PRINTED: 12/01/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345305	B. WING _	B. WING		10/26/2017	
NAME OF PROVIDER OR SUPPLIER SMOKY RIDGE HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 310 PENSACOLA ROAD BURNSVILLE, NC 28714				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 282 SS=D	CARE PLAN CFR(s): 483.21(b)(3) (b)(3) Comprehensive The services provide as outlined by the comust- (ii) Be provided by quaccordance with each care. This REQUIREMENT by: Based on observation interviews the facility care card and follow for fall precautions to sampled residents (Findings included: Resident #19 was ad 11/02/16 with the diamonal Minimum Datindicated Resident #100 casion and traumatic brain annual Minimum Datindicated Resident #100 was included: Resident #19 was included: The MDS also indicated transitions and walking Resident #19 was on assistance and had in the upper extremities. The revised care plant.	e Care Plans d or arranged by the facility, mprehensive care plan, falified persons in n resident's written plan of is not met as evidenced ans, record review and staff failed to update the resident the care plan interventions place a fall mat for 1 of 3 tesident #19). mitted to the facility on gnoses of seizure disorder accident. The most recent a Set (MDS) dated 09/21/17 19 had moderately impaired d extensive assistance with the room and the corridor. dependent with 1 person g and was continent of hally incontinent of bowel. ted balance during ng was unsteady and ly able to stabilize with mpairment on both side of	F 2	F 282 SERVICES BY Q PERSONS/PER CARE F 1. THE ALLEGATION IS FACILITY FAILED TO UF RESIDENT KARDEX FO #19 AND TO FOLLOW T INTERVENTIONS FOR F PRECAUTIONS. STAFF COORDINATOR BEGAN ON 10/26/2017 LICENSE STAFF TO ENSURE CO RELATED TO INTERVEI WERE APPLIED TO THE WERE IMPLEMENTED A RESIDENT #19 KARDEX PLAN WAS REVIEWED FALL INTERVENTIONS REVIEWED FOR APPROAND PLACEMENT. 2. ALL RESIDENTS HAV POTENTIAL TO BE AFF ACTIVE CARE PLANS A WERE REVIEWED AND INDICATED.	THAT THE PDATE THE PR RESIDENT THE CAREPLAN FALL DEVELOPMENT NINSERVICING ED NURSING MPLIANCE NTIONS THAT E CARE PLAN AND UTILIZED. X AND CARE AND UPDATED. WERE DPRIATENESS //E THE ECTED. ALL AND KARDEXS'	11/21/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed 11/17/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345305	B. WING	 		10/26/2017	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CO	•		
				310 PENSACOLA ROAD			
SMOKY R	IDGE HEALTH & REH	IABILITATION		BURNSVILLE, NC 28714			
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F 282	Continued From p	-	F 2	32			
	a history of falls ar disorder. The appr the fall prevention a clutter and hazar a fall mat. During an observate Resident #19 had commode was stote a geriatric chair less the toilet. During an observate Resident #19 was and wearing white bedside commode and there was noted and there was no fall mat. During an observate Resident #19 was was no fall mat. During an interview second shift Nurse was responsible for assistance to the best toileting was offered the bathroom with assistance from stowas needed for the ask the nurse for the store and hazar	tion at 1:08 PM on 10/26/17, resting in the bed and there w at 3:11 PM on 10/26/17, the e Aide (NA) #1 revealed she or the care and providing pathroom for Resident #19 and ed approximately every 2 hours. Resident #19 would often go to out calling or waiting for aff. NA #1 revealed if a fall mat the resident she would have to that information. NA #1 also		3. DON, ADON, AND SDC EIMMEDIATE INSERVICING 10/26/2017. EDUCATIONS COMPLETED ON 11/07/201 LICENSED NURSING STAFTO PROCEDURES AND EXPECTATAION REGARDI PREVENTION, INTERVENT KARDEX REVIEW TO ENSIDOCUMENTATION AND FOARE MET. EACH LICENSE STAFF HIRED AFTER THIS BE PROVIDED WITH A SIGEDUCATION REGARDING EXPECTATION RELATED TO DOCUMENTATION TO REFACCURACY OF MEDICAL IENSURE COMPLIANCE IS 4. DON/DESIGNEE WILL CAUDIT OF INCIDENT REPOPLANS, AND KARDEXES SWEEK FOR 4 WEEKS, WEIWEEKS, THEN MONTHLY RESULTS OF THESE REVIBE TAKEN TO THE QAPI MONTHLY TO ENSURE ON SUBSTANSTANTIAL COMPRESULTS OF COMPLIANC REVIEWD EVERY MONTH MONTHS, THEN QUARTER	ON WERE 17 FOR FF RELATED NG FALL FION, AND URE DLOW UP D NURSING DATE WILL SNED POLICY AND FO CLINICAL FLECT RECORD TO MET. OMPLETE DRTS, CARE STIMES A EKLY X 4 X 3. EWS WILL IEETING IGOING PLAINCE.THE EE WILL BE X 3 RLY UNTIL		
	for Resident #19 w assistance with tra NA #1 revealed dii system that explai needs of Resident	revention program was in place which meant he/she needed sunsfers, walking, and toileting. Frect care staff used a care card and identified the care #19. NA #1 revealed the card with transfers by 2 staff,		RESOLVED.THE DON/ADC RESPONSIBLE FOR OVER COMPLIANCE.			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		345305	B. WING			10/	26/2017
NAME OF PROVIDER OR SUPPLIER SMOKY RIDGE HEALTH & REHABILITATION			•	3	STREET ADDRESS, CITY, STATE, ZIP CODE 110 PENSACOLA ROAD BURNSVILLE, NC 28714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAN DEFICIENCY)		(X5) COMPLETION DATE
	assistance with conting and activity, but it did During an interview as second shift Nurse #1 responsible for the cashe would be informed preventions during the information would also plan. She indicated shift to ensure the fall Nurse #1 confirmed the and that the care care staff should be updated. During an interview as DON revealed the direcard system that iden and was updated with included the equipment The DON also revealed and the nurses' responsand the nurses' responsand the nurses' was the used by the direct care was added to the care interventions to match FREE OF ACCIDENT HAZARDS/SUPERVICER(s): 483.25(d)(1)(d) Accidents. The facility must ensured second shift in the second s	nence, bedfast for mobility not include the fall mat. 1 3:25 PM on 10/26/17, the revealed she was are of Resident #19 and that d of any falls and new fall the nurse report. The so be in the resident's care the would check during her a precautions were in place. The fall mat was not in place the fall mat was not in place the fall mat was not in place to use a fall mat. 1 3:39 PM on 10/26/17, the fall mat was a care tified resident care needs in fall preventions and fall preventions and fall preventions and fall was the Unit Manager on sibility to update fall fare cards. The DON fation of the Unit Manager of update the card system for estaff when an intervention the plan and for those in and be implemented. SION/DEVICES (2)(n)(1)-(3) The fall mat was a free on the fall mat was a free or update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for estaff when an intervention of the update the card system for each of the update the update the update the card system for each of the update the updat		282			11/21/17

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SMOKY R	IDGE HEALTH & REHAE	BILITATION		310 PENSACOLA ROAD			
SWORT RIDGE HEALTH & REHABILITATION				BURNSVILLE, NC 28714			
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F 323	Continued From page	e 3	F 3	23			
		eives adequate supervision es to prevent accidents.					
	appropriate alternative bed rail. If a bed or simust ensure correct is	ails, including but not limited					
	(1) Assess the reside from bed rails prior to	nt for risk of entrapment installation.					
		and benefits of bed rails with nt representative and obtain or to installation.					
		ed's dimensions are sident's size and weight. sis not met as evidenced					
	interviews the facility	ns, record review and staff failed to implement planned nize accidents and the		F 323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DE			
		of 3 residents reviewed for		1. THE ALLEGATION IS THAT FACILITY FAILED TO UPDAT RESIDENT KARDEX FOR RE	E THE		
	Findings included:			#19 AND TO FOLLOW THE (INTERVENTIONS FOR FALL			
	11/02/16 with the diag and traumatic brain a annual Minimum Data indicated Resident #' cognition and needed transfers, walking in t	mitted to the facility on gnoses of seizure disorder ccident. The most recent a Set (MDS) dated 09/21/17 19 had moderately impaired I extensive assistance with the room and the corridor. Idependent with 1 person		PRECAUTIONS. STAFF DEV COORDINATOR BEGAN INS ON 10/26/2017 LICENSED N STAFF TO ENSURE COMPL RELATED TO INTERVENTIO WERE APPLIED TO THE CA WERE IMPLEMENTED AND RESIDENT #19 KARDEX AN	ELOPMENT ERVICING URSING IANCE NS THAT RE PLAN UTILIZED.		
	assistance for toiletin	g and was continent of ally incontinent of bowel.		PLAN WAS REVIEWED AND FALL INTERVENTIONS WER	UPDATED.		

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NAME OF P			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
				31	0 PENSACOLA ROAD		
SMOKYR	IDGE HEALTH & REHA	BILITATION		В	URNSVILLE, NC 28714		
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F 323	Continued From pag	e 4	F 3	23			
	The MDS also indica				REVIEWED FOR APPROPRIATENES	S	
		ng was unsteady and was			AND PLACEMENT.	_	
	only able to stabilize	-					
	,				2. ALL RESIDENTS HAVE THE		
	Review of the revised	d care plan for Resident #19			POTENTIAL TO BE AFFECTED. ALL		
	dated 10/11/17 include			ACTIVE CARE PLANS AND KARDEX			
	described Resident #			WERE REVIEWED AND UPDATED AS	3		
	poor safety awarene			INDICATED.			
	diagnosis including s			A DOM ADOM AND ODG DEGAN			
	fall risk. The approach			3. DON, ADON, AND SDC BEGAN			
	gripper socks were in maintain a clutter and			IMMEDIATE INSERVICING ON 10/26/2017. EDUCATIONS WERE			
		ommode and encourage to			COMPLETED ON 11/07/2017 FOR		
	use, and place a fall			LICENSED NURSING STAFF RELATE	-D		
	acc, and place a lan				TO PROCEDURES AND		
	Review of the incider	nt reports revealed Resident			EXPECTATAION REGARDING FALL		
		/14/17 and received 2 skin			PREVENTION, INTERVENTION, AND		
	tears on the arm. The	e fall occurred in the			KARDEX REVIEW TO ENSURE		
	bathroom.				DOCUMENTATION AND FOLLOW UP		
				ARE MET. EACH LICENSED NURSIN			
	_	on at 12:30 PM on 10/24/17,			STAFF HIRED AFTER THIS DATE WI	-L	
		fall mat and the bedside			BE PROVIDED WITH A SIGNED	NID.	
		stored in the bathroom			EDUCATION REGARDING POLICY A		
	access the toilet.	chair leaving a small area to			EXPECTATION RELATED TO CLINIC DOCUMENTATION TO REFLECT	4L	
	access the tollet.				ACCURACY OF MEDICAL RECORD	rO	
	During an observatio	on at 8:42 AM on 10/25/17,			ENSURE COMPLIANCE IS MET.		
		sting on the bed, dressed			ENGONE COM ENTICE TO MET.		
		ocks without gripping. The			4. DON/DESIGNEE WILL COMPLETE		
		as being stored in the			AUDIT OF INCIDENT REPORTS, CAF		
	bathroom and there				PLANS, AND KARDEXES 5 TIMES A		
					WEEK FOR 4 WEEKS, WEEKLY X 4		
		on at 1:08 PM on 10/26/17,			WEEKS, THEN MONTHLY X 3.		
		sting in the bed wearing			RESULTS OF THESE REVIEWS WILL	-	
		gripping and the bedside			BE TAKEN TO THE QAPI MEETING		
		d in the bathroom and there			MONTHLY TO ENSURE ONGOING		
	was no fall mat.				SUBSTANSTANTIAL COMPLAINCE.T		
	D	-1 0.44 DM 40/00/47 !!			RESULTS OF COMPLIANCE WILL BE	:	
	∟ During an Interview a	at 3:11 PM on 10/26/17, the	1		REVIEWD EVERY MONTH X 3		1

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F 323	was responsible for assistance to the bat toileting was offered She also revealed R the bathroom without assistance from staff was needed for the ask the nurse for the revealed the fall prefor Resident #19 wh assistance with trans NA #1 revealed direst system that explained needs of Resident # read: assistance with contant activity, but it did assistance with contant activity, but it did buring an interview second shift Nurse # responsible for the contant activity information would all plan. She indicated shift to ensure the far Nurse #1 confirmed and that the care castaff should be updated. During an interview DON revealed the did card system that ide and was updated wiincluded the equipm The DON also revealed the nurses' responsible responsible for the confirmed and that the care castaff should be updated.	Aide (NA) #1 revealed she the care and providing throom for Resident #19 and approximately every 2 hours. Resident #19 would often go to at calling or waiting for ff. NA #1 revealed if a fall mat resident she would have to at information. NA #1 also wention program was in place ich meant he/she needed sfers, walking, and toileting. Act care staff used a care card and identified the care and identified the care and in transfers by 2 staff, sinence, bedfast for mobility d not include the fall mat. at 3:25 PM on 10/26/17, the fit revealed she was care of Resident #19 and that led of any falls and new fall	F 323	MONTHS, THEN QUARTERLY UN RESOLVED.THE DON/ADON IS RESPONSIBLE FOR OVERALL COMPLIANCE.	NTIL		

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F 323	confirmed the expect and the nurses' was t used by the direct ca was added to the car	ation of the Unit Manager to update the card system re staff when an intervention	F 32	23		