

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345078		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 01/12/2012	
NAME OF PROVIDER OR SUPPLIER Highland Farms, Inc.				STREET ADDRESS, CITY, STATE, ZIP CODE 200 Tabernacle Road Black Mountain, North Carolina, 28711			
(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 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and medical record review, the facility failed to ambulate one (1) of three (3) residents to meals (Resident #71).</p> <p>The findings are:</p> <p>Resident #71 was admitted to the facility with diagnoses of dementia and muscle weakness. The most recent Minimum Data Set (MDS), dated 12/08/11, revealed the resident had severe cognitive impairment and required extensive assistance with most activities of daily living including ambulation.</p> <p>A review of the resident's medical record revealed a care plan dated 12/13/11 which addressed a history of falls and unsteady gait. One intervention was for nursing staff to encourage the resident to walk to meals in the dining room, with contact guard assistance by staff, as part of a program called Walk to Dine in order to maintain ambulation skills.</p> <p>A facility monitoring tool entitled Walk to Dine,</p>	F 318	<p>Highland Farms Retirement Community wishes to have this plan of correction stand as its allegation of compliance. Our date of alleged compliance is February 8, 2012. Preparation and /or execution of this plan of correction does not constitute admission to, nor agreement with either the existence of or scope and severity of any of the cited deficiencies or conclusions set forth in the statement of deficiencies. This plan is prepared and / or executed to ensure continuing compliance with regulatory requirements.</p> <p>F-318 Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p>	2/8/12			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sharon F. Huotter, Administrator, NHA TITLE
TITLE
(X6) DATE
2-9-2012

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 318 SS=D	<p>Continued From page 1</p> <p>used by nursing assistants to document the times Resident #71 was ambulated by staff to meals, was reviewed. At the top of the form was hand written "This needs daily documentation please." From 12/12/11 until 01/12/11 the monitoring tool had only four entries. On 12/13/11, the resident had been ambulated to lunch by staff, on 12/30/11 the resident refused ambulation to dinner, on 01/04/11 the resident had not been ambulated to any meals, and on 01/08/11 the resident ambulated from lunch to his room. All other dates and meals were blank.</p> <p>On 01/11/12 at 4:55 PM, Nursing Assistant (NA) #3 was observed to enter the resident's room and tell the resident he was taking him to dinner in the dining room. He did not offer to ambulate the resident to the meal.</p> <p>On 01/12/12 at 8:40 AM Resident #71 was observed being transported to the dining room for breakfast in his wheelchair. At 9:10 AM the resident was observed being transported back to his room in his wheelchair.</p> <p>At 11:00 AM the resident was observed being transported in his wheelchair to an activity near the dining room. At 12:00 PM the resident was observed in the dining room in his wheelchair. Interview with the Activity Assistant at that time revealed the resident had been transported from the activity to the dining room in his wheelchair.</p> <p>On 01/12/12 at 2:00 PM the MDS Coordinator was interviewed. She stated that Resident #71 had been in the Restorative Program for walking to maintain ambulation skills. She stated the resident was walking well and it was decided to,</p>	F 318	<p>Continued from page 1</p> <p>Corrective Action: In order to promote and maintain the highest level of function, residents are encouraged to ambulate when able, with appropriate staff assistance as needed. Resident # 71 has been admitted to Restorative Ambulation Program.</p> <p>Potential to be Affected: All residents are assessed for ambulation assistance needs. Nursing Staff provides assistance to ambulate as needed. In-services have begun and will be ongoing. Therapy Staff screen residents every quarter for mobility decline, and treat as appropriate. Resident # 71 has been readmitted to Restorative Ambulation Program, along with one additional resident.</p> <p>Systematic Changes:</p> <ul style="list-style-type: none"> When a Resident's formalized Restorative Nursing Ambulation Program is d/c'd, resident will be identified on the CNA worksheets and listed at Nurses' Stations. To accommodate resident's preference and tolerance, opportunities to ambulate will be broadened to include the entire shift vs. "Walking to Dine" (when residents are often tired or prefer not to walk). 	1/13/12	2/2/12		

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F 318 SS=D	<p>Continued From page 2</p> <p>discontinue him from the program in December and instead place him in the Walk to Dine program. She stated she had instructed nursing assistants to ask the resident if he wanted to walk to the meal and encourage him to walk to meals at least once a day. The MDS Coordinator stated she initiated the Walk to Dine form for the nursing assistants to fill out when they ambulated the resident to meals. After two weeks the MDS Coordinator had checked the form and noted there was no documentation of ambulation. She stated she re-in-serviced the nursing assistants at that time and also wrote "This needs daily documentation please," on the form. The MDS Coordinator stated she had not checked the form since then.</p> <p>On 01/12/12 at 2:47 PM Licensed Nurse (LN) #1 was interviewed. He stated he expected nursing assistants to encourage the resident to walk to meals. But he stated he had not seen nursing assistants ambulating the resident to meals this month.</p> <p>On 01/12/12 at 3:00 PM the Director of Nursing (DON) was interviewed. She stated she expected nursing assistants to ask the resident to ambulate with assist to meals and document the ambulation or refusal. The DON stated she would have expected the nursing assistant last evening to ask the resident if he wanted to walk to the dining room. The DON stated that everyone who needed to walk to maintain ambulation skills should be in the Restorative Program. She stated she intended to put Resident #71 back in the Restorative Program for ambulation.</p> <p>On 01/12/12 at 3:51 PM Nursing Assistant # 3</p>	F 318	<p>Continued from page 2</p> <ul style="list-style-type: none"> Nursing Staff in-serviced 2/2/12. In-services will be ongoing. RN Supervisor or designee will audit 6 residents not involved in formalized Restorative Nursing Programs. Weekly audits x 90 days; and then monthly x 9. <p>Monitoring:</p> <ul style="list-style-type: none"> Supervising Nurse will document in Nurses' Notes and initiate appropriate Therapy referrals, should a decline be noted. RN Supervisor or designee will audit 6 residents, not involved in formalized Restorative Nursing Programs. Weekly audits x 90 days; and then monthly x 9. DON, or designee will review the audits at the monthly and quarterly QA meetings. 	2/8/12

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F 318 SS=D	Continued From page 3	F 318	Continued From page 3	1/12/12			
F 323 SS=D	<p>was interviewed. He stated he was aware he should have offered to ambulate the resident to dinner the previous evening, but stated he was very busy trying to get all residents to the dining room. He stated he had not walked the resident to dinner before.</p> <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 observation, staff interviews, and medical record review, the facility failed to adjust a mobility alarm on a wheelchair for one (1) of three (3) residents (Resident #71).</p> <p>The findings are:</p> <p>Resident #71 was admitted to the facility with diagnoses of dementia and muscle weakness. The most recent Minimum Data Set (MDS), dated 12/08/11, revealed the resident had severe cognitive impairment and required extensive assistance with most activities of daily living including transfers. The MDS also revealed the resident had a history of two falls without injury since the previous MDS assessment on 09/08/11. A review of the resident's medical record</p>	F 323	<p>F-323</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>Corrective Action: In order to promote and maintain the highest level of safety alarms are used, along with other interventions, to alert residents and staff to dangers of standing unassisted. NA #2 fixed the alarm on resident # 71, so it would activate properly.</p> <p>Potential to be Affected: All residents are assessed for Risk for Falls. Mobility alarms may be used to minimize potential for falls by alerting Staff / Resident before an unsafe transfer. Resident # 71's clip-on mobility alarm has been replaced with a pressure sensitive device. In-services have begun and will be ongoing.</p> <p>Systematic Changes:</p> <ul style="list-style-type: none"> It has been noted clip-style alarms may be removed by the residents, and / or string attachments may be set to ineffective lengths. 			1/18/12	
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F 323 SS=D	<p>Continued From page 4</p> <p>revealed a care plan dated 12/13/11 which addressed a history of frequent falls. One intervention included the use of a mobility alarm on the bed and wheelchair "to alert staff to attempts to rise unassisted."</p> <p>On 01/12/11 at 9:45 AM Resident #71 was observed in his room, unaccompanied by staff, standing in front of his wheelchair. A mobility alarm was observed attached to the back of the resident's wheelchair with an alarm tether attached to the resident's shirt. The alarm tether was observed to have slack in it between the resident and the alarm and the alarm was not sounding. Nursing Assistants (NA) #1 and #2 were notified. They entered the resident's room and safely seated the resident in his wheelchair.</p> <p>At that time, NA #1 stated that the resident should not be able to stand without activating the alarm. She stated the alarm tether had too much slack in it and needed to be adjusted to a shorter length so it would pull taut and activate the alarm before the resident was able to get to a standing position. She stated NAs were taught to shorten the tether length whenever the alarm was applied to make sure it would activate the alarm.</p> <p>Also at that time, NA #2 was observed to move the sliding adjuster on the alarm tether to shorten the tether so the alarm would activate if the resident attempted to stand unassisted.</p> <p>On 01/12/11 at 2:20 PM NA #2 was interviewed. She stated that prior to this incident, she had seen the resident attempt to stand from his recliner in his room. NA #2 assisted him to the bathroom and reseated the resident in his</p>	F 323	<p>Continued From page 4</p> <ul style="list-style-type: none"> Pressure sensitive alarms will be used in lieu of clip-style alarms. Nursing Staff in-serviced 2/2/12 and will be ongoing. RN Supervisor, or designee, will observe and audit 6 residents using an alarm for proper function and appropriateness of device weekly x 90 days and then monthly x 9. <p>Monitoring:</p> <ul style="list-style-type: none"> When an alarm is initiated, it will be noted on the MAR. Supervising nurses will monitor each shift. RN Supervisor, or designee, will observe and audit 6 residents using an alarm weekly for proper function and appropriateness of device weekly x 90 days and then monthly x 9. DON, or designee will review the audits at the monthly and quarterly QA meetings. 	2/8/12
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F 323	Continued From page 5 wheelchair. She stated she applied the mobility alarm to the back of the wheelchair and attached the activating tether to the resident's shirt. NA #2 stated she had been taught to shorten the alarm tether to a length that would activate the alarm before the resident got to a standing position. She stated she had forgotten to do so and realized it when she saw him standing unassisted without the alarm sounding. On 01/12/11 at 2:37 PM Licensed Nurse (LN) #1 was interviewed. He stated the tether on a mobility alarm had an adjuster on it which allowed the NA to adjust the length so the tether would tighten and sound the alarm before the resident reached a standing position. LN #1 stated he would expect the NA to shorten the tether as needed before leaving the resident or else the alarm would do no good. On 01/12/11 at 3:00 PM the Director of Nursing was interviewed. She stated that she expected a mobility alarm to be adjusted to sound before a resident reached a standing position. She stated NA #2 should have adjusted the length of the tether when she transferred the resident to his wheelchair.	F 323					
F371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F371	The facility must- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions				
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F 371	<p>Continued From page 7</p> <p>preparation equipment is that it should be clean and should be completely dry. He stated there shouldn't have been a pan with greasy residue on the bottom stacked in contact with other pans. He further stated if the pan came into contact with a food preparation surface that was greasy it should have been re-washed. Observations of the kitchen's range and other food preparation equipment on 01/09/12 at 11:00 AM revealed with thick black crusted material. The sides of convection ovens adjacent to the range had build-up of thick black sticky residue.</p> <p>Additional observation of the range on 01/11/12 at 11:30 AM revealed heavy build-up of black crusted material approximately 1/2 inch high in spots around the grate over the burners. The side of convection ovens adjacent to the range had heavy black build up of greasy residue.</p> <p>An additional observation of the range on 01/12/12 at 10:25 AM revealed the same heavy build-up as noted on 01/11/12 with additional fresh spills. The side of convection ovens remained with heavy build up of black residue.</p> <p>An interview on 01/12/12 at 11:40 AM with the DM revealed the facility's cleaning schedule specifies the range is disassembled and all adjacent services cleaned every Sunday. Dietary Staff # 1 stated it is sprayed with a degreasing product which is left on for about 10 minutes then removed. She stated she observed staff cleaning the range and all adjacent surfaces on Sunday, 01/08/12.</p>	F 371	<p>convection ovens will be "deep cleaned" weekly and as needed. Inservices have begun and will be ongoing for dietary staff on what equipment is included in the "deep cleaning". Weekly audits will be done by the Dietary Chef, Health Care Center Supervisor, Dining Room Manager or Dietary Manager to ensure food preparation equipment is clean.</p> <p>Monitoring: The Dietary Manager will review the weekly audits. When non-compliance is identified, re-inservicing and/or corrective action will be completed. Further monitoring will be done as needed. Audit reports will be reviewed at the monthly and quarterly QA meetings.</p>	2/8/12			
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F 371	Continued From page 8 An interview on 01/12/12 at 2:20 PM with the DM revealed that he didn't know if the build-up on the range top and the side of the convection ovens could have occurred between the cleaning on Sunday and the tour on Monday. He stated it really didn't matter because spills should be cleaned up shortly after they happen and equipment should be cleaned daily as needed to prevent build-up. He stated there needs to be more cleaning.	F 371					
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F- 318 483.25(e)(2) INCREASE / PREVENT DECREASE IN RANGE OF MOTION

Directions: Supervising RN or designee will review the following areas of concern from the 2012 survey for the Plan of Correction. All concerns will be directed to the DNS and RN Supervisors for resolution.

X = Yes O = No NA = Not Applicable

Date: _____

Resident						
Reviewed by:						
Date:						
Has Resident been discharged from Therapy / Restorative programs?						
Is resident ambulatory with assistance?						
Type of support used						
Approximate distance ambulated daily?						
If decline noted, has resident been referred to PT/OT/Restorative?						
Is functional status documented in Nurses' Notes?						
Does Care Plan reflect interventions being provided to maintain functional ability?						

Guidelines: Weekly x 90 days, then once a month. Review in monthly & Quarterly QA.

F- 318 – 6 residents, not involved in Restorative Nursing Programs, will be audited in accordance with the above guidelines. When non-compliance is found, the DNS or RN Supervisor will be notified ASAP and the responsible staff will be re-in-serviced by the RN Supervisor.

Comments: _____

F- 323 483.2(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

Directions: Supervising RN or designee will review the following areas of concern from the 2012 survey for the Plan of Correction. All concerns will be directed to the DNS, and RN Supervisors for resolution.

X = Yes O = No NA = Not Applicable

Date:

Resident Identifier						
Reviewed by:						
Date:						
Has Resident been identified as being at risk for falls?						
Type(s) of alarm						
Does the resident have an order for use of an alarm?						
Is alarm working properly?						
Is the alarm noted / monitored on MAR?						
Is the alarm noted on the CNA Summary?						
Is the alarm noted on the Care Plan?						

Audit Guidelines: Weekly x 90 days, then monthly x 9. Will review in monthly QA.

F- 323 – 6 Residents using mobility alarms will be audited in accordance with the above guidelines. When non-compliance is found, the DNS or RN Supervisor will be notified ASAP and the responsible staff will be re-in-serviced by the DNS or RN Supervisor.

Comments: _____

Food & Nutrition Services Checklist

POTS & PANS: CLEANING & SANITIZING

Employee: _____

Date: _____

DAILY CLEANING TASKS:

- _____ Scrape off all excess soil from ware.
- _____ Soak for five minutes in wash sink.
- _____ Scrub all surfaces.
- _____ Immerse ware in rinse sink.
- _____ Immerse ware in sanitizing sink for one minute.
- _____ Let ware air dry.

MAINTENANCE

Report any repairs required

PEST CONTROL

Report any evidence of insects or rodents

Weekly Deep Cleaning Checklist

Date: _____

Kitchen

- ___ Sinks Cooks
- ___ Stove top
- ___ Hood/filter
- ___ Ovens Convection
- ___ Ovens Standard
- ___ Refrigerator (interior/exterior)
- ___ Char Grill
- ___ Steamer
- ___ Fryer
- ___ Walls
- ___ Sinks Salad
- ___ Refrigerator Salad (interior / exterior)
- ___ Tables Cooks
- ___ Steam Table
- ___ Tables HC

Dining Room

- ___ All Floors
- ___ Wait Station
- ___ Salad Bar

Tile Flooring

- ___ Kitchen Floors
- ___ Under Equipment
- ___ Serving Area Floors
- ___ Dish Room Floors
- ___ Under Dish Machine
- ___ Under Racks
- ___ Under Refrigeration

Comments

Housekeeper: _____