

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

PRINTED: 02/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2012
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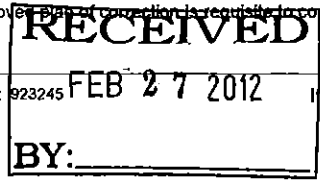
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HOME HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE DR HENDERSONVILLE, NC 28739
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F 286 SS=C	<p>483.20(d) MAINTAIN 15 MONTHS OF RESIDENT ASSESSMENTS</p> <p>A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to make Minimum Data Set assessments readily accessible to all clinical staff for nine (9) of nine (9) sampled residents. (Residents #1, #2, #3, #4, #5, #6, #7, #8 and #9)</p> <p>The findings are:</p> <p>Review of medical records for Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9 revealed Minimum Data Set (MDS) assessments were not in the medical record.</p> <p>An interview with MDS Coordinator #1 on 01/30/12 at 3:35 PM revealed MDS assessments are no longer printed due to lack of storage space. MDS Coordinator #1 continued MDS assessments are kept in computer files not accessible to non-supervisory clinical staff who did not have passwords. MDS Coordinator #1 added she or the other MDS nurse can print an MDS anytime they are asked to do so. When asked about availability at night or on weekends, she stated supervisory nurses or the nurse who was on call can also print them. She acknowledged that would require the nurse who was on call to be called to come in to print the MDS.</p>	F 286	<p>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.</p> <p>F 286 Maintain 15 Months of Resident Assessments</p> <p>A100% 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.</p> <p>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.</p>	<p>2-28-12</p> <p>2-28-12</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2-24-12
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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.



Original Signature Date: 2-22-12

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F 286	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>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</p>	F 286	<p>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.</p>		

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F 441	<p>Continued From page 3</p> <p>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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>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).</p> <p>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..</p> <p>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</p>	F 441	<p>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.</p> <p>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..</p> <p>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.</p>	2-28-12	

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F 441	<p>Continued From page 4</p> <p>staff for hygiene and bathing and was always incontinent of bowel and bladder.</p> <p>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 "No Rinse." 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.</p> <p>During an interview with NA #1 on 01/31/2012 at</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>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.</p> <p>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.</p>	F 441			