

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

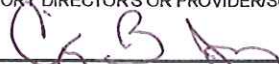
PRINTED: 01/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2013
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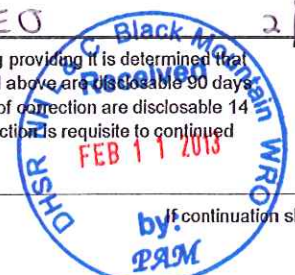
NAME OF PROVIDER OR SUPPLIER HIGHLANDS CASHIERS HOSPITAL IN	STREET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741
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F 156 SS=C	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>	F 156	<p>Highlands Cashiers Hospital, Inc. response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law.</p> <ul style="list-style-type: none"> F 156 <p><u>Corrective Actions(s) that will be accomplished for those residents found to have been affected by the deficient practice:</u> An audit was conducted and no residents were found to be affected by the deficient practice.</p> <p><u>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</u> The complaint number for filing a complaint with the state agency was posted outside the Social Workers office on Tuesday, January 15th, 2013.</p> <p><u>Systemic changes to ensure the deficient practice will not occur:</u> The complaint number for filing a complaint with the state agency will continue to be posted in the same location outside the Social Worker's office. The Social Worker will ensure that the names, addresses, and telephone numbers of pertinent State client advocacy groups are maintained and updated monthly as indicated.</p>	2/8/2013
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President/CEO	(X6) DATE 2/5/13
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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 not 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 156	<p>Continued From page 1</p> <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This</p>	F 156	<p><u>How facility plans to implement the corrective action and evaluate for it's effectiveness:</u></p> <p>The posted information will be reviewed monthly for accuracy and relevance by the Social Worker. The correct complaint number for filing a complaint with the state agency will be published in the facilities quarterly newsletter, "The Family Connection," for the next two quarters. The newsletter will then be mailed to each responsible party and be made available to every resident per the facilities normal publishing and distribution routine. The correct complaint number for filing a complaint with the state agency will be reviewed in the next three monthly resident council meetings. The Social Worker will audit the newsletter, Resident Council Meeting Minutes, and random responsible parties and residents to ensure they are aware of the location and accessibility of the complaint number for filing a complaint with the state agency. Audits will be conducted weekly for 3 months. Audits are reviewed by the QA&A Committee. The QA&A Committee is responsible for reviewing any trends or reoccurring issues and implementing procedure changes to ensure that compliance is achieved and maintained.</p>	
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F 156	<p>Continued From page 2</p> <p>includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, review of the admissions book and staff interviews the facility failed to post the complaint number for filing a complaint with the state agency.</p> <p>The findings are: On 1/16/13 a review of the admission book and information posted throughout the facility for residents and families revealed the phone number for filing a complaint with the state agency was not included with contact information. On 1/16/13 at 11:25 AM the facility social worker stated she was responsible for posted information and did not realize the complaint number with the state agency was required to be posted for residents and families.</p>	F 156		
F 431	483.60(b), (d), (e) DRUG RECORDS,	F 431		

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F 431 SS=E	Continued From page 3 LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 431	<ul style="list-style-type: none"> • F 431 <u>Corrective Actions(s) that will be accomplished for those residents found to have been affected by the deficient practice:</u> An audit was conducted and no residents were found to be affected by the deficient practice. <u>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</u> All medication administration carts and medication storage areas have been audited and no out of date medications were found. <u>Systemic changes to ensure the deficient practice will not occur:</u> All nursing staff has been instructed on the importance of rotating new stock to the bottom/back of the medication storage area and bringing older stock forward in order to eliminate the potential for out of date floor stock medications in the medication carts. All nurses have been instructed to check expiration dates prior to administering medications and discard any that have expired. New employees will be educated on proper medication storage and rotation in "New Employee Orientation."	2/8/2013

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F 431	<p>Continued From page 4</p> <p>Based on observations and staff interview, the facility failed to remove expired acetaminophen from one of three medication carts.</p> <p>The findings are:</p> <p>During an inspection of the Dogwood Hall medication cart on 01/15/13 at 4:40 PM with Nurse #1, 16 unit dose packs of acetaminophen 325 milligrams with an expiration date of 10/01/12 were observed in a tray with 99 unit dose packs of acetaminophen with an expiration date of 04/14.</p> <p>An interview on 01/15/13 at 4:58 PM with Nurse #1 revealed the expired acetaminophen was available for use and could have been used for any resident on the Dogwood Hall who needed the medication for either pain or fever. Nurse #1 stated all nurses are supposed to check their medication carts once a month for expired medications. She stated the expired acetaminophen should have been removed from the cart.</p> <p>An interview on 01/17/13 at 10:35 AM with the Director of Nursing (DON) about the facility policy for checking the medication carts for expired medication revealed the night nurses check their cart once a month for expired medications. She further stated all the carts were checked the first part of January 2013. She had no explanation for why the expired acetaminophen was still in the medication cart. She stated she checked medication carts on 01/14/13 for expired medications and just missed the expired acetaminophen. The DON stated her expectation is for expired medications to be removed from the</p>	F 431	<p><u>How facility plans to implement the corrective action and evaluate for it's effectiveness:</u></p> <p>The Director of Nursing is responsible for monitoring and auditing the medication carts and medication storage areas to ensure no medications are out of date and older medications are moved forward/upward weekly for the next 3 months. Audits are reviewed by the QA&A Committee. The QA&A Committee is responsible for reviewing any trends or reoccurring issues and implementing procedure changes to ensure that compliance is achieved and maintained.</p>	
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F 431 F 465 SS=E	Continued From page 5 medication carts so they are not available for use. 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to keep chemicals in a secure location which was not accessible to residents on two of three halls. The findings are: Chemicals were observed stored unsecured in resident areas on two of three halls within the facility. These observations included: 1. Inside the unlocked clean utility closet on Dogwood hall a one quart spray bottle of bleach germicidal cleaner was stored on shelving during four days of the survey. These observations occurred 1/14/13 at 12:55 PM, 1/15/13 at 10:35 AM, 1/16/13 at 9:55 AM and 1/17/13 at 10:00 AM. 2. On 1/17/13 at 10:00 AM the following chemicals were observed stored accessible to residents in the facility: a. Disposable Super Sani germicidal cloths were found stored on shelving in the unlocked clean utility closet on Dogwood hall. b. Disposable Super Sani germicidal cloths were found stored next to the hand sink (at wheelchair	F 431 F 465	<ul style="list-style-type: none"> F 465 <u>Corrective Actions(s) that will be accomplished for those residents found to have been affected by the deficient practice:</u> An audit was conducted and no residents were found to be affected by the deficient practice. <u>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</u> Locked storage cabinets have been provided in the shower rooms and in the soiled utility room for proper storage of chemicals while maintaining their accessibility to the staff. Nurses have been instructed to keep all chemical disinfectant wipes locked in the bottom storage bin of the medication cart and the medication prep room for use in glucometer cleaning. A rolling cart with locking drawer has been provided for nursing staff to keep outside a resident room for those residents who have illnesses that require specific PPE and cleaning materials, such as the use of bleach products in the cleaning of a bedside commode for a resident with <i>C. Diff.</i> <u>Systemic changes to ensure the deficient practice will not occur:</u> All nursing staff received training on the proper storage of disinfectant chemicals and the location of storage receptacles used on their units. New employees will be educated on proper chemical use and storage in "New Employee Orientation."	2/8/2013	

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F 465	<p>Continued From page 6</p> <p>level) in an open day room on the Rosewood hall</p> <p>c. Disposable Super Sani germicidal cloths were found stored in a dispensing unit (on the wall) by the hand sink in open shower rooms on Rosewood and Dogwood halls</p> <p>d. Disposable Super Sani germicidal cloths were found stored on shelving in the open tub room on the Rosewood hall.</p> <p>e. A one quart spray bottle of Virex Tb cleaner was stored on a handrail in the open shower room on Rosewood hall.</p> <p>f. A one quart spray bottle of spray cleaner with bleach was stored on a handrail in the shower room on Dogwood Hall.</p> <p>On 1/17/13 at 11:00 AM the facility Director of Nursing stated chemicals should be stored locked either on the medication carts, in the chemical storage room or in the locked storage areas of the shower rooms. The Director of Nursing stated these items had most likely been left out by staff due to the flu quarantine the facility was experiencing at the time of the survey. The Director of Nursing stated these chemical were being used by staff in an attempt to stop the spread of the flu virus.</p>	F 465	<p><u>How facility plans to implement the corrective action and evaluate for it's effectiveness:</u></p> <p>The Director of Nursing is responsible for monitoring that each resident's environment is free chemical hazards such as Virex Tb cleanser, germicidal wipes, and bleach products while keeping them accessible to staff for infection control purposes. The DON will monitor random areas of the resident environment three times weekly for 3 months to ensure produces are available but properly locked in storage cabinets and carts. Audits are reviewed by the QA&A Committee. The QA&A Committee is responsible for reviewing any trends or reoccurring issues and implementing procedure changes to ensure that compliance is achieved and maintained.</p>	