

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

PRINTED: 07/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALUDA			STREET ADDRESS, CITY, STATE, ZIP CODE 501 ESSEOLA CIRCLE SALUDA, NC 28773		
(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 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility inaccurately assessed Resident #16 bladder incontinence. This was evident in 1 of 5 resident assessments reviewed for incontinence.</p> <p>Findings included:</p>	F 278	Preparation and submission of this plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that	7/10/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/10/2015

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 278	<p>Continued From page 1</p> <p>Resident #16 was admitted to the facility on 1/12/15 with cumulative diagnoses which included hypertension and dementia.</p> <p>Record review of the Minimum, Data Set (MDS) admission assessment dated 1/19/15 revealed Resident #16 was coded being occasionally incontinent of urine (referring to less than 7 episodes of incontinence).</p> <p>Continued record review revealed the quarterly MDS assessment dated 4/8/15 revealed Resident #16 experienced a decline of urinary incontinence and was coded as being frequently incontinent (referring to 7 or more episodes of urinary incontinence, but at least one episode of continent voiding).</p> <p>Interview and record review of the nursing assistant (NA) documentation and nurses' notes of Resident #16 bladder incontinent with the current MDS coordinator was conducted on 6/24/15 at 5:39 PM. The current MDS coordinator indicated Resident #16 was coded inappropriately. Review of the NA documentation and nurses' notes indicated Resident #16 had experienced 9 episodes of urinary incontinence during the period of assessment for 1/19/15. The current MDS coordinator indicated the resident status had not changed and was always frequently incontinent of urine. The previous MDS coordinator who conducted the assessment was no longer employed at the facility. A telephone interview on 6/25/15 at approximately 11 AM with the previous MDS coordinator revealed she could not recall the inaccurate assessment.</p> <p>5</p>	F 278	<p>one was cited correctly. This plan of correction is submitted to meet requirements by the state and federal law.</p> <p>F278: It is the policy of this facility to ensure that all patients are accurately assessed for medical, social, mental, emotional, and physical needs. The facility must conduct, initially and periodically, a comprehensive, accurate, standardized reproducible assessment of each patient's functional capacity. This was achieved for the resident #16 by reviewing the resident's bladder continence status using the continence documentation completed by the nurse aides from January 13-19, 2015 through June 2015. This was completed during the annual survey by the current MDS nurse on June 25, 2015. The MDS dated 1/19/15 was modified to reflect resident frequent urinary incontinence status. Resident #16 successfully completed the rehab stay at the facility and was discharged back to an assisted living facility. The former MDS nurse responsible for coding of the MDS was no longer affiliated with this facility at the time of the annual survey.</p> <p>For other residents with the same potential to be affected by this alleged deficient practice, by achieving the following. A 100% audit of urinary status coding was completed by the MDS nurse and DON to</p>		

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F 278	Continued From page 2	F 278	<p>ensure each resident's current MDS is accurately coded to reflect the resident's urinary continence status. The audit was completed utilizing the resident list generated on the resident census and condition report from data generated from each resident current MDS in the electronic health record, identifying residents with occasional or frequent incontinence.</p> <p>To enhance currently compliant operations and under the supervision of the DON the current MDS nurse was reeducated for Chapter 3, section H coding of urinary status 07/07/17. The MDS nurse was reeducated to monitor the nurse aides documentation for the continence during a look back period, but also refer to nurses narrative notes and verbal interviews with residents and staff during the look back period. Licensed nurses and aides were in serviced for the accuracy of documentation required to code and MDS to reflect the functional needs of each resident. Also the DON reviewed the regulatory interpretive for compliance with F 278 with all Licensed nurses and nurse aides. Completed date for training is 7/10/15.</p> <p>Effective 7/10/15 a quality assurance program was completed under the supervision of the DON to monitor coding of MDS for accuracy. The DON or designated Licensed RN will audit 5 MDS's weekly x 4 weeks for accuracy of coding, then the DON for designated</p>		

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F 278	Continued From page 3	F 278	Licensed RN will audit 3 MDS's weekly x 4 weeks. Any concerns identified will be immediately addressed and corrected on the spot. The MDS nurse is responsible for compliance, monitored by the DON. All concerns identified are documented and presented at the quarterly QA meeting for further review or corrective action.		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to label and date frozen food items when opened. The findings included: During the initial tour of the kitchen on 6/23/15 at 8:40 AM an observation of food items in the walk-in freezer revealed bags of beef steak patties, cauliflower, sweet potato patties, pancakes, and 4 way vegetable mix which had been opened but did not have labels of open dates on them. During an interview with the Dietary Manager on 6/23/15 at 8:47 AM she stated she was not aware the items in the freezer were not dated. She was observed to use a marker to begin dating the</p>	F 371	<p>Preparation and submission of this plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state and federal law.</p> <p>F 371: It is the practice of this facility to store, prepare, serve, and distribute food under</p>	7/10/15	

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F 371	Continued From page 4 outer boxes which contained the opened bags. She stated she knew when the food items were opened based when they were on the menu.	F 371	<p>sanitary condition.</p> <p>The items that were noted to be stored in the freezer on 6/23.15 (beef steak patties, 4 way vegetable blend, pancakes, and sweet potato patties) were stored according to the manufacturer's guidelines, were held within the accepted food storage time frames, and were held at proper temperatures.</p> <p>On 6/23/15 the products were dated for the open date for the date open by the Dietary Manager and the dietary inventory/stock aide, according to the date that they were opened per current menu cycle.</p> <p>No patients were harmed by this alleged deficient practice.</p> <p>Dietary Department in serviced by the Dietary Manager and kitchen supervisor on 6/23/15, to reeducate dietary employees on date labeling of frozen foods. Completed by 7/10/15.</p> <p>Beginning 6/24/15 quality assurance tracking is completed by the Dietary Manager or designee, 2 times per week for 1 month to ensure open cases of frozen foods are properly dated for the date they were opened. QA for date marking on frozen food will then be assigned to dietary inventory/ stock aide for ongoing monitoring.</p> <p>Finding on QA of proper labeling of frozen foods will be reported to the facility at the quarterly scheduled meetings.</p>		