allow a resident's immediate family member to have end-of-life visitation in accordance with CMS memo COVID-19 QSO, [DATE]-NH and the facility's COVID-19 plan for 1 of 1 resident reviewed for visitation (Resident #1). Findings included: The facility's COVID-19 documented plan [DATE] included provision for end-of-life visitation with residents and their family members. Resident #1 was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. Family member #1 was listed as the resident's responsible party or HCPOA in the resident's medical record Include this info if it is true. A review of Resident #1's hospital discharge summary dated [DATE] revealed the resident was seen in the Emergency Department for [MEDICAL CONDITION] and pneumonia. The resident was newly unresponsive. The resident's family declined hospital admission and requested the resident return to the facility for palliative care. Nurses' note dated [DATE] revealed the resident returned from the hospital with the [DIAGNOSES REDACTED]. Observation of the facility's front entrance on [DATE] at 9:45 am revealed the main door was locked with signage posted on the door which specified no visitation due to COVID-19. On [DATE] Nurse #1 and Nurse #2 documented that one of Resident #1's family members (Family member #2) made verbal threats toward the staff during her visit with the resident. Nurse #2 was interviewed on [DATE] at 1:45 pm via telephone. Nurse #2 stated, prior to the [DATE], Resident #1 had declined and was placed on palliative care. The resident's family could have in-person, one-hour visits with the resident. On [DATE] she called 911 due to threats made by Family Member #2 and the she was asked to leave the facility. After this incident on [DATE], all the resident's family members were not allowed to have in person visits with the resident. Nurse #2 stated that she was unaware of any problems that Family member #1 had caused when she visited the resident. An interview was attempted with Nurse #1, but he was not available. The Administrator was interviewed on [DATE] at 11:24 am. He stated on [DATE], Resident #1 physically declined, and the resident's family members were allowed to come inside the facility, one at a time, to have one-hour end of life visits with the resident. He explained that on [DATE], Family Member #1 and Family member #2 visited the resident at separate times. During Family member #2's [DATE] visit she informed Nurse #1 that she was going to get you outside of this facility. The family member continued to yell, and the staff called 911 for police to have her escorted out of the facility. Family Member #2 informed the staff at the nurses' station that I'm going to return and burn this whole building down too. Nurse #1 was assigned to the resident and Nurse #2 was present and in charge. The family were asked not to visit until the police investigation was completed. The Administrator explained that on [DATE], Family member #1 was observed by staff trying to open a facility window and door and was asked to leave; the family member claimed she was not aware she could not visit. The family were called on [DATE] and informed not to visit due to threats made by Family member #2 and ensuing police investigation. The resident was unresponsive as of [DATE] and there was a plan for Hospice evaluation with Family member #1 to be involved on [DATE], but the resident expired during the morning of [DATE] before the meeting could take place. Family Member #1 was interviewed on [DATE] at 3:34 pm via telephone. The family member stated Resident #1 had declined on [DATE], was unresponsive because of pneumonia, and the facility Administrator allowed the family to visit one at a time for an hour. Family member #1 stated she last visited the resident during the afternoon of [DATE] and Family member #2 last visited during the evening of [DATE]. Family member #1 commented that she received a call from the Administrator late in the evening on [DATE] to inform her while Family Member #2 was visiting the resident she made threats toward staff and threatened to burn the building and the entire family would no longer be allowed to visit the resident. Family member #1 stated she made several calls to the Director of Nursing on [DATE] and [DATE] with no answer or return calls. She explained the nursing staff informed her that she would be allowed to make window visits with the resident at the facility. On [DATE], when came to visit the resident at her window she was unable to visit because the curtain to the window was closed. She stated she went to the main door, which was locked, to ask about the curtain to the resident's window being closed and was informed that she could not enter the facility. Family member #1 stated on [DATE] she received a call from the facility around noon and was informed that Resident #1 had passed away during the morning. Family member #1 stated she felt it was unfair that she could not see the resident during her last days because of Family Member #2's behavior. On [DATE] at 12:30 pm an interview was conducted with the Administrator. The Administrator stated he decided to keep the resident's family away from the building until he could resolve some concerns regarding Family member #2's threats. The Administrator explained there were no concerns with the visitation or behavior of Family Member #1, but he made the decision to keep all the family members out of the facility due to threats made by Family member #2.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.