#### **AMENDED**

PRINTED: 01/03/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL	.DIN			С
		345437	B. WIN	G_			5/2011
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
HIGHLAN	DS CASHIERS HOSPITA	LIN	5	1	90 HOSPITAL DR		
				ł	IIGHLANDS, NC 28741		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETION DATE
					DEFICIENCY)		
					Highlands Cashiers Hospital, Inc. respon	se to this	
F 000	INITIAL COMMENTS		F	000	report of survey does not denote agreer		
					the statement of deficiencies; nor does		
	No deficiencies cited	as a result of complaint			an admission that any stated deficiency We are filing the POC because it is requi		1
		71812. Event ID #2FJ111.				ica by law.	
F 226	일일하는 경기에 가지 않는데 얼마나 하는데 가지 않는데 되었다면 되었다. 나는데 아이		F:	226	• F 226		1/12/2012
SS=C	ABUSE/NEGLECT, E	TC POLICIES			Corrective Actions(s) that will be accomp		
	Th - f104	l			those residents found to have been affe deficient practice:	cted by the	
	policies and procedure	lop and implement written			An audit was conducted and no resident	s were	
		, and abuse of residents			found to be affected by the deficient pra		
	and misappropriation						
					How corrective action will be accomplish		
					those residents having potential to be af the same deficient practice.	rected by	
	This REQUIREMENT	is not met as evidenced			The Abuse Policy has been updated to in	clude how	
	by:				the facility identifies, prevents, and inve-		
		cy review and staff interview,			allegations of abuse, neglect, and misap		ŀ
	the facility failed to inc				of property. The Abuse Policy has also be amended to include how the facility pro		
	components in the abi	use policy.			residents if the alleged abuse, neglect, o		
	The findings are:				misappropriation was allegedly inflicted		
	The infullys are.				non-employee. All staff in patient care a		
	The facility's policy "Al	ouse (Suspected) of			received training on changes to the Abus	e Policy.	
		st revised January 2011 did			Systemic changes to ensure the deficient	practice	
	not include how the fa	cility would identify, prevent,			will not occur:	practice	
1		tions of abuse, neglect and			The Abuse Policy will be reviewed quarte		
		operty. In addition, the			updates or changes and revised as indica	ted.	
	policy did not include h	(5)			How facility plans to implement the corre	activo	
	misappropriation was	alleged abuse, neglect or			action and evaluate for it's effectiveness		
1	nonemployee (i.e. visit				The updated and amended policy will be	the basis	
	noncinployee (i.e. visii	omanny).			for annual mandatory employee abuse e		
	During interview with t	he Director of Nursing on			The updated policy will also be reviewed newly hired employees during "New Employees during".		
		she stated she had no			Orientation." The Living Center Social W		
	additional policies which	ch included these missing			responsible for scheduling and teaching a		
1	policy pieces. She wa				mandatory abuse classes. The Living Cen	ter Social	
	describe how the facili				Worker is also responsible for providing a		
	aspect of the policy the				education to all new hires during new en orientation. Effectiveness of education w		
	483.15(a) DIGNITY AN	ND RESPECT OF	F 2	41	measured though post tests completed by		
NAMES AND	INDIVIDUALITY				attendees at the end of abuse classes. Ac		
ABORATORY	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE		-	TITLE .		(X6) DATE
(	Ca B A			A	raxident/CEO	uli	alia

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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JAN II continue to he heet Page 1 of 20

Facility ID: 943256

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		o de firm	B. WIN			С	
		345437				12/1	5/2011
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN	STREET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741		90 HOSPITAL DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION CY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE R LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
F 241	manner and in an env	note care for residents in a ironment that maintains or ent's dignity and respect in	F	241	audits of all reported abuse cases for consistent with the abuse policy will be conducted interdisciplinary team comprised of the Human Resources Manager, Social Work Education Specialist. Audits will be revie QA&A Committee. The QA&A Committee responsible for reviewing any trends or issues and implementing procedure challensure that compliance is achieved and maintained.	by an DON, ker, and wed by the e is reoccurring	
	by: Based on observatior interviews, the facility assistance in a manne standing over four (4)	is not met as evidenced  ns, record review and staff failed to provide feeding er to promote dignity by of ten (10) sampled ng. Residents #27, #29,			• F 241 Corrective Actions(s) that will be accompthose residents found to have been affectedicient practice: Staff have been instructed to sit and remand have been provided appropriate sea promote dignity and respect while provideding assistance for Residents #27, #29 #14.	cted by the nain seated sting to ding	1/12/2012
	1. Resident #29's diag Alzheimer's Disease, most recent Minimum quarterly dated 10/12/short term memory im difficulties and requiring feeding.  On 12/12/11 at 11:43 of seven residents in the was seated at one (designed for staff to several residents at or outside of the U). Three Aide #2 stood while feedid not to sit during the On 12/14/11 at 2:24 Plays was conducted with No.	He was assessed on the Data Set (MDS), a 11, as having long and pairments, decision making ag total assistance with AM Resident #29 was one he assisted dining room. of the U shaped tables it inside the U and assist ne time who sit on the bughout this meal, Nurse eding Resident #29. NA #2			How corrective action will be accomplish those residents having potential to be af the same deficient practice.  Nursing Managers have reviewed all resiplans and assessed all residents for need assistance with feeding. The nursing staf provided portable, height adjustable sea on the Resident's individual halls and in the Assisted Dining Room to ensure that an asseating height can be reached regardless height of the staff member or the height resident's chair or bed.  Systemic changes to ensure the deficient will not occur: The nursing staff has been provided portheight adjustable seating both on the Resindividual halls and in the assisted Dining ensure that an appropriate seating heigh reached regardless of the height of the stamember or the height of the resident's cloed.  All nursing staff has been instructed on thimportance of maintaining respect and dispersive assisted of the second of the maintaining respect and dispersive and the same appropriate seating height reached regardless of the height of the staff member or the height of the resident's cloed.	dent care ded f has been ting both the appropriate of the of the practice able, sident's Room to t can be taff hair or	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345437	B. WING		C	12044
NAME OF PE	ROVIDER OR SUPPLIER	340407	STF	REET ADDRESS, CITY, STATE, ZIP CODE	12/15/	2011
HIGHLAN	DS CASHIERS HOSPITA	L IN		90 HOSPITAL DR HIGHLANDS, NC 28741		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 241	stand throughout the She stated she was u time on 12/12/11. NA the Director of Nursing reach the resdient in tunless she stood.  On 12/15/11 at 10:49 her expectation that s themselves in front or feeding or assisting rescan reach the residen #2 did not share with the residents when as shaped tables. The Dichairs in the assisted adjustable. She furth any issue with the way or not enough room, expected to be notified.  2. Resident #27 was recent Minimum Data dated 9/14/11, having impairment and as recent with eating.  On 12/12/11 at 11:43 of seven residents at on (designed for staff to several residents at or outside of the U). Through the state of the U) is the state of the U). Through the state of the U) is the state of the U). Through the state of the U) is the state of the U is the U is the state of the U is t	at she often has to sit and meal to reach the residents. In aware she stood the entire at 2 stated she had not told g (DON) that she could not he assisted dining room  AM the DON stated it was taff would position beside the resident while esdient with their meals. Should sit as long as they to the DON stated that NA her that she could not reach sisting them at the U HON stated that the staff dining room were her stated that if there was a residents fit at the tables of the could have did.  Assessed on the most Set (MDS), a quarterly severe cognitive quiring extensive assistance  AM Resident #27 was one he assisted dining room. The could have did the U and assist the time who sit on the coughout this meal, Nurse	F 241	while feeding, as well as the location amportable, adjustable seating on every hadining rooms. New employees will be examintaining dignity and respect in "New Orientation."  How facility plans to implement the corraction and evaluate for it's effectiveness. The Restorative Nurse is responsible for that dignity and respect are maintained feeding assistance by bi-weekly observa audits of the dining rooms and halls during mealtimes for the next 3 months. Audits reviewed by the QA&A Committee. The Committee is responsible for reviewing or reoccurring issues and implementing changes to ensure that compliance is act maintained.	Ill and in the ducated on Employee rective s: monitoring during tion and ing various s are QA&A any trends procedure	

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345437	B. WIN	G		C 12/15/2011	
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN		19	REET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR IIGHLANDS, NC 28741		0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
	was conducted with N she was taught to sit N but she is so short the stand throughout the istand throughout the interest of Nursing reach the resident in tunless she stood.  On 12/15/11 at 10:49 her expectation that sit themselves in front or feeding or assisting rescan reach the resident #2 did not share with it the residents when as shaped tables. The D chairs in the assisted adjustable. She furth any issue with the way or not enough room, expected to be notified.  3. Resident #19 was a diagnoses including Al delusions and agitation latest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impair MDS specified Reside dependent on staff assistant in the interest Minimum Data Sindicated severe impai	M a telephone interview A #2. NA #2 stated that while she feeds residents, it she often has to sit and meal to reach the residents. haware she stood the entire #2 stated she had not told in (DON) that she could not he assisted dining room  AM the DON stated it was aff would position beside the resident while sident with their meals. hould sit as long as they in The DON stated that NA her that she could not reach sisting them at the U ON stated that the staff dining room were her stated that if there was it residents fit at the tables it it, she would have it.  admitted to the facility with it is and depression. The et (MDS) dated 09/21/11 irment of cognition. The int #19 was totally	F	241			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET		
		345437	B. WING			C 12/15/2011	
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN	s	TREET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		ILD BE	(X5) COMPLETION DATE			
F 241	(NA) #1 was observed while feeding the residuent bending over a	ide table. Nursing Assistant d standing by the bedside dent. NA #1 was observed dent to assist with the meal A #1 on 12/13/11 at 3:59 a usually stood at Resident at with meals. NA #1 stated a in the room.  Director of Nursing (DON) AM revealed she expected a themselves so they were sident when assisting with ed facility staff should be	F 24	11			
	cerebral vascular acci atrial fibrillation. Revie Minimum Data Set (M revealed she had seve The MDS further revea assistance with all act able to feed herself wh Review of Resident #1 10/05/11 revealed she needed assistance in a program.  An observation was mad of Nursing Assista	DS) dated 09/28/11 ere cognitive impairment. aled she required ivities of daily living but was nen her meal was set up. 14's care plan dated e was at nutritional risk and the restorative dining ade on 12/12/11 at 8:25 nt (NA) #4 assisting ative dining room. NA #4					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER:  A. BUILI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345437	B, WING _	-	C 12/15/2011	
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN		REET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 286 SS=C	PM with NA #4. She residents who need to these residents can us may require prompting reported it was complidining room because fed by staff. She further has had to feed Resid decline. She reported down to feed residents.  An interview was conceased and with the Director of was her expectation the themselves so they are resident when feeding should be sitting when 483.20(d) MAINTAIN RESIDENT ASSESSMA facility must maintain completed within the president's active record.  This REQUIREMENT by:  Based on record reviet facility failed to make to (MDS) assessment accent (11) of eleven (11) sand #52, #48, #53, #73, #3 and #31.  The findings are:	ducted on 12/15/11 at 1:34 eported that she works with be in restorative dining, sually feed themselves but g or assistance. She cated in the restorative the residents are usually not er reported that recently she ent #14 as she has had a that normally she would sit s.  ducted on 12/15/11 at 11:56 f Nursing she reported it nat staff should position e not standing over a . She stated that the NAs feeding a resident. 15 MONTHS OF MENTS  In all resident assessments revious 15 months in the d.  is not met as evidenced aw and staff interviews the	F 241	• F 286  Corrective Actions(s) that will be accompthose residents found to have been affect deficient practice: 15 months of the MDS and required CAA been made available to the staff for Resident, #48, #53, #73, #38, #7, #69, #27, #37, #37. The MDS's and CAA's are now located be Resident's care plan in the hall specific reduced the same deficient practice.  How corrective action will be accomplish those residents having potential to be affected that the same deficient practice.  To months of MDS's and the required CAB been printed and filed for each Resident their care plan in the report book for their Unit Coordinator will be responsible for file most recent MDS and CAA's and thinning exceeding the 15 month requirement.	cted by the  's have dents #52, 3, and #31. chind each eport book.  ed for fected by  A's have behind ir hall. The iling the	

The Company of the Co	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345437	B. WIN			C 12/15/2011	
NAME OF PROVIDER OR SUPPLIER  HIGHLANDS CASHIERS HOSPITAL IN  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR HIGHLANDS, NC 28741			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ALEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
	#48, #53, #73, #38, # #31 revealed the Mini not located in the med accessible to the surv Interview on 12/12/11 nurse revealed that al computer and that sta the MDS as it was pas access was given to o the MDS assessment. must be accessible to increase in the length printed only the front p for the chart.  Interview with License 12/14/11 at 12:47 PM access to the MDS.  On 12/14/11 at 12:49 PM access to the MDS.  On 12/14/11 at 12:49 PM access to the MDS.  During an interview on MDS assessment.  During an interview on MDS nurse indicated t (SW), Restorative Nurse access to the MDS ass stated that she did not of Nursing), Dietary ma had access to the MDS she inputted data into the Dietary Manager al	7, #69, #27, #37, #33 and mum Data Sets (MDS) were dical record and not readily ey staff.  at 3:45 PM with the MDS I MDSs are kept in the ff did not have access to asword protected and only those who completed. She stated that the MDS staff however with the of the assessment she page and signature sheet.  d Nurse (LN) # 2 on confirmed that she had no inverse to the modern of th	F	286	Systemic changes to ensure the deficien will not occur: All nursing staff received training on the the MDS and CAA's in the report books in hall. A memo has been sent to all Attence Physicians and Interdisciplinary Team M regarding the new location of MDS's and location of the MDS and CAA's will be in "New Employee Orientation" for all Nurse Physicians and new Interdisciplinary Team Members.  How facility plans to implement the corraction and evaluate for it's effectiveness. The MDS Nurse is responsible for monito each resident's current MDS and precediments of assessments are printed and priled in the report book designated for exaudits of each report book will be perform weekly for 3 months. Audits are reviewed QA&A Committee. The QA&A Committee responsible for reviewing any trends or rissues and implementing procedure charensure that compliance is achieved and maintained.	location of for their ding embers d CAA's. The acluded in sing Staff, m ective in g 15 properly ach hall. It med d by the e is reoccurring	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345437	B. WING			C 12/15/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLANDS CASHIERS HOSPITAL IN			STREET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741		127	13/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOUL E APPRO	LD BE	(X5) COMPLETION DATE
F 371	Dietary Manager work schedule with no wee needed to access the would not be able to a called for her to come stated that she had st the Care Area Assess months ago. She state on the unit did not have assessment.  On 12/15/11 at 10:40 (DON) stated that she MDS assessment and have access as well, I whether the nurses or access to the MDS, as the heading RAI (resignistrument) in the compure that her nurses distands for.  An interview with the M 2:45 PM she stated the member were able to assessments and that without assistance and they would be accession 12/15/11 at 3:07 P stated they were unable to access they were unable to work as they were unable to a stated they were unable to the stated they were unable they were the stated they were the stated they were the stat	kends and if someone MDS on the weekend they access this data unless they into the building. She opped printing the MDS and aments (CAAs) two to three ed that the charge nurses we access to the MDS  AM the Director of Nursing a definitely had access to the I that the nurses on the unit nowever she was unsure in the unit knew they had is the MDS appears under dent assessment inputer system and she is o not know what RAI  MDS nurse on 12/15/11 at at no nurse or other staff gain access to the MDS the MDSs are inaccessible d that if they were printed ble.  M both LN #1 and LN #2 le to log into the computer d they do not have access puter. CURE,	F 2				
30-L	The facility must - (1) Procure food from						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JLTIP DING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0.45407	B. WIN		e e e e e e e e e e e e e e e e e e e	l .	С
		345437	9.51, 0.000.0			12/1	5/2011
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F 371	authorities; and	dered satisfactory by Federal, State or local  orities; and  ore, prepare, distribute and serve food  Corrective Actions(s) that will be accomplished for those residents found to have been affected by the deficient practice:  An audit was conducted and no residents were		1/12/2012			
	This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to label, date, seal and/or discard spoiled food in two (2) of two (2) resident nourishment rooms.  The findings are:  1. A Resident nourishment room was located on Dogwood. In the resident only refrigerator was the following: *On 12/12/11 at 10:38 AM in a bottom drawer was a poorly wrapped open to air fruit cake with a resident's name but no date on it; a plastic container with lid with a resident's name on it and				Night shift Nursing Assistants and the Di responsible for stocking the refrigerator freezers are checking the refrigerators a daily for unlabeled, undated, out of date discolored or other wise compromised f and discarding them as indicated.  Systemic changes to ensure the deficien	s and nd freezers e, spoiled, ood items	
					will not occur: All Nursing Staff and Dietary Staff receiv on the importance of properly dating an resident food, when to discard items, an schedule for monitoring refrigerators an Dating and labeling food items was also the January Resident Council agenda for and in the quarterly "Family Connection Newsletter." Proper food storage and he be included in "New Employee Orientation Nursing Staff and Nutrition Staff.	d labeling d the d freezers. included on discussion andling will	
	smelled sour. In the r partially used jar of ma with a resident's name contained a yellowish substance with chunky *On 12/13/11 at 10:12 was a poorly wrapped resident's name but no container with lid with a date of 11/27/11 full smelled sour. In the re-	arshmallow cream marked but no date. The jaw separated liquefied y pieces in it. AM in a bottom drawer open to air fruit cake with a o date on it; a plastic a resident's name on it and of beans in sauce that			How facility plans to implement the corraction and evaluate for it's effectiveness. The Director of Nursing is responsible for monitoring the refrigerators and freezer Resident Nourishment Rooms for unlabel undated, out of date, spoiled, discolored wise compromised food. Unlabeled, undof date, spoiled, or discolored items are as indicated. Audits of both refrigerators freezers will be conducted 3 times week months. Audits are reviewed by the QA&Committee. The QA&A Committee is resfor reviewing any trends or reoccurring i implementing procedure changes to ens	r s in the eled, I or other dated, out discarded and ly for 3 kA ponsible ssues and	

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F 371	contained a yellowish substance with chunk *On 12/14/11 at 12:24 was a poorly wrapped resident's name but no container of beans wa door was a partially us cream marked with a date. The jaw contain liquefied substance with the container of beans was a partially us cream marked with a date. The jaw contain liquefied substance with the container of the jaw contains and substance with the partial pa	e but no date. The jaw a separated liquefied by pieces in it.  4 PM in a bottom drawer d open to air fruit cake with a no date on it; the plastic as gone. In the refrigerator sed jar of marshmallow resident's name but no ned a yellowish separated with chunky pieces in it.  PM interview with Licensed stary staff stocks the resident throws out items that are  PM a Nurse Aide #3 stated staff was responsible for the refrigerators in the rooms.  PM Interview with Dietary dietary aides are to look at ure there are no out of date there are no out	F 371	compliance is achieved and maintained.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		345437	B. WING		C 12/15/2011	
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN	1	REET ADDRESS, CITY, STATE, ZIP CODE 190 HOSPITAL DR HIGHLANDS, NC 28741		
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
F 371	technician revealed the of date, then dietary the restocking. He then is Tupperware we would rotten.  On 12/14/11 at 2:41 Fithat the nurse aides a sure the residents' food discarded timely.  During interview on 12 Director of Nursing (Director of Nursing (Director of Nursing (Director of Nursing (Director of Nursing assistants were sident foods in the relabeled, dated and discarded timely.  2. A Resident nourish Rosewood. In the resident following:  *On 12/12/11 at 11:14 plastic bag containing a resident's name but  *On 12/13/11 at 10:10 plastic bag containing a resident's name but  *On 12/14/11 at 12:20 plastic bag containing a resident's name but  On 12/14/11 at 12:23 in nurse #3 revealed diet	PM interview with the dietary that if the food items are out before it out while tated that if the item was in a lonly discard it if it was.  PM the social worker stated are responsible for making and are labeled, dated and are labeled, dated and are responsible for ensuring tourishment rooms were carded timely.  Interview was located on ident only refrigerator was a white wrapped item with no date.  AM in the freezer was a a white wrapped item with no date.  PM in the freezer was a a white wrapped item with no date.  PM in the freezer was a a white wrapped item with no date.	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 10	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345437	B. WIN	G		C 12/15/2011	
	OVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN		19	EET ADDRESS, CITY, STATE, ZIP CODE 30 HOSPITAL DR IGHLANDS, NC 28741		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	0.00	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	she believed dietary so cleaning and stocking resident nourishment.  On 12/14/11 at 1:01 F. Aide #1 revealed the cresident refrigerator. If the items and make so items are in the refrigerate checked daily.  On 12/14/11 at 1:04 F. She stocked the refrigerators at the stocked the refrigerand usually stocks it firstated who ever is schresident refrigerators at things are labeled and if things are not labele away. When asked all freezer she stated she freezer item and thrown the stocking are revealed the foldate, then dietary the restocking. He then so Tupperware we would rotten.  On 12/14/11 at 2:41 P. that the nurse aides are	PM a Nurse Aide #3 stated staff was responsible for the refrigerators in the rooms.  PM Interview with Dietary dietary aides stock the Dietary aides are to look at ure there are no out of date erator. These refrigerators  PM Dietary Aide #2 stated erator on Rosewood today we days a week. She neduled to stock the are supposed to make sure I dated. She further stated at they should be thrown bout the plastic bag in the exhould have seen the ro it away because it was  M interview with the dietary at if the food items are out	F	371			
	discarded timely.  During interview on 12  Director of Nursing (Do	7/14/11 at 4:15 PM, the ON) stated night shift					

AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	TIPLE CONSTRUCTION (X3) DATE SUI COMPLET		
		B. WING		10	С
	345437	b, wino_		12/1	5/2011
	IN TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID 1	REET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR HIGHLANDS, NC 28741  PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION
7 ACTO 102   1	C IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DATE
resident foods in the notabeled, dated and disced 483.40(b) PHYSICIAN CARE/NOTES/ORDER  The physician must rever program of care, including treatments, at each visit of this section; write, signotes at each visit; and with the exception of interpolysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic policy after an assessment of the polysaccharide vaccine administered per physic polysaccharide vaccine ad	e responsible for ensuring purishment rooms were carded timely. VISITS - REVIEW RS riew the resident's total ling medications and it required by paragraph (c) gn, and date progress sign and date all orders fluenza and pneumococcal es, which may be cian-approved facility ment for contraindications.  is not met as evidenced ord review and staff ailed to have physicians e orders for seven (7) of sidents. (Residents #37, and #38)  at #37's medical record orders 11, 09/17/11, 09/18/11, not contain a physician's a ranged from initiation of the region of the redications, food consistency changes.	F 371	• F 386  Corrective Actions(s) that will be accomplished the ficient practice: Physician orders for Resident #37, #31, #467, #7, and #38 have all been signed by attending physicians.  How corrective action will be accomplished the same deficient practice. Any nurse taking a verbal order from a pindicates that the order is to be signed wyellow "to be signed" sticker. The chart is a shelf designated for unsigned orders. An ight nurses complete their daily chart relially any unsigned orders with a yellow signed" sticker and move it to the shelf of or unsigned orders. On the day or night the Attending Physician is covering their bi-weekly shift in the Emergency Room (the Living Center) the nursing staff delive charts to them for signature and retrieve charts once signed.  All H&P's are sent directly from dictation Physician's mail box for signature. Once if filed in the Resident's chart.	ted by the #33, #27, their  med for fected by  hysician with a s placed on When the eviews they "to be designated shift that weekly or adjacent to ers the es the	1/12/2012

OUT THE RESERVE THE THE PROPERTY OF THE	- , - , , , , , , , , , , , , , , , , ,	MEDICALD CERTIFICE		-		CIVID IN	J. 0936-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE SURVEY COMPLETED		
univers Afrika Bil			A. BUI	A. BUILDING			
		245407	B. WIN	IG			С
		345437				12/1	5/2011
NAME OF PR	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
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		<b></b>	HIGHLANDS, NC 28741		HIGHLANDS, NC 28741		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	li	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
F 386	Continued Form	40					
1 300	Continued From page		F	386		t nunation	
	sometimes the nurses	writing the orders would			Systemic changes to ensure the deficien will not occur:	t practice	
		netimes if she noticed the			All nursing staff received training on imp	ortance of	
		t. She further reported the			timely signing of orders and the procedu		
		cked each chart for the			"flagging" orders for signature. They also	received	
		and verified orders were			direction on placement of unsigned char		
		The Unit Manager stated were not responsible for			designated area and the schedule for de		
	flagging the unsigned				the Physician. The process for "flagging of be incorporated in "New Employee Ories		
	nagging the unsigned	orders.			Nurses.	ntation for	
	An interview was cond	ducted on 12/14/11 at 12:49			All Attending Physician's received a mem	o from the	
		Medical Director. He stated			Living Center Medical Director and the D		
	he reviewed his reside				Nursing regarding the importance of tim	ely signing	
		orders. He further reported			of orders and the new procedure for 'fla		
		all facility physicians signed			orders for signature. They also received		
		ne orders within a month.			on location of unsigned charts in the des area and the schedule for delivery to the		
		, , , , , , , , , , , , , , , , , , ,			signature.	111 101	
	An interview was cond	lucted on 12/15/11 at 9:26			The memo to the Physician also included	the	
	AM with the Director o				requirement for signature on all H&P's a		
		s were aware their verbal			H&P would be delivered to their mail box for		
	or telephone orders no	eeded to be signed within			signature and then they could return it to	the Living	
	five days. Her expecta	tion was orders were			Center's mail box after signing.		
		s. She added there is no			All new Attending Physicians will receive on timely dating and signing physician or		
		ure physician orders were			on timely dating and signing physician of	uers,	
		ner. The DON continued					
	currently there is no sy				How facility plans to implement the corre	ective	
	charts for unsigned or	ders.			action and evaluate for it's effectiveness:		
	O A manufacture (12)	-1 #241 !!			The Director of Nursing monitors 5 Resid		
		nt #31's medical record			medical records 3 times weekly for unsig and H&P's. Any record with orders left un		
		phone physician orders			greater than 5 days is reviewed and signe		
		/10/11 did not contain a			Medical Director. Physician's that routine		
		These orders ranged from			sign orders in a timely manner are address	ssed by the	
	initiation of medication changes, diagnostic te				Medical Director. Any continued pattern	of	1
		lical record review revealed			non-compliance is reviewed by the Crede	ntialing	
		dictated 12/01/11 did not			Committee.		1
	contain a physician's s				The Unit Coordinator has audited every n		
	ooman a priyawana a	ignature.			record for unsigned H&P's and has return unsigned H&P's to the Attending Physicia		
	An interview was cond	ucted on 12/15/11 at 8:39			signature. All new H&P's received are che		1
		55.54 on 12.10/11 at 0.09			the Unit Coordinator for signature prior		1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		345437	B. WING			1	C
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA			19	EET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR IGHLANDS, NC 28741	12/1	5/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 386	flag the order and sor order she would flag in hight shift nurses cheorders written that day transcribed correctly. The night shift nurses flagging the unsigned. An interview was concept with the facility's the reviewed his reside bi-monthly and signed it was his expectation their verbal or telephoral and their verbal or telephoral and with the Director or reported the physiciar or telephone orders not five days. Her expects signed within five days system in place to ensigned in a timely mar currently there is no signed or telephone orders for unsigned or 3. A review of Reside revealed verbal or teledated 08/18/11, 08/19 10/27/11 were not sign from initiation of antibit medications, wound the testing, nutritional sup and physical therapies	ager. She reported by writing the orders would be the state of the color orders were  The Unit Manager stated were not responsible for orders.  Sucted on 12/14/11 at 12:49 Medical Director. He stated ents' charts monthly or orders. He further reported all facility physicians signed one orders within a month.  Sucted on 12/15/11 at 9:26 of Nursing (DON). She as were aware their verbal eleded to be signed within ation was orders were s. She added there is no sure physician orders were oner. The DON continued system in place to audit ders.  Int #33's medical record sphone physician orders and the corders ranged otics and psychotropic eleatments, diagnostic plements, and occupational as Further medical record	F3	386	to filing on the medical record. Any unsigneturned to the Attending Physician for a Audits are reviewed by the QA&A Comm QA&A Committee is responsible for revietends or reoccurring issues and implem procedure changes to ensure that comp achieved and maintained.	signature. nittee. The ewing any enting	
	dated 08/18/11, 08/19 10/27/11 were not sign from initiation of antibin medications, wound tr testing, nutritional sup and physical therapies review revealed a histo	/11, 08/22/11, 09/12/11 and ned. These orders ranged otics and psychotropic eatments, diagnostic plements, and occupational					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SU COMPLET	
		345437	B. WIN			200	C 5/2011
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	AM with the Unit Manasometimes the nurses flag the order and son order she would flag it night shift nurses checorders written that day transcribed correctly. The night shift nurses of flagging the unsigned of the night shift nurses of flagging the unsigned of the night shift nurses of flagging the unsigned of the night shift nurses of flagging the unsigned of the niterview was concept of the night shift nurses of the niterview	ducted on 12/15/11 at 8:39 ager. She reported a writing the orders would netimes if she noticed the consideration of the consideration	F	3386			
	An interview was cond AM with the Unit Mana	ucted on 12/15/11 at 8:39 ger. She reported					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE SU COMPLET	
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	DS CASHIERS HOSPITA	L IN		19	EET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR IGHLANDS, NC 28741		
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	flag the order and som order she would flag it night shift nurses ched orders written that day transcribed correctly. The night shift nurses of flagging the unsigned. An interview was concept with the facility's Market and the reviewed his reside bi-monthly and signed it was his expectation their verbal or telephore. An interview was concepted the physician or telephone orders not five days. Her expectation is signed within five days system in place to ensigned within five days system in place to ensigned in a timely man currently there is no sycharts for unsigned orders for unsigned order to the physician order for an antidepression and the physician order for an antidepression or the physician of a psorder for an antidepression antibiotic. Further review medical record revealed dated 08/16/11 was not the properties of the physician or the phy	swriting the orders would netimes if she noticed the case of chart for the wand verified orders were. The Unit Manager stated were not responsible for orders.  Sucted on 12/14/11 at 12:49 Medical Director. He stated ents' charts monthly or orders. He further reported all facility physicians signed the orders within a month.  Sucted on 12/15/11 at 9:26 ff Nursing (DON). She is were aware their verbal ended to be signed within tion was orders were inc. She added there is no oure physician orders were incr. The DON continued enters in place to audit diers.  It #69's medical record in verbal or telephone dated did not contain a These orders ranged from yechotropic medication, an esant and an order for an	F	386			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SUI COMPLET	
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	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN	•	190	ET ADDRESS, CITY, STATE, ZIP CODE D HOSPITAL DR GHLANDS, NC 28741		
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F 386	flag the order and son order she would flag in night shift nurses cherorders written that day transcribed correctly, the night shift nurses of flagging the unsigned. An interview was concept M with the facility's Market has been been been been been been been bee	ager. She reported swriting the orders would netimes if she noticed the t. She further reported the cked each chart for the y and verified orders were. The Unit Manager stated were not responsible for orders.  ducted on 12/14/11 at 12:49 Medical Director. He stated ents' charts monthly or I orders. He further reported all facility physicians signed ane orders within a month.  ducted on 12/15/11 at 9:26 of Nursing (DON). She as were aware their verbal eeded to be signed within ation was orders were so she added there is no sure physician orders were ener. The DON continued system in place to audit ders.  4 #7's medical record rebal and telephone orders /11, 10/11/11, 11/01/11 and in a physician's signature. From psychotropic y orders as well as an hysical therapy.	F	386			

			3) DATE SURVEY COMPLETED			
		345437	B. WING	-		C 12/15/2011
	ROVIDER OR SUPPLIER  DS CASHIERS HOSPITA	L IN		STREET ADDRESS, CITY, STATE, ZIP CO 190 HOSPITAL DR HIGHLANDS, NC 28741	DDE	
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F 386	flag the order and son order she would flag in night shift nurses cherorders written that day transcribed correctly, the night shift nurses of flagging the unsigned.  An interview was concept with the facility's Market and the reviewed his reside bi-monthly and signed it was his expectation their verbal or telephon.  An interview was concept was his expectation their verbal or telephone orders not five days. Her expectation or telephone orders not five days. Her expectation in place to ensigned within five days system in place to ensigned in a timely market currently there is no sycharts for unsigned order. Review of Resident revealed no physician verbal and telephone place. The sunsigned order diet order, changing and from a pill form to a liquentibiotics and labs to the concept was concept.	swriting the orders would netimes if she noticed the case of the case of the case of each chart for the each chart for the each chart for	F	386		

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HIGHLANDS CASHIERS HOSPITAL IN			19	EET ADDRESS, CITY, STATE, ZIP CODE 90 HOSPITAL DR IGHLANDS, NC 28741		
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order she would flag it night shift nurses chec orders written that day transcribed correctly. The night shift nurses we flagging the unsigned of the night shift nurses we flagging the unsigned of the charts signed orders. He furth expectation physician were signed within a mean or telephone orders ne five days. Her expectat signed within five days, system in place to ensure the correct of the physicians or the charts are the charts or telephone orders ne five days.	netimes if she noticed the content of the further reported the content of the con	F	3386			