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

PRINTED: 11/08/2011 FORM APPROVED

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stroke demei 10/08/ and ex care, 10/08/ falls ar severe awarer docum extensi	ing a resident unatter ing a resident unatter ine (1) of three (3) sident #1). Indings are: dent #1 was admitter incoses including oster with left hemipleging entia. The latest Min indicated severe extensive staff assist A Care Area Asses /11 specified Resider indicated severe indicated resider in the CAA in incoses. Care plan contented in the CAA in sive assistance for alleasing seatbelt (NR	d to the facility with opporosis, history of a (paralysis), and imum Data Set dated ely impaired cognition ance required for all sment (CAA) dated ent #1 had a history of at risk for falls due to id lack of safety insiderations icluded two (2) person ill care and a non		admission or agree provider of the tru alleged or conclusi statement of defici	ement by the of the facts ions set forth in the iencies. The plan of ore and or executed required by the ral and State law. The for 323: 11-2-11 in the iencies are assigned immediately our and 5 day report in the residence of the restraints have the restraints ha	

Any deficiency statement enting 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

FORM CMS-2567(02-99) Provious Versique Objete 8 2011

Facility ID: 923046

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

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F 323 Continued From page 1 Resident #1 was at risk for falls and injuries related to diagnoses of dementia with poor safety awareness, osteoporosis, and left hemiplegia. Care plan goals stated Resident #1 would be free from complications/injury related to falls or decreased mobility. Interventions included a NRSB while in wheelchair. A review of a Resident Care Flowsheet (nursing assistant care guide) dated 10/31/11 revealed F 323 C. Staff was re-educated on the policy and procedure of providing appropriate supervision for residents with restraints during unrestrained periods, Post-tests were given after reeducation to ensure understanding. This education and post-tests will be given to nursing staff during orientation. Quality Assurance Rounds are being made by the Administrator,	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MOUNTAIN TRACE REHABILITATION & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE		345302 B. WNG		11/				
F 323 Continued From page 1 Resident #1 was at risk for falls and injuries related to diagnoses of dementia with poor safety awareness, osteoporosis, and left hemiplegia. Care plan goals stated Resident #1 would be free from complications/injury related to falls or decreased mobility. Interventions included a NRSB while in wheelchair. A review of a Resident Care Flowsheel (nursing assistant care guide) dated 10/31/11 revealed F 323 Continued From page 1 Resident #1 was at risk for falls and injuries related to diagnoses of dementia with poor safety and procedure of providing appropriate supervision for residents with restraints during unrestrained periods, Post-tests were given after reeducation to ensure understanding. This education and post-tests will be given to nursing staff during orientation. Quality Assurance Rounds are being made by the Administrator,				SYREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD				
Resident #1 was at risk for falls and injuries related to diagnoses of dementia with poor safety awareness, osteoporosis, and left hemiplegia. Care plan goals stated Resident #1 would be free from complications/injury related to falls or decreased mobility. Interventions included a NRSB while in wheelchair. A review of a Resident Care Flowsheet (nursing assistant care guide) dated 10/31/11 revealed and procedure of providing appropriate supervision for residents with restraints during unrestrained periods, Post-tests were given after re- education to ensure understanding. This education and post-tests will be given to nursing staff during orientation. Quality Assurance Rounds are being made by the Administrator,	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
Resident #1 required a NRSB when up in wheelchair. A review of a documented in-service provided for nursing assistants and dated October 2011 revealed instructions for nursing assistants and dated October 2011 revealed instructions for nursing assistants and dated October 2011 revealed instructions for nursing assistants not to leave residents who required any seatbelt unattended when the seatbelt was not in use. The in-service documentation also included use of Resident Care Flowsheets. Nursing Assistant (NA) #1's signature was observed documented designalling attendance at the in-service. An observation on 11/01/11 at 9:13 AM revealed Resident #1 was silling in a shower chair located in the bathroom while gathering clothing around the resident's room. An interview with NA #1 on 11/01/11 at 9:24 AM revealed Resident #1 was not secured by a seatbelt in the shower chair. NA #1 explained the resident's room. NA #1 stated she did leave Resident #1 momentarily while she obtained clothing in the resident's room. NA #1 stated Resident #1 only leans forward in the wheelchair in an effort to		Resident #1 was at rist related to diagnoses of awareness, osteopord Care plan goals stated from complications/inj decreased mobility. In NRSB while in wheeld A review of a Resident assistant care guide) of Resident #1 required awheelchair. A review of a document for a document in gassistants and revealed instructions for leave residents who resunattended when the street in-service document of Resident Care Flow (NA) #1's signature was designating attendance. An observation on 11/6 Resident #1 was sitting in the bathroom while gain resident 's room. An interview with NA # revealed Resident #1 vesetbelt in the shower resident did require a Na wheelchair. NA #1 states #1 momentarily while s resident's room. NA #1	sk for falls and injuries of dementia with poor safety bels, and left hemiplegia. d Resident #1 would be free ury related to falls or interventions included a shair. It Care Flowsheet (nursing dated 10/31/11 revealed a NRSB when up in Inted in-service provided for I dated October 2011 or nursing assistants not to equired any sealbelt seatbelt was not in use. Intellight was not in use, sheets. Nursing Assistant as observed documented at the in-service. In a shower chair located dident #1's room. NA #1 the resident unattended in thering clothing around the I on 11/01/11 at 9:24 AM was not secured by a chair. NA #1 explained the IRSB when in the ted she did leave Resident the obtained clothing in the I stated Resident #1 only	F	323	and procedure of providing appropriate supervision for resident with restraints during unrestrained periods. Post-tests were given after education to ensure understanding. This education and post-tests will be given to nursing staff during orientation. Quality Assurance Rour are being made by the Administrato the Director of Nursing, the Assistan Director of Nursing, the RN Unit Managers, the treatment nurse, an MDS Coordinator, the week-end Certified Nurses Aide Supervisor whe a licensed practical nurse, and the Registered Nurse Week-end Supervisor, every shift for 7 days, the daily random monitoring for 14 days then 3 times weekly for 2 months, the weekly thereafter. D. The Director of Nursing or Assistant Director of Nursing will present the results of the monitoring tool to the Quality Assurance Committee month for 3 months, then quarterly thereat to determine the need for additional approach in the results of the need for additional to the content of the content of the need for additional to the need for add	s re- ends r, t o is en s, hen	

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER FOR PRESS SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 417 MOUNTAIN TRACE REHABILITATION & NURSING CENTER FOR PRESS SURVAY, NC 28779 PROPERTY PLANT CONFIDENCES PRESS SUVA, NC 28779 PROPERTY PLANT CONFIDENCE PRESS SUVA, NC 28779 PROPERTY PLANT CONFIDENCE PRESS SUVA, NC 28779 PROPERTY PLANT CONFIDENCES PRESS PROPERTY PLANT CONFIDENCE PRESS SUVA, NC 28779 PROPERTY PLANT CONFIDENCES PRESS PRE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MŲLTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MOUNTAIN TRACE REHABILITATION & NURSING CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 2 untle shoes. She stated the resident did not lean forward in the shower chair. An interview with the Administrator, Director of Nursing (DON) and the Consulting Nurse on 11/01/11 at 1:45 PM revealed their expectation was for nursing assistants to follow the plan of care. The DON stated the nursing assistants were recently in-service education reminded nursing assistants not to leave residents who required safety			245202		<u> </u>		
MOUNTAIN TRACE REHABILITATION & NURSING CENTER 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779 (X4) ID PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 2 unlle shoes. She stated the resident did not lean forward in the shower chair. An interview with the Administrator, Director of Nursing (DON) and the Consulting Nurse on 11/D1/11 at 1:45 PM revealed their expectation was for nursing assistants to follow the plan of care. The DON stated the nursing assistants were recently in-serviced. She added the in-service education reminded nursing assistants not to leave residents who required safety	NAME OF PR	ROVIDER OR SUPPLIER	340302	STE	REET ADDRESS CITY STATE 7/P CO		/01/2011
F 323 Continued From page 2 untle shoes. She stated the resident did not lean forward in the shower chair. An interview with the Administrator, Director of Nursing (DON) and the Consulling Nurse on 11/01/11 at 1:45 PM revealed their expectation was for nursing assistants to follow the plan of care. The DON stated the nursing assistants were recently in-serviced. She added the inservice education reminded nursing assistants not to leave residents who required safety	MOUNTAI	N TRACE REHABILITAT	ION & NURSING CENTER	4	117 MOUNTAIN TRACE ROAD		
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	F 323	untle shoes. She state forward in the shower An interview with the Nursing (DON) and the 11/01/11 at 1:45 PM representation was for nursing assist care. The DON states were recently in-service education report to leave residents	ed the resident did not lean chair. Administrator, Director of the Consulting Nurse on everaled their expectation ands to follow the plan of the nursing assistants ced. She added the eminded nursing assistants who required safety	F 323			