

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

PRINTED: 11/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2011
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779		
(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 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide safety by leaving a resident unattended in a shower chair for one (1) of three (3) sampled residents. (Resident #1).</p> <p>The findings are:</p> <p>Resident #1 was admitted to the facility with diagnoses including osteoporosis, history of stroke with left hemiplegia (paralysis), and dementia. The latest Minimum Data Set dated 10/08/11 indicated severely impaired cognition and extensive staff assistance required for all care. A Care Area Assessment (CAA) dated 10/08/11 specified Resident #1 had a history of falls and continues to be at risk for falls due to severe cognitive deficit and lack of safety awareness. Care plan considerations documented in the CAA included two (2) person extensive assistance for all care and a non self-releasing seatbelt (NRSB) while up in wheelchair.</p> <p>A review of a care plan dated 10/02/11 revealed</p>	F 323	<p>Plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of Federal and State law.</p> <p>Completion Date for 323: 11-2-11</p> <p><u>A.</u> The Certified Nurses Aide assigned to Resident #1 was immediately suspended, a 24 hour and 5 day report was submitted to DHHS for investigation and follow up. That same certified nurses aide was subsequently terminated. Resident #1 was reassigned and has appropriate supervision during unrestrained periods.</p> <p><u>B.</u> All residents with restraints have the potential to be affected by this deficient practice although none were found to be affected.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 11/8/11

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.

RECEIVED
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BY: DRW

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F 323	<p>Continued From page 1</p> <p>Resident #1 was at risk for falls and injuries related to diagnoses of dementia with poor safety awareness, osteoporosis, and left hemiplegia. Care plan goals stated Resident #1 would be free from complications/injury related to falls or decreased mobility. Interventions included a NRSB while in wheelchair.</p> <p>A review of a Resident Care Flowsheet (nursing assistant care guide) dated 10/31/11 revealed Resident #1 required a NRSB when up in wheelchair.</p> <p>A review of a documented in-service provided for nursing assistants and dated October 2011 revealed instructions for nursing assistants not to leave residents who required any seatbelt unattended when the seatbelt was not in use. The in-service documentation also included use of Resident Care Flowsheets. Nursing Assistant (NA) #1's signature was observed documented designating attendance at the in-service.</p> <p>An observation on 11/01/11 at 9:13 AM revealed Resident #1 was sitting in a shower chair located in the bathroom in Resident #1's room. NA #1 was observed leaving the resident unattended in the bathroom while gathering clothing around the resident's room.</p> <p>An interview with NA #1 on 11/01/11 at 9:24 AM revealed Resident #1 was not secured by a seatbelt in the shower chair. NA #1 explained the resident did require a NRSB when in the wheelchair. NA #1 stated she did leave Resident #1 momentarily while she obtained clothing in the resident's room. NA #1 stated Resident #1 only leans forward in the wheelchair in an effort to</p>	F 323	<p><u>C</u>. Staff was re-educated on the policy and procedure of providing appropriate supervision for residents with restraints during unrestrained periods. Post-tests were given after re-education to ensure understanding. This education and post-tests will be given to nursing staff during orientation. Quality Assurance Rounds are being made by the Administrator, the Director of Nursing, the Assistant Director of Nursing, the RN Unit Managers, the treatment nurse, an MDS Coordinator, the week-end Certified Nurses Aide Supervisor who is a licensed practical nurse, and the Registered Nurse Week-end Supervisor, every shift for 7 days, then daily random monitoring for 14 days, then 3 times weekly for 2 months, then weekly thereafter.</p> <p><u>D</u>. The Director of Nursing or Assistant Director of Nursing will present the results of the monitoring tool to the Quality Assurance Committee monthly for 3 months, then quarterly thereafter to determine the need for additional training and/or monitoring.</p>		

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F 323	Continued From page 2 untille shoes. She stated the resident did not lean forward in the shower chair. An interview with the Administrator, Director of Nursing (DON) and the Consulling Nurse on 11/01/11 at 1:45 PM revealed their expectallon was for nursing assistants to follow the plan of care. The DON stated the nursing assistants were recently in-serviced. She added the In-service educallon reminded nursing assistants not to leave residents who required safety devices, including NRSB, unattended.	F 323			