F 286 Maintain 15 Months of Resident Assessments

The submission of the Plan of Correction does not constitute agreement on the part of Mountain Home Health and Rehabilitation Center that the deficiency cited with the report represent deficient practices on the part of Mountain Home Health and Rehabilitation Center. This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.

F 286 Maintain 15 Months of Resident Assessments

A 100% of resident Minimum Data Set assessments will be printed by the MDS Coordinator. They will be placed in a file cabinet at the nurse's station where they will be readily accessible to licensed staff. This will be completed by February 28, 2012.

Medical Records or designee will audit filing system to insure all resident Minimum Data Sets are present. This audit will be completed monthly for three months and quarterly ongoing.
**STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<td>345285</td>
<td>A. BUILDING</td>
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<td>B. WANG</td>
<td>01/31/2012</td>
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**NAME OF PROVIDER OR SUPPLIER**

**MOUNTAIN HOME HEALTH AND REHAB**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

200 HERITAGE DR

HENDERSONVILLE, NC 28739

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>0% COMPLETION DATE</th>
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| F 286 | Continued From page 1
An interview with the Director of Nursing (DON) and Administrator on 01/30/12 at 4:00 PM revealed they considered MDS assessments are available because the MDS Coordinator, the MDS nurse, the DON, the Administrator, the Manager on Duty or the Nursing Supervisor can print an MDS for any clinical staff who requested it. They further stated the nurse who was on call, the DON or Administrator could come in and print an MDS any time it is needed at night or on weekends.

An interview with Licensed Nurse (LN) #1 on 01/30/12 at 2:41 PM revealed he was unable to access MDS information on the computer because he didn't have a computer access code. LN #1, who works weekend shifts, stated if an MDS was needed at night or on the weekend, he would have to ask the nurse who was on call to come to the facility to print it.

An interview with Licensed Nurse (LN) #2 on 1/31/12 at 10:10 AM revealed she was unable to access MDS information because she didn't have a computer access code. She stated she could ask MDS Coordinator #1 to get the information for her. LN #2 works weekend shifts and was unable to state how she could access the information at night or on weekends. LN #1 stated: "Well, I'm pretty sure it's on the chart but I've never needed it."

An interview with LN #3 on 01/31/12 at 10:30 AM revealed she did not have the ability to access MDS assessments for any resident in the facility because she didn't have a computer access code. She stated she could ask an administrative nurse for the information. LN #3 works weekend | F 286 | Director of Nursing or designee will review the audits monthly and monitor for compliance and report to Quality Assurance if there are any issues that arise from the audits. She will report any issues, trends, corrective actions taken or report compliance of correction. This will occur at the monthly Quality Assurance meeting. | | |

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**FORM CMS-2567(02-95) Previous Versions Obsolete**

Event ID: FRKM11

Facility ID: 923245

If continuation sheet Page 2 of 6
<table>
<thead>
<tr>
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<td>Continued From page 2 shifts and stated she could call the nurse who was on call at night or on the weekend to get the information.</td>
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<tr>
<td>F 441</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</td>
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The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
   - The facility must establish an Infection Control Program under which it -
     (1) Investigates, controls, and prevents infections in the facility;
     (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
     (3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
   - When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
   - The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if

F 441—Infection Control, Prevent Spread, Linens

NA was verbally counseled and re-educated on the correct procedure for incontinence care by the Director of Nursing on January 30, 2012.

The Urinary Incontinence—Clinical Protocol was updated by the VP of Clinical to include the specific procedure for staff to follow when providing incontinence care.

Urinary Incontinence-Clinical Protocol procedure will be reviewed one-on-one with the NAs during their completion of a return demonstration of proper incontinence care. The return demonstration review and education will be provided by either the Director of Nursing, Assistant Director of Nursing or a Nurse Supervisor. The demonstrations and review of the Incontinence Care Procedure will occur by February 28, 2012.
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direct contact will transmit the disease.
(3) The facility must require staff to wash their
hands after each direct resident contact for which
hand washing is indicated by accepted
professional practice.

(c) Linens
Personnel must handle, store, process and
transport linens so as to prevent the spread of
infection.

This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews and
record reviews facility staff failed to handle soiled
linen and incontinence briefs in a manner to
prevent the spread of infection after providing
incontinence care for one (1) of three (3)
residents observed. (Resident #7).

The findings are:

A review of an undated facility policy titled:
"Urinary Incontinence - Clinical Protocol" did not
contain any specific procedure for staff to follow
when providing incontinence care..

Resident #7 was admitted with diagnoses
including chronic obstructive pulmonary disease,
hypertension and basal cell carcinoma. Her most
recent Minimum Data Set (MDS), a quarterly
assessment dated 12/07/11, indicated Resident
#7 had short term and long term memory
impairment and severely impaired cognitive skills
for daily decision making. The MDS also
indicated Resident #7 was totally dependent on

A100% of staff, including nursing
staff, will be in-serviced on the
Urinary Incontinence-Clinical
Protocol by the Director of Nursing,
Assistant Director of Nursing or
Nurse Supervisor .by February 28,
2012.

Director of Nursing or designee will
complete an observation audit, that
includes incontinence care, of two
employees a week for a month and
by observation audits, including
incontinence care, annually ongoing.

Director of Nursing or designee will
monitor for compliance. The
Director of Nursing will review the
audits for issues, trends and
continued compliance. She will
report to the Quality Assurance
Committee if there are any
deficiencies, trends or corrective
actions at the monthly Quality
Assurance meeting.
<table>
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<tr>
<th>F 441</th>
<th>Continued From page 4 staff for hygiene and bathing and was always incontinent of bowel and bladder.</th>
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<td>During an observation of incontinence care on 01/31/12 at 11:12 AM Nursing Assistant (NA) #1 entered Resident #7's room with supplies to provide incontinence care. NA #1 put on gloves and got a basin of water. NA #1_unfastened Resident #7's incontinence brief and positioned Resident #7 on her side. A large amount of stool was noted in the brief. NA #1 removed the brief and placed it in the floor, removed the gloves that were visibly soiled with stool and placed them in the floor on top of the brief. NA #1 donned clean gloves and washed Resident #7's back and front perineal area using a perineal soap product labelled as &quot;No Rinse.&quot; She placed the soiled washcloths on the floor with the soiled gloves and pad. NA #1 then removed her gloves which were visibly soiled with stool and placed them in the floor with the other items. After dressing Resident #7, NA #1 removed the gloves and washed her hands. She then picked the items up off the floor with ungloved hands and carried them to the soiled linen barrel approximately twenty feet down the hallway. She placed the items on the lid of the barrel, donned gloves and separated the disposable items from the items to be laundered, placed the items in the appropriate barrels and removed her gloves. Without washing her hands, she went to the clean linen cart and removed a washcloth. She then returned to the resident's room and used the washcloth to wipe brown liquid residue, that had leaked onto the floor from the linen and incontinence brief, off the floor with ungloved hands. During an interview with NA #1 on 01/31/2012 at 11:12 AM she stated she would never do that again.</td>
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11:25 AM she stated she was trained to wash her hands after cleaning a resident and before putting a clean brief and clothes on the resident. She stated she was also trained to wash her hands when finished giving care before leaving the resident’s room. She stated she got nervous and forgot to wash her hands. When asked about placing the soiled items on the floor, she stated she usually puts a clean pad in the floor and puts soiled items on it.

During an interview on 01/31/12 at 1:55 PM the Director of Nurses (DON) stated she expected staff to wash their hands and put on gloves before providing care. She stated staff should remove their gloves and wash their hands after providing incontinence care before putting a clean brief and clean clothes on the resident. The DON added that it was not acceptable to place soiled items on the floor.