

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

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2013
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28655
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(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
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F 242 SS=E	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record reviews, the facility failed to provide residents with the amount or type of baths/showers that they wanted each week for three of three residents (#13, #90 and #102).</p> <p>The findings included:</p> <p>1. Resident #90 was admitted on 04/26/13 with diagnoses that included pneumonia. The admission Minimum Data Set (MDS) dated 05/03/13 assessed the resident as cognitively intact and able to understand and make himself understood.</p> <p>On 06/03/13 at 10:56 AM Resident #90 was interviewed and stated he had been told by staff that he could have 2 showers a week. He relayed that he preferred to have 3 showers a week. He stated that 3 showers a week would make him feel better and was his usual routine at home. He stated that since his admission to the facility no one had asked him about his bathing preferences.</p>	F 242	<p>Magnolia Lane Nursing & Rehab. of Morganton acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Magnolia Lane's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the deficiency is accurate. Further, Magnolia Lane reserves the right to submit documentation to refuse any of the stated deficiencies on this Statement of</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jean S Carter RN LHA Administrator TITLE: Administrator (X6) DATE: 6-25-13

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 242 Continued From page 1

On 06/05/13 at 4:10 PM the Administrator was interviewed and stated that the Activity Director was responsible for assessing resident's bathing preferences upon admission to the facility.

On 06/05/13 at 4:30 PM the Activity Director was interviewed on the telephone. He stated that upon admission to the facility he conducted an assessment similar to the MDS 5-day questionnaire that asked residents about their daily preferences and routines. He stated that he asked residents how important it was to them to have a bath, tub bath or shower. He was unaware that he should ask any other questions regarding bathing.

On 06/06/13 at 11:10 AM the Director of Nursing (DON) was interviewed. She stated the Activity Director conducted an admission assessment that included daily preferences. She added she felt it was the shower team's responsibility to set and incorporate new admissions into the shower schedule. The DON stated the facility does not currently ask residents about their preferences regarding frequency and type of bath or showers or the time of day they prefer to take a bath. When asked how it was decided how often residents get baths, the DON said baths and showers were automatically scheduled two times a week. She explained if a resident made a request to have additional showers, baths instead of showers, or baths or showers during the evening, the staff does everything possible to accommodate that request. The DON stated new residents were told the bathing policy was that they will have two baths per week and on an as needed basis. The DON stated residents would have to ask if they could have a bath more

F 242

Deficiencies through informal dispute resolution, formal appeal procedure, and/or legal proceedings.

Resident # 13 was given a shower on 6-7-13, resident #90 a shower on 6-7-13. The tub upstairs was fixed by maintenance on 6-21-13. Resident # 102 and resident #13 was offered a tub bath on 6-21-13. An audit was done of 100% residents to include #13 and #102 were interviewed regarding their preference of a tub or shower and frequency. On admission activities asks residents about the importance of bathing preferences and what they prefer regarding frequency, times, and type. Activities then reports to MDS and team at stand up next morning. Residents are placed on a schedule & careplan for 2x/wk and prn according to their

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F 242	<p>Continued From page 2 frequently if they wanted that.</p> <p>2. Resident #13 was admitted to the facility on 2/22/13 with diagnoses which included dementia, chronic anemia, and diabetes. The Admission Minimum Data Set (MDS) dated 02/20/13 assessed Resident #13 as being cognitively intact as well as able to understand and be understood. Further review of the Admission MDS revealed the resident interview assessment for daily and activity preferences was coded as "no", it should not be done. Review of the most recent Quarterly MDS dated 04/13/13 revealed Resident #13 needed extensive assistance of one person with bathing.</p> <p>Review of Resident #13's care plan dated 03/01/13 revealed the resident had a chronic/progressive decline in intellectual functioning and was at risk for unmet needs and or compromised dignity. The goal was Resident #13 will make decisions about choice or preference. Interventions included, allow resident to make choices and allow resident sufficient time to verbalize her needs.</p> <p>An interview was conducted with Resident #13 on 06/03/13 at 11:23 AM. Resident #13 stated she got a shower once per week. She stated she would "love to have a shower two to three times per week." She stated it had been a week or more since she had received a shower.</p> <p>An interview was conducted on 06/05/13 at 4:08 PM with the Administrator. The Administrator stated the Activities Director assessed the information regarding Activities of Daily Living (ADL) preferences. The Administrator further</p>	F 242	<p>preferences. Residents are again given a choice at their time of bathing what they prefer a shower, tub or bedbath. At quarterly reviews residents will again be asked their preferences. Resident #13 and # 102 wants a shower 2x/wk and res.#90 wants a tub bath 2x/wk. All residents including #13, 90 and 102 are scheduled for baths 2x/wk, prn, or more according to their choice. At each bathing time they are asked if they would like a tub or shower. They can choose a tub bath and then change to a shower the next time if they want or vice versa. Any residents requesting an additional bath or shower will be worked into the schedule to accommodate their request. Resident # 90's care plan was updated to include his choice for a tub bath 2x/wk. 100%</p>		

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F 242	<p>Continued From page 3</p> <p>stated it was her expectation that all staff find out the residents' preferences regarding the care they were to give to the residents in their charge.</p> <p>An Interview was conducted on 06/05/13 at 4:30 PM via phone with the Activity Director. He stated he performed a supplemental assessment with the residents when they were admitted. He stated he also asked questions from the MDS regarding ADLs and activities. He added he asked residents how important it was to them to have a bath, tub bath or shower. He was unaware he should ask any other questions regarding bathing. The Activity Director did not state why Resident #13's assessment regarding ADL preferences was not performed.</p> <p>On 06/06/13 at 11:10 AM the Director of Nursing (DON) was interviewed. She stated the Activity Director conducted an admission assessment that included daily preferences. She added she felt it was the shower team's responsibility to set and incorporate new admissions into the shower schedule. The DON stated the facility does not currently ask residents about their preferences regarding frequency and type of bath or showers or the time of day they prefer to take a bath. When asked how it was decided how often residents get baths, the DON said baths and showers were automatically scheduled two times a week. She explained if a resident made a request to have additional showers, baths instead of showers, or baths or showers during the evening, the staff does everything possible to accommodate that request. The DON stated new residents were told the bathing policy was that they will have two baths per week and on an as needed basis. The DON stated residents would</p>	F 242	<p>of the nursing staff was in serviced on choices by the staff facilitator on 6-14 -13. QI nurse will monitor resident's bathing preference and adherence to their preference of tub bath or shower and frequency to include Residents # 13, #90, and # 102 utilizing a QI tool 2 x/wk x 2 mos. then wkly. x 1 month, then quarterly. QI nurse will also monitor new admissions for completion of bathing assessments and random quarterly audits 2x/wk x 2 mos. Then wkly. x 1 month then quarterly. Any concerns will be addressed as appropriate with findings reported in the morning dept. head meeting. The results of the audits will be reported to the monthly QI committee for identification of potential trends and development of plans of action and/or the need for continued monitoring.</p>	6-26-13	

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F 242	Continued From page 4 have to ask if they could have a bath more frequently if they wanted that. 3. Resident #102 was admitted 01/24/13 with diagnoses which included diabetes. The most recent Quarterly Minimum Data Set (MDS) dated 04/26/13 assessed Resident #102 as being cognitively intact and needing minimal assistance with activities of daily living. An interview was conducted on 06/03/13 at 4:04 PM with Resident #102. She stated she would like to have a tub bath. Resident #102 stated she had not been offered a tub bath nor had she asked because she did not see a bath tub in the shower room. An interview was conducted on 06/05/13 at 11:57 AM with Nurse #1. The nurse indicated the residents were offered a shower or a bed bath. Nurse #1 further stated there was not a tub downstairs and the one upstairs was not working. Observations made during a tour of the facility on 06/05/13 at 4:00 PM revealed there were no bath tubs in the shower rooms down stairs where Resident #102's room was located. Further more, there was one bath tub located upstairs on the main hall which did not work. An interview was conducted on 06/05/13 at 4:08 PM with the Administrator. The Administrator stated the facility had not had a tub since she had been at the facility. She further stated when she began work at the facility, over a year ago, she was told the tub did not work and could not be fixed. She indicated she was unaware the facility	F 242			

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F 242 F 246 SS=D	<p>Continued From page 5 was required to have a working bath tub.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews, the facility failed to adapt the call system for a resident with arm and hand tremors for 1 of 6 residents reviewed for activities of daily living (Resident #84).</p> <p>The findings included: Resident #84 was admitted on 06/30/11 with diagnoses including Parkinson's Disease, dementia, hearing loss, upper extremity tremors, hearing loss, and loss of vision in one eye. A significant change Minimum Data Set (MDS) dated 02/20/13 revealed Resident #84 had moderately impaired cognition and was totally dependent on staff for bed mobility, dressing, eating, and personal hygiene. The significant change MDS noted Resident #84 had unclear speech but could be understood.</p> <p>An initial observation of Resident #84 on 06/03/13 at 4:13 PM revealed he was resting in bed with his eyes closed and his call light cord was</p>	F 242 F 246	<p>F246 A light touch call bell was given to resident # 84 on 6-6-13. Survey of all residents to include resident # 84 was done for identification of anyone needing a soft touch call bell. In-service was done on 6-14-13 accommodation of needs by the staff facilitator. Administrative staff will make rounds to include Resident #84 for accommodation of needs utilizing a QI tool 2x/day 5x/wk. QI/DON will follow up 5x/wk x 2 wks. Then wkly x 4with follow up action taken upon identification of any potential concern. Findings will be reported at the morning meeting. The results of the audits will be reviewed by the monthly QI committee for identification of potential trends, & development of plans of action and/or the need for continual monitoring.</p>	6-26-13

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F 246	<p>Continued From page 6</p> <p>attached to his bed linens at mid-chest level. On 06/04/13 at 2:55 PM Resident #84 was awake in bed and his call light cord was attached to his bed linens near his hand.</p> <p>An interview with NA #1 on 06/05/13 at 10:25 AM revealed she checked on Resident #84 frequently because she knew he had difficulty pushing the call button due to his hand tremors.</p> <p>During an interview on 06/05/13 at 10:30 AM Resident #84 stated he had trouble finding his call light cord and it was very difficult for him to push the call button. Resident #84 further stated he just waited until staff checked on him if he needed assistance. Resident #84 was asked to attempt to push the call button during the interview and was unable due to his arm and hand tremors. Resident #84 denied any unmet care needs as a result of his inability to push the call button.</p> <p>An interview with NA #6 on 06/06/13 at 11:00 AM revealed Resident #84 was able to push the call button sometimes to ask for assistance and typically told the staff what he needed when they were in his room.</p> <p>On 06/06/13 at 11:40 AM the Director of Nursing (DON) observed Resident #84 and stated the facility had an alternative call system available that would make it much easier for him to alert staff when he needed assistance.</p>	F 246		
F 253 SS=D	<p>403.16(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a</p>	F 253		

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F 253	<p>Continued From page 7 sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain cleanliness of a resident fan for 1 of 2 sampled resident's fans (Resident #84).</p> <p>The findings included:</p> <p>Initial observations of Resident #84's room on 06/03/13 at 4:13 PM revealed a fan with a floor stand with the air flow directed towards the resident. The front and back grills and fan blades had a coating of gray dust covering the majority of the surface area. Large clumps of dust build up were noted clinging to and extending away from the front grill of the fan which was directed towards the resident.</p> <p>An observation on 06/04/13 at 2:55 PM revealed Resident #84 was resting in bed with the air flow of the fan directed towards him. The front and back grills and fan blades had a coating of gray dust covering the majority of the surface area. Large clumps of dust build up were noted clinging to and extending away from the front grill of the fan which was directed towards the resident.</p> <p>A subsequent observation on 06/05/13 at 10:30 AM revealed Resident #84 was sitting in a reclining geriatric chair in his room with the air flow of the fan directed towards him. The front and back grills and fan blades had a coating of gray dust covering the majority of the surface area. Large clumps of dust build up were noted</p>	F 253	<p>F 253</p> <p>In-service was done with all housekeepers on 6-14-13 on the cleaning of resident's fan by the staff facilitator. All of the fans in every room were cleaned by maintenance on 6-20-13. Rounds are being made by administrative staff for the cleaning of fans to include Resident #84 5x/wk x2 wks., then 3x per wk x1 month, then 2x per wk x 1 month then 1 x per wk. x 1 month using a rounding tool with concerns addressed when found. Rounding sheets will be brought to the morning meeting and findings discussed with review of actions taken by the Administrator. Audit results will be reported to the</p>	
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F 253	Continued From page 8 clinging to and extending away from the front grill of the fan which was directed towards the resident. During an interview on 06/06/13 at 9:45 AM Housekeeper #1 stated resident fans should be cleaned as needed during dally room cleaning. An interview was conducted with the Environmental Services Director on 06/06/13 at 10:00 AM. During the interview he stated resident fans should be cleaned by housekeeping staff any time there was dust build up present. The Environmental Services Director observed Resident #84's fan immediately after the interview and agreed it needed to be cleaned.	F 253	monthly QI committee for the development of potential trends and development of plans of action and/or the need for continued monitoring.	6-26-13	
F 202 SS-D	403.20(k)(3)(II) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to follow Interventions on the care plan for 1 of 6 sampled residents reviewed for provide assistance with activities of dally living (Resident #85). The findings included: Resident #05 was admilted to the facility on 11/02/11 with diagnoses that included atrial fibrillation, hypertension and others. The most	F 202	F282 Care was provided to res. # 85 on 6-6-13 with the level of staff assistance according to the care plan. All residents		

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F 282	<p>Continued From page 9</p> <p>recent Minimum Data Set (MDS) dated 03/10/13 specified the resident had no cognitive impairment, did not reject care and required extensive assistance with personal hygiene.</p> <p>Resident #85's personal hygiene care plan specified the resident required daily maintenance with personal hygiene and the resident would be neat and clean. Interventions included provide constant supervision with physical assistance with shaving.</p> <p>On 06/03/13 at 11:30 AM Resident #85 was interviewed in his room. Observations were made of Resident #85 that revealed facial hair approximately 1 inch long resembling a beard. He stated that he did not like having the facial hair and if he had a razor he would shave. He also added that no one had offered to assist him with shaving and he hadn't asked for assistance because he stated that staff were too busy to help.</p> <p>On 06/04/13 at 10:00 AM Resident #85's family was visiting. Observations were made again of Resident #85 that revealed he had facial hair approximately 1 inch long resembling a beard. His family was interviewed and reported that Resident #85 did not like having facial hair and wanted to know why the resident had not been shaved.</p> <p>On 06/04/13 at 2:55 PM Nurse Aide #3 was interviewed and explained that she was trained to address facial hair for male and female residents during morning care rounds. She also reported that she was trained to follow the care plan when caring for residents. She was unaware if</p>	F 282	<p>were reviewed by the DON and/or MDS nurse to ensure that the appropriate level of assistance for ADLs was addressed on each resident's care plan. 100% of the nursing staff was in serviced on 6-14-13 on providing adequate resident ADL assistance per the care plans and as given on the Resident Care Guides by the Staff. 100% of the nursing staff was in serviced on 6-14-13 on providing adequate resident ADL assistance per the care plan and as given on the resident care guides by the Staff. Dignity & respect and ADLs for all nursing staff. Administrative staff will make rounds to include resident # 85 utilizing a QI tool to ensure that care is provided according to the resident's care plans 2x/day 5x/wk. X 2 wks. Then wkly. x</p>	

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28066		
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F 282	Continued From page 10 Resident #85's care plan specified that he needed to be shaved daily. She stated that she was assigned to care for Resident #85 and had provided him with his morning care on 06/04/13 but had not offered to shave him because she assumed he would refuse. On 06/06/13 at 11:10 AM the Director of Nursing was interviewed and reported that she expected residents to be shaved on their shower days but also that the nurse aides should offer to shave residents during their morning care rounds. 06/06/13 at 4:45 PM the MDS Nurse was interviewed and stated that nurse aides were expected to follow care plans when caring for residents. She stated that shaving was expected to be performed daily and as needed.	F 282	4 with action taken as appropriate upon the identification of any potential concern. Findings will be reported to the morning meeting. The results of these audits will be reviewed monthly by the QI committee for identification of potential trends, & development of plans of action and/or the need for continual monitoring.	6-26-13	
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, Resident and staff interviews, and record reviews the facility failed to provide denture care (Resident #13), provide showers (Resident #109 and Resident #110), trim and clean fingernails (Residents #30 and 84), and remove facial hair (Resident #85). The findings include:	F 312	F312 Denture care was provided to resident #31, Showers were given to resident # 109, #110, nail care to #30, #84, and shave to resident #85 by CNAs and nurses on 6-7-13. In-service was done on 6-14 -13 on providing or assisting with ADLs for dependent residents for all nursing staff by the staff facilitator. Rounds will be done by		

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PRINTED: 06/19/2013
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28656		
(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)	(X6) COMPLETION DATE	
F 312	Continued From page 11 1. Resident #13 was admitted to the facility 02/13/13 with diagnoses which included dementia, chronic anemia, and diabetes. The most recent Quarterly Minimum Data Set (MDS) dated 04/13/13 assessed Resident #13 as having mild cognitive impairment and needing extensive assistance with activities of daily living, particularly personal hygiene. Review of Resident #13's care plan updated 03/12/13 revealed no plan for staff to assist the resident with denture care. An interview was conducted on 06/03/13 at 11:38 AM with Resident #13. She stated it had been over a week since staff had assisted her to clean her dentures. Resident #13 further stated that one nursing assistant has helped her in the past to clean her dentures but that she only comes about once per week. An observation was made on 06/05/13 at 10:50 AM of Resident #13 sitting in her wheelchair in her room. Resident #13's dentures were noted to contain food debris and have a thick coating of scum. During an interview on 06/05/13 at 10:50 AM with Resident #13 she stated she had received a shower that morning but staff did not assist her to clean her dentures. An interview was conducted on 06/06/13 at 9:14 AM with Resident #13. She stated staff did not remove her dentures nor assist her to clean them last night prior to going to bed.	F 312	administrative staff to include residents # 31, 109, 110, 30, 84, and 85 utilizing a QI tool to ensure that proper ADL care is provided to dependent resident 5x per wk. x 1 month, then 3x/wk x 1 month, then 1x/wk x 1 month. The Administrative Staff will take appropriate action for any potential concern upon identification. The audit findings will be reported to the monthly QI committee for identification of potential trends & development of plans of action and/or the need for continual monitoring.	6-26-13	

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28655		
(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)	(X6) COMPLETION DATE	
F 312	<p>Continued From page 12</p> <p>An interview was conducted on 06/06/13 at 9:26 AM with Nursing Assistant (NA) #1. She stated she had worked last evening with Resident #13. She stated in preparing Resident #13 for bed she assisted her to change into her night gown and wash her hands and face. NA #1 stated she did not provide denture care for Resident #13 nor did she remove her dentures and place them in a cup. NA #1 did not give a reason denture care was not provided for Resident #13 but she stated she should have provided it.</p> <p>On 06/06/13 at 9:33 AM an interview was conducted with Nurse #2. He stated it was part of his job to supervise NA care. Nurse #2 stated his expectation was for mouth care to be performed after meals and when it was needed or when residents request it to be done. Nurse #2 further stated he would expect denture care to be performed after meals and dentures to be cleaned at night and placed in a denture cup.</p> <p>On 06/06/13 at 9:42 AM an interview was conducted with the Director of Nursing (DON). The DON stated it was her expectation for mouth and denture care to be performed each morning. She further stated dentures should be soaked at night but if the resident did not want the dentures to be taken out at night then they should be taken out and cleaned the next morning.</p> <p>2. Resident #110 was admitted to the facility on 05/27/13 with diagnoses that included obesity and weakness and others. The resident did not have a Minimum Data Set (MDS) or care plan that had been developed yet. Review of a documented titled "FL-2" dated 05/27/13 specified the resident was not disoriented, non-ambulatory, and</p>	F 312			

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28666		
(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 312	<p>Continued From page 13</p> <p>Incontinent of bowel and bladder; and required personal assistance with bathing and dressing.</p> <p>6/3/13 at 11:10 AM Resident #110 was interviewed in her room and explained that she was admitted to the facility after a fall at home that resulted in lower extremity weakness and that she was in the facility for strengthening. She reported that she had been in the facility exactly 1 week and had not been out of bed to receive a tub bath or shower. She added that no one had offered to bathe her and had not been given a reason why she had not received a shower. She explained that she had some sore areas in her groin area that she felt a shower would help resolve.</p> <p>On 06/04/13 at 2:45 PM the facility's shower schedule was reviewed and revealed that Resident #110 was not included in the schedule. Review of her shower documentation revealed that since admission the resident had not been showered.</p> <p>On 06/03/13 at 2:30 PM Nurse Aide #2 assigned to care for Resident #110 stated that she did not assist residents with tub baths or showers. She explained that the facility had a shower team that performed all the showers. She stated that she assisted residents with morning care that would include washing their face and hands. She stated that for Resident #110 she was unaware if the resident had received a shower since admission to the facility and that she had only helped the resident with washing her face which was considered a "bed bath."</p> <p>On 06/04/13 at 3:15 PM the Shower Aide was</p>	F 312			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28066		
(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)	(X6) COMPLETION DATE	
F 312	<p>Continued From page 14</p> <p>Interviewed and reported that she was responsible for adding new admissions on the shower schedule. She stated that the way she new about new admissions was to walk the halls and look for them. She stated that she had bathed Resident #110 on 06/04/13 and stated that it was the resident's first bath since her admission to the facility because she was not aware the resident had been admitted.</p> <p>On 06/06/13 at 11:10 AM the Director of Nursing (DON) was interviewed and reported that the shower team was responsible for assisting residents with showers on Monday, Tuesday, Thursday and Friday. She stated that it was the nurses' responsibility to notify the shower team of a new admission so that the shower team could include the resident in the weekly shower schedule. The DON stated that facility always had a staff member available to give showers to residents. The DON reviewed Resident #110's shower documentation and stated that it was unacceptable for the resident to have gone 7 days before receiving a shower.</p> <p>3. Resident #85 was admitted to the facility on 11/02/11 with diagnoses that included atrial fibrillation, hypertension and others. The most recent Minimum Data Set (MDS) dated 03/10/13 specified the resident had no cognitive impairment, did not reject care and required extensive assistance with personal hygiene.</p> <p>Resident #85's personal hygiene care plan specified the resident required daily maintenance with personal hygiene and the resident would be neat and clean. Interventions included provide constant supervision with physical assistance with</p>	F 312			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2013
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28056
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(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 312	<p>Continued From page 15 shaving.</p> <p>On 06/03/13 at 11:30 AM Resident #85 was interviewed in his room. Observallons were made of Resident #85 that revealed he had facial hair approximately 1 inch long. He stated that he did not like having the long thick facial hair because it felt like a beard and if he had a razor he would shave. He also added that no one had offered to assist him in the last month with shaving and he hadn't asked for assistance because he stated that staff were too busy to help.</p> <p>On 06/04/13 at 10:00 AM Resident #85's family was vislting. Observallons were made again of Resident #85 that revealed he had facial hair approximately 1 inch long that resembled a beard. His family was interviewed and reported that Resident #85 did not like having facial hair and wanted to know why the resident had not been shaved.</p> <p>On 06/04/13 at 2:55 PM Nurse Aide #3 was interviewed and explained that she was trained to address facial hair for male and female residents during morning care rounds. She reported that she was assigned to care for Resident #85 and had provided him with his morning care on 06/04/13 but had not offered to shave him because she assumed he would refuse.</p> <p>On 06/04/13 at 3:15 PM the shower aide was interviewed and stated that she shaved residents on their shower days. She stated that she had just finished shaving Resident #85 and that he was happy to have been shaved. She added that she usually tried to shave the resident on his</p>	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2013
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28656
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(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
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F 312	<p>Continued From page 16</p> <p>shower days but had not been able to assist him lately because of changes in staffing assignments. She explained that he would not refuse care and seemed to like the attention. She reported that he told her he was not happy that his facial hair had gotten so overgrown.</p> <p>On 06/06/13 at 11:10 AM the Director of Nursing (DON) was interviewed and reported that she expected residents to be shaved on their shower days but also that the nurse aides should offer to shave residents during their morning care rounds.</p> <p>4. Resident #30 was admitted on 02/04/11 with diagnoses including dementia, coronary artery disease, arrhythmias, and chronic obstructive pulmonary disease. An annual Minimum Data Set (MDS) dated 04/19/13 revealed Resident #30 had moderately impaired cognition, impaired vision, and required extensive assistance with activities of daily living (ADL) including personal hygiene. The annual MDS also noted rejection of care was not exhibited. The Care Area Assessment Summary for ADL functional stated Resident #30 required extensive assistance with ADL including bathing due to impaired vision, pain, and physical limitations.</p> <p>Review of care plans revealed Resident #30 required assistance with personal hygiene including: shaving, mouth care, and daily maintaining of appearance due to lack of interest and impaired mobility. The goal was for Resident #30 to be neat clean and odor free through the next quarterly review. Interventions included providing constant supervision and physical assistance with personal hygiene and grooming needs.</p>	F 312		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28055		
(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)	(X6) COMPLETION DATE	
F 312	Continued From page 17 An initial observation of Resident #30 on 06/03/13 at 2:53 PM revealed all ten fingernails extended approximately 1/4 of an inch beyond her fingertips with brown debris noted underneath all ten fingernails. Subsequent observations on 06/04/13 at 9:00 AM, 06/05/13 at 10:40 AM, and 06/06/13 at 10:15 AM revealed all ten fingernails extended approximately 1/4 of an inch beyond her fingertips with brown debris noted underneath all ten fingernails. An interview with Nurse Aide (NA) #5 on 06/04/13 at 2:50 PM revealed she trimmed resident's fingernails and cleaned underneath their fingernails with an orange stick on shower days. NA# 5 further stated all NAs were responsible for checking resident's fingernails each shift and cleaning and trimming fingernails as needed. During an interview on 06/05/13 at 10:15 AM Resident #30 stated her fingernails needed to be trimmed and she was not able to trim them herself. Resident #30 was not able to see the brown debris under her fingernails and when asked could not recall the last time a staff member cleaned under her fingernails. An interview with NA #4 on 06/06/13 at 9:50 AM revealed nail care was provided on shower days and included cleaning under and trimming fingernails. NA #4 stated NAs checked resident's fingernails daily while providing care and cleaned under and trimmed resident's fingernails as needed. An interview was conducted with the Director of	F 312			

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28066		
(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 312	<p>Continued From page 18</p> <p>Nursing (DON) on 06/06/13 at 11:10 AM. The DON stated she expected the NAs to monitor the condition of resident's hands on all shifts and wash resident's hands and clean under and/or trim their fingernails as needed. The DON observed Resident #30's fingernails at 11:45 AM and agreed her fingernails needed to be cleaned and trimmed.</p> <p>6. Resident #84 was admitted on 06/30/11 with diagnoses including Parkinson's Disease, dementia, hearing loss, upper extremity tremors, hearing loss, and loss of vision in one eye. A significant change Minimum Data Set (MDS) dated 02/20/13 revealed Resident #84 had moderately impaired cognition and was totally dependent on staff for activities of daily living (ADL) including personal hygiene. The Care Area Assessment (CAA) Summary for ADL functional stated Resident #84 required assistance with personal hygiene due to Parkinson's disease, impaired mobility, and physical limitations.</p> <p>Review of care plans revealed Resident #84 required assistance with personal hygiene including: shaving, mouth care, and daily maintaining of appearance due to Parkinson's disease, impaired mobility, and physical limitations. The goal was for Resident #84 to be neat clean and odor free through the next quarterly review. Interventions included total care to be provided by the nurse aides (NA) for personal hygiene and grooming needs.</p> <p>An initial observation of Resident #84 on 06/03/13 at 4:13 PM revealed all ten fingernails extended at least 1/8 of an inch beyond his fingertips. During an observation on 06/04/13 at 2:55 PM all</p>	F 312			

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28666	
(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)
F 312	<p>Continued From page 19</p> <p>ten fingernalls extended at least 1/8 of an Inch beyond his fingertips and a superficial scratch was noted on the top of his right hand. Subsequent observations on 06/05/13 at 10:30 AM and 06/06/13 at 10:00 AM revealed all ten fingernalls extended at least 1/8 of an Inch beyond his fingertips and the superficial scratch remained on the top of his right hand.</p> <p>An Interview with NA #5 on 06/04/13 at 2:50 PM revealed she trimmed resident's fingernalls and cleaned underneath their fingernalls with an orange slick on shower days. NA# 5 further stated all NAs were responsible for checking resident's fingernalls each shift and cleaning and trimming fingernalls as needed.</p> <p>During an interview on 06/05/13 at 10:30 AM Resident #84 stated his fingernalls were too long and needed to be trimmed. Resident #84 further stated he could not trim his fingernalls independently and was not sure who usually trimmed his fingernalls.</p> <p>An interview with NA #4 on 06/06/13 at 9:50 AM revealed nail care was provided on shower days and included cleaning under and trimming fingernalls. NA #4 stated NAs checked resident's fingernalls daily while providing care and cleaned under and trimmed resident's fingernalls as needed.</p> <p>An interview was conducted with the Director of Nursing (DON) on 06/06/13 at 11:10 AM. The DON stated she expected the NAs to monitor the condition of resident's hands on all shifts and wash resident's hands and clean under and/or trim their fingernalls as needed. The DON</p>	F 312	

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28655	
(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)	(X6) COMPLETION DATE
F 312	<p>Continued From page 20</p> <p>observed Resident #84's fingernails at 11:40 AM and agreed his fingernails needed to be trimmed.</p> <p>6. Resident #109 was admitted to the facility with diagnoses including renal insufficiency and cerebral vascular disease.</p> <p>The most recent Minimum Data Set dated 05/17/13 indicated Resident #109 had been assessed as cognitively intact and required extensive assistance with one person assist for most activities of daily living and physical help in part for bathing with two person assist.</p> <p>A review of Resident #109's care plan dated 05/30/13 provided a problem that related to Resident #109's immobility and that he had required assistance to restore or maintain maximum function of self-sufficiency for bathing. An intervention specified one person to provide physical assist with bathing.</p> <p>Record review of documentation of showers for the month of May, 2013 revealed Resident #109 had received only one shower on 05/28/13. His shower days had been scheduled for Tuesdays and Fridays. There had been no indication on the shower documentation sheet that Resident #109 had refused showers.</p> <p>On 06/05/13 at 12:26 PM Resident #109 was observed in the dining room with a ¼ inch beard on his face, chin and neck. At 2:45 PM Resident #109 was observed to have stubble remaining on his chin and neck. An interview conducted with Resident #109 at this time revealed he wanted to be shaved and showered. He stated the nurse</p>	F 312		

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PRINTED: 06/19/2013
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OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28066	
(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 312	<p>Continued From page 21</p> <p>aide had told him he would be showered tomorrow (06/06/13).</p> <p>On 06/06/13 at 3:04 PM Nurse Aide (NA) #2 was interviewed. She stated residents were supposed to have received 2 showers a week with shaves and nail care done at the time of the showers. She reported one nurse aide had responsibility for providing 6 showers a week with Wednesdays and Fridays designated as make up days for missed showers. She reported residents on Main hall that had required more care and showers, shaves and nail care had not always been done as scheduled. NA #2 revealed Resident #109 had a beard and should have had a shower and shave on Tuesday and Fridays. However, the nurse aide reported Resident #109 had been moved a couple of times to different rooms and he had probably had his shower schedule changed resulting in missed showers.</p> <p>On 06/06/13 at 10:25 AM NA #3 was interviewed. She stated she had been on the shower staff for about two weeks. She reported residents were supposed to have received showers twice a week. She said she had responsibility for providing showers to 12 to 14 residents every 2 days on Main hall. She revealed she had wanted to offer more showers during the week but had not been able to do so because of the care demands of the residents on Main hall. The nurse aide stated Resident #109 had moved to a couple different rooms and probably had missed his showers. She said she had offered him a shower yesterday and he had refused. NA #3 stated she was going to offer him a shower today. She reported before she clocked out yesterday she had shaved him quickly and</p>	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 00/06/2013	
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28056		
(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 312	Continued From page 22 had not cleanly shaved him. On 06/06/13 at 11:10 AM the Director of Nursing was interviewed. She stated residents were told on admission they had been scheduled for showers 2 times a week. She revealed the shower team nurse aides had the responsibility of putting new resident admissions on the shower list. If showers had not been done as scheduled the expectation would be the nurse should address this issue with the nurse aides responsible for providing showers.	F 312		
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to follow recipes for pureeing food. The findings included: An initial tour was made of the facility's kitchen on 06/03/13 at 9:30 AM. During the tour the relief cook was observed pureeing cooked chicken for the lunch meal service. She was observed to use a food processor to puree cooked chicken by adding water to the meat. She was interviewed during this time and reported that she was trained to puree meat to achieve a "baby food"	F 364	F364 Food selection and preparation has been reviewed to ensure that all food items are served in an appropriate manner to preserve nutritional value by the Dietary Manager on 6-7-13. In-service was done on 6-14-13 regarding the following of recipes and thinning of puree foods for 100% of the dietary staff by the dietary manager. The Dietary Manager will monitor	

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DR MORGANTON, NC 28655	
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F 364	<p>Continued From page 23</p> <p>consistency by adding water to thin the product. She estimated that she had added 2 cups of hot water to the meat. She stated she was unaware that there were recipes for pureeing meat.</p> <p>On 06/03/13 at 10:00 AM the facility's recipe book was reviewed and revealed a standardized recipe for "Fried Chicken" specified directions for pureeing the entrée that included:</p> <ul style="list-style-type: none"> - Measure desired number of serving into food processor. - Blend until smooth. - Add hot broth if product needs thinning. <p>On 06/05/13 at 9:40 AM additional observations of the kitchen were made that revealed Cook #1 was pureeing meat. She stated that she had previously cooked the pork entrée using the standardized recipe and then needed to puree the meat. She was observed to use a food processor to puree cooked pork. Once the meat was a ground consistency she then added dinner rolls and water to the meat. She was interviewed at this time and stated that she was trained to add bread and water to meat. She was unaware that there were recipes for pureeing meat.</p> <p>On 06/05/13 at 9:50 AM the facility's recipe book was reviewed and revealed a standardized recipe for "Dixie Pork Chop" specified directions for pureeing the entrée that included:</p> <ul style="list-style-type: none"> - Measure desired number of serving into food processor. - Blend until smooth: - Add hot broth if product needs thinning. - Add commercial thickener if the product 	F 364	<p>daily x 5 days per wk for following of recipes utilizing a QI tool with follow up action taken as indicated up on the identification of any concern. The QI nurse/DON/ Administrator will audit 2 x / wk. x 1 month, then 2 x / month, then monthly x 2 for following of recipes to include pureeing food utilizing a QI tool with follow up action taken as appropriate upon the identification of any concern. The audit findings will be reported to the monthly QI committee for identification of potential trends, & development of plans of action and/or the need for continual monitoring.</p>	6-26-13

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F 364	Continued From page 24 needs to be thickened. On 06/05/13 at 3:30 PM the Dietary Manager (DM) was interviewed and stated she was new in her position and still learning the procedures of the kitchen. She stated that she was aware that the cooks added water to puree food and was told that they were trained by the Corporation's Registered Dietitian (RD) to puree food that way. The DM added that she was concerned that adding water to the food would dilute the taste of the food and also make it less nutritional. She was unaware that the facility had recipes with instructions for pureeing food because she was still adjusting to her new role. She stated that she would have expected her cooks to have followed the recipe's instructions for pureeing meat that specified to use hot broth and not water to thin the product.	F 364		
F 367 SS=D	403.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and medical record review the facility failed to provide a prescribed renal diet for 1 of 1 resident receiving a renal diet. (Resident #25) The findings included: Resident #25 was admitted to the facility on 02/22/13 with diagnoses which included diabetes and end stage renal disease.	F 367	F367 Resident #25 was reviewed by the dietitian on 6-24-13	

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F 367	<p>Continued From page 25</p> <p>A Dietary Supplemental Assessment dated 03/21/13 assessed Resident #25's diet order as no salt added, no concentrated sweets and renal.</p> <p>The most recent Quarterly Minimum Data Set (MDS) dated 04/22/13 assessed Resident #25 as being cognitively intact. The MDS further assessed Resident #25 as being on a therapeutic diet.</p> <p>Review of Resident #25's care plan for end stage renal disease updated 04/25/13 revealed she was at risk for complications due to hemodialysis. An intervention listed was Resident #25 would receive her diet as ordered.</p> <p>A dietary note dated 05/28/13 indicated Resident #25 was ordered a renal diet. The dietary note further revealed Resident #25 had requested large portions of vegetables and meat and that she was very knowledgeable about her diet.</p> <p>The daily Menu Guide Report for 06/05/13 was reviewed. Lunch for a resident ordered a liberal renal diet was baked pork chop, seasoned rice with brown gravy, beets, dinner roll, cookies and 2 beverages of choice.</p> <p>An observation on 06/05/13 at 12:29 PM revealed Resident #25 was served pork chop, green peas, rice with gravy, biscuit, and banana pudding.</p> <p>On 06/05/13 at 12:30 PM an interview was conducted with Resident #25. She stated "I can not have banana pudding as it is very high in potassium." Resident #25 indicated she was frequently served foods that were contraindicated</p>	F 367	<p>for the delivery of the diet as ordered by the physician. All residents were reviewed to check for proper diet as ordered is being received with no further issues identified by the dietary manager on 6-25-13. In servicing was done on 6-14-13 for following of diet orders for all dietary employees by the Dietary Manager. The Dietary manager will monitor the receipt of diets as ordered by the physician to include resident #25 5x/wk., then 3x/wk, then wky. x 3 months utilizing a QI tool with follow up action taken upon identification of any potential diet concern. Audit findings will be reviewed by the QI committee for the development of potential</p>		

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F 367	Continued From page 26 for a renal diet. On 06/06/13 at 3:36 PM an interview was conducted with the Dietary Manager (DM). The DM stated Resident #26 should have received beels instead of peas and cookies Instead of the banana pudding. The DM also indicated the resident should have received a dinner roll instead of a biscull because of the added salt. Further more, the DM stated she did not know why Resident #26 was served foods that were not listed for her renal diet.	F 367	trends and development of plans of action and/ or the need for continued monitoring as deemed necessary.
F 371 SS=E	483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facillly must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorillos; and (2) Store, prepare, distribute and serve food under sanitary condllions This REQUIREMENT Is not met as evidenced by: Based on observallons, staff interviews and record review the facillly failed to serve a cold food item below 41 degrees Fahrenheit. The findings Included: The lunch meal service was observed on 06/05/13 at 11:45 AM. The dessert entrée was banana puddng. Observations of the banana puddng revealed that individual portlions had	F 371	6-26-13 F371 Cold deserts are dipped up into individual portlions, covered then stored in the cooler until placed on resident trays by the dietary

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F 371	<p>Continued From page 27</p> <p>been pre-scooped into plastic ramekins stored on a pastry rack that was positioned beside an oven that was in use. The rack containing the individual portions of banana pudding stayed beside the oven during the lunch meal service.</p> <p>Prior to the start of the meal service the Dietary Manager (DM) used a dial thermometer to measure the internal temperature of the food items. The temperature of banana pudding was not observed to be measured and was not recorded on the temperature log. The tray line started at 12:05 PM and banana pudding was served to residents. At 12:25 PM the cook stopped the tray line halfway through to replenish the food items. The cook and DM calibrated the dial thermometer by placing the instrument into an ice slurry measured at 32 degrees Fahrenheit. The DM handed the thermometer to Dietary Aide #1 to measure the internal temperature of the banana pudding. The banana pudding measured 50 degrees Fahrenheit.</p> <p>On 6/5/13 at 12:30 PM Dietary Aide #1 was interviewed and stated that she had measured the temperature of the banana pudding prior to the meal service but forgot to record the reading on the temperature log. She stated that she thought the banana pudding was either 32 or 20 degrees Fahrenheit but couldn't remember. She stated that she was trained to serve cold food items at or below 40 degrees Fahrenheit. The dietary aide reported the temperature of the banana pudding to the DM who instructed the aide to put the banana pudding cups into the refrigerator to bring the temperature down. The dietary aide did not place the banana pudding cups in the refrigerator to chill as instructed by the</p>	F 371	<p>aide. When the line starts they are getting out one tray of desserts at a time and setting them on the other side so it will be away from the oven to maintain proper temperatures. Temperatures are taken before desserts are served. Cold items with a temperature above the proper range of 41 degrees will be discarded and replaced with food items at the proper temperature. In servicing was done on proper food temperatures on 6-14-13 for all dietary staff by the Dietary Manager. The Dietary Manager will do audit utilizing a QI tool 5 days/wk to ensure proper temperatures of cold food items with action taken as necessary upon identification of any potential temperature variance. The results of the temperature audits will be</p>	

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F 371	Continued From page 20 DM. Tray line was restarted by the cook and the banana pudding was served to residents. On 06/06/13 at 3:30 PM the DM was interviewed and reported that cold food was to be served at or below 40 degrees Fahrenheit and added that the banana pudding was made with milk which required refrigeration. The DM stated that the banana pudding should not have been served to residents and that Dietary Aide #1 should have refrigerated the items before continuing with the tray line.	F 371	forwarded to the monthly executive QI meeting for review, follow up action as deemed appropriate and to determine the need and/or frequency of continued QI monitoring.	6-26-13
F 469 SS=E	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain an effective pest control program by removing ants from 1 of 2 dining rooms. The findings included: On 06/05/13 at 12:42 PM ants were observed in the main dining room crawling along a chair rail. At the time of the observation residents were observed in the dining room eating their lunch meal. On 06/05/13 at 3:14 PM ants were observed again in the main dining room crawling along the	F 469	F469 The small ants were sprayed on 6-5-13 with Home Defense spray. On 6-18-13 Terminix came & sprayed every room on Main and Magnolia halls including supply rooms & work rooms. Pest control is scheduled to return on 6-24-13 for follow-up. Housekeeping staff was in serviced on 6-14-13 by staff facilitator on reporting ants, bugs. Rounds are being	

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F 469	<p>Continued From page 29 same chair rail.</p> <p>On 06/05/13 at 4:49 PM an interview with the Administrator was conducted. She reported the pest exterminator had treated and sprayed for ants/bugs several times this spring, however, the ants had continued to be a problem. The Administrator stated the facility had available a home defense insect repellent which had been used to spray for ants/bugs until the exterminator had been notified. The Administrator revealed staff had been made aware to report any observations of ants/bugs on a work order that would be given to maintenance. The Administrator was observed on 06/05/13 at 5:00 PM to use the home defense insect repellent and spray the ants in the dining room.</p> <p>On 06/06/13 at 1:03 PM the Environmental Services Director was interviewed. He stated he had only been at the facility over maintenance and housekeeping since the first part of May, 2013. He reported the facility had a contract with a commercial pest control company and they had come to the facility on 05/21/13 and sprayed the eaves outside the building, around the outside and under the building. He revealed he had told the service contractor that the biggest problem was an infestation of ants in the building. The Environmental Services Director provided the pest control service work order invoice dated 05/21/13. The work order documented treatment had been done around the exterior perimeter of the building and around the mailbox. In addition, the document noted bait had been replaced outside in rodent stations. The Environmental Services Director had assumed the exterminators had come into the facility and sprayed and until</p>	F 469	<p>made by dept. heads twice daily x 2 weeks then per day 3 x per wk x 1 month, then 2 x per wk x 1 month then 1 x per wk x 1 month by the utilizing the QI tool to ensure appropriate pest control. Follow up action taken Immediately upon Identification of any concerns by the Administrative staff. Audit findings will be reported to the executive monthly QI committee for the development of potential trends and development of plans of action and/or the need for continued monitoring.</p>	6-26-13	

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F 469	Continued From page 30 He reviewed this work order revealed they had not come into the facility and sprayed. The Environmental Services Director observed on 06/06/13 at 1:15 PM where the ants had been in the dining room and noted a few ants still alive. He stated he would contact the pest control company. On 06/06/13 at 4:40 PM The tech for the pest control company was interviewed. He stated he had been the tech that had come to the facility on 05/21/13 to spray. The tech stated when he had received the work order ticket he had come to the facility and sprayed outside and not all the way around the entire exterior perimeter. The tech said it had helped to knock some of the ants down but he had not come into the facility and sprayed.	F 469			