STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. BUILDING _____ B. WING _____	C 09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKY MOUNTAIN HEALTH AND REHABILITATION CENTER	1349 CRABTREE ROAD WAYNESVILLE, NC 28785

(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 An unannounced recertification and complaint investigation survey was conducted on 09/25/23 through 09/28/23. the facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# EXFJ11.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted from 09/25/23 through 09/28/23. Event ID# EXFJ11. The following intake was investigated: NC00198220. None of the 6 complaint allegations resulted in deficiency.	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.	F 583		10/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/18/2023

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F 583	Continued From page 1 §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 administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to maintain a resident's privacy by checking her fingerstick blood glucose in the dining room in the presence of other residents and a visitor for 1 of 1 resident (Resident #17). The reasonable person concept was applied to this deficiency and a reasonable person would expect privacy when their fingerstick blood sugar was checked. Findings included: Resident #17 was admitted to the facility 03/06/18 with diagnoses including diabetes and non-Alzheimer's dementia. Review of Resident #17's Physician orders revealed an order dated 07/06/23 to check her blood sugar three times a day and as needed. The quarterly Minimum Data Set (MDS) dated 08/28/23 revealed Resident #17 was severely cognitively impaired. An observation of Resident #17 on 09/26/23 at	F 583	Smoky Mountain Health and Rehabilitation Center 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 provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Smoky Mountain Health and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Smoky Mountain Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.	

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F 583	Continued From page 2 12:26 PM revealed she was sitting in the dining room eating lunch. Three other residents were observed sitting at the table with Resident #17 and were also eating lunch. Nurse #1 approached Resident #17 and checked her fingerstick blood glucose at the dining table. Nurse #1 did not offer to move Resident #17 to a private location. Four additional residents and a visitor were present in the dining room when Nurse #1 checked Resident #17's fingerstick blood glucose. In an interview with Nurse #1 on 09/26/23 at 12:45 PM she confirmed that she should have assisted Resident #17 to private location to check her fingerstick blood glucose. She explained that at the facility where she was previously employed residents' fingerstick blood glucose were routinely checked in the dining room, and she checked Resident #17's fingerstick blood glucose in the dining room while she was eating out of habit. An interview with the Director of Nursing (DON) on 09/28/23 at 3:37 PM revealed she expected that any resident should have their fingerstick blood glucose checked in a private area unless the resident requested otherwise.	F 583	1. Protection for Resident # 17 was provided by re-educating Nurse #1 on the expectations of obtaining blood sugar checks in the dining room. This education was conducted by the Director of Nursing on 9/26/23. 2. All residents have the potential to be affected therefore this education was provided on the expectations of obtaining blood sugars in the dining room area to all licensed nurses and medication aides by the Director of Nursing/Staff Development Coordinator on 9/26/23. All new hires and contract/agency employees who are licensed nurses will receive this education during orientation or prior to the start of their shift. 3. Administrator and Director of Nursing implemented a □Privacy Reminder□ that will remind the nurses and Medication Aides about providing privacy when checking Blood Glucose levels. This will be kept in each individual blood glucose holder in the medication carts. All Privacy Reminders were placed in medication carts with each blood glucose machine on 10/18/23. Placement was verified by the Director of Nursing on 10/18/23 as well. Facility Nurses/Medication Aides to include contract/agency licensed nursing personnel were educated on 10/18/2023 regarding the □Privacy Reminder□ and its location by the Director of Nursing or the Staff Development Coordinator. All newly hired staff and contract/agency staff will be trained by the Director of Nursing or the Staff Development Coordinator on the new facility procedure during orientation or prior to their first shift.	

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F 583	Continued From page 3	F 583	4. Audit of □Privacy Observation Tool□ will be completed by Director of Nursing or Assistant Director of Nursing, weekly for 4 weeks. Results of audit will be shared with the Quality Assurance Performance Improvement (QAPI) members for the next quarter or until a time determined by the QAPI members for sustained compliance. The Administrator is responsible for the plan of correction and for sustained compliance. 5. Date of Correction: 10/22/2023	
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 record review, observations, and interviews with staff, the facility failed to ensure personal and oral hygiene was provided for a resident dependent on staff to trim and clean visibly dirty fingernails and brush and clean visibly dirty dentures for 1 of 2 residents reviewed for activities of daily living (Resident #35). Findings included: Resident #35 was admitted to the facility on 05/27/23 with diagnoses including dementia, Alzheimer's disease, and cerebrovascular accident (stroke). The quarterly Minimum Data Set (MDS) assessment dated 09/08/23 indicated Resident	F 677	Smoky Mountain Health and Rehabilitation Center 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 provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Smoky Mountain Health and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate.	10/22/23

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F 677	Continued From page 4 #35 cognition was significantly impaired and extensive assistance was needed for personal hygiene. The MDS assessment did not identify Resident #35 had rejection of care behaviors during the lookback period. Resident #35's care plan for activities of daily living (ADL) and personal care revised on 09/25/23 read in part, "Care would be completed with staff support as appropriate to maintain or achieve the highest practical level of functioning." Interventions included provide limited to extensive assistance. a. A continuous observation on 09/25/23 from 12:37 PM to 1:05 PM revealed Resident #35 eating lunch in his room while in bed without assistance from staff. Resident #35 used silverware to eat food from the plate and used his right hand to pick up a piece of bread and take a bite. The middle and ring fingernails on the right hand had a buildup of a thick, dark-colored substance underneath the nails that started at the tip of the finger to approximately the middle part of the nail. The fingernails were approximately 1 centimeter (cm) past the tip of the finger. An observation made on 09/25/23 at 4:06 PM revealed Resident #35's meal tray was removed from the overbed table and there was no change in the appearance of the fingernails on the right hand. The index, middle and ring finger on the left hand were approximately 1 cm past the tip of the finger and a thick dark-colored substance was observed underneath the nails. The buildup started at the tip of the finger to approximately the middle part of the nail. During the observation Resident #35 used the tips of his fingers on the left hand to rub his left eye.	F 677	Further, Smoky Mountain Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1. Nail care and denture cleaning was provided to resident #35 on 09/25/23 by NA #1 and the Director of Nursing in order to provide immediate protection for the resident. An audit of all residents was conducted by the Assistant Director of Nursing on 09/27/23 of all residents to observe for any grooming or oral hygiene concerns. Any issues were corrected immediately. 2. All residents have the potential to be affected therefore, re-education of the Oral Hygiene, Nails and Care policy was provided to NA#1 and NA#2 by the Director of Nursing on 9/25/23. All other Certified Nursing Assistants received this education on 10/18/2023 by the Director of Nursing as well. 3. The Administrator and Director of Nursing implemented a Daily ADL Care Card on 10/18/23 to provide reminders to Certified Nursing Assistants of the day-to-day care to provide to the residents. Certified Nursing Assistants were educated on the above card on 10/18/23 by the Director of Nursing. All newly hired staff to include contract/agency staff will be educated during orientation or prior to the start of their first shift. 4. Audit of the Grooming/Oral Hygiene	

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F 677	Continued From page 5 An observation and interview were conducted on 09/25/23 at 4:27 PM with the Director of Nursing (DON). The DON observed Resident #35's fingernails on both the left and right hand with the thick, dark-colored substance underneath the nails. The DON stated she would expect nursing staff to offer nail care when the resident's nails are visibly dirty and before Resident #35 started to eat the lunch meal. The DON asked Resident #35, who agreed to allow Nurse Aide (NA) #1 to trim and clean his fingernails. An interview was conducted on 09/26/23 at 2:36 PM with NA #1. NA #1 confirmed she worked the day shift and was assigned to provide personal hygiene care for Resident #35 on 09/25/23. NA #1 stated she did not notice Resident #35's fingernails were dirty prior to the lunch meal and did not provide nail care. NA #1 revealed the DON instructed her to provide nail care and she was able to clean and cut Resident #35's fingernails and he did not reject the care. During an interview on 09/28/23 at 3:55 PM the Administrator stated nursing staff followed the facility's protocol and policy for nail care and if the resident was accepting of the care it was provided. b. Resident #35's care plan for oral hygiene revised on 09/26/23 revealed a care deficit with teeth and the oral cavity related to poor fitting dentures and included the intervention to refer for dental services for lost or damaged dentures. During an observation on 09/26/23 at 4:31 PM Resident #35 willingly showed his upper and lower dentures. Both the upper and lower	F 677	Observation Tool will be completed by the Director of Nursing or the Assistant Director of Nursing weekly for 4 weeks. Results of the audit will be shared with the Quality Assurance Performance Improvement (QAPI) members for the next quarter or until a time determined by the QAPI members for sustained compliance. The Administrator is responsible for the plan of correction and for sustained compliance. 5. Date of Correction: 10/22/2023	

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F 677	Continued From page 6	F 677		

dentures appeared unclean with a buildup of debris that was white in color and affected multiple teeth and areas on the gums.

An observation and interview were conducted on 09/27/23 at 12:06 PM with the DON. There was no change in the appearance of Resident #35's upper and lower dentures and both continued to have a buildup of white colored debris. The DON asked Resident #35 if she could clean his dentures and instructed him to remove them from his mouth and put them on the napkin she held in her hand. Resident #35 followed the instructions and removed both the upper and lower dentures and gave them to the DON. The DON cleaned the dentures and applied a denture adhesive then placed them back into Resident #35's mouth. Resident #35 accepted the care and was able to follow cues from the DON without refusal. The DON stated denture/oral hygiene care was done in the morning and at night and Resident #35 would refuse care at times and would need to ask the assigned NA if denture care was provided on 09/26/23 and 09/27/23.

An interview was conducted on 09/27/23 at 4:11 PM with NA #1. NA #1 revealed she was also assigned to provide care for Resident #35 the morning of 09/26/23. NA #1 stated she offered denture care but Resident #35 refused and residents have the right to refuse care and she was unsure what to do if they did.

An interview was conducted on 09/27/23 at 12:15 PM with NA #1. NA #1 revealed she was assigned to provide care for Resident #35 on the morning of 09/27/23. NA #1 stated she did not get Resident #35 out of bed, and she did not provide his denture/oral hygiene care. NA #1

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F 677	Continued From page 7 revealed she did not provide denture care because Resident #35 was already out of bed and dressed and she assumed the NA who dressed him also provided denture/oral hygiene care. An interview was conducted on 09/27/23 at 12:27 PM with NA #2. NA #2 stated she was instructed to obtain Resident #35's weight and got him out of bed and dressed on the morning of 09/27/23. NA #2 stated she did not provide Resident #35's denture/oral hygiene care. An interview was conducted on 09/28/23 at 3:44 PM with the DON. The DON revealed oral care was provided in the morning before breakfast and she expected NA staff to offer and provide denture/oral hygiene care. The DON revealed it was a misunderstanding when NA #2 got Resident #35 out of bed and dressed to be weighed and NA #1 assumed denture/oral hygiene care was done. The DON stated NA #1 did not check to ensure Resident #35 received denture/oral hygiene care the morning of 09/27/23 and should have. During an interview on 09/28/23 at 3:55 PM the Administrator revealed the nursing staff followed the facility's protocol and policy for denture/oral hygiene care and if the resident was accepting of the care it was provided.	F 677		
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of	F 803		10/22/23

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F 803	Continued From page 8 residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on a lunch meal tray line observation, record review, and staff interviews the facility failed to serve cod in a three-ounce portion per the menu. This failure had the potential to affect 15 residents with orders for mechanical soft diet texture. Findings included: The menu for the lunch meal on 09/26/23 for residents receiving a mechanical soft diet was 3 ounces of baked cod, a half cup of au gratin potatoes, a half cup of green peas, and a dinner roll.	F 803	Smoky Mountain Health and Rehabilitation Center 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 provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Smoky Mountain Health and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of	

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F 803	Continued From page 9 A continuous observation of the lunch meal tray line on 09/26/23 from 12:00 PM through 12:15 PM revealed Cook #1 began plating food and used a number 16 scoop (contained 2-2.25 ounces) to plate cod for residents receiving a mechanical soft diet. Cook #1 was observed giving a level scoop of cod using the number 16 scoop. During the observation Cook #1 dropped the number 16 scoop into an open area on the steam table and retrieved a number 8 scoop (contained 4-5 ounces) from a drawer close to the steam table and continued plating the cod for residents receiving a mechanical soft diet texture. Cook #1 did not use a consistent and level scoop when plating the cod using the number 8 scoop. An interview with the Certified Dietary Manager (CDM) on 09/26/23 at 12:15 PM revealed the menu spreadsheet indicated which utensil was to be used to provide the correct portion size for each item served. She stated a number 8 scoop should have been used to serve fish to residents receiving a mechanical soft diet texture. During a follow-up interview with the CDM on 09/26/23 at 2:43 PM she confirmed the cook or the person plating the food was responsible for ensuring the correct utensil was used to serve the correct portion size. She stated Cook #1 was nervous and she felt that contributed to him using the incorrectly sized serving scoop. In an interview with Cook #1 on 09/26/23 at 2:48 PM he stated the menu indicated which serving utensil was to be used to provide the correct portion size for each item served, but because residents who received a regular diet were receiving a 3-ounce portion of cod, he used a number 16 scoop because that was the closest	F 803	Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Smoky Mountain Health and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1. Immediate protection was provided to the Residents that were served the incorrect portion size on 09/26/23 by the Dietary Manager and the Dietary Consultant by adding additional portions to the resident□s trays. Re-education of the Resident Meal Service and Production Control policy including but not limited to portion control sizing, menu extensions, scoop sizes/colors, and how to correct portion sizes was provided to the Dietary Cook by the Dietary Manager on 9/26/2023. 2. All residents have the potential to be affected therefore, education was conducted by the Dietary Manager to Dietary Staff on the Resident Meal Service and Production Control policy including but not limited to portion control sizing, menu extensions, scoop sizes/colors, and how to correct portion sizes on 09/26/23. 3. The Administrator and the Dietary Manager implemented a guide to assist Dietary Staff to better read and understand extension menu, scoop size and portion sizes on 10/18/23. Education was provided on this guide to the Dietary Cooks on 10/18/23 by the Dietary	

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F 803	Continued From page 10 scoop to 3-ounces he had available. Cook #1 stated after he dropped the number 16 scoop in the steam table, the number 8 scoop was the closest scoop available to him without stopping the tray line and per the menu he should have been using the number 8 scoop anyway. Review of the menu for the lunch meal on 09/26/23 at 3:56 PM revealed an "X" in the column for the portion size of cod for residents receiving a mechanical soft diet. An interview with the Regional Dietary Consultant on 09/28/23 at 3:57 PM revealed the "X" on the menu in the column indicating portion size for cod for residents receiving a mechanical soft diet meant they were to receive the same portion size of cod as residents receiving a regular diet. He stated residents receiving a mechanical soft diet for the lunch meal on 09/26/23 should have received a 3-ounce portion of cod and confirmed residents did not receive the correct portion size. An interview with the Administrator on 09/28/23 at 3:34 PM revealed she expected dietary staff to follow the menu and for residents to receive the correct portion size.	F 803	Manager. All newly hired staff or contract/agency staff will be educated during orientation or prior to working their first shift. 4. Audits of the Food Service Observation Tool will be completed by Dietary Manager or Director of Nursing weekly for 4 weeks. Results of audit will be shared with the Quality Assurance Performance Improvement (QAPI) members for the next quarter or until a time determined by the QAPI members for sustained compliance. The Dietary Manager is responsible for the Plan of Correction and the Administrator is responsible for sustained compliance. 5. Date of Correction: 10/22/2023	