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

PRINTED: 01/07/2015 FORM APPROVED OMB NO. 0938-0391

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMF	(X3) DATE SURVEY COMPLETED	
345102		B. WING _	B. WING		C 12/09/2014			
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE	12	103/2014	
MAGGIE	VALLEY NURSING AND F	REHABILITATION			FISHER LOOP AGGIE VALLEY, NC 28751			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI: TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 253 SS=B	The facility must prov	RVICES ride housekeeping and s necessary to maintain a	Fí	253			1/5/15	
	This REQUIREMENT is not met as evidenced by:  Based on observation, record review, and staff interview the facility failed to repair tears in the wall 's plasterboard and repair the baseboard for 1 of 3 resident 's room (Resident # 1).  Findings included:  1. a. On 12/08/14 an observation of Resident # 1 's room at 12:30 PM revealed the 4 walls had torn plasterboard.  An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated "The room had been like that for months."  An interview was conducted on 12/08/14 at 1:00 PM with the Administrator and Director of Nursing. The Administrator stated "We completely do this room almost every three months."  An interview was conducted on 12/09/14 at 7:45 AM with the Maintenance Director. He stated "The last time I painted that room has been probably a year ago."  1. b. On 12/08/14 an observation of Resident # 1 's room at 12:30 PM revealed the baseboards were torn off in over ½ of the room.  An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated "The room had been like that for months."  An interview was conducted on 12/08/14 at 1:00				The plaster in room #219 (resident #1)was repaired and the room and bathroom were repainted with washable paint by the maintenance department of 12/08/14. The plaster and paint was re-evaluated on 12/10/14 to ensure compliance. The baseboards were replaced by the maintenance department on 12/24/14 with Trex material that doe not splinter or peel and they were anchored to the studs in the wall with counter sunk screws to prevent resident #1 from ripping the baseboard off.  Any resident could be affected, therefore resident rooms have been inspected by the Maintenance Director on 12/22 and 12/23/14 for torn plaster, and missing baseboards. No evidence of torn plaster and missing baseboards was found.  Staff were re-educated on the procedur of completing a maintenance work order when evidence of damaged plaster or paint is found by the Staff Development coordinator on December 29, 2014 through January 2, 2014.  The Maintenance Director/Administrator will audit resident rooms each month to will	ent ent es ut re, re er er		
ARODATORY	PM with the Administr	SUPPLIER REPRESENTATIVE'S SIGNATURI			TITLE		(X6) DATE	

12/24/2014 **Electronically Signed** 

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
					С		
		345102	B. WING _		<del></del>	09/2014	
NAME OF PROVIDER OR SUPPLIER  MAGGIE VALLEY NURSING AND REHABILITATION			75	TREET ADDRESS, CITY, STATE, ZIP CODE  FISHER LOOP  AGGIE VALLEY, NC 28751			
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F 253	months. " An interview was con AM with the Maintena	trator stated " We om almost every three ducted on 12/09/14 at 7:45 ance Director. He stated " ne pulls off , we put it back "		ensure no other rooms require the plaster repair or painting. A paint/plaster repair schedule has been implemented and resident rooms that require plaster or paint will be added to the schedule for repairs. Room #219 will be audited 5 x week by Maintenance Director/Administrator to ensure compliance with repairs.  The results of these audits will be taken to the Monthly QAPI Meeting x 3 months for review and recommendations by the Maintenance Director.		1/5/15	
environment rem as is possible; a							
	by: Based on observatio interview the facility fa resident (Resident # 2 unit with sharp edges Findings included: Resident # 1 was adm	1) from an air conditioning and exposed coils.  nitted to the facility on ses of traumatic brain injury, ons.  um Data Set (MDS)			The air conditioning/heat (P-Tac Unit) was removed from room #219. The em space was framed, insulated and dryws installed and repainted from 12/9/14 through 12/24/14 by the Maintenance Staff.  Any resident could be affected, therefor the Maintenance Staff inspected facility P-Tac Units on 12/22/2014 through	re	

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MAGGIE VALLEY NURSING AND REHABILITATION  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 323  Continued From page 2  Resident # 1 was severely cognitively impaired with a functional status of extensive 2 person physical assist for transfers and bed mobility. A review of a care plan dated 10/20/14 revealed a problem identified for Resident # 1 of behaviors of yelling and physically resisting staff during care daily, resident will remain free of injury. Interventions include: Monitor Resident # 1 's surroundings for a safe environment. A review of an accident/incident report dated 10/20/14 revealed Resident # 1 had been holding the cover of the air conditioning unit and and obtained a ½ cut to top of right foot. The investigation revealed he had hit the area injured on the cover of the air conditioning unit, and maintenance had been notified. A review of a maintenance request dated 10/20/14 revealed Resident # 1 took the cover off the air conditioning unit and batined a cut to the foot. Staff requested safety options for the unit. Maintenance remarks were: "Placed cover on unit to cover metal edges (resident keeps removing plastic coverl)."  STREET ADDRESS. CITY, STATE, ZIP CODE 75 FISHER LOOP MAGGIE VALLEY, NC 28751  DPREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH DEPROPRIATE PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH DEPROPRIATE PROVIDER'S PLAN OF CORRECTION (EACH DEPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  12/23/2014. No other P-Tac Units were found to have exposed coils or sharp edges or loose covers.  Staff were re-educated between 12/29/2014 and 13/5/15 by the staff development coordinator regarding the reporting of issues with sharp edges and exposed coils or loose covers on the PTAC units to the maintenance department.  The Maintenance Staff wil			345102	B. WING			1	
MAGGIE VALLEY NURSING AND REHABILITATION   MAGGIE VALLEY, NC 28751					S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	00/2011
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room at 12:30 PM revealed the air conditioner unit had no cover on it, exposing sharp metal edges and exposed coils. An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated "The air conditioning unit has been like that for months." An interview was conducted on 12/08/14 at 12:40 PM with Nurse # 1. The air conditioner unit cover was off and she stated, "that isn't safe and she would report it to maintenance." An interview was conducted on 12/08/14 at 1:00 PM with the Administrator and Director of Nursing. The air conditioner unit was observed and she stated it was not safe.	F 323	Resident # 1 was sew with a functional statu physical assist for tra A review of a care pla problem identified for of yelling and physical daily, resident will rer Interventions include: surroundings for a sa A review of an accide 10/20/14 revealed Ret the cover of the air coobtained a ½ cut to to investigation revealed on the cover of the air maintenance had bee A review of a mainter 10/20/14 revealed Ret the air conditioning un foot. Staff requested Maintenance remarks unit to cover metal expression at 12:30 PM revunit had no cover on edges and exposed of An interview was con PM with Nursing Assistated "The air condition that for months."  An interview was con PM with Nurse # 1. Twas off and she state would report it to mai An interview was con PM with the Administ Nursing. The air conditions.	verely cognitively impaired us of extensive 2 person insfers and bed mobility. In dated 10/20/14 revealed a Resident # 1 of behaviors ally resisting staff during care main free of injury.  Monitor Resident # 1 's affe environment.  Intrincident report dated esident # 1 had been holding onditioning unit and had op of right foot. The difference in the had hit the area injured in conditioning unit, and en notified.  In ance request dated esident # 1 took the cover off init and obtained a cut to the safety options for the unit. Is were: "Placed cover on edges (resident keeps er!)."  Intrivation of Resident # 1 's evealed the air conditioner it, exposing sharp metal coils.  Inducted on 12/08/14 at 12:30 istants #1 and #2. They both ditioning unit has been like aducted on 12/08/14 at 12:40 The air conditioner unit cover ed, "that isn't safe and she intenance."  Inducted on 12/08/14 at 1:00 trator and Director of ditioner unit was observed	F	323	12/23/2014. No other P-Tac Units were found to have exposed coils or sharp edges or loose covers.  Staff were re-educated between 12/29/2014 and 1/5/15 by the staff development coordinator regarding the reporting of issues with sharp edges at exposed coils or loose covers on the PTAC units to the maintenance department.  The Maintenance Staff will audit the Punits each month and record the findin in the TELS System. Any P-Tac Units found to have any sharp edges, exposicoils or loose covers will be repaired at that time.  The audits of the PTAC units will be tall to the QAPI meeting x 3 months by the Maintenance Director for review and	end Tac gs ed t	

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F 323	An interview was co AM with the Mainter air conditioning unit	nducted on 12/09/14 at 7:45 nance Director. He verified the was broken, and revealed cess of taking the air	F3	23			