

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

PRINTED: 01/10/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>MADISON HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>345 MANOR ROAD</b> <b>MARS HILL, NC 28754</b>		
(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 000	INITIAL COMMENTS  There were no deficiencies cited as result of this complaint investigation survey of 12/06/18 Event ID# DYEN11.	F 000			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and	F 583		1/3/19	

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

TITLE

(X6) DATE

Electronically Signed

12/26/2018

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 583	<p>Continued From page 1</p> <p>administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews with residents and staff, the facility failed to protect the private health information for 2 of 2 sampled residents (Resident #20 and Resident #295) by leaving confidential medical information unattended and exposed in an area accessible to the public on 1 of 1 medication carts.</p> <p>Findings included:</p> <p>1a. A continuous observation was made on 12/05/18 from 09:30 AM to 09:35 AM of an unattended medication cart (North Hall Medication Cart). Nurse #2 left the Medication Administration Record (MAR) visible on the medication cart computer when he went into Room 109 A. During the observation, the MAR for Room 109 A showed a picture of the resident, her room number, list of medications used for constipation, and diagnoses on the computer screen which was exposed for others to read and not covered up.</p> <p>An interview was conducted on 12/05/18 at 09:35 AM with Resident #20. She confirmed that she just received her medications by the nurse.</p> <p>b. A continuous observation was made on 12/05/18 from 09:52 AM to 09:55 AM of the North Hall Medication Cart. Nurse #2 left the computer screen open on his medication cart when he went into Room 111 to administer medications to Resident #295 and the computer screen revealed a picture of Resident #295 for anyone to view who walked up to the computer screen.</p>	F 583	<p>F583 Personal Privacy/Confidentiality of Records</p> <p>Each resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>The facility will protect the private health information of all residents, including #20 and #29 and will not leave medical information unattended and exposed in an area accessible to the public. Screen covers are now provided and required to protect health information during medication passes. The DON or Designee will inservice all Licensed Nurses and Medication Aides on privacy and requirements for privacy of health information. The inservice was completed on 12/10/18 for all Licensed Nurses and Medication Aides with no staff member working before being inserviced. This inservice will be included in the Nurse/Medication Aide Job Specific Orientation program to ensure that newly hired Nurses and Medication Aides are knowledgeable of procedures. The DON or Designee will audit all medication computers for privacy screens five times per week for four weeks, then three days per week for four weeks then weekly for four weeks. The DON will report progress on monitorings to the QAIP Committee monthly for three months. The QAIP Committee will review effectiveness and make necessary changes.</p> <p>The corrective action of using screen</p>		

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F 583	Continued From page 2  An interview was conducted with the North Hall Unit Manager on 12/05/18 at 10:15 AM. She stated that the medication administration program, Matrix, which was located on all the medication carts did not have a hide option. She further stated the nursing staff were told to minimize the computer screen and should've minimized the screen. She indicated that nursing staff should have placed a paper or board over the screen. She further indicated resident names, room numbers, and medication lists should not be showing on the screen. She revealed there was no harm in showing diagnoses on the screen just as long as resident names were not showing.  An interview was conducted with the Director of Nursing (DON) on 12/05/18 at 10:31 AM. The DON stated the nursing staff could have used the minimize button or scrolled down the computer screen on the medication carts just as long as residents' names were not attached. She further stated it was okay to have room numbers, diagnoses, and list of medications showing on the computer screen of medication carts.  An interview was conducted with Nurse #2 on 12/05/18 at 11:09 AM. He indicated the computer screen on the medication cart should not have shown residents' personal information such as: room numbers, resident pictures, diagnoses, and medications. He further indicated that he knew to minimize the computer screen to remove the resident identifiers and could not explain why he forgot to do so.  An interview was conducted on 12/05/18 at 11:38 AM with the DON. She revealed the nursing staff could have closed the laptop computer on the	F 583	covers on the medication computers will create the corrective action which will resolve the deficient practice which affected the resident and other residents having the potential to be affected by the same deficient practice. The use of screen covers will also create the systemic change which will ensure the deficient practice does not recur. The monitoring of the performance of Nurses and Medication Aides in the use of screen covers over six months will create the system to ensure solutions are sustained.		

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F 583	Continued From page 3 medication cart. She indicated there was no violation of a privacy issue with the computer screens on the medication carts. She further indicated there was probably not a Health Insurance Portability and Accountability Act (HIPAA) violation with residents' names not associated with other identifiers such as residents' pictures, room numbers, diagnoses, and medication lists on the MAR screen. She stated that she was going to in-service the staff at approximately 12:00 PM on 12/05/18 regarding privacy issues of computer screens on the medication carts.  An interview was conducted with the Administrator on 12/05/18 at 11:41 AM. She stated that a resident's name not showing on the MAR of the computer screen would prevent an issue with a HIPPA violation and not a resident's picture, room number, diagnoses, and medication list.	F 583			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) 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, record reviews and staff interviews, the facility failed to provide nail care to 1 of 4 sampled residents who required extensive to total assistance with activities of daily living (Residents #75).  Findings included:	F 677	F677 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 care. Resident #75 received nail care on	1/3/19	

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F 677	Continued From page 4  Resident #75 was admitted on 01/11/18 with diagnoses that included right-sided hemiparesis (weakness on one entire side of the body) and dementia.  The quarterly Minimum Data Set (MDS) dated 10/26/18 indicated Resident #75 had severe impairment in cognition and displayed no rejection of care. Further review of the MDS revealed Resident #75 required limited staff assistance with eating and extensive to total staff assistance with all other Activities of Daily Living (ADL) including personal hygiene.  A review of Resident #75's ADL care plan, initiated on 01/24/18, addressed his need for staff assistance with personal hygiene due to a history of cerebrovascular accident (stroke) with right-sided hemiparesis. It included the goal he would remain clean, dry and odor free through the next review. Interventions included for staff to provide assistance with ongoing hand and nail care.  On 12/04/18 at 9:51 AM Resident #75 was observed lying in bed with his left hand resting on top of the blanket. All 5 of his nails were noted to have a dried, brown substance underneath the free edge and top of each nail.  On 12/05/18 at 8:06 AM Resident #75 was observed lying in bed covered with a blanket. All 5 of his nails on the left hand were noted to have	F 677	12/5/18. Resident #75 now receives nail care before each meal to ensure necessary services to maintain good nutrition grooming and personal hygiene. The Director of Nursing has developed an ongoing monitoring tool to audit all the current resident's nails to ensure proper grooming and hygiene and either the Director of Nursing or her assigned designee will continue to use this auditing tool to ensure nailcare is provided to all residents. The Nurses, Medication Aides and Certified Nursing Assistants have been inserviced by the Director of Nursing regarding the requirement to provide necessary services related to personal grooming, nutrition and oral hygiene. This inservice was completed for all nursing staff on December 10 2018. Nursing staff did not work until they had been inserviced on provision of necessary services. The inservice has been included in the Job Specific Orientation program for Nurses/Medication Aides and Certified Nursing Assistants to ensure newly hired nursing staff will be knowledgeable of the requirements. The Director of Nursing or assigned designee will audit the nail care of ten residents five days per week randomly for four weeks, then ten residents three days per week for four weeks and then ten residents weekly for an additional four weeks to ensure nailcare is being provided as part of proper grooming and hygiene. The DON will report all monitoring findings monthly to the QAIP Committee for review. The QAIP Committee will review results for any necessary changes or further		

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F 677	<p>Continued From page 5</p> <p>a dried, brown substance under the free edge, top and left side of each nail.</p> <p>On 12/05/18 at 8:15 AM Resident #75 was observed sitting up in bed, with his meal tray placed in front of him on the overbed table, feeding himself breakfast using his left hand. Resident #75's fingernails on his left hand were observed with a dried, brown substance under the free edge, top and left side of each nail. Resident #75 was observed dropping his fork on top of one of the food bowls on his tray and then touching the pancakes with his fingers as he attempted to pick up the fork to take a bite to eat.</p> <p>An interview and observation of Resident #75 was conducted with Nurse Aide (NA) #1 on 12/05/18 at 8:15 AM. NA #1 confirmed she delivered Resident #75's breakfast tray and provided set-up assistance which included cleaning his hands with a wet wipe from his personal supply. NA #1 explained Resident #75 often placed his hand in his diaper and she made sure to wipe his hands before he started his meal. NA #1 added she wiped the top and bottom of his left hand but did not clean his nails at that time. NA #1 observed Resident #75's fingernails and confirmed there was a dried, brown substance on top of and underneath his nails. NA #1 agreed the brown matter needed to be removed and immediately obtained a wet wipe to clean his nails. NA #1 was observed using the tip of her fingernail along with the wet wipe to scrape the dried matter from the side of his nails. At one point during the process, Resident #75 yelled out that it hurt but did not attempt to pull his hand away and allowed NA #1 to finish. NA #1 cleaned</p>	F 677	<p>education for the three month period.</p> <p>The corrective action of cleaning the nail of Resident #75 immediately and the Director of Nursing completing an audit of every other resident's fingernails status to ensure proper nailcare to ensure necessary services will resolve the deficient action for the resident found to be affected and those residents having the potential to be affected. The development of a monitoring audit tool by the DON and the inclusion of the inservice in the nursing job specific orientation programs will create the systemic change needed to ensure the deficient practice does not recur and also creates the monitoring tool which with inclusion of results in the monthly Quality Assurance meeting will create the system which will ensure the solutions are sustained.</p>		

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F 677	<p>Continued From page 6</p> <p>the top and sides of each nail but did not clean underneath the free edge of the nails.</p> <p>An interview was conducted with Nurse #1 on 12/05/18 at 8:20 AM. Nurse #1 was unaware Resident #75's fingernails were not cleaned prior to him being served his meal. Nurse #1 explained the NAs were usually very good to ensure a resident's face and hands were clean before serving breakfast and added it was possible the NA "hadn't gotten to him yet this morning."</p> <p>An interview and observation of Resident #75 was conducted with the Director of Nursing (DON) on 12/05/18 at 8:25 AM. The DON was unaware Resident #75 was observed on multiple occasions with a dried, brown substance on and underneath his nails. She stated the facility had a "strict policy" regarding nail care and would expect for a resident's hands and nails to be clean whenever they were served a meal. The DON observed Resident #75's nails on his left hand and agreed there was a dried, black substance underneath each nail that needed to be removed. The DON stated she would talk with staff and have them clean his nails.</p> <p>An interview was conducted with the Administrator on 12/05/18 at 2:15 PM. She was aware of the observations conducted of Resident #75 nails and explained he was often resistive whenever staff attempted to provide care. The Administrator stated that although his nails were not cleaned, she felt the NA made the effort to clean his hands prior to serving his meal. The</p>	F 677			

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F 677	Continued From page 7 Administrator stated it was her expectation for staff to provide nail care as Resident #75 would allow.	F 677			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard 1 of 1 plastic bag containing sliced cheese that was removed from its original packaging, outdated and stored in the walk-in refrigerator available for use. The facility also failed to remove 1 of 1 outdated and unsealed plastic bag containing sliced cheese and 1 of 1 unsealed plastic bag containing parmesan cheese that were both removed from the original packaging and stored in the reach-in refrigerator available for use.	F 812	F812 Food Procurement Store/Prepare/Serve-Sanitary The facility must store, prepare, distribute and serve food in accordance with professional standards for food service safety. The FSM removed and discarded the bag of cheese with the incorrect date and the bag of cheese which was closed inappropriately on 12/3/18. The FSM has audited all refrigerators to ensure all	1/3/19	



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F 812	Continued From page 8  Findings included:  During the initial tour of the kitchen with the Food Service Manager (FSM) on 12/03/18 at 8:36 AM an observation of the walk-in refrigerator revealed a sealed, plastic bag containing sliced cheese that was removed from its original packaging and labeled with the date 09/24/18. The FSM explained opened food items stored in the refrigerator for future use should be labeled with the date the item was opened and discarded after 30 days. The FSM stated he was unsure of the exact date it was opened and discarded the bag of cheese.  During the same tour, an observation of the kitchen reach-in refrigerator revealed one plastic bag containing sliced cheese labeled with the date 09/24/18 and one plastic bag containing parmesan cheese labeled with the date 11/01/18. Both cheese products were removed from the original packaging and stored in plastic bags that were unsealed and exposing the product to air and cross contamination. The FSM stated he felt the bag of sliced cheese was labeled with the incorrect date of when it was opened and added both bags should have been stored tightly sealed. The FSM removed and discarded both bags of cheese.  A follow-up interview was conducted with the FSM on 12/05/18 at 12:00 PM who confirmed the bags of cheese were all available for use during meal preparation. The FSM stated he personally	F 812	wrongly dated and incorrectly sealed foods had been removed on that date also. The FSM will inservice all dietary staff on proper food storage and proper procedures for labeling/dating food items by Jan 3 2019 and will include this inservice in the Job Specific Dietary Orientation program. The FSM or Designee will audit all refrigerators for proper food storage and labeling five times per week for four weeks, then three days per week for four weeks and then once per week for four weeks to ensure staff are following required procedures for labeling and storage. The FSM will submit monitoring findings to the monthly QAIP Committee meeting for the three months. The QAIP Committee will review findings and make recommendations if changes are needed.  The discarding of the cheeses on 12/3/18 and the checking of all other refrigerators in the facility to ensure none had inappropriately labeled or inappropriately sealed food items resolved the deficient practice for the resident affected and the residents having the potential to be affected. The inclusion of the inservice regarding labeling and resealing procedures in the dietary job specific orientation program and the FSM's development of the monitoring tool created the systemic change to ensure the deficient practice does not recur and to ensure the solutions are sustained.		

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F 812	Continued From page 9 stocked the walk-in refrigerator on 11/30/18 and did not notice the bag of sliced cheese dated 09/24/18. He was unable to explain why the 2 bags of cheese were left unsealed in the reach-in refrigerator and stated he would have expected for dietary staff to ensure the bags were sealed prior to placing the items in the refrigerator. He further stated it was his expectation for dietary staff to label all opened food items with the correct date and discard when expired.  An interview with the Administrator on 12/05/18 at 2:15 PM revealed it was her expectation that all food items available for resident use were dated and stored according to facility policy and discarded when expired.	F 812			