	-	ID HUMAN SERVICES				RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				<u>IO. 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì, '	LE CONSTRUCTION		TE SURVEY MPLETED
		345263	B. WING		1	2/17/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	·•	
				245 OLD MURPHY ROAD		
	ALLET NURSING AND R	EHABILITATION CENTER		FRANKLIN, NC 28734		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 272 SS=D	ASSESSMENTS The facility must cond a comprehensive, acc	duct initially and periodically curate, standardized	F 27	2		1/9/16
	functional capacity. A facility must make a assessment of a resid resident assessment by the State. The ass least the following: Identification and den Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior p Psychosocial well-bei Physical functioning a Continence; Disease diagnosis an Dental and nutritional Skin conditions; Activity pursuit; Medications; Special treatments ar Discharge potential; Documentation of sur the additional assess areas triggered by the Data Set (MDS); and	dent's needs, using the instrument (RAI) specified sessment must include at nographic information; atterns; ing; and structural problems; id health conditions; status;				
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE

Electronically Signed

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.

01/09/2016

PRINTED: 01/11/2016

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 01/11/2 FORM APPRO\ OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345263	B. WING		12/17/2015
NAME OF P	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE	•
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETI
F 272	Continued From page	e 1	F 272	2	
	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and record reviews the facility failed to accurately assess the dental condition for 1 of 3 residents (Resident #29) reviewed for dental services. The findings included: Resident #29 was admitted to the facility on 08/12/15 with diagnoses that included diabetes, atrial fibrillation, and pacemaker placement among others. Review of the admission Minimum Data Set (MDS) dated 08/19/15 revealed Resident #29 was cognitively intact and required limited to extensive assistance with most activities of daily living including personal hygiene. No dental issues were indicated on the MDS. No issues were identified as related to a resident with no natural teeth. Review of the Care Area Assessment dated 06/03/15 revealed dental issues were not triggered and received no further assessment or care planning. Review of Resident #29's care plan dated 08/12/15 indicated no dental issues were identified, and no goals or interventions were provided. On 12/15/15 at 11:30 AM an observation of Resident #29 revealed he had no teeth. On 12/16/15 at 3:50 PM an interview was conducted with Resident #29. He stated he did not have any teeth when he was admitted to the			Macon Valley Nursing and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance of applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of complian Macon Valley Nursing and Rehabilitation Center response to the statement of deficiencies doed denote agreement with the state of deficiencies nor does it constitue admission that any deficiency is accurate. Further, Macon Valley Nursing a Rehabilitation Center reserves the to refute any of the deficiencies of this statement of deficiencies the informal dispute resolution or for appeals procedure and or any of administrative or legal proceeding	to with of ed ance. o es not ment tute an nd ne right on ough mal ther
	one time, but they we He stated no one had or if he needed to see denied difficulty eatin he currently had no is On 12/17/15 at 10:10	indicated he had dentures at are broken and not replaced. d asked him about his teeth, e a dentist. Resident #29 g or swallowing and stated ssues with his oral care. AM an interview was IDS Coordinator. She stated		F272 01/14/2016 The resident identified, resident i	#29

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If continuation sheet Page 2 of 33

						<u>10. 0938-039</u>		
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		· · ·	TE SURVEY MPLETED		
		345263	B. WING		1	2/17/2015		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE			
MACON	ALLEY NURSING AND R	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE		
F 272	Continued From page	e 2	F 27	2				
	she was aware Resid stated she was respo documenting Resider MDS Coordinator sta when she failed to do teeth. On 12/17/15 at 3:20 F conducted with the D	lent #29 had no teeth. She onsible for assessing and nt #29's dental status. The ted she made a mistake ocument his lack of natural PM an interview was irector of Nursing. She ectation that assessments of		 comprehensive assessment modified to reflect the appropresponse for the area identified ental services. The care plathas been reviewed, revised Upon the next comprehensive assessment of all residents assessment include ensuring the completion section which may include the dentulous as applicable. The MDS Coordinator and the Nurse both have received in education training by an RN/C Consultant in relation to the the comprehensive assessments included the completeness assessments to include as a edentulous. In addition educ provided to ensure that this is placed on the care plan/care applicable. The monitoring of accuracy/c of the MDS comprehensive assessment assessment applicable. The monitoring of accuracy/c of the MDS comprehensive assessment then twice monthly for three 75% of all comprehensive assessment included; then one time periods and assessment as a completed; then one time periods as a completed; then o	priate ied related to an/care guide as applicable. // when he review will tion of the rices to mpleted in its n of the he response he MDS -service /RAC-CT, completion of hents in which of the Dental // ppropriate cation was information is a guide as completeness assessments Nursing or weekly for completed, months on assessment			

Event ID: Y0QN11

Facility ID: 923019

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		ND HUMAN SERVICES MEDICAID SERVICES				RM APPROVE NO. 0938-039
TATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		ATE SURVEY MPLETED
		345263	B. WING			12/17/2015
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COD	•	
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD		
				FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 272	Continued From page	e 3	F 27	2 assessment completed. An a	udit tool bas	
F 387 SS=E		QUENCY & TIMELINESS	F 38	been developed to record the information to ensure complet the identified section of the de The findings of the audits will monthly to the QAPI committe identification of patterns, addi concerns, and analysis of the training and tools to ensure of The LNHA is responsible to e communication and implemen Quality Assurance and Perfor Improvement Committee recommendations.	required teness for ental section. be reported ee to reflect tional progress of ompliance. nsure ntation of any	1/9/16
33-E	The resident must be once every 30 days f admission, and at lea thereafter. A physician visit is co	e seen by a physician at least for the first 90 days after ast once every 60 days onsidered timely if it occurs s after the date the visit was				
	by: Based on record rev staff interviews the fa residents were seen days during the first s every 60 days for res facility longer than 90	Γ is not met as evidenced iew and resident, family and acility failed to ensure that by the physician every 30 90 days after admission and idents who had been in the 0 days for 9 of 29 residents #63, #74, #79, #102, #104,		F387 The attending physician(s) ha contacted for any additional ir they may provide to the facilit the progress notes identified t available during the survey, fo #13, #49, #63, #74, # 79, # 10	nformation y related to that were not or (Residents	

Event ID: Y0QN11

Facility ID: 923019

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPI F	CONSTRUCTION	OMB NC	SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	l` í				PLETED
		345263	B. WING			12/	/17/2015
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
				24	45 OLD MURPHY ROAD		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		FF	RANKLIN, NC 28734		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 387	Continued From pag	e 4	F 3	87			
	The findings included				#120 and #139).		
					-		
		admitted to the facility on			The attending physician(s) and physicia		
		sed including depressive Minimum Data Set (MDS)			extenders have been provided informat on the requirement of frequency and		
		9/21/15 indicated Resident			timeliness of physician visits.		
		ntact for daily decision					
	making and had no n	-			The Medical Records Clerk will continu	е	
		, , , , , , , , , , , , , , , , , , ,			to provide the required monthly physici	an	
	Review of Resident #	#74's medical record			visits report to the attending physician.	In	
	revealed a progress	note signed by her physician			addition the Medical Record Clerk will		
	,	02/08/15. Progress notes			complete an audit to ensure physician		
		0/15 and 08/24/15 were			visits are occurring as required.		
		actitioner. There was no					
		ndicated Resident #74 had			The Medical Record Clerk has received	d	
		ysician or nurse practitioner			in-service education training on the	1	
	after 08/24/15.				requirement of physician frequency and timeliness of physician visits and to aud		
	An interview on 12/1	7/15 at 3:45 PM was			for compliance and the reporting protoc		
		Director of Nursing (DON) and			when a deficient practice has been	.01	
		the facility's system for			identified.		
		ian visits were due revealed					
		n Point Click Care (PCC),			The audits will be performed one time		
	-	c medical record system,			weekly for three months for 100% of all	l	
	that generated a repo	ort for each physician on a			residents, then twice monthly for three		
	monthly basis of whe	en a visit was due for each			months for 75% of all residents, then or	ne	
		strator stated the Medical			time per month for six months for 50%		
	-	RD) sent the report to each			all residents. An audit tool will be utilize	ed	
	physician at the begi	nning of each month.			to record the findings to ensure		
	An intorview -= 40/4	7/15 with Dhysisian #4			compliance.	ad	
		7/15 with Physician #1			The findings of the audits will be report		
		vly admitted residents for the I subsequent visits every 30			monthly to the QAPI committee to refle identification of patterns, additional	υ	
		practitioner. Physician #1			concerns, and analysis of the progress	of	
		e seen every 60 days after			training and tools to ensure compliance		
		stated the MRD gave him a			The LNHA is responsible to ensure		
		of every month of which			communication and implementation of	any	
		be seen. Physician #1 stated			Quality Assurance and Performance		
		the nurse practitioner based			Improvement Committee		

Facility ID: 923019

PRINTED: 01/11/2016 FORM APPROVED

	S FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY IPLETED
		345263	B. WING		12/17/2015	
NAME OF P	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		45 OLD MURPHY ROAD RANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 387	Continued From page	e 5	F 387			
on where An intervie MRD reve PCC of ph month. Sh physician' copy of th She stated the electro was last s informatio always cu to get a ph visit. The progress n record as have any Resident a physician	on where the residen			recommendations.		
	MRD revealed she pup PCC of physician visit month. She stated she physician's office and physician's mail box. copy of the list that w She stated the list that w She stated the list wat the electronic medicat was last seen by the information about the always current becau to get a physician pro- visit. The MRD stated progress notes into e record as soon as sh have any additional p Resident #74. When physician visits to en-	7/15 at 7:47 PM with the ulled a list every month from its that were due for that he faxed the list to the d also put the list in the She stated she didn't keep a ras sent to the physicians. as based on information in al record of when the resident physician. She stated the e last physician visit wasn't use it could take 30 - 45 days ogress note following the d she scanned physician erach resident's medical e received them and did not ohysician progress notes for asked who monitored sure that residents were ed no one was monitoring the				
	Administrator about h visits revealed he exp aware of the regulations the regulations about visits. The Administra progress notes by the provided to the facility date of the visit. Whe process was for mon were being made as	7/15 at 8:15 PM with the his expectation for physician bected the physicians to be ons and to be compliant with a the frequency of physician ator stated he thought e physician should be y within 30 days from the en asked what the facility's itoring that physician visits required, he stated the thy have a process for				

Facility ID: 923019

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		ID HUMAN SERVICES MEDICAID SERVICES				I	NTED: 01/11/2016 FORM APPROVED B NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		345263	B. WING				12/17/2015
NAME OF P	ROVIDER OR SUPPLIER	l	I	ST	FREET ADDRESS, CITY, STATE, ZIP CODE	•	
	ALLEY NURSING AND R	EHABILITATION CENTER			IS OLD MURPHY ROAD		
		-		F	RANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 387	Continued From page	9 6	F	387			
	01/26/15 with diagnest disorder, hypertensio accident. A quarterly 10/23/15 indicated Re cognitive impairment making and impaired memory. Review of Resident # revealed progress no #79's physician dated 06/03/15, 07/24/15 ar documentation that R by the physician betw or between 07/24/15 An interview on 12/17 with the DON and Ad facility's system for tra were due revealed th the facility's electronic generated a report fo monthly basis of whe resident. The Administ the report to each phy each month. Resident #79's physic interview. An interview on 12/17 MRD revealed she pu PCC of physician visi month. She stated sh physician's office and	tes signed by Resident d 01/30/15, 02/19/15, and 10/13/15. There was no desident #79 had been seen yeen 02/19/15 and 06/03/15 and 10/13/15. 7/15 at 3:45 PM Interview ministrator about the acking when physician visits ere was a system in PCC, c medical record system, r each physician on a n a visit was due for each strator stated the MRD sent ysician at the beginning of cian was not available for 7/15 at 7:47 PM with the ulled a list every month from ts that were due for that					

Facility ID: 923019

If continuation sheet Page 7 of 33

	S FOR MEDICARE &					10.0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			FE SURVEY MPLETED
		345263	B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP COD	E	
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER		45 OLD MURPHY ROAD RANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE
F 387	Continued From page She stated the list wa	e 7 s based on information in	F 387			
	was last seen by the information about the	I record of when the resident physician. She stated the last physician visit wasn't se it could take 30 - 45 days				
	to get a physician provisit. The MRD stated progress notes into e	gress note following the I she scanned physician ach resident's medical				
	have any additional p Resident #79. When	e received them and did not hysician progress notes for asked who monitored				
	being seen, the MRD monitoring the physic					
	Administrator about h	7/15 at 8:15 PM with the is expectation for physician pected the physicians to be				
	aware of the regulation	ons and to be compliant with the frequency of physician				
		e physician should be / within 30 days from the n asked what the facility's				
	were being made as facility did not current					
		ian visits but he thought the toring the visits to ensure timely manner.				
	05/22/09 with diagnos	admitted to the facility on ses including Alzheimer's n and diabetes mellitus. A				
	quarterly MDS dated	11/02/15 indicated Resident itive impairment as well as				

Facility ID: 923019

If continuation sheet Page 8 of 33

						IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		345263	B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER		45 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 387	(Physician #1) dated Progress notes dated 06/30/15 and 08/24/1 practitioner. There wa indicated Resident #4 Physician #1 or the n 08/24/15. An interview on 12/17 with the DON and Ad facility's system for tr were due revealed th the facility's electronic that generated a repor monthly basis of whe resident. The Adminis the report to each phy each month. An interview on 12/17 revealed he saw new first visit then rotated days with the nurse p stated residents were the first 90 days. He so Director gave him a li month of which reside Physician #1 stated h nurse practitioner bas lived in the facility.	tes signed by her physician 04/26/15 and 09/20/15. 1 02/27/15, 03/04/15, 5 were signed by a nurse as no documentation that 19 had been seen by urse practitioner after 7/15 at 3:45 PM Interview	F 387			
	Medical Records Dire list every month from were due for that mor the list to the physicia list in the physician's	7/15 at 7:47 PM with the ector revealed she pulled a PCC of physician visits that oth. She stated she faxed an's office and also put the mail box. She stated she the list that was sent to the				

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	01/11/2016 APPROVED 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		E CONSTRUCTION		(X3) DATE S COMPLI	URVEY
		345263	B. WIN	G			12/1	7/2015
NAME OF PI	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STAT	E, ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER			245 OLD MURPHY ROAD			
		ATEMENT OF DEFICIENCIES			,	LAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRE	D EFIX AG	(EACH CORRECT CROSS-REFERENC	TIVE ACTION SHOULD BE EED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 387	Continued From page	9		F 387				
	information in the elek when the resident was She stated the inform physician visit wasn't could take 30 - 45 da progress note followin she scanned physicia resident's medical rec received them and die physician progress no asked who monitored that residents were be one was monitoring th An interview on 12/17 Administrator about h visits revealed he exp aware of the regulation the regulations about visit. The Administrato progress notes by the provided to the facility date of the visit. Whe process was for moni- were being made as facility did not current monitoring the physic MRD should be moni-	always current because it ys to get a physician ing the visit. The MRD stated in progress notes into each cord as soon as she d not have any additional bets for Resident #49. When I physician visits to ensure eing seen, she stated no he physician visits. 7/15 at 8:15 PM with the is expectation for physician bected the physicians to be ons and to be compliant with the frequency of physician for stated he thought e physician should be y within 30 days from the n asked what the facility's toring that physician visits required, he stated the ly have a process for ian visits but he thought the toring the visits to ensure						
FORM CMS-256		s admitted to the facility on ses including psychosis,	Y0QN11	Fa	acility ID: 923019	If continu	ation sheet	Page 10 of 33

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 01/11/2016 APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		CONSTRUCTION		(X3) DATE	
		345263	B. WING				12/	17/2015
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	-		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER			5 OLD MURPHY ROAD RANKLIN, NC 28734			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 387	MDS assessment dat Resident #104 was se and received antipsyc antianxiety medication Review of Resident # revealed progress not (Physician #1) since F 07/05/15 and 09/20/1 documentation that in been seen by Physici An interview on 12/17 Director of Nursing (D about the facility's sys physician visits were system in Point Click electronic medical rec a report for each phys when a visit was due An interview on 12/17 revealed he saw new first visit then rotated days with the nurse p stated residents were the first 90 days. He s	nd dementia. A quarterly ed 11/04/15 indicated everely cognitively impaired chotic, antidepressant, and ns 7 days a week. 104's medical record tes signed by his physician February of 2015 dated 5. There was no dicated Resident #104 had an #1 after 09/20/15. 7/15 at 3:45 PM with the PON) and Administrator stem for tracking when due, revealed there was a Care (PCC), the facility's cord system, that generated sician on a monthly basis of for each resident. 7/15 with Physician #1 by admitted residents for the subsequent visits every 30 ractitioner. Physician #1 seen every 60 days after stated the Medical Records	F 3	37				
	month of which reside Physician #1 stated h nurse practitioner bas lived in the facility. Wh sure that he saw resid Physician #1 stated h required to see the re An interview on 12/17	at at the beginning of every ents needed to be seen. e rotated visits with the led on where the resident hen asked how he made dents every other visit, e wasn't aware that he was sident every other visit. /15 at 7:47 PM with the ctor revealed she pulled a						

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	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 01/11/2016 FORM APPROVED MB NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		K3) DATE SURVEY COMPLETED
		345263	B. WING			12/17/2015
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE	E, ZIP CODE	
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER		45 OLD MURPHY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PL (EACH CORRECTI' CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 387	were due for that mor the list to the physicial list in the physician's didn't keep a copy of physicians. She state information in the elec when the resident wa She stated the inform physician visit wasn't could take 30 - 45 day progress note followin she scanned physicia resident's medical rec received them and did physician progress not When asked who mole ensure that residents stated no one was mole An interview on 12/17 Administrator about hvisits revealed he exp aware of the regulation the regulations about visit. The Administrator provided to the facility date of the visit. When process was for moni were being made as a facility did not current monitoring the physic	PCC of physician visits that th. She stated she faxed n's office and also put the mail box. She stated she the list that was sent to the d the list was based on ctronic medical record of s last seen by the physician. ation about the last always current because it ys to get a physician ng the visit. The MRD stated n progress notes into each cord as soon as she d not have any additional otes for Resident #104. nitored physician visits to were being seen, she onitoring the physician visits. 7/15 at 8:15 PM with the is expectation for physician pected the physicians to be ons and to be compliant with the frequency of physician or stated he thought e physician should be y within 30 days from the n asked what the facility's toring that physician visits required, he stated the ly have a process for ian visits but he thought the toring the visits to ensure	F 387			

Event ID: Y0QN11

Facility ID: 923019

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM): 01/11/2016 1 APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. /	E CONSTRUCTION		(X3) DATE	
		345263	B. WING		_	12/	17/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 387	Continued From page	12	F 387				
	10/22/15 indicated Re the facility on 10/15/12 Resident #13 diagnos arthritis, hip fracture, a disease. Resident #13 assistance with bed m toileting, and persona A review of Resident a revealed a history and 10/28/15 and was sig was no documentation indicated Resident #1 Physician #1 after 10/ On 12/17/15 at 3:45 F conducted with the Di Administrator about th tracking when physici there was a system in	3 required extensive nobility, transfers, dressing, I hygiene. #13's medical record d physical assessment dated ned by Physician #1. There n in the medical record that 3 had been seen by '28/15. PM an interview was rector of Nursing (DON) and					
	monthly basis of when resident. On 12/17/15 at 7:47 F conducted with the Mi generated a list every physician visits that w provided the list to the the physician list inclu	RD who revealed she					

Facility ID: 923019

If continuation sheet Page 13 of 33

				E CONSTRUCTION		10. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	· · ·	TE SURVEY MPLETED	
		345263	B. WING		1	2/17/2015	
NAME OF PI	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP CODE			
MACON V	ALLEY NURSING AND R	REHABILITATION CENTER	245 OLD MURPHY ROAD FRANKLIN, NC 28734				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
F 387	Continued From page	e 13	F 387	7			
		esident was actually seen by					
	the physician on the pr	previous date. She stated					
		information in the electronic					
	medical record of who						
	supposed to have be	-					
		stated the list of monthly					
		ysician was supposed to see le facility had no system in					
		residents on the list were					
	· ·	physician. The MRD stated					
		nitial visits and follow up					
		d then after that Physician					
		esident visit list with the					
	-	e MRD stated Physician #1					
	-	nt on a scheduled basis ting the resident list with the					
		e MRD stated the physician					
	· ·	n't always current because it					
		ys from the actual date of					
		t a physician progress note.					
		scanned physician progress					
		ent's medical record as soon					
		n. MRD stated she had Il record all physican visit					
		ent #13. When asked who					
	monitored physician						
		seen, she stated no one					
	was monitoring the pl	hysician visits.					
	On 12/17/15 at 8:15 I	PM an interview was					
		dministrator who stated					
		o facility process in place to					
		on the monthly physician list					
	was actually seen by						
		d he thought the MRD the physician visits to					
		de in a timely manner. The					
	-	his expectations were that					

Facility ID: 923019

If continuation sheet Page 14 of 33

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	I (X2) MULTIPLE	CONSTRUCTION	I (X3) DA	E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED
		345263	B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	REHABILITATION CENTER		45 OLD MURPHY ROAD RANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLET	
F 387	the regulations about visit and further revea at the facility for 28-29 stated his expectation progress notes would within 30 days after p used a dictation servi 6. Significant change revealed Resident #1 facility on 10/21/15 ar Resident #102's diag orthostatic hypotensid diabetes mellitus, hyp disorder. Resident #1 assistance with bed n and personal hygiene limited assistance wit A record review of Re- record revealed a his assessment dated 10 Physician #1. There w medical record that in been seen by Physici On 12/17/15 at 3:45 F conducted with the D Administrator about th tracking when physici there was a system in the facility's electronic that generated a report	d have been compliant with the frequency of physician aled Physician #1 had been 9 years. The Administrator hs were that physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility shysician visit if the physician d be returned to the facility of the physician of the physical d be returned to the facility of the toileting. The sident #102's medical tory and physical by was no documentation in the facilitated Resident #102 had d fan #1 after 10/28/15.	F 387			

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	S FOR MEDICARE &					IO. 0938-03	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	· · /	TE SURVEY MPLETED	
		345263	B. WING		1	2/17/2015	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER	245 OLD MURPHY ROAD FRANKLIN, NC 28734				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 387	Continued From page	e 15	F 38	7			
1 001		IRD who revealed she	F 30				
	generated a list every						
		vere due for the month and					
		e physician. The MRD stated					
	-	uded dates of when the					
		t generated and the list did					
not inc the ph the list medic suppo	not indicate that the r	esident was actually seen by					
		previous date. She stated					
		information in the electronic					
	medical record of who						
	supposed to have be						
		stated the list of monthly ysician was supposed to see					
	-	ie facility had no system in					
		residents on the list were					
	•	physician. The MRD stated					
		nitial visits and follow up					
	visits on residents an	d then after that Physician					
		esident visit list with the					
		e MRD stated Physician #1					
		nt on a scheduled basis					
		ting the resident list with the					
		e MRD stated the physician					
		n't always current because it ys from the actual date of					
		t a physician progress note.					
		scanned physician progress					
		ent's medical record as soon					
	as she received them	n. MRD stated she had					
		al record all physican visit					
		ent #102. When asked who					
	monitored physician						
	residents were being was monitoring the plant	seen, she stated no one hysician visits.					
	On 12/17/15 at 8:15 I	PM an interview was					
		dministrator who stated					
			1	1		1	
	currently there was n	o facility process in place to					

Facility ID: 923019

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 01/11/2016 APPROVED D: 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE	
		345263	B. WING			-	12/	17/2015
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER			45 OLD MURPHY ROAD RANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B ICED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 387	should be monitoring ensure they were made Administrator stated P Physician #1 would he regulations and would the regulations about visit and further reveal at the facility for 28-29 stated his expectation progress notes would within 30 days after p used a dictation servin 7. Resident #139 was 07/28/15 with diagnos disease, diabetes, an An admission Minimu assessment dated 08 #139 was cognitively Review of Resident # revealed an admissio assessment dated 08 #1, a progress note d nurse practitioner, an 09/20/15 signed by P documentation that in been seen by the phy after 09/20/15. An interview on 12/17 Director of Nursing (D	the physician. The d he thought the MRD the physician visits to de in a timely manner. The his expectations were that ave been aware of the d have been compliant with the frequency of physician led Physician #1 had been D years. The Administrator his were that physician be returned to the facility hysician visit if the physician ce. admitted to the facility on ses including Parkinson's d aural vertigo. m Data Set (MDS) /04/15 indicated Resident impaired. 139's medical record n history and physical /07/15 signed by Physician ated 08/26/15 signed by a d a progress note dated hysician #1. There was no dicated Resident #139 had sician or nurse practitioner	F	387				
	Director of Nursing (Data about the facility's system							

Facility ID: 923019

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	S FOR MEDICARE &					<u>IO. 0938-039</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	· · · ·	TE SURVEY MPLETED
		345263	B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP COD	Ε	
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER	245 OLD MURPHY ROAD FRANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 387	Continued From page	e 17	F 387			
	system in Point Click electronic medical rea a report for each phys when a visit was due Administrator stated to Director (MRD) sent to at the beginning of each An interview on 12/17 revealed he saw new first visit then rotated days with the nurse p stated residents were the first 90 days. He so Director gave him a li month of which reside Physician #1 stated he	Care (PCC), the facility's cord system, that generated sician on a monthly basis of for each resident. The he Medical Records he report to each physician ch month.				
	MRD revealed she pu PCC of physician visi month. She stated sh physician's office and physician's mail box. copy of the list that w She stated the list wa the electronic medica was last seen by the information about the always current becau to get a physician pro- visit. The MRD stated progress notes into e	a also put the list in the She stated she didn't keep a as sent to the physicians. Is based on information in I record of when the resident physician. She stated the last physician visit wasn't se it could take 30 - 45 days ogress note following the d she scanned physician ach resident's medical e received them and did not				

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 01/11/2016 APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE	
		345263	B. WING				12/	17/2015
NAME OF PI	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, 2	ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER			45 OLD MURPHY ROAD RANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
F 387	physician visits. An interview on 12/17 Administrator about h visits revealed he exp aware of the regulatio the regulations about visits. The Administra progress notes by the provided to the facility date of the visit. When process was for moni- were being made as n facility did not current monitoring the physic MRD should be monit they were made in a t 8. Resident #120 was 07/13/15 with diagnos malignant neoplasm of results of kidney funct hypertension, cachex A quarterly Minimum assessment dated 10 #120 was cognitively Review of Resident # revealed an admissio assessment dated 07	d no one was monitoring the /15 at 8:15 PM with the is expectation for physician ected the physicians to be ns and to be compliant with the frequency of physician tor stated he thought physician should be within 30 days from the n asked what the facility's toring that physician visits required, he stated the ly have a process for ian visits but he thought the oring the visits to ensure imely manner. admitted to the facility on ses including dysphagia, of the colon, abnormal tion, overactive bladder, ia, and dehydration. Data Set (MDS) /07/15 indicated Resident impaired. 120's medical record n history and physical /13/15 and a progress noted	F	387	DEFIC	(ENCY)		
	dated 08/22/15 signed progress noted dated practitioner. There wa indicated Resident #1 physician or nurse pra	d by physician #1, and a 09/24/15 signed by a nurse is no documentation that 20 had been seen by the actitioner after 09/24/15. /15 at 3:45 PM with the						

Facility ID: 923019

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			0.00			10.0938-03
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			TE SURVEY MPLETED
		345263	B. WING		1	2/17/2015
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 387	Continued From page	e 19	F 38	7		
Director of Nursing (DON) and Administrator						
		stem for tracking when				
	physician visits were	due revealed there was a				
	-	Care (PCC), the facility's				
		cord system, that generated sician on a monthly basis of				
		for each resident. The				
	Administrator stated t	the Medical Records				
		the report to each physician				
	at the beginning of ea	ach month.				
		7/15 with Physician #1				
		ly admitted residents for the subsequent visits every 30				
		ractitioner. Physician #1				
		e seen every 60 days after				
	-	stated the Medical Records				
		st at the beginning of every				
		ents needed to be seen. ne rotated visits with the				
	•	sed on where the resident				
	lived in the facility.					
		7/15 at 7:47 PM with the				
		ulled a list every month from				
	month. She stated sh	ts that were due for that				
		l also put the list in the				
		She stated she didn't keep a				
		as sent to the physicians.				
		is based on information in				
		I record of when the resident physician. She stated the				
	•	last physician visit wasn't				
		ise it could take 30 - 45 days				
		gress note following the				
		she scanned physician				
	progress notes into e	ach resident's medical				

Facility ID: 923019

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 01/11/2016 1 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>	PLE CONSTRUCTION G	_	(X3) DATE	
		345263	B. WING			12/	17/2015
NAME OF PF	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, S	STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	I'S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 387	Resident #120. When physician visits to ensi- being seen, she state physician visits. An interview on 12/17 Administrator about h visits revealed he exp aware of the regulation the regulations about visits. The Administrat progress notes by the provided to the facility date of the visit. When process was for moni- were being made as a facility did not current monitoring the physic MRD should be monit they were made in a t 9. Resident #63 was 07/02/15 with diagnos behavioral disturbanc An admission Minimu assessment dated 07 #63 was cognitively in Review of Resident #6 physician or nurse pra-	hysician progress notes for a sked who monitored sure that residents were d no one was monitoring the 7/15 at 8:15 PM with the is expectation for physician bected the physicians to be ons and to be compliant with the frequency of physician tor stated he thought e physician should be v within 30 days from the n asked what the facility's toring that physician visits required, he stated the ly have a process for ian visits but he thought the toring the visits to ensure imely manner. admitted to the facility on ses including dementia with es and diabetes. m Data Set (MDS) /19/15 indicated Resident fact.	F 38	87	DEFICIENCY)		
	interview.	vian was not available for					
	An interview on 12/17	7/15 at 3:45 PM with the					

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						IO. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY IPLETED
		345263	B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER	245 OLD MURPHY ROAD FRANKLIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	SHOULD BE COMPLE	
F 387	Continued From page	e 21	F 38	7		
	Director of Nursing (DON) and Administ					
		stem for tracking when				
		due revealed there was a				
	-	Care (PCC), the facility's				
		cord system, that generated sician on a monthly basis of				
		for each resident. The				
	Administrator stated t	the Medical Records				
		the report to each physician				
	at the beginning of ea	ach month.				
		7/15 with Physician #1				
		ly admitted residents for the subsequent visits every 30				
		practitioner. Physician #1				
		e seen every 60 days after				
	-	stated the Medical Records				
		ist at the beginning of every				
		ents needed to be seen. ne rotated visits with the				
	-	sed on where the resident				
	lived in the facility.					
	An interview on 12/17	7/15 at 7:47 PM with the				
		ulled a list every month from				
	PCC of physician visi month. She stated sh	its that were due for that				
		also put the list in the				
		She stated she didn't keep a				
		as sent to the physicians.				
		as based on information in				
		I record of when the resident				
		physician. She stated the last physician visit wasn't				
		ise it could take 30 - 45 days				
	-	ogress note following the				
		d she scanned physician				
		ach resident's medical				
	record as soon as sh	e received them and did not				

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F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING			
	345263	B. WING		1	2/17/2015
OVIDER OR SUPPLIER					
ALLEY NURSING AND F	REHABILITATION CENTER				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE
Continued From page	e 22	F 387			
have any additional p Resident #63. When physician visits to en	ohysician progress notes for asked who monitored sure that residents were				
Administrator about h visits revealed he exp aware of the regulation the regulations about visits. The Administra progress notes by the provided to the facilit date of the visit. Whe process was for mon were being made as facility did not current monitoring the physic MRD should be monit they were made in a 483.40(c)(3)-(4) PER	his expectation for physician pected the physicians to be ons and to be compliant with at the frequency of physician ator stated he thought e physician should be y within 30 days from the en asked what the facility's itoring that physician visits required, he stated the tly have a process for cian visits but he thought the itoring the visits to ensure timely manner. SONAL VISITS BY	F 388			1/9/16
this section, all require made by the physicial At the option of the p SNFs, after the initial personal visits by the physician assistant, r	red physician visits must be an personally. hysician, required visits in visit, may alternate between physician and visits by a nurse practitioner or clinical				
	ROVIDER OR SUPPLIER ALLEY NURSING AND F SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag have any additional p Resident #63. When physician visits to en being seen, she state physician visits. An interview on 12/1 Administrator about f visits revealed he exp aware of the regulations the regulations about visits. The Administrator progress notes by the provided to the facilit date of the visit. When process was for mon were being made as facility did not curren monitoring the physic MRD should be mon they were made in a 483.40(c)(3)-(4) PER PHYSICIAN, ALTER Except as provided in this section, all requir made by the physician At the option of the p SNFs, after the initial personal visits by the physician assistant, r nurse specialist in ac	ALLEY NURSING AND REHABILITATION CENTER ALLEY NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 have any additional physician progress notes for Resident #63. When asked who monitored physician visits to ensure that residents were being seen, she stated no one was monitoring the physician visits. An interview on 12/17/15 at 8:15 PM with the Administrator about his expectation for physician visits revealed he expected the physicians to be aware of the regulations and to be compliant with the regulations about the frequency of physician visits. The Administrator stated he thought progress notes by the physician should be provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring that physician visits were being made as required, he stated the facility did not currently have a process for monitoring the physician visits to ensure they were made in a timely manner. 483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e)	A BUILDING A BUILDING ROVIDER OR SUPPLIER ALLEY NURSING AND REHABILITATION CENTER ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 have any additional physician progress notes for Resident #63. When asked who monitored physician visits to ensure that residents were being seen, she stated no one was monitoring the physician visits. An interview on 12/17/15 at 8:15 PM with the Administrator about this expectation for physician visits revealed he expected the physicians to be aware of the regulations and to be compliant with the regulations about the frequency of physician visits. The Administrator stated he thought progress notes by the physician should be provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring that physician visits were being made as required, he stated the facility did not currently have a process for monitoring the physician visits but he thought the MRD should be monitoring the visits to ensure they were made in a timely manner. 483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP F 388 Except as provided in paragraphs (c)(4) and (f) of this section, all required physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician avisits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e)	A BUILDING 345263 STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE ALLEY NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE (EACH DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 F 387 Avae any additional physician progress notes for Resident #63. When asked who monitored physician visits to ensure that residents were being seen, she stated no one was monitoring the physician visits to ensure that residents were being seen, she stated no one was monitoring the physician visits. The Administrator stated he thought progress notes by the physician should be provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring the physician visits were being made as required, he stated the facility did not currently have a process for monitoring the physician visits to ensure they were made in a timely manner. 433.40(c)(3)(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits in SNFs, after the initial visit, may alternate between personal visits by the physician of visits in SNFs, after the initial visit, may alternate between personal visits by the physician of visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e)	A BULDMS Image: Continued From page 22 Street Address, Citry, State, Zip Coole Continued From page 22 PROVIDER on Wathing and Development of Deficiencies Image: Construction of Consection Continued From page 22 F 387 Nave any additional physician progress notes for Resident #30. When asked who monitored physician visits to ensure that residents were being seen, she stated no one was monitoring the physician visits to ensure that residents to be aware of the regulations about the frequency of physician visits. The Administrator state dhe thought provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring that physician visits were being made. Alter (A) the thought the facility did not currently have a process for monitoring the physician visits to ensure they were made in a timely manner. (433.40(c)(4) (4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP F 388 Except as provided in paragraphs (c)(4) and (f) of this section, all required physician, required visits in SNFs, after the initial visits must be made by the physician personally. F 388

If continuation sheet Page 23 of 33

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	· · /	E SURVEY PLETED
		345263	B. WING		12	/17/2015
NAME OF P	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 388	Continued From pag	e 23	F 3	88		
	staff interviews the fa	view and resident, family and acility failed to ensure that alternated between the		F388 01/14/20)16	
	physician visits were alternated between the physician and nurse practitioner so that residents were seen by the physician every other visit for 4 of 29 residents (Residents #49, #74, #97 and # 104). The findings included:			The attending physician(s) ide been contacted and advised o findings and ask for any addition information related to physician visits/progress notes for (Resident #74, #97 and #104).	f the onal n	
	_	admitted to the facility to a		The attending physician(s) have been	
	dually certified bed (a both Medicare and M diagnoses including depressive disorder.	a bed that was certified for ledicaid) on 06/02/13 with multiple sclerosis and A quarterly Minimum Data		the alternate PA/NP may visit.	relates to nd when	
	Resident #74 was co decision making and	ent dated 09/21/15 indicated ognitively intact for daily had no memory impairment.		The Medical Records Cler continue to provide the re- monthly physician visits re-	quired port to the	
	(Physician #1) dated	note signed by her physician 02/08/15. Progress notes 0/15 and 08/24/15 were		attending physician. In ad Medical Record Clerk will an audit to ensure physician occurring as required and applicable authorized alte	complete visits are when	
	An interview on 12/17/15 at 3:45 PM with the Director of Nursing (DON) and Administrator about the facility's system for tracking when physician visits were due revealed there was a	DON) and Administrator stem for tracking when		The Medical Record Clerk		
	electronic medical re a report for each phy when a visit was due	Care (PCC), the facility's cord system, that generated sician on a monthly basis of for each resident. The		in-service education traini requirement of physician f and timeliness of physician vis	requency	
	Administrator stated Director (MRD) sent at the beginning of e	the report to each physician		the audit process for compliar reporting protocol when a practice has been identifie	deficient	

Facility ID: 923019

If continuation sheet Page 24 of 33

	S FOR MEDICARE &					. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	(X3) DATE COMP		
		345263	B. WING		12/*	17/2015
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON VALLEY NURSING AND REHABILITATION CENTER				245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(VA) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETIC DATE
F 388	Continued From page	24	F 38	3		
	revealed he saw new first visit then rotated days with the nurse p stated residents were the first 90 days. He s Director gave him a li month of which reside Physician #1 stated h nurse practitioner bas lived in the facility. W sure he saw residents #1 stated he wasn't a see the resident ever An interview on 12/17 MRD revealed she pu PCC of physician visi month. She stated sh physician's office and physician's office and physician's mail box. copy of the list that w She stated the list wa the electronic medica was last seen by the information about the always current becau to get a physician pro visit. The MRD stated progress notes into e record as soon as she have any additional p Resident #74. When a physician visits to ens being seen, she stated physician visits.	ly admitted residents for the subsequent visits every 30 ractitioner. Physician #1 seen every 60 days after stated the Medical Records st at the beginning of every ents needed to be seen. The rotated visits with the sed on where the resident then asked how he made severy other visit, Physician ware that he was required to y other visit. 7/15 at 7:47 PM with the alled a list every month from ts that were due for that the faxed the list to the also put the list in the She stated she didn't keep a as sent to the physicians. It is based on information in a sect to the physician. She stated the last physician visit wasn't se it could take 30 - 45 days gress note following the she scanned physician ach resident's medical e received them and did not hysician progress notes for asked who monitored sure that residents were did no one was monitoring the 1715 at 8:15 PM with the 2010 take 30 - 45 the 1715 at 8:15 PM with the 1715 at 8:15 PM w		The audits will be performed of weekly for three months for 10 all residents, then twice monthly three months for 75% of all resident one time per month for six mo 50% of all residents. An audit will be utilized to record the fir to ensure compliance. The findii the audits will be reported monthly QAPI committee to reflect identification of patterns, additional concerr analysis of the progress of tra and tools to ensure compliance. T LNHA is responsible to ensure communication and implementation of any Qu Assurance and Performance Improvement Committee recommendations.	00% of for s, then nths on tool idings ngs of y to the is, and ining	

If continuation sheet Page 25 of 33

				E CONSTRUCTION		O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		345263	B. WING		12	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	ALLEY NURSING AND R	EHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
F 388	aware of the regulations about visits. The Administra progress notes by the provided to the facility date of the visit. Whe process was for moni- were being made as a facility did not current monitoring the physic MRD should be moni- they were made in a fac- 2. Resident #49 was 05/22/09 to a dually of certified for both Med diagnoses including <i>A</i> hypertension and dial Minimum Data Set (Mi- indicated Resident #44 impairment as well as memory impairment. Review of Resident #47 revealed progress no (Physician #1) dated Progress notes dated 06/30/15 and 08/24/11 practitioner. There was indicated Resident #47 Physician #1 or the n 08/24/15. An interview on 12/17 Director of Nursing (E about the facility's sys physician visits were	ons and to be compliant with the frequency of physician tor stated he thought e physician should be y within 30 days from the n asked what the facility's itoring that physician visits required, he stated the dy have a process for tian visits but he thought the toring the visits to ensure timely manner. admitted to the facility on certified bed (a bed that was icare and Medicaid) with Alzheimer's disease, betes mellitus. A quarterly IDS) dated 11/02/15 49 had severe cognitive as short term and long term 49's medical record tes signed by her physician 04/26/15 and 09/20/15. 1 02/27/15, 03/04/15, 5 were signed by a nurse as no documentation that	F 38	3		

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	S FOR MEDICARE &					NO. 0938-03
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345263			LE CONSTRUCTION	` '	TE SURVEY MPLETED	
		B. WING		1	2/17/2015	
IAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
IACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 388	Continued From page	26	F 38	38		
		sician on a monthly basis of	1 30			
		for each resident. The				
	Administrator stated					
	Director (MRD) sent	the report to each physician				
	at the beginning of each month.					
	An interview on 12/17/15 with Physician #1					
	revealed he saw newly admitted residents for the first visit then rotated subsequent visits every 30					
	days with the nurse practitioner. Physician #1					
	stated residents were seen every 60 days after					
		stated the Medical Records				
	-	st at the beginning of every				
	month of which reside	ents needed to be seen.				
	-	ne rotated visits with the				
	-	sed on where the resident				
	lived in the facility.					
	An interview on 12/17	7/15 at 7:47 PM with the				
		ector revealed she pulled a				
	-	PCC of physician visits that				
		nth. She stated she faxed				
		an's office and also put the				
		mail box. She stated she the list that was sent to the				
		d the list was based on				
		ctronic medical record of				
		is last seen by the physician.				
	She stated the inform	nation about the last				
		always current because it				
	could take 30 - 45 da					
		ng the visit. The MRD stated				
	resident's medical rec	an progress notes into each				
		d not have any additional				
		otes for Resident #49. When				
		I physician visits to ensure				
	that residents were b					
	one was monitoring t					

Facility ID: 923019

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 01/11/2016 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345263	B. WING			12/	/17/2015
NAME OF PI	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	EHABILITATION CENTER			45 OLD MURPHY ROAD RANKLIN, NC 28734		
					,		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 388	Continued From page	27	F 38	38			
	An interview on 12/17	/15 at 8:15 PM with the					
		is expectation for physician					
		ected the physicians to be					
	•	ns and to be compliant with					
	the regulations about visit. The Administrate	the frequency of physician					
	progress notes by the	6					
		within 30 days from the					
	date of the visit. When	n asked what the facility's					
	-	toring that physician visits					
	-	required, he stated the					
	facility did not current	ian visits but he thought the					
		oring the visits to ensure					
	they were made in a t	-					
	3. Resident #97 was	admitted to the facility to a					
		bed that was certified for					
		edicaid) on 10/24/13 with					
		najor depressive disorder,					
		al fibrillation. A quarterly IDS) assessment dated					
		sident #97 had severe					
		as well as short term and					
	long term memory im	pairment.					
	Review of Resident #	97's medical record					
		tes signed by his physician					
		8/22/15. Progress notes					
		2/15 and 10/21/15 were					
		ctitioner. There were no					
	progress notes signed physician between 02						
	An interview on 12/17	/15 at 3:45 PM with the					
	- ·	ON) and Administrator					
		stem for tracking when due revealed there was a					

Facility ID: 923019

If continuation sheet Page 28 of 33

	OF DEFICIENCIES	MEDICAID SERVICES				IO. 0938-039
	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	LE CONSTRUCTION	· · ·	E SURVEY IPLETED
			B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 388			F 38	8		
		Care (PCC), the facility's cord system, that generated				
	a report for each physician on a monthly basis of when a visit was due for each resident. The Administrator stated the Medical Records					
	Director (MRD) sent at the beginning of ea	the report to each physician ach month.				
	An interview on 12/1	7/15 with Physician #1				
	revealed he saw new	ly admitted residents for the				
		subsequent visits every 30 practitioner. Physician #1				
		e seen every 60 days after				
	the first 90 days. He	stated the Medical Records				
	-	st at the beginning of every				
		ents needed to be seen. ne rotated visits with the				
		sed on where the resident				
		7/15 at 7:47 PM with the				
		ector revealed she pulled a				
		PCC of physician visits that nth. She stated she faxed				
		an's office and also put the				
		mail box. She stated she				
		the list that was sent to the ed the list was based on				
		ctronic medical record of				
		as last seen by the physician.				
	She stated the inform	nation about the last always current because it				
	could take 30 - 45 da	-				
	progress note followi	ng the visit. The MRD stated				
		an progress notes into each				
	resident's medical re-	cord as soon as she id not have any additional				
		otes for Resident #49. When				
	asked who monitored					

Facility ID: 923019

If continuation sheet Page 29 of 33

CENTERS FOR MEDICARE & MEDICARD SERVICES OME NO. 0938-03 AND FLAN OF CORRECTION (X) PROVIDERNITURECULA A BULDING (X) DATE SURVEY AME OF PROVIDER OR SUPPLIER 345283 X WNO 21 MUTIPLE CONSTRUCTION (X) DATE SURVEY MACON VALLEY NURSING AND REHABILITATION CENTER X WNO X WNO X WNO X WNO 21 MUTIPLE CONSTRUCTION (X) DATE SURVEY (X) DATE SURVEY <th></th> <th>-</th> <th>ID HUMAN SERVICES</th> <th></th> <th></th> <th></th> <th>FORM</th> <th>D: 01/11/2016</th>		-	ID HUMAN SERVICES				FORM	D: 01/11/2016
MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE MACON VALLEY NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, 2P CODE 26 OLD MURPHY ROAD Image: Address of the company statement of processions Image: Address of the company statement of processions PROVIDER or Address of the company statement of processions 000000000000000000000000000000000000	STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
MACON VALLEY NURSING AND REHABILITATION CENTER 245 OLD MURPHY ROAD FRANKLIN, NC. 28734 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECIDEND BY FULL RECULTORY OF LOSS DESTIFYING INFORMATION) D D DEFICIENCY (EACH DEFICIENCY MIST BE PRECIDEND BY FULL RECULTORY OF LAPPOPRIATE DEFICIENCY) D D D COMPLETO (EACH OPRICENT AND CONSECTION (EACH OPRICENT AND ADDING ORDS AREFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETO (EACH OPRICENT AND ADDING (EACH OPRICENT AND ADDING ORDS AREFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETO (EACH OPRICENCY) COMPLETO (EACH			345263	B. WING		_	12/	17/2015
MACCON VALLEY NURSING AND REHABLITATION CENTER FRANKLIN, NC 28734 (M) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH EPERICKY MUST REPROZEDED BY TULL REOULTORY OR LSC DENTIFYING INFORMATION). ID PREFIX TAG PROVIDENT STATEMENT OF DEFICIENCIES (EACH EDERICHY MUST REPROZEDED BY TULL REOULTORY OR LSC DENTIFYING INFORMATION). ID PREFIX TAG PROVIDENT ACTION SHOULD DE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMELTION COMELTION DEFICIENCY F 388 Continued From page 29 that residents were being seen, she stated no one was monitoring the physician visits. F 388 F 388 An interview on 12/17/15 at 8:15 PM with the Administrator about the frequency of physician visits revealed he expected the physician so be aware of the regulations and to be compliant with the regulations about the frequency of physician visit. The Administrator stated he thought process was for monitoring the physician visits were being made as required, he stated the facility did not currently have a process for monitoring the physician visits but he thought the MRD should be monitoring the visits to ensure they were made in a timely manner. I 4. Resident #104 was admitted to the facility on 05/05/14 with fagnoses including psychosis, dustored and the requerted and at mely manner. I	NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
Pričin Tvo IEA/O DEFICIENCY MUSIT BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING (NFORMATION) PRÉTY Tvo CEAS-REFERENCES CONCENTURY ACTION DOLUD BE CROSS-REFERENCES OF TO HE APPROPRIATE COMPLÉTIO DATE F 388 Continued From page 29 that residents were being seen, she stated no one was monitoring the physician visits. F 388 F 388 F 388 F 388 F 388 An interview on 12/17/15 at 8:15 PM with the Administrator about his expectation for physician visits revealed he expected the physicians to be aware of the regulations and to be compliant with the regulations about the frequency of physician visit. The Administrator stated he thought progress notes by the physician should be provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring the thysician visits were being made as required, he stated the facility did not currently have a process for monitoring the physician visits to ensure they were made in a timely manner. 4. Resident #104 was admitted to the facility on 05/05/14 with diagnoses including psychosis, delusional disorder, and dementia. A quarterly	MACON V	ALLEY NURSING AND R	EHABILITATION CENTER					
 that residents were being seen, she stated no one was monitoring the physician visits. An interview on 12/17/15 at 8:15 PM with the Administrator about his expectation for physician is be aware of the regulations and to be compliant with the regulations about the frequency of physician is used to be provided to the facility within 30 days from the date of the visit. The Administrator stated he thought progress notes by the physician shuld be provided to the facility within 30 days from the date of the visit. When asked what the facility's process was for monitoring the physician visits but he thought the facility withis but he thought the MRD should be monitoring the visits to ensure they were made in a timely manner. 4. Resident #104 was admitted to the facility on 05/05/14 with diagnoses including psychosis, delusional disorder, and dementia. A quarterfy 	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRE CROSS-REFERE	CTIVE ACTION SHOULD B		COMPLETION
Resident #104 was severely cognitively impaired and received antipsychotic, antidepressant, and antianxiety medications 7 days a week. Resident	F 388	that residents were be one was monitoring the An interview on 12/17 Administrator about he visits revealed he exp aware of the regulation the regulations about visit. The Administrator progress notes by the provided to the facility date of the visit. When process was for moni- were being made as a facility did not current monitoring the physic MRD should be monit they were made in a the MRD should be monit they were made in a the solution of the visit was objobility with diagnost delusional disorder, a MDS assessment data Resident #104 was se and received antipsyce	eing seen, she stated no he physician visits. 7/15 at 8:15 PM with the is expectation for physician bected the physicians to be ons and to be compliant with the frequency of physician or stated he thought e physician should be y within 30 days from the n asked what the facility's toring that physician visits required, he stated the ly have a process for ian visits but he thought the toring the visits to ensure timely manner.	F 38	8			

Facility ID: 923019

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		MEDICAID SERVICES		CONSTRUCTION		10. 0938-039
	IDENTIFICATION NUMBER: 345263		A. BUILDING	· · /	MPLETED	
			B. WING		1	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND R	REHABILITATION CENTER		45 OLD MURPHY ROAD RANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 388	Continued From page	e 30	F 388			
	#104 lived in a room Medicaid certified	that was both Medicare and				
	(Physician #1) since 07/05/15 and 09/20/1 03/25/15 and 05/27/1 practitioner. There was indicated Resident #1 Physician #1 or the n 09/20/15. There was #104 was seen on an between February of only by the nurse pra	tes signed by his physician February of 2015 dated 5. Progress notes dated 5 were signed by a nurse as no documentation that 104 had been seen by urse practitioner after no documentation Resident				
	Director of Nursing (E about the facility's sys physician visits were system in Point Click electronic medical red	7/15 at 3:45 PM with the DON) and Administrator stem for tracking when due revealed there was a Care (PCC), the facility's cord system, that generated sician on a monthly basis of for each resident.				
	revealed he saw new first visit then rotated days with the nurse p stated residents were the first 90 days. He s director gave him a lis month of which reside Physician #1 stated h	7/15 with Physician #1 ly admitted residents for the subsequent visits every 30 practitioner. Physician #1 e seen every 60 days after stated the Medical Records st at the beginning of every ents needed to be seen. he rotated visits with the sed on where the resident				

Facility ID: 923019

If continuation sheet Page 31 of 33

						IO. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		E SURVEY IPLETED
		345263	B. WING		1:	2/17/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MACON V	ALLEY NURSING AND F	REHABILITATION CENTER		245 OLD MURPHY ROAD FRANKLIN, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 388	Continued From page	e 31	F 38	8		
		ne wasn't aware that he was	1 00			
		esident every other visit.				
	An interview on 12/1	An interview on 12/17/15 at 7:47 PM with the				
	Medical Records Director revealed she pulled a					
	list every month from PCC of physician visits that					
	were due for that mo	nth. She stated she faxed				
		an's office and also put the				
		mail box. She stated she				
		the list that was sent to the				
		ed the list was based on				
		ctronic medical record of as last seen by the physician.				
	She stated the inform					
		always current because it				
	could take 30 - 45 da	-				
		ng the visit. The MRD stated				
		an progress notes into each				
	resident's medical re	cord as soon as she				
		d not have any additional				
		otes for Resident #104.				
		nitored physician visits to				
		were being seen, she				
	stated no one was m	onitoring the physician visits.				
	An interview on 12/1	7/15 at 8:15 PM with the				
		nis expectation for physician				
		pected the physicians to be				
		ons and to be compliant with				
	-	the frequency of physician				
	visit. The Administrat	or stated ne thought e physician should be				
		y within 30 days from the				
		in asked what the facility's				
		itoring that physician visits				
		required, he stated the				
		tly have a process for				
	monitoring the physic	cian visits but he thought the				
		toring the visits to ensure				1

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		ID HUMAN SERVICES			FORM APPROVED
				LE CONSTRUCTION	OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	(X3) DATE SURVEY COMPLETED	
345263			B. WING		12/17/2015
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	·
MACON V	ALLEY NURSING AND R	REHABILITATION CENTER		245 OLD MURPHY ROAD	
				FRANKLIN, NC 28734	
(X4) ID				PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
F 000					
F 388	Continued From page		F 38	8	
	they were made in a	timely manner.			

Event ID: Y0QN11

Facility ID: 923019

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