STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

MOUNTAIN TRACE REHABILITATION & NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

417 MOUNTAIN TRACE ROAD
SYLVA, NC 28779

(ID) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

345302

(ID) MULTIPLE CONSTRUCTION
A. BUILDING

B. WING

Completion Date

05/16/2012

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 309 483.25 PROVIDE CARE/SERVICES FOR
SS=d HIGHEST WELL BEING

Each resident must receive and the facility must
provide the necessary care and services to attain
or maintain the highest practicable physical,
mental, and psychosocial well-being, in
accordance with the comprehensive assessment
and plan of care.

F 309

Plan of correction does not
constitute admission or agreement by
the provider of the truth of the facts
alleged or conclusions set forth in the
statement of deficiencies. The plan of
correction is prepared and or executed
solely because it is required by the
provisions of Federal and State law.

This REQUIREMENT is not met as evidenced
by:

Based on staff and family interviews and record
reviews, the facility failed to administer an
antibiotic per physician order for one (1) of three
(3) sampled residents with physician antibiotic
orders. (Resident #2).

The findings are:

Resident #2 was admitted to the facility on
8/10/2010 with diagnoses including Congestive
Heart Failure, Osteoarthritis and Diabetes
Mellitus. Review of the latest Minimum Data Set
(MDS) dated 3/6/2012 revealed Resident # 2 was
assessed as cognitively intact and needed
extensive assistance for Activities of Daily Living.

A review of resident #2's medical record
revealed a physician's order signed by the
Director of Nurses (DON) and dated 4/27/2012 at
6:15 PM for a Urine Culture and Sensitivity Lab
test for a suspected Urinary Tract Infection due to
fever symptoms. Review of the nurses notes
dated 4/29/2012 at 10:00 PM signed by Licensed
Nurse #1 (LN #1) that the Urine Analysis was
obtained and documented Resident #2 had a

Mountain Trace POC for
complaint survey of 5/16/12

Resident #2 has completed her
antibiotic with all doses
administered.
All residents with orders for
antibiotics have the potential to
be affected

by this deficient practice
although none were found to be
affected.

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 patient. (See instructions.) Except for nursing homes, the findings stated above are discloseable 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 discloseable 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.

F 309

Signature

Date

6-4-12

49411

623046

Event ID:

Facility ID:

JUN 07 2012

BY: 
<table>
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| F 309 | Continued From page 1 | | Urinary Tract Infection and the Physicians office was notified. An order was received for an antibiotic to be given twice a day for seven (7) days and the initial dose was given and the family notified. LN #1 documented that no signs and symptoms of acute distress were noted.

Review of Resident #2's Medication Administration Record (MAR) for April 2012 revealed documentation that Resident #2 received Macrobid 100mg the evening of 4/29/2012 and two doses on 4/30/2012. Review of Resident #2's MAR for May revealed no documentation that the Macrobid 100mg had been given from May 1 through May 6, 2012 as ordered by the physician.

Interview on 5/15/2012 at 1:00 PM with LN #2 revealed she had given Resident #2 two doses of Macrobid 100 mg in April but had then been off work for several days. LN #2 stated upon returning on 5/5/2012 she looked for the antibiotic for Resident #2 and upon reviewing the May MAR noted the physician order for Macrobid 100 mg had not been carried over to the May MAR and had not been given. LN#2 stated she called the Physician on call to inform him of the situation and he gave her an order as follows: "If no symptoms of UTI stop Macrobid. If symptoms do UA." LN #2 confirmed she assessed Resident #2 and there was no complaint of urinary pain, burning and no temperature indicating a UTI so she did not do a UA or restart the Antibiotic.

Interview with the Director of Nurses (DON) on 5/16/2012 at 1:15 PM revealed monthly MAR's are double-checked for accuracy on the 27th of | Continued From page 1 | | Education to licensed staff was given by the Assistant Director of Nursing and Administrator on 5/22/12 on Medication Administration and the procedure of reporting medication errors. An audit of current resident Medication Administration Records was completed on 5/28 and 5/29/12 to ensure all antibiotics were given as ordered.

Director of Nursing and/or Assistant Director of Nursing will fully investigate all medication errors within 72hrs of discovery. The Unit Managers will audit Medication Administration records daily x 2 weeks, weekly x 4 weeks then monthly thereafter to ensure antibiotics are given as ordered and document on audit form.

The results of the Quality Assurance audits will be presented by the Director of Nursing or
| 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) | COMPLETION DATE |
|----|--------|-----|---------------------------------------------------------------------------------------------------------------------------------|----|--------|-----|-------------------------------------------------------------------------------------------------------------|----------------
| F 309 | Continued From page 2 the month and than an additional check is done by the night nurse when they are placed in the MAR notebook on the last night of the month. She confirmed a medication error sheet was in the process of being filled out and investigated about the incident. The DON stated her expectations are that the final check of the MARs by the night nurse should have revealed the physician order received on 4/23/2012 for Resident #2 and at that time the order should have been added to the May MAR. | | F 309 Assistant Director of Nursing to the Quality Assurance committee monthly x 3 then quarterly thereafter to determine the need for additional education and/or monitoring. | | |
| | | | | | | | | Compliance Date 05/31/12 |