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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345102 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/09/2014 |
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| NAME OF PROVIDER OR SUPPLIER MAGGIE VALLEY NURSING AND REHABILITATION | STREET ADDRESS, CITY, STATE, ZIP CODE 75 FISHER LOOP MAGGIE VALLEY, NC 28751 |
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| (X4) 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) | (X5) COMPLETION DATE |
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| F 253 SS=B | <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to repair tears in the wall ' s plasterboard and repair the baseboard for 1 of 3 resident ' s room (Resident # 1). Findings included: 1. a. On 12/08/14 an observation of Resident # 1 ' s room at 12:30 PM revealed the 4 walls had torn plasterboard. An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated " The room had been like that for months . "</p> <p>An interview was conducted on 12/08/14 at 1:00 PM with the Administrator and Director of Nursing. The Administrator stated " We completely do this room almost every three months . "</p> <p>An interview was conducted on 12/09/14 at 7:45 AM with the Maintenance Director. He stated " The last time I painted that room has been probably a year ago . "</p> <p>1. b. On 12/08/14 an observation of Resident # 1 ' s room at 12:30 PM revealed the baseboards were torn off in over ½ of the room. An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated " The room had been like that for months . "</p> <p>An interview was conducted on 12/08/14 at 1:00 PM with the Administrator and Director of</p> | F 253 | <p>The plaster in room #219 (resident #1) was repaired and the room and bathroom were repainted with washable paint by the maintenance department on 12/08/14. The plaster and paint was re-evaluated on 12/10/14 to ensure compliance. The baseboards were replaced by the maintenance department on 12/24/14 with Trex material that does not splinter or peel and they were anchored to the studs in the wall with counter sunk screws to prevent resident #1 from ripping the baseboard off.</p> <p>Any resident could be affected, therefore, resident rooms have been inspected by the Maintenance Director on 12/22 and 12/23/14 for torn plaster, and missing baseboards. No evidence of torn plaster and missing baseboards was found.</p> <p>Staff were re-educated on the procedure of completing a maintenance work order when evidence of damaged plaster or paint is found by the Staff Development coordinator on December 29, 2014 through January 2, 2014.</p> <p>The Maintenance Director/Administrator will audit resident rooms each month to</p> | 1/5/15 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 12/24/2014 |
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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.

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| F 253 | Continued From page 1 Nursing. The Administrator stated " We completely do this room almost every three months. " An interview was conducted on 12/09/14 at 7:45 AM with the Maintenance Director. He stated " The vinyl baseboard he pulls off , we put it back on, and he pulls it off. " | F 253 | ensure no other rooms require the plaster repair or painting. A paint/plaster repair schedule has been implemented and resident rooms that require plaster or paint will be added to the schedule for repairs. Room #219 will be audited 5 x week by Maintenance Director/Administrator to ensure compliance with repairs. The results of these audits will be taken to the Monthly QAPI Meeting x 3 months for review and recommendations by the Maintenance Director. | | |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to protect 1 of 1 resident (Resident # 1) from an air conditioning unit with sharp edges and exposed coils. Findings included: Resident # 1 was admitted to the facility on 05/10/13 with diagnoses of traumatic brain injury, anxiety, and convulsions. A review of the Minimum Data Set (MDS) Quarterly Review dated 10/21/14 revealed | F 323 | The air conditioning/heat (P-Tac Unit) was removed from room #219. The empty space was framed, insulated and drywall installed and repainted from 12/9/14 through 12/24/14 by the Maintenance Staff. Any resident could be affected, therefore the Maintenance Staff inspected facility P-Tac Units on 12/22/2014 through | 1/5/15 | |

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| F 323 | <p>Continued From page 2</p> <p>Resident # 1 was severely cognitively impaired with a functional status of extensive 2 person physical assist for transfers and bed mobility. A review of a care plan dated 10/20/14 revealed a problem identified for Resident # 1 of behaviors of yelling and physically resisting staff during care daily, resident will remain free of injury. Interventions include: Monitor Resident # 1 ' s surroundings for a safe environment. A review of an accident/incident report dated 10/20/14 revealed Resident # 1 had been holding the cover of the air conditioning unit and had obtained a ½ cut to top of right foot. The investigation revealed he had hit the area injured on the cover of the air conditioning unit, and maintenance had been notified. A review of a maintenance request dated 10/20/14 revealed Resident # 1 took the cover off the air conditioning unit and obtained a cut to the foot. Staff requested safety options for the unit. Maintenance remarks were: " Placed cover on unit to cover metal edges (resident keeps removing plastic cover!). " On 12/08/14 an observation of Resident # 1 ' s room at 12:30 PM revealed the air conditioner unit had no cover on it, exposing sharp metal edges and exposed coils. An interview was conducted on 12/08/14 at 12:30 PM with Nursing Assistants #1 and #2. They both stated " The air conditioning unit has been like that for months. " An interview was conducted on 12/08/14 at 12:40 PM with Nurse # 1. The air conditioner unit cover was off and she stated, " that isn ' t safe and she would report it to maintenance. " An interview was conducted on 12/08/14 at 1:00 PM with the Administrator and Director of Nursing. The air conditioner unit was observed and she stated it was not safe.</p> | F 323 | <p>12/23/2014. No other P-Tac Units were found to have exposed coils or sharp edges or loose covers.</p> <p>Staff were re-educated between 12/29/2014 and 1/5/15 by the staff development coordinator regarding the reporting of issues with sharp edges and exposed coils or loose covers on the PTAC units to the maintenance department.</p> <p>The Maintenance Staff will audit the P-Tac units each month and record the findings in the TELS System. Any P-Tac Units found to have any sharp edges, exposed coils or loose covers will be repaired at that time.</p> <p>The audits of the PTAC units will be taken to the QAPI meeting x 3 months by the Maintenance Director for review and recommendation.</p> | | |

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

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| F 323 | Continued From page 3 An interview was conducted on 12/09/14 at 7:45 AM with the Maintenance Director. He verified the air conditioning unit was broken, and revealed they were in the process of taking the air conditioner unit out, but never got to it. | F 323 | | |