PRINTED: 05/12/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345193	B. WI			04/2	8/2011
	ROVIDER OR SUPPLIER	RSING CE		4	REET ADDRESS, CITY, STATE, ZIP CODE 10 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323 SS=J	environment remain as is possible; and		F	323	This Plan of Correction is being pursuant to the applicable Fec State regulation. Nothing contains shall be construed as an admission facility violated any Federal regulation or failed to fol applicable standard of care. Please allow our Plan of Correctionstitute our Allegation of Correctionstitute are addressed; all is	deral and ned herein on that the or State low any rection to ompliance, sues have	04/28/2011
	by: Based on medical and interviews with supervise one of on the facility van. Van unattended in the fa running while Van E The vehicle rolled d	record review, observations staff the facility failed to be residents during transport in Driver #5 left Resident #1 cility van with the engine Driver #5 went into the facility. Own an embankment, across booded area stopping against a			been corrected and will be in plant the van returns to service (date under the van returns to service (date under the van returns to service (date under the van returns to service the van driver). Resident #1 was assessed by supervisor and monitored by supervisor and monitored by supervisor date with the van driver.	the RN staff until s arrived. he hospital day the ers and no ill receive	
,	when Resident #1 v the van with the end jeopardy was remove The facility remains scope and severity no actual harm with minimal harm that is	began on 4/17/11 at 2:00 PM was left unsupervised inside gine running. Immediate yed on 4/28/11 at 6:45 PM. out of compliance at a lower of D (an isolated deficiency, potential for more than a not immediate jeopardy) to of systems put in place and byee training.	f 2	***	On April 28, 2011 the Adreonducted an audit of all other interesidents transported via the facility January 01, 2011. The audit interviews with residents to detern other resident was affected by the practice. The findings from trevealed that no other resident was by the deficient practice.	erviewable van since included nine if any e deficient this audit as affected	
	The findings are: Review of the facilit 9/15/2008 revealed	y transportation policy dated : "It is the policy of Mountain			Facility residents will receive supervision by the van drive transports.		
			JATURE		TITLE	continued	(X6) DATE
ABORATOR'	ADJRECTOR'S OR PROVID	PERIOUPPLIER REPRESENTATIVE'S SIGN		1 _N	HA V NHA	15-	18-2011

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.

Facility ID: 923363MAY 1 7 2011 If continuation sheet Page 1 of 18

NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 1 View Manor Nursing Center to transfer residents to their medical appointments utilizing the facility's CO4/28/20 STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The van was immediately taken out of service and sent to a local garage for inspection and has not been driven since April 17, 2011	(X3) DATE SURVEY COMPLETED		PLE CONSTRUCTION	(X2) MULTI A. BUILDIN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 1 View Manor Nursing Center to transfer residents to their medical appointments utilizing the facility's STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713 Correction (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The van was immediately taken out of service and sent to a local garage for inspection and has not been driven since April 17, 2011		1			345403		
MOUNTAIN VIEW MANOR NURSING CE (X4) ID PREFIX TAG F 323 Continued From page 1 View Manor Nursing Center to transfer residents to their medical appointments utilizing the facility's 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The van was immediately taken out of service and sent to a local garage for inspection and has not been driven since April 17, 2011	0/2011	04/20	DEET ADDRESS CITY STATE ZIP CODE	OTI.	343193	DROVIDED OF STIPPLIED	NAME OF D
F 323 Continued From page 1 View Manor Nursing Center to transfer residents to their medical appointments utilizing the facility's (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The van was immediately taken out of service and sent to a local garage for inspection and has not been driven since April 17, 2011		44	10 BUCKNER BRANCH RD PO BOX 23	4	RSING CE		
F 323 Continued From page 1 View Manor Nursing Center to transfer residents to their medical appointments utilizing the facility's F 323 service and sent to a local garage for inspection and has not been driven since April 17, 2011	(X5) COMPLETION DATE	ULD BE	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	PREFIX	/ MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
van. The Van Driver will transport and assist the resident to his/her appointment and will remain with the resident until appointment is completed, then will return to the Facility via the Facility Van." Resident #1 was admitted to the facility on 9/4/09 with diagnoses which included: vascular dementia, anemia, general muscle weakness, chronic kidney disease-stage 4, hypertension, coronary artery disease, congestive heart failure and chronic pain syndrome. A review of the most recent Minimum Data Set (MDS), a quarterly assessment dated 2/18/11, revealed the resident had severe memory and cognitive impairment. It further revealed the resident was ambulatory with the limited assistance of one staff member and was independent with transfers with set-up help or supervision. A review of Resident #1's medical record revealed a nurse's note dated 4/17/11 at 2:00 P.M. read: "Resident involved in motor vehicle incident while in process of being taken to Emergency Room via facility van. EMS (Emergency Medical Services) called and transported resident to hospital" A review of Resident #1's hospital medical record revealed that she arrived at the Hospital Emergency Department on 4/17/11 at 2:29 P.M. A physician's progress note dated 4/17/11 at 2:34 P.M. revealed: "She denies any complaints of a headache. A later nurse's note dated 4/17/11 at 2:34 P.M. revealed: "She denies any complaints of a headache with the spiral medical record revealed that she arrived at the Hospital Emergency Department on 4/17/11 at 2:29 P.M. A physician's progress note dated 4/17/11 at 2:34 P.M. revealed: "She denies any complaints		arage for ven since 11 all van e Safety e Director leaving a ney are to e van to a Also, van to exiting in in park, I turn the ised under oon as the fer Policy dent is not if the van o stop in a o call the sare to be a tire as icle. In the resident ers. These in the right pack of the	service and sent to a local ginspection and has not been dri April 17, 2011 On April 27, 2011 and April 28, 20 drivers were inserviced by the Director, the Administrator, and the of Nursing on the importance of not resident unattended in the van. Thuse a cell phone after bringing the complete stop in a safe area. Adrivers were instructed that prior the van the driver will place the valengage the emergency brake, and van off. Wheel chocks are to be ut the front and back of a tire the as sevan driver exits the vehicle. On April 27, 2011 the Van Trans was updated to reflect that the reside to be left unattended in the van; driver requires assistance they are to safe area and use a cell phone to facility or to call 911. Wheel chocks used under the front and back of soon as the van driver exits the vehicle. Three permanent signs will be posyan that state "Never leave unattended" in large bold letter signs will be posted on the dash, or inside of the rear door, and on the bilift.		g Center to transfer residents pointments utilizing the facility's or will transport and assist the appointment and will remain util appointment is completed, he Facility via the Facility Van." Idmitted to the facility on 9/4/09 och included: vascular general muscle weakness, ase-stage 4, hypertension, ease, congestive heart failure and occupant of the most at Set (MDS), a quarterly 2/18/11, revealed the resident and cognitive impairment. It is resident was ambulatory with the of one staff member and ith transfers with set-up help and the transfers with set-up help and the transfers of a purse's note dated 4/17/11 at 12:45 of Resident #1 was to be a purse's note dated 4/17/11 at 12:45 of Resident involved in motor and ith process of being taken to be a services of being taken to be a services of called and at to hospital". Int #1's hospital medical record arrived at the Hospital ment on 4/17/11 at 2:34 of the services of the s	View Manor Nursing to their medical approan. The Van Drive resident to his/her a with the resident unthen will return to the Resident #1 was acwith diagnoses which dementia, anemia, chronic kidney disecoronary artery diseand chronic pain syrecent Minimum Daassessment dated had severe memory further revealed the the limited assistant was independent wor supervision. A review of Resider revealed a nurse's rependent in the faheadache. A later no 2:00 P.M. read: "Revehicle incident white Emergency Medicatransported resident A review of Resider revealed that she as Emergency Departrant A physician's progress."	F 323

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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F 323	currently but she had CT (Computerized abnormalities." A rephysical examination sustained in the moderal was released from Department on 04/1 transported back to Review of the facility incident dated 4/19/1 the police investigation incident/accident repriver #5 who was to 4/17/11 and a state assisted Van Driver #1 in the facility van Review of the facility related to the accided "Resident loaded inform. Van had malf 911 called and first a complained of arm, applied C-spine hold injuries to resident. If and talking to staff. If EMS arrived. Resident was secured The undated statem "Driver got in van, dreseat belt on and presevent all the way to the van out of gear prior brake. Driver got out (name of Van Driver)	and a headache earlier. Head Tomography) shows no eview of the findings from the on did not reveal any injuries stor vehicle accident. Resident om the Emergency 17/11 at 5:28 P.M. and the facility. 17/11 at 5:28 P.M. and the facility. 17/12 y's written investigation of the facility included the following: from report, the facility port, a statement by Van briver #2 who in the facility port, a statement by Van briver #2 who in the facility port, a statement by Van briver #2 who in the facility port, a statement by Van briver #2 who in the facility port, a statement by Van briver #2 who in the facility port, a statement by Van briver #2 who in the facility port, a statement on 4/17/11. In the facility port, a statement on 4/17/11 revealed: The facility port, a statement of emergency unction and rolled over bank, and given. Resident neck and chest pain. Aide facility and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van". 1. In the facility port, and the facility strapped in van".	F3	323	New van drivers will have orientatis safe operation of the van by the sent and skills will be checked off. The checklist has been updated to reflect van drivers will drive the van to a of five appointments under the superan experienced van driver. The skillist now includes to never leave a unattended, to use a cell phone to assistance, and to use wheel immediately upon exiting the van. All current drivers were retested on checklist on April 28, 2011 by the State Director. All current drivers passed On April 27, 2011 all van drivinserviced by the Safety Director Administrator, and the Director of on the importance of never leaving unattended in the van. They are to phone after bringing the van to a stop in a safe area. Also, van drivinstructed that prior to exiting the driver will place the van in park, elemergency brake, and turn the van ochocks are to be used under the back of a tire as soon as the van drithe vehicle. Three permanent signs will be post van that state "Never leave unattended" in large bold letter signs will be posted on the dash, on inside of the rear door, and on the balift.	the skills that new minimum crysion of ills check a resident o call for chocks the skills tafety the test. The skills tafety the test.	
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STATEMENT OF DEFICIENT AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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PREFIX (EACH I	DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
came and the van to (name of Necured reand seat be emergency resident I i minute late get me and the brakes of Van Drinoticed the #5) and I sattempt to Review of at 2:59 PW vehicle sitt end and rewas open. but that a few (name of he staff stated who had be Van Driver happened, (name of Few well and the same to I put on my always ma But I notice took off my them know walked bace	got me to take her /an Drive esident in place y brake we returned it in place y brake were #5) and ever #5) and ever #5) and ever #6 the police in the police in the police in the police in in the ever in the got in to drive es oft. He hing ever y seat below the brake of that the existence in the brake i	ge 3 PM (name of Van Driver #5) help him load a resident in to the emergency room. "#5) and I loaded and van. All tie downs were tight ce. Van was in park and the vas applied. After securing nside the building. About one of Van Driver #5) returned to there's something wrong with eturning to the van with (name nd when we got to the door I s rolling. (Name of Van Driver nning toward the van in an van. 911 called immediately." e investigation dated 4/17/11 I: Upon my arrival, I noticed a woods. The vehicle had front amage. The driver side door aff) advised no one was hurt as being transported to the lue to other problems. The van rolled off the hill. I asked ng it, they advised (name of sked him (Van Driver #5) what d that they had loaded up #1) to take her to the E.R. and ive, he noticed that the e (Van Driver #5) stated, "I do y time I get into a car to drive. It and as I'm doing that I ake pedal and pull it into gear. It is brake pedal was soft so I It and walked inside to let brakes were soft and as I I door I saw the van rolling off I'an Driver #5) stated that he	F	323	and back of a tire any time the van to load or unload a resident. Monthly Q/A of the van promaintenance safety checklist will by the senior van driver, the Safety and Administrator for compliance. The Director of Nursing or the Director will do a weekly ride-alon van/personal vehicle safety, that a never unattended, the experience driver, the signs are in the van, at are used under the front and back when loading or unloading resident these audits the van drivers will observed to ensure that they place into park, set the emergency brake, the van off prior to exiting the vehice. The Administrator will monitor the compliance and provide a monthly the QA committee for review and application of the provide and provide a monthly the QA committee for review and applicated. On April 27, 2011 the Van Transit was updated to reflect that the renever to be left unattended in the van driver requires assistance they at in a safe area and use a cell phone of facility or to call 911. Wheel chocks used under a front and back tire im when the van driver exits the vehicles.	eventative be review Director, as Safety g audit of resident is e of the ad chocks of a tire is. During a laso be the van and turn le. I audit for report to oppropriate fer Policy esident is van; if the are to stop to call the start to be mediately	

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NAME OF P	ROVIDER OR SUPPLIER	243193		STR	REET ADDRESS, CITY, STATE, ZIP CODE	04120	5/2011
MOUNTA	AIN VIEW MANOR NU	RSING CE		4	10 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713	44	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	left the van in park of The only person that van was (name of Fremained secured it for a wrecker. Upon them what I had becasked if they would transmission out which the road. When the noticed that the backleaves. They had to gear and take off the to roll. When the value wrecker driver tested van would not move wrecker driver even gave it gas and the point he put the van brake. The van held just park. The area steeper than the area wrecker driver state the brakes or transmore. If the van was it used the van should appears that the van drive and brake left. Interview on 4/26/11 Administrator reveal hired 4/11/11 with just transport. The Admit taken to the mechan on 4/17/11 and remand administrator stated.	with the parking brake set. It was reported being in the Resident #1) and she in the back of the van. I called in their arrival, I explained to en told what had happened. I test the brakes and in they got the van back into y started to move the van I ek tires were just sliding in the instead to started to started to get the van out of the parking brake to get the van en was sitting in the road the earlier of the parking brake. The put the van into drive and van did not move. At that in park and let off the parking I itself with the vehicle being in where the van was tested was ear the van rolled off of. The did there was no problem with mission. The drive shift was in park and parking brake was I not have rolled off. It in had been left in neutral or off. No reported injuries. I at 9:30 AM with the led Van Driver #5 had been ob duties to include van inistrator stated the van was nic's garage after the incident	F	3323	In interim until the van is back residents with outside facility app will be transported to appointment to a transport will be by a design driver in their personal versident's members can transport in their vehicle. 2. If resident is non-arransport will be by non-erransport (Swain County E) For the associate that transports personal vehicle, a vehicle safety of skill sheet for that driver will be rethe Safety Director before they are a transport residents in their personal. The same policy as the van policity followed.	mbulatory, gnated van chicle. The family f they are ir personal mbulatory, emergency EMS). with their heck and a viewed by allowed to al vehicle.	
	vehicle was tested a	and no mechanical problems ministrator stated that in the			co	ontinued	

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	being used to trans Administrator state had been done and drivers to discuss the provided service rethe facility van was last time the van was an oil change. On 4/26/11 at 10:30 Nursing (DON) state but most resident to Driver #1, the prima On 4/26/11 at 10:40 provided a copy of and indicated the inverse checked ever The items indicated directional signs, how indshield wipers, stop lights. These check had been do 4/11/11-4/17/11. Stompleted the safe An interview was concept to the Administrator on Od through 12:25 P.M. observed. The Administrator of the Resident #1 was le #5. The Administrator demonstrated the coday of the accident	ber's personal vehicle was port ambulatory residents. The d no re-training of van drivers he had not yet met with the ne incident. The Administrator cords from the garage where serviced which indicated the as in for service was 3/8/11 for D AM the facility Director of ed there were six van drivers cansports were done by Van	F3	323	possibility of transporting reside inspected by the facility's Safety D verify the safety of the personal vel for resident transport. This is included reviewing and obtaining at the registration card, the vehicle is statement, and all maintenance rethe personal vehicle used for transport. Copies of these record kept on file in the Safety Director The Safety Director checked the vethe Personal Vehicle Safety Check attached) that includes directional functioning seat belts, functionali brake pedal, headlights, brak windshield wipers, horn, the emergency flashers on the person used for resident transport. Skills check list has been updated that new van drivers will drive the minimum of five appointments supervision of an experienced van of skills check list now includes to mesident unattended, to use a cell call for assistance, and to use who immediately upon exiting the van. Three permanent signs will be posvan that state "Never leave unattended" in large bold letter signs will be posted on the dash, or inside of the rear door, and on the bifft.	ents was birector to nicle used inspection a copy of inspection a copy of inspection resident s will be r's office. hicle with clist (copy al signals, ity of the lights, res, and al vehicle to reflect e van to a under the driver. The not leave a phone to eel chocks sted in the resident rrs. These in the right	

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	and over an 8 inch of azalea bush and paras two sections of widown another 8 inch of approximately 25 fe up another 72 feet down an approximate 70 of the embankment was the edge of a two-land across a two-lane his feet into a wooded a against a tree. The highway was 35 miles sharp curve on each highway the van croadescribed the facility van. Van Driver #1 stated he him on 4/13/11 during the training. Van Dritems on the Skilled which included the facility out of Facility for Resident entrances for Resident into and out wheelchair/geri-chair	curb. It then rolled over an rtially knocked it down as well wooden fence before rolling in curb. It then rolled et across the facility drive and urb. The van then rolled on a steep embankment with degree slope. At the bottom of as a shallow drainage ditch at the highway. The van travelled ighway and approximately 43 area before coming to rest posted speed limit for the esper hour and there was an side of the section of assed. The Administrator and as a "busy road". AM the DON stated Van trained on 4/11/11 by Van 13/11 by Van Driver #2. PM and 4/27/11 at 11:40 AM and the was the primary driver of Driver #1 stated that Van st driver he ever trained. Van and Van Driver #5 travel with and a van transport as part of iver #1 stated he reviewed all Sheet For The Van Driver bollowing skills: How to Sign ility, Obtaining Paperwork, Letting Lift Down on the Van de/dismount, How to get at of van safely, Locking r down, Putting seat belt oking tie downs/safety belts	F	323	All van drivers will be inserviced months by the Safety Direct Administrator, and the Director of on the importance of never leaving unattended in the van. They are to phone after bringing the van to a stop in a safe area. Wheel chocks used under the front and back of soon as the van driver exits the vehicused under the front and back of soon as the van driver exits the vehicused under the front and back of soon as the van driver exits the vehicused under the front and back of soon as the van driver exits the vehicused in the van for 3 months or until substantial control is achieved then monthly. Any concern will be addressed immediately and reported to the QA Committee. The Director of Nursing or Safety will do random weekly ride-along or residents in the van for 3 months or long discontinuation approved by Committee. Any areas of concern addressed immediately and reported QA Committee for review. The Director of Nursing or Safety will check new van drivers' of before releasing a driver to residents without an experienced van The Administrator will monitor the checks for compliance and provide a report to the QA committee for reappropriate follow-up action if indicated and the van is repaired or replantation. All issues are addressed as of a 2011; corrective actions will be when the van is repaired or replantation.	ctor, the f Nursing a resident use a cell complete are to be a tire as cle. Director van safety empliance areas of intely and intelled to the complete areas of intelled to the	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	(EACH DEFICIENCY	RSING CE TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	E IX	PREET ADDRESS, CITY, STATE, ZIP CODE 1/10 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713 PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRECE OF	TION ULD BE	(X5) COMPLETION DATE	-
F 323	Continued From parame-destination, Getting building, Checking desk, Returning respaperwork to Chargmileage. The Skille for Van Driver #5 w 4/13/11 to indicate a Van Driver #1 state be observed driving transporting a resid wasn't included as a the Van Driver. Van of the day on 4/13/1 observing Van Driver #1 stated the a policy on leaving ran and he did not ran when training Van Estated there had be leave a resident in the pick up paperwork in stated that since the	ge 7 Setting resident out of van at resident into appointment resident in at the check-in ident to Facility, Giving ge Nurse and Write ending and Sheet For The Van Driver as signed and initialed on all skills had been reviewed. If the knew a van driver should the facility van prior to ent independently although it a skill on the Skilled Sheet for Driver #1 stated that events 1 prevented him from er #5 driving the facility van red to drive it alone. Van the did not know if there was esidents unsupervised in the review anything regarding this priver #5. Van Driver #1 en times when he had to the van after securing them to a the facility. Van Driver #1 eaccident he had not met with discuss any changes that		3323	ADDENDUM to PoC Additional changes and safeguard 1. Driveway and road guardra been added to Mountain View Nursing Center property. 2. Additional van parking / loadi has been provided in the real building. 3. Prior to the van being utilize road all drivers will be inservice and safety van checks will be perfe	nils have y Manor ing space r of the d on the ed again	S/21/11 PER LOVIEUS. W.M. ADMINIST. ON S/H/II SM.	in v
	had trained Van Driv transport of a reside during the training s went over all the det including how to sec daily safety checklis	PM Van Driver #2 stated she ver #5 on 4/11/11 during a nt. Van Driver #2 stated he was driving the van but ails of transporting a resident cure a resident in the van, the t, how to operate the lift and by brake whenever the van	e 14		Q.			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE S COMPLE	
		345193	B. WI	1G _			C 8/2011
	PROVIDER OR SUPPLIER	RSING CE	•	4	REET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713	.44	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	Van Driver #2 state when Van Driver #5 Resident #1 to the hashe knew it was his she offered to assist the van. Van Driver brought to the front was facing the driver stated the van was running while she with getting the resider stated she went backshe did not get very Driver #5 came in a brakes on the van. walked toward the ethe van was moving van made a slight to catch it. Van Driver curb, knocked down curb, down the hill, a in the woods. Van Dable to catch up with #2 stated she went in 911 while Van Driver staff to call 911 she accident. Van Driver briver #5 turn off the arrived at the scene van Driver #2 stated had not transported had not met with the	d she was working on 4/17/11 was called in to transport hospital. Van Driver #2 stated first time driving the van so t with securing the resident in #2 stated the van had been entrance of the facility and way entrance. Van Driver #2 in park and the engine was as assisting Van Driver #5 dent secured in the van. After of the he building. She stated far into the facility when Van and told her there were no Van Driver #2 stated they entrance doors and noticed Van Driver #2 stated the urn and they ran to try and #2 stated the van went up a a a fence, went up another across the road and stopped wriver #2 stated they were not to the van to stop it. Van Driver nside to have someone call or #2 stated after informing went to the scene of the w#2 stated she saw Van e engine of the van when she	F	323			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	
		345193	B. WIN				C 8/ 20 11
	PROVIDER OR SUPPLIER	RSING CE		4	REET ADDRESS, CITY, STATE, ZIP CODE 10 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	In a follow-up intervolvan Driver #2 state of training a new draining a new drain	iew on 4/27/11 at 1:40 PM d she was not aware that part iver included observing them se it was not a part of the he Van Driver. Van Driver #2 not aware if there was a	F	323			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE S COMPLE	
		345193	B. WIN			1	C 8/2011
	PROVIDER OR SUPPLIER	RSING CE		4	REET ADDRESS, CITY, STATE, ZIP CODE 110 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713		0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	stated when he got that the resident wa off. Van Driver #5 emergency brake a gear shift was in particular explain what happed from the parking lot Driver #5 stated he never leave a resid he had been told to happened to the recall the mechanics were suspected. On 4/27/11 at 9:50 he still didn't know a caused the accident receive the findings but the insurance of an adjustor. Upon food Administrator acknown garage had checke unable to find anythe Administrator further senior van driver, Varaining. The Administrator further senior van driver, Varaining other than withe Van Driver. He still the new van dripresence of the training ded on the Skill The Administrator sonever be left alone in drivers should use the assistance, even if the Interval of the Administrator structured in the Administ	to the van he checked to see as okay and turned the engine stated he checked the and it was still engaged and the ark. Van Driver #5 could not ened to cause the van to roll approximately 230 feet. Van had been told in training to ent unsupervised. He stated call 911 if something sident during transport and to hop if mechanical problems AM the Administrator stated what the problem was that to because he was waiting to from the insurance company ompany had not yet sent out wither questioning, the owledged that the owner of the dout the brakes and was ing wrong with them. The enstated that typically the an Driver #1, would do all the istrator stated there was not a what would be included in what is on the Skilled Sheet for stated it was his expectation ver should drive the van in the ner even though it was not led Sheet for the Van Driver. tated that a resident should in a vehicle and that the heir mobile phone to call for they are in the facility parking or stated he did not speak to it specific details of the	F	323			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
		345193	B. WIN			1	C
		343193				04/2	8/2011
	PROVIDER OR SUPPLIER	RSING CE		4	REET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 23 BRYSON CITY, NC 28713	44	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	accident. On 4/27/11 at 10:30 acknowledged that corrective actions for factors of the 4/17/1 included; the van drunsupervised and uwas in the vehicle adriving as part of the drivers. The Administrator was provided a credible 4/28/11 at 4:59 p.m were put into place Immediate Jeopardy. Resident #1 was as and monitored by st Management Service Resident #1 to the Inthe same day the reorders and no appareceive continual suby the van driver. On April 28, 2011 the audit of all other interpretation of the deficient practice to determine if any of the deficient practice.	O AM the Administrator he had not implemented or two of the contributing 11 van accident which river leaving a resident anattended while the resident and not including supervised e orientation for new van vas notified of the immediate 1 at 10:30 a.m. The facility allegation of compliance on . The following interventions by the facility to remove the y: sessed by the RN Supervisor raff until Emergency ces arrived. EMS transported hospital for evaluation. Later esident returned with no new rent injuries. Resident #1 will apervision with all transports the Administrator conducted an erviewable residents facility van since January 01, uded interviews with residents other resident was affected by e. The findings from this audit er resident was affected by	F	323			
	Facility residents wil	Il receive continual					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED			
		345193	B. WING			C 04/28/2011		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE			STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	supervision by the variance and sent to a local on the been driven sin. On April 27, 2011 and drivers were inserved. Administrator, and importance of not lein the van. They are bringing the van to area. Also, van drive to exiting the van the park, engage the envan off. Wheel choof front and back of a exits the vehicle. On April 27, 2011 the updated to reflect the unattended in the vansistance they are a cell phone to call Wheel chocks are the back of a tire as so vehicle. Three permanents that state "Never learge bold letters. The dash, on the rigon the back of the learn of the vary will be checked off.	diately taken out of service garage for inspection and has ce April 17, 2011. Ind April 28, 2011 all van iced by the Safety Director, the the Director of Nursing on the eaving a resident unattended to use a cell phone after a complete stop in a safe ers were instructed that prior are driver will place the van in mergency brake and turn the cks are to be used under the tire the minute the van driver The Van Transfer Policy was not the resident is not to be left an; if the van driver requires to stop in a safe area and use the facility or to call 911. To be used under the front and on as the van driver exits the light will be posted in the van ave resident unattended" in hese signs will be posted on ht inside of the rear door, and	F:	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345193	B. WIN	IG _			C 8/ 2011		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE				STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F 323	the supervision of a The skills check list resident unattended for assistance, and immediately upon e All current drivers we checklist on April 28 All current drivers p On April 27, 2011 a by the Safety Direct Director of Nursing leaving a resident u are to use a cell phocomplete stop in a swere instructed that driver will place the emergency brake as chocks are to be us a tire the minute the Three permanent sithat state, "Never le large bold letters. The dash, on the right on the back of the list Wheel chocks will be back of a tire any tin or unload a resident Monthly Q/A of the vafety checklist will be the safety ch	im of five appointments under in experienced van driver. now includes to never leave a lit, to use a cell phone to call to use wheel chocks xiting the van. Were retested on the skills as 2011 by the Safety Director. assed the test. Il van drivers were inserviced or, the Administrator, and the on the importance of never nattended in the van. They one after bringing the van to a safe area. Also, van drivers prior to exiting the van the van in park, engage the and turn the van off. Wheel ed under the front and back of a van driver exits the vehicle. In the posted in the van ave resident unattended" in the van ave resident unattended" in the se signs will be posted on and in inside of the rear door, and fit. In the placed under the front and the the van is parked to load	F3	323					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED	
		345193	B. WIN	NG _		C 04/28/2011		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE				STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	The Director of Nur do a weekly ride-ald vehicle safety, that unattended, the exp signs are in the van the front and back of unloading residents drivers will also be place the van into place the van off. The Administrator van compliance and proful 27th, 2011 updated to reflect the left unattended in the requires assistance area and use a cell call 911. Wheel cho front and back tire indriver exits the vehicle in interim until the value with outside facility stransported to appopend to appopend to appopend to the ambulatory restransport if they are personal vehicle. If resident is not by non-emergency focunty EMS).	sing or the Safety Director will ong audit of van/personal a resident is never perience of the driver, the and chocks are used under of a tire when loading or a During these audits the van observed to ensure that they eark, set the emergency brake is prior to exiting the vehicle. Will monitor the audit for evide a monthly report to the eview and appropriate adicated. Ithe Van Transfer Policy was not the resident is never to be never; if the van driver they are to stop in a safe phone to call the facility or to be cks are to be used under a mmediately when the van cle. an is back in service residents appointments will be	F	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED			
		345193	B. WIN	1G _		1000	C 8/2011		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE				STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPRIES O		ULD BE	(X5) COMPLETION DATE		
F 323	personal vehicle, a skill sheet for that d Safety Director before transport residents same policy as the The one personal vehicle us inspection included copy of the registratinspection statemer records for the personal vehicle us inspection statemer records for the personal vehicle Safety Dire Director checked the Vehicle Safety Checking Safety Che	vehicle safety check and a river will be reviewed by the ore they are allowed to in their personal vehicle. The van policy will be followed. ehicle that has the possibility lents was inspected by the ctor to verify the safety of the ed for resident transport. This reviewing and obtaining a tion card, the vehicle at, and all maintenance onal vehicle used for resident of these records will be kept on ector's office. The Safety e vehicle with the Personal exhist that includes directional seat belts, functionality of the phts, brake lights, windshield and emergency flashers on a used for resident transport. been updated to reflect that drive the van to a minimum of onder the supervision of an over. The skills check list now are a resident unattended, to call for assistance, and to use diately upon exiting the van. gns will be posted in the van one signs will be posted on at inside of the rear door, and	F	323					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345193	B. WING		C 04/28/2011			
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE			STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFICIENCY)		ULD BE	(X5) COMPLETION DATE	
F 323	by the Safety Director Director of Nursing leaving a resident user to use a cell phosomolete stop in a stop be used under the soon as the van driver andom weekly chemonths or until substachieved then month be addressed immed QA Committee. The Director of Nursing achieved then month be addressed immed QA Committee. The Director of Nursing and the van for three months or longer unby the QA Committee be addressed immed QA Committee for releasing a driver to an experienced van. The Administrator was for compliance and the QA committee for compliance and the QA committee for limited the properties of the limited properties of the limite	cor, the Administrator, and the on the importance of never nattended in the van. They one after bringing the van to a safe area. Wheel chocks are e front and back of a tire as wer exits the vehicle. Sing or Safety Director will do cks of van safety for three stantial compliance is they. Any areas of concern will ediately and reported to the sing or Safety Director will do along checks on residents in boths, then monthly for three ntil discontinuation approved e. Any areas of concern will ediately and reported to the eview. Sing or Safety Director will exist orientation before transport residents without driver. Will monitor the random checks provide a monthly report to our review and appropriate	F	323				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		0.45.400	B. WIN		-	C			
		345193		_		04/2	8/2011		
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE				STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713					
(X4) ID PREFIX TAG			ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 323	revised the van poli residents at all time wheel chocks and public suspected mechanic. The safety sheet for used in the interim transport included the inspection statemer and the personal verevised Skilled Sheet included a new drive the van five separate independently, superprocedures to take mechanical problem were reviewed to erretested on the skill were reviewed and for review of the new The signs to be place available for immediate been purchased and interviewed and were whenever a vehicle drivers were able to the new policies and changes to training,	cy and included supervising s during transport, the use of procedures to take if there are local problems with a vehicle. In the one personal vehicle for ambulatory resident the registration card, at, all maintenance records whicle safety checklist. The let For The Van Driver the remet be observed driving the times before driving the times with a vehicle. The records and the times were in attendance to policies and procedures. The transfer of the times were to use them the times was not in motion. Van the verbalize understanding of the procedures including supervision of residents and there were suspected.	F	323					