

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2019
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA HEALTH PARK ROAD DENTON, NC 27239	
(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
E 000	Initial Comments The facility was found to be in compliance with 42 C.F.R. 483.73 Emergency Preparedness. Event ID 8HB511	E 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to assess a resident for self-administration of medication for 1 of 1 resident (Resident #154) reviewed for self-administration of medication. Findings included: Review of facility policies entitled "Self-Administration of Medication" and "Medication for Bedside Use" read in part: "Any resident who desires that they self-medicate will have the appropriate assessment form completed. If any resident self-medicates, this shall be included in the care plan. The interdisciplinary team shall be responsible for the assessment and compliance of any self-medicating resident. The facility shall complete a general assessment per request if resident desires for self-administering medications." "Any medication dispensed to a patient for bedside use will bear all proper labeling as described in previous policy. In addition, the doctor will indicate in the orders that his	F 554	F 554 1. On 7/24/2019 at 4:46 PM Medications (Latanoprost 0.005% ophthalmic solution, a bottle of artificial tears, and a 100-gram tube of Diclofenac Sodium) were immediately removed from Resident #154 room by the Director of Nursing and placed in locked medication storage until the resident representative retrieved them. At this same time Director of nursing interviewed Resident # 154 regarding her desire for self-administration of her medication and Resident # 154 respectfully declined. 2. Audit completed by Director of Nursing and Staff Development Coordinator on 7/24/2019 of all resident rooms to insure there were no unsecured medications. At this same time, residents that were cognitively intact with BIMS of 13-15 were interviewed regarding their desire to self-administer medication.	8/16/19

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

TITLE

(X6) DATE

Electronically Signed

08/02/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2019
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA HEALTH PARK ROAD DENTON, NC 27239		
(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 554	<p>Continued From page 1</p> <p>medication is for bedside use. "The label provided for this medication will state "May be kept at bedside." Any medication found in patient's room with this label will be removed. The medication will only be allowed if the self-medication for is completed the interdisciplinary team so indicates. The patient will have means for the bedside medications to be locked for security purposes. The patient will be taught proper administration and documentation if bedside meds are ordered and allowed."</p> <p>Resident # 154 was admitted to the facility on 7/12/19 with diagnoses that included hypertension, osteoarthritis, and generalized muscle weakness.</p> <p>A review of the resident's most recent comprehensive MDS dated 7/19/19, and coded as an admission assessment, revealed the facility assessed the resident as having moderately impaired cognition.</p> <p>A review of the resident's baseline care plan dated 7/12/19 revealed there was no care plan in place for resident to self-administer her medications.</p> <p>A review of Resident #154's Medication Administration Record and her Physician's Orders for the month of July 2019 revealed no orders to self-administer her own medications.</p> <p>On 07/24/19 at 04:39 PM, Nurse #1 was observed administering medication to resident #154. During the observation, it was noted that there was a bottle of Latanoprost .005% ophthalmic solution, a bottle of artificial tears in a</p>	F 554	<p>3. Updated our facility admission packet to include in writing the facility policy and procedure for medication storage and self-administration.</p> <p>Current residents and resident representatives will receive a letter via mail by 8/16/2019 informing them of the facility's policy and procedure for medication storage and self-administration .</p> <p>Staff education by Director of Nursing and/or Staff Development Coordinator began on 7/24/2019 with completion date of 8/9/19 related to the policy and procedure for medication storage and self-administration of medication. All new employees will receive education on the facility policy and procedure for medication storage and self-administration of medication as part of the orientation process.</p> <p>4. The Director of Nursing or Staff Development Coordinator will complete audits weekly for 4 weeks and monthly for 2 months to insure resident rooms are free from unsecured medication and will interview cognitively intact residents with BIMS of 13-15 about their desire to self-administer medications. The results of these audits will be submitted to the QAPI Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months.</p> <p>5. Date of corrective action will be</p>		

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2019
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VISTA HEALTH PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 106 MOUNTAIN VISTA HEALTH PARK ROAD DENTON, NC 27239		
(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 554	<p>Continued From page 2</p> <p>cup and a 100-gram tube of Diclofenac Sodium 1% topical gel sitting on top of the bedside table.</p> <p>Immediately after the observation an interview was conducted with Nurse #1. During the interview she stated the medications that were in the room were used at home and brought in by the family. She further stated the resident's family was coming to pick up the medications.</p> <p>An interview was conducted with the Director of Nursing (DON) on 07/24/19 at 04:46 PM. She stated that families are told that all medications are to be given to the nurse. She further stated that the home medications are to be put up on the medication cart and sent back. The DON stated that she felt the family member had brought in the medications for the nurse to follow up with physician. The DON immediately went to the resident's room and removed the medications.</p>	F 554	completed 8/16/2019		