

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

PRINTED: 07/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2011
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739	
(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 367 SS=E	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</p> <p>Therapeutic diets must be prescribed by the attending physician.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review the facility failed to serve physician ordered therapeutic diets to three (3) of five (5) diabetic residents (Resident #s 2, 6 and 7).</p> <p>The findings are:</p> <p>Review of the 07/13/11 menu, which was posted in the kitchen, specified the following foods were to be served; Salisbury steak, Gravy, Cooked yams, Collard greens, Pudding and Dinner roll. The posted menu did not specify what portion sizes were to be served to residents.</p> <p>Observations of the lunch meal tray line on 07/13/11 at 11:30 a.m. revealed a four (4) ounce banana pudding cup was placed on all resident meal trays which were being prepared by staff.</p> <p>1. Resident #2 was re-admitted to the facility on 2/12/09 with diagnoses that included diabetes. The most recent Minimum Data Set (MDS) dated 6/2/11 specified the resident had moderate cognitive impairment. Review of the physician orders dated 2/12/09 revealed Resident #2 should receive a "CCHO" (consistent carbohydrate) diet for her diabetes. The physician orders also revealed she was to have sliding scale insulin (SSI) and scheduled insulin.</p>	F 367	<p>The submission of the Plan of Correction does not constitute agreement on the part of Mountain Home Health and Rehabilitation Center that the deficiency cited with the report represent deficient practices on the part of Mountain Home Health and Rehabilitation Center. This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.</p> <p>Tag: F367---Therapeutic Diet Prescribed By Physician</p> <p>Corrective action for identified residents:</p> <p>Resident #2, #6 and #7 had tray service corrected to match appropriate diet per spreadsheet and physician orders.</p> <p>How other residents with the potential for deficient practice identified:</p> <p>All residents with therapeutic diets were reviewed and meal service was corrected to match meal spreadsheet and physician orders.</p>	7/13/11 7/14/11

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

M. M. M.

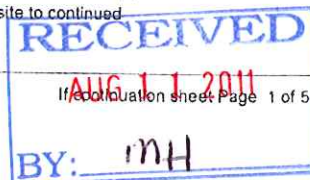
TITLE

Administrator

(X8) DATE

8/3/11

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 367	<p>Continued From page 1</p> <p>Review of her medical record revealed the resident's glycosylated hemoglobin (HgbA1c - a three month average of blood sugars) was within normal limits. Her nutritional status care plan dated 2/1/09 specified interventions to ensure the resident received adequate nutrition included a therapeutic diet as ordered.</p> <p>Observations made on 7/13/11 at 12:10 p.m. revealed Resident #2 was served lunch in her room. The meal included a four (4) ounce pudding cup. Later at 12:25 p.m. the resident was interviewed and reported she ate what she was served including the pudding on her lunch tray.</p> <p>On 7/13/11 at 12:30 p.m. the Dietary Manager (DM) was interviewed and reported dietary aides were trained to review the day's menu for meal preparation and service to residents. He reported that menus utilized by the dietary staff did not specify portion sizes. The DM reviewed the menu spreadsheets that coordinated with the 7/13/11 lunch meal service and confirmed the spreadsheet specified "CCHO" diets were to be served a ¼ cup (two ounce) portion of pudding. He stated he did not realize there was a difference between therapeutic diet portion sizes and the non-therapeutic diet portion sizes. He stated the diabetic residents, including Resident #2, should not have received a four (4) ounce serving of pudding during the lunch meal of 07/13/11.</p> <p>2. Resident #6 was admitted to the facility on 9/18/10 with diagnoses that included diabetes. The most recent Minimum Data Set (MDS) dated 3/23/11 specified the resident had no cognitive</p>	F 367	<p>Systematic changes made to ensure deficient practice does not reoccur:</p> <p>In-service for all staff regarding tray condiments matching diet orders; CCHO diet condiment requirements; review of diet manual and following correct portions.</p> <p>Dietary manager reviewed Meal Tracker program and corrected all dessert items to match spreadsheet.</p> <p>Dietary Manager or designated employee will complete daily monitoring and spot check of correct items on meal trays prior to leaving kitchen.</p> <p>Facility monitoring process:</p> <p>Dietary Manager or designated employee will complete daily monitoring and spot check of correct items on meal trays prior to leaving kitchen. Dietary manager will monitor weekly for a month and monthly for 3 months and then quarterly for one year to insure continued compliance and report to the QA&A.</p>	<p>7/14/11</p> <p>7/14/11</p> <p>7/15/11</p> <p>8/1/11</p> <p>PER TC WITH DON ON 8/15/11</p>

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F 367	<p>Continued From page 2</p> <p>impairment and received a therapeutic diet. Review of the medical record revealed physician's orders dated 9/18/10 that revealed Resident #6 should receive a "CCHO (consistent carbohydrate) low salt diet." The physician orders also revealed Resident #6 was ordered to have sliding scale insulin (SSI) and scheduled insulin for diabetes. Review of Resident #6's medical record revealed the resident's glycosylated hemoglobin (HgbA1c - a three month average of blood sugars) was high. Resident #6's nutritional status care plan dated 9/30/10 specified the resident was to receive a therapeutic diet as ordered for adequate nutrition.</p> <p>On 7/13/11 at 12:17 p.m. Resident #6 was served her lunch meal in her room that included a four (4) ounce cup of pudding which she ate.</p> <p>On 7/13/11 at 12:30 p.m. the Dietary Manager (DM) was interviewed and reported dietary aides were trained to review the day's menu for meal preparation and service to residents. He reported that menus utilized by the dietary staff did not specify portion sizes. The DM reviewed the menu spreadsheets that coordinated with the 7/13/11 lunch meal service and confirmed the spreadsheet specified "CCHO" diets were to be served a ¼ cup (two ounce) portion of pudding. He stated he did not realize there was a difference between therapeutic diet portion sizes and the non-therapeutic diet portion sizes. He stated the diabetic residents, including Resident #6, should not have received a four (4) ounce serving of pudding during the lunch meal of 07/13/11.</p> <p>3. Resident #7 was admitted to the facility on</p>	F 367			

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F 367	<p>Continued From page 3</p> <p>6/22/10 with diagnoses that included diabetes and hypertension among others. The most recent Minimum Data Set (MDS) dated 3/2/11 specified the resident had moderate cognitive impairment. Review of Resident #7's medical record revealed physician's orders dated 6/22/11 for Resident #7 to receive an "1800 ADA (American Diabetic Diet) CCHO (consistent carbohydrate) high fiber diet." Further review of the physician's orders revealed the resident was ordered to receive sliding scale insulin (SSI) and scheduled insulin for diabetes. Review of recent laboratory values revealed the resident's average blood sugar (glycosylated hemoglobin) was within normal limits. The resident's nutritional status care plan dated 7/5/10 specified he was to receive a therapeutic diet as ordered for adequate nutrition.</p> <p>On 7/13/11 at 12:20 p.m. Resident #7 was served his lunch tray that included a four (4) ounce cup of pudding which he ate.</p> <p>On 7/13/11 at 12:30 p.m. the Dietary Manager (DM) was interviewed and reported dietary aides are trained to review the day's menu for meal preparation and service to residents. He reported that menus utilized by the dietary staff did not specify portion sizes. The DM reviewed the menu spreadsheets that coordinated with the 7/13/11 lunch meal service and confirmed the spreadsheet specified "CCHO" diets were to be served a ¼ cup (two ounce) portion of pudding. He stated he did not realize there was a difference between therapeutic diet portion sizes and the non-therapeutic diet portion sizes. He stated the diabetic residents, including Resident #7, should not have received a four (4) ounce</p>	F 367			

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F 367	Continued From page 4 serving of pudding during the lunch meal of 07/13/11.	F 367			