PRINTED: 06/22/2018 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	
		345261	B. WING		C 05/25/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	1 00/20/2010	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE COMPLETION	N
F 584 SS=E	CFR(s): 483.10(i)(1)-(§483.10(i) Safe Environce The resident has a rig comfortable and home but not limited to rece supports for daily living The facility must prove §483.10(i)(1) A safe, whomelike environmen use his or her personate possible. (i) This includes ensureceive care and serve physical layout of the independence and do (ii) The facility shall extended the protection of the receive care and serve physical layout of the independence and do (ii) The facility shall extended the protection of the receive care and serve physical layout of the independence and do (ii) The facility shall extended the protection of the receive care and serve \$483.10(i)(2) Housekees are composed to the receive care and serve physical layout of the receive care an	conment. Inth to a safe, clean, elike environment, including iving treatment and g safely. Inde- clean, comfortable, and t, allowing the resident to all belongings to the extent ring that the resident can ices safely and that the facility maximizes resident les not pose a safety risk, exercise reasonable care for esident's property from loss eeping and maintenance of maintain a sanitary, orderly, ior; ed and bath linens that are	F 58	TITLE	(X6) DATE	

06/15/2018 **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.

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		345261	B. WING				
NAME OF D		343261	B. WING _		TREET ADDRESS SITV STATE ZID SODE	05/	25/2018
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ALLEGHA	NY CENTER				79 COMBS STREET		
				S	SPARTA, NC 28675		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 584	Continued From page	e 1	F 5	584			
	sound levels.	maintenance of comfortable					
	this REQUIREMENT by:	is not met as evidenced					
		ns and staff interviews, the			This plan of correction is prepared and	i	
		stained floors around the			submitted as required by law. By		
		air broken grout around the			submitting this plan of correction Gene		
		dent bathrooms (#108, #401,			HealthCare Alleghany Center does not		
) and failed to repair floor d or was broken in resident			admit that the deficiency listed on this form exist, nor does the center admit to		
		08 and #412) on 2 of 4			any statements, findings, facts, or	,	
	, ,	ne facility also failed to repair			conclusions that form the basis for the		
	a baseboard at the floor that had separated and				alleged deficiency. The center reserve	s	
		wall between resident room			the right to challenge in legal and/or	_	
	T .	of 4 resident hallways (400			regulatory or administrative proceeding	ıs	
	hall).				the deficiency statements, facts, and		
					conclusions that form the basis for the		
	Findings included:				deficiency.		
	1. a. Observations on	05/21/18 at 3:42 PM in the			1. On 6/13/18 & 6/14/18, Maintenance		
		room #108 revealed the			Director repaired stained floors and		
	_	ound the base of the toilet			broken grout around base of toilets and	d/or	
	with brown stains aro	und the toilet on the floor.			separated or broken floor tiles in bathrooms for rooms 401 & 408. The		
		3/18 at 8:46 AM in the			stained floors and broken grout around		
		room #108 revealed the			base of toilets and/or separated or brol		
	_	ound the base of the toilet			floor tiles in bathrooms in rooms 108,		
	with brown stains aro	und the toilet on the floor.			and 412 will be completed on or before 6/22/18. The baseboard b/w resident	;	
	Observations on 05/2	4/18 10:10 AM in the			rooms 401 & 403 will be repaired on or		
		room #108 revealed the			before 6/22/18.		
	grout was cracked are	ound the base of the toilet					
	with brown stains aro	und the toilet on the floor.			2. By 6/22/18 all remaining bathroom		
					floors and baseboards b/w rooms will b		
		5/21/18 at 2:24 PM in the			audited by the Center Executive Direct		
		room #401 revealed the tile			to assure in good repair without stains,		
		stained with brown stains.			broken grout, separated or broken floo	r	
	The observations also cracked around the to	o revealed the tile was bilet.			tiles and baseboards.		

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F 584	bathroom of resident around the toilet was The observations also cracked around the to Observations on 05/2 bathroom of resident around the toilet was The observations also cracked around the to c. Observations on 05 bathroom of resident stains around the bas with a stale urine odo Observations on 05/2 bathroom of resident stains around the bas with a stale urine odo Observations on 05/2 bathroom of resident stains around the bas with a stale urine odo d. Observations on 05/2 bathroom of resident stains around the bas with a stale urine odo d. Observations on 05/2 bathroom of resident stains around the bas observations also revaround the sides and Observations on 05/2 bathroom of resident stains around the bas observations on 05/2 bathroom of resident stains around the bas observations on 05/2 bathroom of resident stains around the bas	3/18 at 9:10 AM in the room #401 revealed the tile stained with brown stains. or revealed the tile was bilet. 4/18 at 10:22 AM in the room #401 revealed the tile stained with brown stains. or revealed the tile was bilet. 5/21/18 at 2:27 PM in the room #405 revealed brown se of the toilet on the floor or in the room. 3/18 at 9:13 AM in the room #405 revealed brown se of the toilet on the floor or in the room. 4/18 at 10:27 AM in the room #405 revealed brown se of the toilet on the floor or in the room. 5/21/18 at 2:35 PM in the room #408 revealed brown se of the toilet. The ealed floor tile was broken back of the toilet. The ealed floor tile was broken se of the toilet. The ealed floor tile was broken se of the toilet. The ealed floor tile was broken	F 58	3. On 6/15/18, the Center Execut Director reeducated the Maintena Director on the importance of ass bathroom floors remain free of stabroken grout, separated/broken fland damaged baseboards betwe rooms. Findings/needed repairs vacompleted or scheduled for comp Maintenance Director on or befor 6/22/18. 4. Center Executive Director will one of three halls 3 x monthly x 3 Any issues noted as a result of m will be reported to the Maintenant Director for repairs or scheduled repairs. Center Executive Director report findings to the Performanc Improvement Committee every m months and ongoing as needed.	ance suring ains, floor tiles een will be bletion by re monitor B months. nonitoring ce for or will	

Facility ID: 923249

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 584	Continued From page	ge 3	F 58	34		
	bathroom of resider stains around the bathroom on revealed damaged between resident round that the bathroom of resider that sides and back stains around the bathroom on revealed damaged between resident round that the bathroom on revealed damaged between resident round that the bathroom of resider that the bathroom of resider stains around the bathroom of resider stains a	05/21/18 at 2:42 PM in the at room #412 revealed brown ase of the toilet. The evealed floor tile had aps between the tiles around of the toilet. /23/18 at 9:30 AM in the at room #412 revealed brown ase of the toilet. The evealed floor tile had aps between the tiles around of the toilet. /24/18 at 10:35 AM in the at room #412 revealed brown ase of the toilet. /24/18 at 10:35 AM in the at room #412 revealed brown ase of the toilet. The evealed floor tile had aps between the tiles around of the toilet. 05/22/18 at 11:15 AM baseboard at the floor floors #401 and #403 on the evations also revealed an eveboard where it had pulled away from the				
	damaged baseboar	/23/18 at 9:35 AM revealed d at the floor between resident 03 on the 400 hall. The				

AND PLAN OF CORRECTION INTERPRETATION NUMBERS		, ,	LE CONSTRUCTION	COMPLETE	(X3) DATE SURVEY COMPLETED	
		345261	B. WING		05/25/2	018
	ROVIDER OR SUPPLIER	'		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	1 00/20/2	010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	ILD BE CO	(X5) MPLETION DATE
F 584	baseboard where it away from the sheet Observations on 05 damaged baseboar rooms #401 and #4 observations also reposed baseboard where it away from the sheet An environmental the 05/25/18 at 2:13 Pt Supervisor and the Maintenance Supervisor and the supervisor and the did not projects underway care of the work or During an interview Maintenance Superfloor in resident room because of stains of base of the toilet. It expectation for staff stains around the boon the bathroom floaware of the damager esident room #400 During an interview During an interview and the boon the bathroom floaware of the damager esident room #400 During an interview and the shadow of the damager esident room #400 During an interview and the shadow of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During an interview of the damager esident room #400 During en interview of the damager esident room #400 During en interview of the damager esident room #400 During en interview of the damager esident room #400 During en interview of the damager esident room #400 During en interview of the damager esident room #400 During en interview of the damager esident room	evealed an open gap in the had separated and had pulled etrock on the wall. 6/24/18 at 10:42 AM revealed and at the floor between resident and 30 on the 400 hall. The evealed an open gap in the had separated and had pulled etrock on the wall. Our was conducted on M with the Maintenance Housekeeping Manager. The rivisor explained the facility er system and staff were ete work orders for anything He stated the work orders emergencies were handled er work was done. He of have any renovation at the present time and took ders as he had time. As on 05/25/18 at 2:20 PM, the rivisor confirmed the bathroom of the floor and around the ele stated it was his fit to report when they saw has of toilets or damaged tile fors. He verified he was not ged baseboard between and #403.	F 58			
	to keep resident ba	nager stated it was a challenge throoms clean. He further for staff to clean around the				

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F 641 SS=D	base of toilets in the was stained or the gneeded to be repair. During an interview Administrator stated keep repairs made a clean. She explaine staff to report repair they should complet be done. Accuracy of Assess: CFR(s): 483.20(g) §483.20(g) Accuracy The assessment muresident's status. This REQUIREMENT by: Based on record refacility failed to code accurately reflect a supper extremities (Findings included: Resident #268 was 08/03/01 with diagnoral damage, control depression. A review of a care produced to required assistance (ADL). The goal fur	b bathroom but when the floor frout was damaged they ged or replaced. on 05/25/18 at 2:53 PM, the lit was ongoing process to and to keep the building ged it was her expectation for so that needed to be made and ge work orders for repairs to ments y of Assessments. Ist accurately reflect the lit is not met as evidenced wiews and staff interviews the gea Minimum Data Set to resident's range of motion for	F 6		breet the motion ctremities tive he MDS ents. section G) is nts will se

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F 641	Continued From pagemet in order to maint level of functioning a interventions were list complete all ADL caralignment. A review of the annual dated 09/06/17 indicas short term and long to was severely impaired decision making. The Resident #268 was to ADLs and the range was coded as no impextremities and impained to be a support of the quarter revealed the range of upper extremities was both sides and no import on both sides. During an interview of Clinical Reimbursem explained she had be since November 201 the sign off of the resishe completed the serial Resident #268's qual and coded her upper	e 6 ain the highest practicable and physical well-being. The sted in part for staff to e and maintain good body al Minimum Data Set (MDS) ated Resident #268 had erm memory problems and ed in cognition for daily e MDS also indicated orally dependent on staff for of motion for Resident #268 pairment for upper irment of lower extremities erly MDS dated 03/06/18 f motion for Resident #268's s coded as impairment on pairment of lower extremities on 05/25/18 at 3:14 PM, the ent Coordinator (CRC) even working at the facility 7 and was responsible for sident's MDS. She confirmed extremities as impairment		541		y s lit ns.	
	assessment of Resid the annual MDS date range of motion secti incorrectly as no imp but impairment of lov She explained a nurs	on her observations and lent #268. After review of ed 09/06/18 she stated the lon had been coded airment of upper extremities wer extremities on both sides. See who had filled in to code basis had completed that					

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NAME OF D		343201	D. WING		TREET ADDRESS SITV STATE ZID SODE	05/	25/2018	
	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 79 COMBS STREET SPARTA, NC 28675			
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F 641	Director of Nursing st with coding of the result with coding an interview of Administrator explain chart indicated MDS administration. She subtent when the MDS nurse was completed accur Quality of Care CFR(s): 483.25 § 483.25 Quality of care is a furth applies to all treatment facility residents. Bas assessment of a resident residents receives accordance with profession practice, the comprehence in the resident of the	n 05/25/18 at 3:30 PM, the ated she was not familiar ident's MDS. n 05/25/18 at 4:13 PM, the ed the facility organizational staff reported to nursing stated it was her expectation signed off on the MDS it ately. are Indamental principle that not and care provided to ed on the comprehensive dent, the facility must ensure treatment and care in essional standards of itensive person-centered		641			6/22/18	
	by: Based on observation physician and staff in assess the size or ap resident who had a sl underside of his penis Findings included: Resident #55 was re- 12/29/17 with diagnosinjury, chronic respira	is not met as evidenced ns, record reviews and terviews the facility failed to pearance of a wound for a it in the skin on the			1. On 6/15/18 a full body skin assessment was completed for resider #55 by the Center Nurse Executive and the Assistant Center Nurse Executive the assure all wounds/skin areas present were assessed and documented. 2. Full body skin assessments for all current residents will be completed on before 6/22/18 by the Center Nurse Executive, the Clinical Reimbursement Coordinator and/or the Assistant Center	d o or		

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F 684	the bladder to control contractures and must respiratory failure and A review of a significated Set (MDS) dated 01/2 had short term and lo and was severely impledecision making. The Resident #55 was tot activities of daily living urinary catheter. A review of a care pladated 02/16/18 indicated skin breakdow and indwelling cathet wound would remain symptoms of infection listed as indwelling cathet wound would remain symptoms of infection listed as indwelling cathet wound area tissue and presence of infection and/or new ophysician as indicated A review of a nurse's 02/16/18 at 1:50 AM indicated Resident #5 The notes revealed swound or ulcer on Rechange had been rep 02/16/18 at 1:00 AM. orders were obtained catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control of the significant catheter and monitor message was left for party (RP) to return control	urination), failure to thrive, scle spasms, chronic dichronic pain. Int change Minimum Data 29/18 indicated Resident #55 ng term memory problems paired in cognition for daily and the MDS also indicated ally dependent on staff for grand had an indwelling and had an indwelling and the intervention were atted to incontinence and the intervention were atted was removed, daily including surrounding or absence of drainage or wound pain and report to di. progress note dated documented by Nurse #2 is had a change in condition. Symptoms included a skin sident #55's penis and the orted to the physician on The notes further revealed to discontinue indwelling urinary output and a Resident #55's responsible	F 68	Nurse Executive to assure any wounds/skin areas present are and documented. 3. Nursing staff will be reeduca before 6/22/18 by the Assistant Nurse Executive to assure wou concerns are assessed and do appropriately. 4. The Center Nurse Executive Assistant Center Nurse Executive perform random full body skin assessments on 20% of all resmonthly x 1 month then 1 x momonths. Findings will be review Center Nurse Executive or Ass Center Nurse Executive will regindings to Performance Improv Committee 1 x monthly x 3 monon-going as needed.	ted on or t Center unds/skin cumented or ive will idents 2 x unthly x 2 ved and istant port vement		

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F 684	1:50 AM indicated a Resident #55's penis the indwelling cathete continue to monitor uno assessment as to the wound. A review of a skin che 02/16/18 at 3:54 PM had been identified of there was no assess appearance of the wound on Resident # A review of a nurse's 02/17/18 at 1:50 PM voiding without difficut assessment of the six wound on Resident # A review of a nurse's 02/17/18 at 6:18 PM indicated follow up not but there was no asses appearance of the word penis. A review of a nurse's 02/18/18 at 1:50 PM indicated area to pen noted swelling or odd assessment of the six A review of a skin che 02/18/18 at 5:45 PM monitor penis but the	skin and tissue tear on . The notes further indicated er was removed and rinary output but there was the size or appearance of eck document dated indicated a skin injury/wound in Resident #55's penis but ment of the size or ound. eck document dated indicated Resident #55 was alty but there was no ze or appearance of the est-s's's penis. progress note dated documented by Nurse #3 one for change in condition essment of the size or ound on Resident #55's progress note dated documented by Nurse #3 is continued to have no or but there was no ze of the wound. eck document dated indicated to continue to re was no assessment of ce of the wound on Resident	F 684		

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F 684	Resident #55's penis taken to investigate the speak to the physicial staff, treat resident anneeded. A review of a physicial o2/20/18 indicated Rewas also the facility for nounds to evaluate Revealed staff reporter increased concerns and wondered if it was further revealed Resicatheter was remove urinating without difficianticated Resident #5 herpes (viral infection (antiviral medication) assessments labeled erythema (redness) of (blisters) with ulcerate (underneath) slit with note revealed a record Acyclovir for 5 days the suppressive treatmer and monitor. The nord Resident #55 may sed desired. A review of a physicial indicated to change A PEG (stomach tube)	form dated 02/19/18 55's RP requested that had caused the area on . A section labeled actions the grievance/concern was to n, speak with nurse and hall and provide in-services as an's progress note dated the esident #55's physician who Medical Director made the esident #55. The notes and Resident #55's RP had about redness on his penis as due to trauma. The notes dent #55's indwelling dent 4-5 days ago and he was culty. The physician's notes for had a history of genital an) and received Acyclovir . A section under Genitourinary indicated of penis with 3 vesicles and lesions and a ventral an inflamed ulcer. The mmendation to increase then return to daily at and apply Mycolog cream these further revealed the urology for follow up if RP an's order dated 02/20/18 acyclovir to 10 milliliters via 3 times a day for 5 days therpes and Mycolog cream	F	684			

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	ROVIDER OR SUPPLIER	1.1.2.		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	, u	3/23/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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) COMPLETION DATE
F 684	but there was no ass Resident #55's penis A section of the Grier Recommended Corre phone conversation of 02/26/18 who voiced attached to the Griev indicated in part the land Resident #55 and the treatment. A review of a Nurse I note dated 03/22/18 Genitourinary reveals vesicles and ulcerate on Resident #55's per A review of a physicious outperform of a physicious with an inflamed ulcer A review of a physicious with an inflamed ulcer A review of a physicious outperform of a physicious with an inflamed ulcer A review of a physicious outperform of a physicious with an inflamed ulcer A review of a physicious outperform of a physicious with an inflamed ulcer A review of a physicious outperform outperform of a physicious outperform outp	eck document dated indicated blisters to penis essment of the ventral slit on state of the ventral slit	F 68	34		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		345261	B. WING			C = (0.5/0.04.6)
	ROVIDER OR SUPPLIER	040201		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	<u> </u>	5/25/2018
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 684	care to Resident #5 NA #4 opened Resi a split of the skin or penis from the end approximately 1 inc also revealed sever Resident #55's peni During an interview Nurse #3 explained catheter in the past every time they cha She stated then he catheter because he explained she work and came back the report from Nurse # provided care to Re penis was split. She understand why the find no reason for it put a note for the ph next round. She co Resident #55 during 02/20/18 and was to active herpes flair u opening in the skin indwelling catheter and they had not pu verified the facility of but nurses were res assessments and th documented wound During a telephone PM, the NP explain.	M NA #3 and NA #4 provided 5 to prepare him for a shower. dent #55's brief and there was a the right underside of his of the penis down to the shaft him length. The observations all blisters and redness on s. on 05/24/18 at 1:30 PM, Resident #55 had a condom but it was a problem because nged it his skin was irritated. had orders for an indwelling e was unable to urinate. She ed until 7:00 PM on 02/15/18 next morning and heard in 2 that when staff had sident #55 the skin on his e stated she did not skin had split and she could. She further explained she hysician to look at it during her infirmed the physician saw grounds the next Tuesday on old Resident #55 had an p which had caused the on his penis. She stated his had already been removed at one back in since then. She sid not have a wound nurse sponsible to do wound no Director of Nursing measurements. interview on 05/24/18 at 1:56 ed she saw Resident #55 after	F 6	84		
		im for the skin tear on his ure what had caused the tear.				

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		(X:	3) DATE SURVEY COMPLETED	
	345261	B. WING			C	
ROVIDER OR SUPPLIER	040201		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	79 COMBS STREET		
(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETION DATE	
She stated it was difor Resident #55 du. During an interview #3 stated she was a #55's care on day sercalled Resident #4 the past but that did an indwelling cather unable to urinate. So shift on 02/15/18 fron NA #4 and they protent day and he was shift and had no skift and when she and care to Resident #55 catheter anymore be stated when she and reported During an interview #5 explained Resid turned every 2 hour when she turned him report before her should be skift the second round and a skift the a second round around around the foot of the a clip on his catheter and had to pull him up in toward the foot of the a clip on his catheter and had to pull him up in toward the foot of the a clip on his catheter and had to pull him up in toward the foot of the a clip on his catheter and had to pull him up in toward the foot of the a clip on his catheter and had to pull him up in toward the foot of the action of the state of the stat	ifficult to heal skin breakdown the to malnutrition issues. on 05/24/18 at 2:04 PM, NA usually assigned to Resident whift. She explained she 55 had a condom catheter in thit stay on so they switched to the when Resident #55 was whe verified she worked day om 6:30 AM until 6:30 PM with wided care to Resident #55 is fine when they finished their in tear to his penis. She is and NA #4 came to work the 16/18 NA #5 told them in 16/16/18 NA #6 told not have an indwelling that the saw the tear on his it to Nurse #3. On 05/24/18 at 5:37 PM, NA ent #55 was supposed to be 16/16/18 was supposed to be 16/16/18 was no report Resident #55 was no report Resident	F 68	34			
	ROVIDER OR SUPPLIER SUMMARY: (EACH DEFICIEN REGULATORY OF COntinued From particles of the stated it was differed for Resident #55 during an interview #3 stated she was upplied to urinate. So shift on 02/15/18 from NA #4 and they provided the she was shift and had no skift and skift and had no skift and had reported between the skift and had the skift and had the skift tear on skift and there had a skift tear on skift and the skift tear on his penis due skift tear on his penis due keplained Resident R	CORRECTION IDENTIFICATION NUMBER: 345261 ROVIDER OR SUPPLIER	A BUILDING 345261 B. WING ROVIDER OR SUPPLIER NY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 She stated it was difficult to heal skin breakdown for Resident #55 due to mainutrition issues. During an interview on 05/24/18 at 2:04 PM, NA #3 stated she was usually assigned to Resident #55's care on day shift. She explained she recalled Resident #55 had a condom catheter in the past but that didn't stay on so they switched to an indwelling catheter when Resident #55 was unable to urinate. She verified she worked day shift on 02/15/18 from 6:30 AM until 6:30 PM with NA #4 and they provided care to Resident #55 that day and he was fine when they finished their shift and had no skin tear to his penis. She explained when she and NA #4 came to work the next morning on 02/16/18 NA #5 told them in report Resident #55 did not have an indwelling catheter anymore but she did not say why. She stated when she and NA #4 provided incontinent care to Resident #55 they saw the tear on his penis and reported it to Nurse #3. During an interview on 05/24/18 at 5:37 PM, NA #5 explained Resident #55 was supposed to be turned every 2 hours and she had to have help when she turned him. She stated she received report before her shift started at 7:00 PM on 02/15/18 and there was no report Resident #55 had a skin tear on his penis. She explained she made a second round around 8:30 or 9:00 PM and they had to pull him up in bed because he slid down toward the foot of the bed. She stated there was a clip on his catheter and she thought it was clipped to the sheet but she did not see a skin tear on his penis during these rounds. She explained Resident #55 had spasms and he	A BUILDING 345261 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 She stated it was difficult to heal skin breakdown for Resident #55 due to malnutrition issues. During an interview on 05/24/18 at 2:04 PM, NA #35 stated she was usually assigned to Resident #557s care on day shift. She explained she recalled Resident #55 had a condom catheter in the past but that didn't stay on so they switched to an indwelling catheter when Resident #55 was unable to urinate. She verified she worked day shift on 02/15/18 from 6:30 AM until 6:30 PM with NA #4 and they provided care to Resident #55 that day and he was fine when they finished their shift and had no skin tear to his penis. She explained when she and NA #4 came to work the next morning on 02/16/18 NA #5 told them in report Resident #55 fad NA #4 to are to work the next morning on 02/16/18 NA #5 told them in report Resident #55 was supposed to be turned every. 2 hours and she had to have help when she turned every 2 hours and she had to have help when she turned by 102/15/18 at 5:37 PM, NA #6 explained Resident #55 bas as supposed to be turned every 2 hours and she had to have help when she turned over 2 hours and she had to have help when she turned every 1 hours and 102/15/18 be did not see a tear on his penis. She explained she made a second round around 8:30 or 9:00 PM and they had to pull him up in bed because he slid down toward the foot of the bed. She stated there was a clip on his catheter and she passon and he schedent #55 bas a skin tear on his penis. She explained Resident #55 had a skin tear on his penis. She explained she made a second round around 8:30 or 9:00 PM and they had to pull him up in bed because he slid down toward the foot of the bed. She stated there was a clip on his catheter and skapasms and he	A BUILDING 345261 345261 STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SUMMARY STATEMENT OF DEPICIENCES EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 She stated it was difficult to heal skin breakdown for Resident #55 due to mainutrition issues. During an interview on 05/24/18 at 2:04 PM, NA #3 stated she was usually assigned to Resident #555 care on day shift. She explained she recalled Resident #55 had a condom catheter in the past but that didn't stay on so they switched to an indwelling catheter when Resident #55 was unable to urinate. She verified she worked day shift on 02/16/18 from 6:30 AM until 6:30 PM with NA #4 and they provided care to Resident #55 that and yand he was fine when they finished their shift and had no skin tear to his penis. She explained when she and NA #4 came to work the next morning on 02/16/18 NA #5 told them in report Resident #55 they saw the tear on his penis and reported it to Nurse #3. During an interview on 05/24/18 at 5:37 PM, NA #5 explained Resident #55 was supposed to be turned every 2 hours and she had to have help when she turned him. She stated she received report before her shift started at 7:00 PM on 02/15/18 and there was no report Resident #55 had a skin tear on his penis. She explained she made a second round around 8:30 or 9:00 PM and they had to pull him up in bed because he slid down toward the foot of the bed. She stated there was a clip on his catheter and she thought it was clipped to the sheet but she did not see a skin tear on his penis during these rounds. She explained Resident #55 she spasma and he	

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		OATE SURVEY COMPLETED	
		345261	B. WING _			C 05/25/2018
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	'	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC 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 684	hands down to his with She explained after #2 assisted her to cli #55 and when she could skin tear on his peni split in the skin and she further explained to be in pain and the During an interview Nurse #2 explained catheter in the past irritated his skin. She stopped urinating so catheter in. She further in the past irritated his skin. She stopped urinating so catheter in. She further in the past irritated his skin. She stopped urinating so catheter in. She further in the past irritated his skin. She stopped urinating so catheter in. She further in the past irritated his skin the catheter in the past irritated his skin the cover on his penis and the explained she called at his skin while she told to take the catheter in the still skin while she told to take the catheter in the skin while she told to take the catheter in the skin while she told to take the catheter in the skin while she told to take the catheter in the skin while she told to take the catheter in the skin while she told to take the catheter in the past in the past in the skin while she told to take the catheter in the past in t	had not seen him put his raist or pull on the catheter. midnight on 02/16/18 Nurse neck and change Resident pened his brief she saw the s. She stated it looked like a she had not seen it before. d Resident #55 did not seem the was no bleeding. on 05/24/18 at 6:34 PM, Resident #55 had a condom put it kept falling off and it the e stated then Resident #55 they put the indwelling ther stated she had received ange on 02/15/18 that skin tear on his penis. She rounds with NA #5 between M after she finished giving atments. She stated she and sident #55's room and when are was redness. She I for the Charge Nurse to look called the physician and was ever out. She verified the neger worked at the facility.	Fé	DEFICIENCY)		
	physician's rounds s Resident #55 on nex removed the indwell bleeding except for a he did not seem to b was surprised to see a herpes outbreak a penis. She explaine an adjacent hall bed	heet for the physician to see at rounds. She explained she ing catheter and there was no a tiny amount in his brief and be in pain. She stated she at the skin tear but he also had at that time with blisters on his and NA #5 usually got help from ause Resident #55 had to be cause of spasms of his				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION G	. ,	OATE SURVEY COMPLETED	
		245264	B. WING			С
	ROVIDER OR SUPPLIER	345261	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		05/25/2018
(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) COMPLETION DATE
F 684	weekly wound assess not do them. She co wound measurement her notes regarding t #55's penis. She exp Resident #55 during cream and it was her stated the skin tear coutbreak. During an interview of DON confirmed the nonger worked at the heard about the oper penis after 02/16/18 a 02/20/18 during roun physician said it was herpes. During a telephone in AM the physician exp Resident #55 on rour his penis. She stated examined him and thon the tip of his penis #55 had active herpe suppressive treatmer say if the indwelling of in the skin on his penicaused it because that risk to tear. She examined Resident #1 lot of swelling and reconstruction bleeding or drainage, it was painful but the when he was in pain he was not grimacing	ted another nurse did the sments because she could infirmed she did not do sor any other description in the skin tear on Resident plained the physician saw ther next rounds and ordered understanding the physician ame from the herpes In 05/25/18 at 10:00 AM, the light shift Charge Nurse no facility. She explained she in skin on Resident #55's and the physician saw it on ds. She explained the due to an outbreak of the saw an area on the end of dishe saw an area when she ere was an ulcerated lesion is. She explained Resident is and had been on chronic int. She stated it was hard to eatheter had caused the split its or if the herpes had er tissue was friable and was	F6	84		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		TE SURVEY MPLETED	
		345261	B. WING		,	C 5/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		0/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 684	expectation for nursi included measuremed wounds. During a follow up in 05/25/18 at 11:50 Al not seen the slit recent to possible the policy opened resident's between the top of the policy opened resident's between the top port and the policy opened there was a 1 inch from the head down to the top port and Nurse #3 stated what they had seen 02/16/18. They expected what they had seen 02/16/18. They expected what they had seen 02/16/18 at the physician saw before was caused buring a follow up in PM, the DON stated wounds to be assess confirmed there were in the skin on Reside descriptions of the wellow progress notes or or During an interview Administrator stated investigation after the to her of the open skin stated the physican she had been to the policy of the policy of the policy of the policy of the physican she had been to the policy of the policy of the physican she had been to the policy of the physican she had been to the policy of the policy of the physican she had been to the physican properties.	es to assess wounds which ents and descriptions of the view and observation on M, the DON stated she had ently on Resident #55's penis. #3 went into Resident #55's ed him on his back and rief. The DON and Nurse #3 slit in the skin approximately d of Resident #55's penis ion of the shaft. The DON It the split of the skin was not when it was first reported on lained when they first saw it lesion farther down on the lat had now healed. Nurse #3 had told them the lesion they sed by herpes. Interview on 05/25/18 at 1:54 it was her expectation for sed and documented. She is no measurements of the slit ent #55's penis or wound documented in the in the skin checks. In 05/25/18 at 4:13 PM, the she had conducted an incident which was reported kin on Resident #55's penis. Ician had assessed the area old it was due to herpes. She her expectation for nurses to	F 68	4		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	040201		STREET ADDRESS, CITY, STATE, ZIP CODE		5/25/2018
				179 COMBS STREET		
ALLEGHA	NY CENTER			SPARTA, NC 28675		
(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 AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 800	Continued From page	e 17	F 80	0		
F 800		Needs of Each Resident	F 80			6/22/18
SS=D	CFR(s): 483.60	Needs of Each Resident	1 00			0/22/10
	nourishing, palatable meets his or her daily dietary needs, taking preferences of each in This REQUIREMENT by: Based on observation facility failed to ensur transportation and discussion of the findings were: On 05/21/18 at 12:17 brought to 100 hall at 101 and 103. Nurse in meal tray from the cast to room 112. The me	well-balanced diet that well-balanced into consideration the resident. This is not met as evidenced and staff interviews the efood was covered during stribution to the residents on the residents on the residents on the parked between rooms and parked between rooms and parked between rooms and parked with the tray all tray had a dome lid over two bowls of food which did		1. On 6/6/18 dietary staff were reeducated by the Regional Foo Director on assuring all bowls co foods to be served are covered and during transportation and dito residents. 2. On 6/14/18 Cooks for dining swere reeducated on the importate monitoring assistants regularly to all bowls containing foods to be are covered prior to and during transportation and distribution to residents.	ontaining prior to stribution services nce of o assure served	
	meal tray from the metray to room 113. The over the plate of food plastic wrap over the On 05/23/18 at 11:45 observation task, the the process of being hall. The meal tray for have a dome lid over	PM a NA #4 removed a eal cart and walked with the emeal tray had a dome lid but did not have a lid or bowl of fruit. AM during the kitchen meal cart for 300 hall was in loaded for delivery to 300 r room 306 was observed to the plate of food but the nes was left without a cover		 3. On 6/14/18 Cooks for dining s were reeducated on the importa monitoring assistants regularly trail bowls containing foods to be are covered prior to and during transportation and distribution to residents. 4. Regional Food Service Director Assistant Food Service Director assigned Cook will monitor mea x weekly x 1 month then 2 x month then 1 x monthly x 1 month 	or, or l service 1	

Facility ID: 923249

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345261	B. WING			C 05/25/2018
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F 800	hall was taken to 300 301. NA #2 removed which had a dome lid bowl of puree peached covering over it and v306. On 05/23/18 at 12:40 hall was parked near removed a meal tray dome lid over the placettage cheese that dit and walked with the tremoved a tray walked with the tray walked	is PM the meal cart for 300 is hall and parked near room a meal tray from the cart if over the plate of food and a est that did not have a walked with the tray to room If PM the meal cart for 100 rooms 104 and 105. NA #5 from the cart which had a te of food and a bowl of did not have a covering over te tray to room 113. NA #5 from the meal cart and to room 106. The tray had a te of food and a bowl of have a covering over it. If PM during an interview with the was aware that the food tot have coverings on them way since she had been s). If PM during an interview with Nurse (ICN) she stated she the trays delivered to the halls gs over the bowls of food. If the tray had a the food and a bowl of have a covering over it. If AM during an interview with the covered because the food to air. If AM during an interview with the covered because the food to the residents and that the	F 80	assure aides have covered a containing foods to be serve transportation and distribution residents. Any negative find result of monitoring and obside reported to Center Executand the Center Executive Discreport to Process Improvem Committee. Findings will be the Process Improvement Comonth x 3 months and ongoin needed.	ed prior to on to ings as a ervation will utive Director irector will ent e addressed by committee q	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345261	B. WING		C 05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	1 63/23/2010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 800	05/25/18 at 11:37 AM the bowls of food on them but the plate she had never questic cover them from now On 05/25/18 at 3:44 F	ducted with NA #5 on I who stated she was aware the meal trays never had lids of food did. She admitted oned why but that she would on. PM during an interview with	F 800		
F 812 SS=E	bowls served with food Food Procurement, St CFR(s): 483.60(i)(1)(1)(tore/Prepare/Serve-Sanitary 2) ty requirements. re food from sources ed satisfactory by federal, ies. ood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the facility. prepare, distribute and ance with professional	F 812		6/22/18
	by:	is not met as evidenced ns and staff interviews the		On 5/25/18 the Food Service Direct inspected to assure no expired food ite.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
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NAME OF B	201/1252 02 01/221/152	345261	B. WING _			5/25/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
ALLEGHA	NY CENTER			179 COMBS STREET		
, (222011)				SPARTA, NC 28675		
(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 ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 812	Continued From page	e 20	F 8	12		
	maintain food item exproper seal on opener in 1 of 1 walk in refrig failed to ensure food walk in freezer, failed items from shelves in failed to properly labe nourishment room rekitchen task observat failed to ensure staff under sanitary condit. The findings included a. On 05/21/18 at 10: of the kitchen with the (FSD) the following owalk in refrigerator copound tubs of strawb use by date of 05/15/base and (2) 16 ound no expiration dates, 3 links without opened	copiration dates and maintain and food with expiration date perator. The facility also was properly sealed in 1 of 1 of 1 of 1 of 1 dry storage room and all food item in 1 of 2 frigerators during 1 of		were present in all areas of the food items in the freezer were properly and all food items in nourishment room refrigerated labeled appropriately. On 5/2 Center Nurse Executive and Practice Educator distributed bottles of hand sanitizer to nouse between resident rooms passing trays. 2. On 6/6/18 the Regional For Director re-educated dietary assuring all food items are reall areas of the kitchen prior to date, all items in nourishment are labeled appropriately and items in the freezer are sealed On or before 6/21/18 nursing reeducated by Center Nurse Assistance Center Nurse Exeasure hand sanitation is per appropriately between reside meal times.	e sealed the rs were 2/18, the the Nurse individual ursing staff to and while od Service staff on moved from o expiration t refrigerators that all d properly staff will be Executive or ecutive to formed	
	tray that had plastic lodated 05/06/18. The the outdated and ope	manicotti layered out on a cosely placed over it and FSD stated she should throw ened food items away not want them served to her.		3. Regional Food Service Dir Cooks will be reeducated on 6/22/18 by Center Executive Center Nurse Executive or As Center Nurse Executive to as	or before Director, ssistant	
	of the kitchen revealed of the dry storage roomectar thickened oran dates of 12/04/17, 01 03/20/18. (6) 46 ounce thickened orange juic 01/23/18. (21) 46 our	ce cartons of honey ce with expiration dates of		items are removed from all an kitchen prior to expiration dat nourishment refrigerators are appropriately and that all item freezer are sealed properly. Nurse Executive or Assistant Nurse Executive will re-educated staff on or before 6/22/18 to appropriate use of hand sanit	reas of the e, all items in labeled as in the The Center Center ate nursing assure the	

Facility ID: 923249

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED			
		345261	B. WING			C 05/25/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	'	00/20/2010
(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) COMPLETION DATE
F 812	03/20/18, 04/10/18 a cartons of nectar thic expiration dates of 0 ounce cartons of nectar thic expiration dates of 0 ounce cartons of nectar thic expiration dates of 0 ounce cartons of nectar thickness of the expiration date an unopened box of delivery date of 08/1 date. The FSD who stated it was every be expiration dates eve "closing" task meanistaff went home. On 05/22/18 at 4:09 Nourishment Room a 16 ounce cottage opened but the subsubstrot cottage cheese. by Nurse #1. During an interview of Manager (DFSM) on stated it was dietary move out foods according for the refrigerators of that everyone should refrigerator and dry stoods but ultimately if FSD. During an interview of 05/25/18 at 3:44 PM for the expired foods nourishment room withey were expired. b. On 05/23/18 at 12 delivered to hall 300	and 04/16/18. (10) 46 ounce obkened apple juice with 3/13/18 and 04/09/18. (5) 46 otar thickened cranberry juice of 04/06/18. Lastly, there was coconut flakes which had a 8/17 but had no expiration was present during the tour ody's responsibility to check ry day and that it was a ng it should be done before PM observation of the freezer on 200 hall revealed cheese container which was tance in the container was The container was removed with the District Food Service of 05/23/18 at 10:35 AM he is responsibility to stock and ording to the expiration dates on the units. The DM added it check the freezer, storage room for expired it was the responsibility of the with the Administrator on she stated her expectation	F 81	between residents while servir trays. 4.Regional Food Service Direct Assistant Food Service Direct Executive Director or Center Nexecutive will monitor that foor removed from all areas of the prior to expiration date, all item nourishment refrigerators are lappropriately and that all items freezer are sealed properly 1 x month, 2 x monthly x 1 month Center Nuexecutive or Assistant Center Executive will monitor nursing random halls while serving me assure using hand sanitizer apbetween residents 1 x weekly 2 x monthly x 1 month and 1 x month. Center Nurse Executive Assistant Center Nurse Executive Finding and present to Performance Improvement Comonthly x 3 months and on-goneeded.	ctor, or, Center durse d items are kitchen ns in labeled s in the x weekly x 1 and 1 x rse Nurse staff on eal trays to oppropriately x 1 month, x monthly x 1 re or ritive will	

Facility ID: 923249

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345261	B. WING _			C 05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	 	03/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 812	but before doing so of the way in order to bed table. NA #2 did she came out of roor removed another tra observation of NA # from the meal cart at 311. Before NA #2 president's over bed fluids in order to ma resident's meal tray sanitizer before she the meal cart. During an interview 3:34 PM revealed shy the facility for 10 stated she did not knand sanitizer between a she did not knand sanitizer between of it after the survey trays. On 05/24/18 at 4:25 the Infection Control had educated the she between each resid anything in the resid she requested that Ithe halls about 6 mc property manager we further stated she habout it. On 05/25/18 at 3:44 the Administrator she	e resident in room 306 his tray she moved cups of liquids out to place the tray on his over d not use hand sanitizer after om 306 and before she ay from the cart. Another 22 noted her to remove a tray and walked with it to room placed the tray on the table she moved cups of ke a place to put the . NA #2 did not use hand removed another tray from with NA #2 on 05/23/18 at the had only been employed months. In that interview she now that she needed to use een each resident when she all trays but she became aware for watched her pass out the series of the stated she taff to use hand sanitizer eent and if they touched the sand sanitizers be mounted in conths ago and was told the would have to approve it. She ad not heard anything else	F8	12		
	staff to use hand sa	nitizer after they had touched nt's room while they were				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 812 F 814 SS=E	passing out their tray Dispose Garbage an CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose properly. This REQUIREMENT by: Based on observation facility failed to ensure disposed of properly. The findings included On 05/23/18 at 11:10 dumpster area an ob- cardboard dumpster of the dumpster had the right was broken revealed cardboard in the top of the dumps should be.	d Refuse Properly se of garbage and refuse T is not met as evidenced ons and staff interviews the re garbage and refuse was for 1 of 2 dumpsters.	F 812		nd e es	
	empty but the right limissing. During an interview of Manager (DFSM) on revealed it was the remaintenance Depart company for problem On 05/24/18 at 2:19 the Maintenance Suppose was aware of the call	with the District Food Service 05/24/18 at 10:23 AM esponsibility of the ment to call the garbage as with the dumpsters. PM during an interview with pervisor (MS) he stated he redboard dumpster lid having aware that the lid had broken		x monthly x 1 month. Findings will be reviewed by, and presented to Performance Improvement Committee Environmental Services Director and addressed by Performance Improveme Committee 1 x monthly x 3 months and on-going as needed	ent	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		345261	B. WING			05/	25/2018
	ROVIDER OR SUPPLIER NY CENTER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 79 COMBS STREET PARTA, NC 28675		
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F 842 SS=D	been called several tit told they would take of the control of the	at the garbage company had mes and every time he was care of it. PM during an interview with stated the MS told her hat the dumpster lid was rator stated that although ice but to use the garbage duy utilized she had given the ms to call the garbage du a new dumpster be y. Jentifiable Information 483.70(i)(1)-(5) Int-identifiable information. Jelease information that is the public. Jelease information that is the public and agent only in intract under which the agent disclose the information me facility itself is permitted. Jecords. Jedance with accepted and practices, the facility all records on each resident dented; and ganized		814			6/22/18
		lity must keep confidential ned in the resident's records,					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	, ,	OATE SURVEY COMPLETED
		345261	B. WING			C 05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	,	33/23/23 13
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 842	regardless of the for records, except whe (i) To the individual, representative wher (ii) Required by Law (iii) For treatment, poperations, as perm with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial an law enforcement pu purposes, research medical examiners, a serious threat to he by and in compliance §483.70(i)(3) The farecord information a unauthorized use. §483.70(i)(4) Medic for- (i) The period of tim (ii) Five years from there is no requirem (iii) For a minor, 3 yellegal age under Stallegal age under S	or mor storage method of the en release is- or their resident e permitted by applicable law; r; ayment, or health care itted by and in compliance 6; n activities, reporting of abuse, c violence, health oversight d administrative proceedings, rposes, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted the with 45 CFR 164.512. cility must safeguard medical against loss, destruction, or all records must be retained the required by State law; or the date of discharge when then in State law; or the date of discharge when then in State law; or the date of discharge when then in State law; or the date of discharge when then in State law; or the date of discharge when then in State law; or the date of discharge when the dat	F 84			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345261	B. WING		C 05/25/2018
	ROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 842	Continued From pag professional's progre (vi) Laboratory, radio		F 842	2	
	This REQUIREMENT by: Based on observation physician and staff in document the dimensi	equired under §483.50. I is not met as evidenced ons, record reviews and terviews the facility failed to sions or a description of a who had a slit in the skin on penis (Resident #55).		On 6/15/18 a full body skin assessment was completed for resider #55 by the Center Nurse Executive an the Assistant Center Nurse Executive assure all wounds/skin areas present	d
	12/29/17 with diagno injury, chronic respirately dysfunction of the black	•		were assessed and documented. 2. Full body skin assessments for all current residents will be completed on before 6/22/18 by the Center Nurse Executive, the Clinical Reimbursement Coordinator and/or the Assistant Center Nurse Executive to assure any wounds/skin areas present are assess and documented.	t er
	Set (MDS) dated 01/had short term and loand was severely implected and was severely implected and was severely implected and was severely implected activities of daily living urinary catheter. A review of a care placeted 02/16/18 indicated 02/16/18 indicated actual skin breakdow and indwelling catheted wound would remain	ant change Minimum Data 29/18 indicated Resident #55 ong term memory problems paired in cognition for daily e MDS also indicated fally dependent on staff for g and had an indwelling an created by Nurse #2 and fated in part Resident #55 had are related to incontinence for and the intervention were		 Nursing staff will be reeducated on a before 6/22/18 by the Assistant Center Nurse Executive to assure wounds/ski concerns are assessed and document appropriately. The Center Nurse Executive or Assistant Center Nurse Executive will perform random full body skin assessments on 20% of all residents 2 monthly x 1 month then 1 x monthly x months. Findings will be reviewed by, presented to Performance Improveme Committee by Center Nurse Executive and Assistant Center Nurse Executive 	n ed 2 x 2 and nt
	listed as indwelling control evaluate wound area	atheter was removed and daily including surrounding or absence of drainage or		addressed by Performance Improvement Committee 1 x monthly x 3 months and on-going as needed.	ent

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	` ′	OMPLETED	
		345261	B. WING			C 05/25/2018	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		03/23/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 842	infection and/or new physician as indicated A review of a nurse's 02/16/18 at 1:50 AM indicated Resident # The notes revealed wound or ulcer and reported to the phys The notes further revito discontinue indwe urinary output and a for Resident #55's return call. A review of a skin ch #55's electronic med 1:50 AM indicated a notes further indicated on the head of Residing Catheter wurinary output howed documentation as to the wound. A review of a skin ch 02/16/18 at 3:54 PM had been identified of there was no descript appearance of the wound on Resident: A review of a skin ch 02/17/18 at 1:50 PM voiding without difficit description of the siz wound on Resident: A review of a nurse's a review of a nurse's wound on Resident:	wound pain and report to ed. s progress note dated documented by Nurse #2 55 had a change in condition. Symptoms included a skin the change had been dician on 02/16/18 at 1:00 AM. Wealed orders were obtained alling catheter and monitor message was left message esponsible party (RP) to eack document in Resident dical record dated 02/16/18 at skin and tissue tear. The ead skin and tissue was torn dent #55's penis and the was removed and monitor wer, there was no the size or appearance of eack document dated indicated a skin injury/wound on Resident #55's penis but often of the size or round. The eack document dated indicated Resident #55 was alty but there was no the or appearance of the eack document dated indicated Resident #55 was alty but there was no the or appearance of the	F 84				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3)) DATE SURVEY COMPLETED
		345261	B. WING			05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	COMPLETE C 05/25/2 CITY, STATE, ZIP CODE ET 675 OVIDER'S PLAN OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
F 842	indicated follow up r but there was no de appearance of the w penis. A review of a nurse's 02/18/18 at 1:50 PM indicated area to penoted swelling or oddescription of the size of a skin choz/18/18 at 5:45 PM monitor penis but the size or appearance #55's penis A review of a facility Grievance/Concernindicated Resident #55's penis A review of a physic 02/20/18 indicated Ferones also the facility rounds to evaluate Ferones revealed staff had increased concerning wondered if it was described for the state of	scription of the size or vound on Resident #55's s progress note dated I documented by Nurse #3 nis continued to have no or but there was no ze of the wound. seck document dated I indicated to continue to ere was no description of the of the wound on Resident document titled Form dated 02/19/18 #55's RP requested what had caused the area on	F 84	42		
	erythema (redness)	d Genitourinary indicated of penis with 3 vesicles ted lesions and a ventral				

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		345261	B. WING			C 05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	'	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 842	(underneath) slit wi A review of a skin of 02/23/18 at 3:54 PN but there was no do ventral slit on Resident A review of a Nurse note dated 03/22/18 Genitourinary reveates and ulcera on Resident #55's part A review of a physic 04/17/18 revealed if Genitourinary eryth with ulcerated lesion inflamed ulcer. A review of a physic 04/24/18 revealed if Genitourinary eryth with ulcerated lesion inflamed ulcer.	th an inflamed ulcer. theck document dated M indicated blisters to penis escription or appearance of the dent #55's penis. Practitioner (NP) progress in a section labeled aled erythema of penis with 3 ted lesions and a ventral slit benis with an inflamed ulcer. cian's progress note dated in a section labeled ema of penis with 3 vesicles ins and a ventral slit with an cian's progress note dated	F 84	<u> </u>		
	a section labeled G erythema of penis v lesions and a ventra During an observat 05/24/18 at 10:10 A care to Resident #5 NA #4 opened Res a split in the skin or penis from the top of	#55 was seen on rounds and enitourinary indicated with 3 vesicles with ulcerated al slit with an inflamed ulcer. ion of resident care on MM NA #3 and NA #4 provided is to prepare him for a shower. Ident #55's brief and there was a the right underside of his of the penis down to the shaft the in length. There was also a				

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		345261	B. WING _			C 05/25/2018
	ROVIDER OR SUPPLIER NY CENTER	-	STREET ADDRESS, CITY, STATE, ZIP COD 179 COMBS STREET SPARTA, NC 28675		•	
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 842	Nurse #3 explained s Nurse #2 on 02/16/1 care to Resident #55 split. She stated she skin had split and sh She further explained physician to look at it confirmed the physic rounds the next Tues told Resident #55 ha She stated his indwe been removed and the since then. She verified wound nurse but nur wound assessments Director of Nursing of measurements.	on 05/24/18 at 1:30 PM, she heard in shift report from 8 that when staff provided to the skin on his penis was a did not understand why the e could find no reason for it. It deshe put a note for the toduring her next round. She can saw Resident #55 during sady on 02/20/18 and was and an active herpes flair up. It ling catheter had already they had not put one back in fied the facility did not have a sees were responsible to do and document them and the	F 8	42		
	Nurse #2 explained so between midnight and giving medications as the and NA #5 went and when they pulled skin tear on his penish. She stated she made rounds sheet for the #55 on next rounds, the indwelling cathett except for a tiny amonot seem to be in particularly outbreak at the time, nurse did the weekly because she could in she did not do meas	she did rounds with NA #5 and 1:00 AM after she finished and treatments. She stated into Resident #55's room at the covers back she saw a as and there was redness. as a note on the physician's physician to see Resident She explained she removed are and there was no bleeding bunt in his brief and he did ain and he had a herpes She explained another awound assessments and to them. She confirmed aurements or any other and tested and the skin tear on				

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		345261	B. WING			C 05/25/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675		03/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 842	DON explained she skin on his penis aftr saw it on 02/20/18 dexplained the physic outbreak of herpes. During a telephone if AM the physician explained the physician explained the physician explained in the physician explained in the penis. She state she examined him a lesion on the tip of his penis or if the because the tissue of the penis or if the because the tissue of the penis or if the pen	on 05/25/18 at 10:00 AM, the heard about Resident #55's er 02/16/18 and the physician uring rounds. She further ian said it was due to an interview on 05/25/18 at 10:25 plained she was asked to see nds for an area on the end of d she saw a new area when nd there was an ulcerated is penis. She explained cive herpes and it was hard had caused the split in skin herpes had caused it was friable and was at risk to ated it was her expectation ent wounds which included	F 84	42		
F 865 SS=E	in the skin on Reside descriptions of the ward progress notes or or During an interview Administrator stated nurses to assess we assessments. QAPI Prgm/Plan, Di. CFR(s): 483.75(a)(2)	ent #55's penis or round documented in the at the skin checks. on 05/25/18 at 4:13 PM, the it was her expectation for runds and document their sclosure/Good Faith Attmpt	F 86	65		6/22/18

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE S	ETED
		345261	B. WING		O5/2	5/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 179 COMBS STREET SPARTA, NC 28675	03/2	5/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 865	Survey Agency no la promulgation of this \$483.75(h) Disclosur A State or the Secret disclosure of the recept in so far as so the compliance of surequirements of this \$483.75(i) Sanctions Good faith attempts and correct quality of a basis for sanctions. This REQUIREMENT by: Based on observation interviews, the facility Assurance Committed implemented processing interventions that the June, 2017. This was which were originally recertification and corrected on the recept of June 2017 and was the current recertification. The deficiencies were comfortable and hor sanitation. The confiduring three federal	nt its QAPI plan to the State ater than 1 year after the regulation; re of information. tary may not require ords of such committee uch disclosure is related to uch committee with the section. 3. by the committee to identify eficiencies will not be used as 3. T is not met as evidenced ons, record reviews and staff ies Quality Assessment and ee failed to maintain lures and monitor these e committee put into place in s for two recited deficiencies y cited in April of 2016 on a complaint survey and was iffication and complaint survey as subsequently recited on ation and complaint survey. The in the areas of safe, clean, melike environment and food inued failure of the facility surveys of record show a ses inability to sustain an	F 86	1. On 6/13/18 & 6/14/18, Maintena Director repaired stained floors and broken grout around base of toilets separated or broken floor tiles in bathrooms for rooms 401 & 408. The stained floors and broken grout around base of toilets and/or separated or floor tiles in bathrooms in rooms 1 and 412 will be completed on or be 6/22/18. The baseboard b/w reside rooms 401 & 403 will be repaired on before 6/22/18. On 6/6/18 dietary swere reeducated by the Regional F Service Director on assuring all bor containing foods to be served are or prior to and during transportation and distribution to residents. 2. By 6/22/18 all remaining bathroof floors and baseboards b/w rooms were readed.	the sund broken 08, 405 store ent or staff Food wils covered and	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION (X3) DAT COM		SURVEY LETED
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	20//255 05 01/55/155	343261	D. WING	OTDEET ADDRESS OFFI OTATE TO SODE	05/2	25/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ALLEGHA	NY CENTER			179 COMBS STREET		
7(222011)				SPARTA, NC 28675		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 865	Continued From page	÷ 33	F 86	5		
	This tag is cross refer			audited by the Center Executive [)irector	
	This tag is cross reici	rea to.		to assure in good repair without s		
	1. F 584 Safe, Clea	n. Comfortable and		broken grout, separated or broker		
		nt: Based on observations		tiles and baseboards. On 6/14/18		
		he facility failed to repair		for dining services were reeducate		
	stained floors around the base of toilets or repair the importance of monitoring assistants					
	broken grout around the base of toilets in resident regularly to assure all bowls containing					
	bathrooms (#108, #401, #405, #408 and #412)			foods to be served are covered pr	-	
	-	or tile that had separated or		and during transportation and dist		
	T	nt bathrooms (#401, #408		to residents.		
	and #412) on 2 of 4 re	esident hallways. The				
	facility also failed to repair a baseboard at the floor that had separated and pulled away from the wall between resident room #401 and #403 on 1					
				3. On 6/15/18, the Center Executi	ve	
				Director reeducated the Maintena	nce	
	of 4 resident hallways	s (400 hall).		Director on the importance of ass	uring	
				bathroom floors remain free of sta		
	_	ion and complaint survey,		broken grout, separated/broken flo		
		lity failed to repair 4 of 4		and damaged baseboards between		
		prevention doors with		rooms. Findings/needed repairs w		
		l laminate and wood on the		completed or scheduled for comp	-	
		ors (100, 200, 300 and 400		Maintenance Director on or before		
		ed to repair the main dining		6/22/18. On 6/14/18 Cooks for dir	ing	
		n and splintered laminate		services were reeducated on the	_	
		er edges of the door on the		importance of monitoring assistan		
		dents' hallways, failed to		regularly to assure all bowls conta	•	
		out to the courtyard smoking		foods to be served are covered pr		
		splintered laminate and		and during transportation and dist	ribution	
		ges of the door and a large		to residents.		
	_	om of the door was chipped				
		cility also failed to repair 2 with broken and splintered		4. Center Executive Director will n	nonitor	
		n the lower edges of the		one of three halls 3 x monthly x 3		
		ere the vinyl skin had peeled		Any issues noted as a result of me		
	back and caused a sh			will be reported to the Maintenance	-	
		ms (Room #311 and #110),		Director for repairs or scheduled f		
		nt room and bathroom doors		repairs. Findings will be reviewed		
	·	tered edges on the lower		Center Executive Director and Ce		
	-	ere rough to touch in 6 of		Executive Director will present to		
		rooms (Room #200, #309,		Performance Improvement Comm	ittee	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		345261	B. WING		,	C 05/25/2018
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COD 179 COMBS STREET SPARTA, NC 28675		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 865	April 14, 2016, the faceilings, walls, 1 ACrincluding light covers bedrooms and bathr (Rooms 200, 207, 30 reviewed for environ 2. F 812 Food Procus Sanitation: Based or interviews the facility food items, maintain and maintain proper expiration date in 1 of facility also failed to sealed in 1 of 1 walk expired food items fr storage room and faitem in 1 of 2 nourish during 1 of 2 kitchen facility further failed served food under schalls. During the recertification June 02, 2017, the fasanitary kitchen by sand change gloves the contamination, keep contamination during from contaminating the floors. During the recertifications. During the recertification for contamination during from contamination the kitchen food in	action and complaint survey, actility failed to maintain //Heating unit, fixtures is and toilet paper holders in sooms for 6 of 30 rooms (33, 305, 308 and 406) mental issue. Arement, Storage and in observations and staff of failed to discard expired food item expiration dates seal on opened food with of 1 walk in refrigerator. The ensure food was properly in freezer, failed to remove from shelves in 1 of 1 dry illed to properly label food inment room refrigerators task observations. The to ensure staff distributed and anitary conditions on 1 of 4 action and complaint survey, accility failed to maintain a canitizing dishes, wash hands	F 86	every month x 3 months and oneeded. Regional Food Serv Assistant Food Service Direct assigned Cook will monitor m x weekly x 1 month then 2 x n month then 1 x monthly x 1 m assure aides have covered all containing foods to be served transportation and distribution residents. Any negative findin result of monitoring and observed to and addressed Process Improvement Commitmenth x 3 months and ongoin needed.	ice Director, tor or eal service 1 nonthly x 1 ionth to I bowls prior to i to gs as a rvation will I by the ittee q	

Facility ID: 923249

F 865 Continued From page 35 refrigerator/freezer across from the 400 hall nurse's station, failed to cover food in dry storage, failed to ensure only resident beverages and food were kept in the nourishment refrigerator, and failed to replace insulated dome lids with degrading interior plastic in 1 of 1 kitchen refrigerator/freezers, 1 of 1 dry storage rooms, 1 of 1 nourishment refrigerator/freezers and 26 of 26 insulated dome lids. During an interview on 05/25/18 at 4:31 PM with the Administrator she explained the Quality Assessment and Assurance Committee met monthly and they had audited plans of correction for deficiencies cited in the Recertification Survey in June, 2017. She stated some of the regulations were very broad and she could not fix every problem that happened every day. She further stated they had audited work orders since the last survey and they were aware of damage to floors and baseboards, but there wasn't enough manpower to keep up with the work that needed to be done. She explained the kitchen issues that		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTIO	·N 	(X3) DATE COMP	SURVEY LETED
ALLEGHANY CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) F 865			345261	B. WING				
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were cited last year had to do with other issues, but this year the areas of concern were different. She stated she felt the process was in place but there was not resources to get it all done. The administrator stated deficiencies identified during the current recertification survey would be discussed with ongoing monitoring as the committee determined. She stated the environmental deficiencies were due in part to an older building that was difficult to maintain but she expected for staff to keep the facility clean and maintained. She explained it was an ongoing process to prevent repeat deficiencies, but they would continue to put processes in place to monitor problems.	F 865	refrigerator/freezer and nurse's station, failed failed to ensure only were kept in the nour failed to replace insul degrading interior pla refrigerator/freezers, of 1 nourishment refrigerator/freezers, of	cross from the 400 hall to cover food in dry storage, resident beverages and food ishment refrigerator, and ated dome lids with stic in 1 of 1 kitchen 1 of 1 dry storage rooms, 1 gerator/freezers and 26 of s. In 05/25/18 at 4:31 PM with explained the Quality urance Committee met If audited plans of correction in the Recertification Survey stated some of the In broad and she could not fix suppened every day. She If audited work orders since shey were aware of damage to show there wasn't enough to with the work that needed ained the kitchen issues that and to do with other issues, show of concern were different the process was in place but the stone of the deficiencies identified during tion survey would be the modern of the stated the strong monitoring as the deficiencies were due in part to an the stated the strong monitoring as the deficient to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she the stated the strong monitoring to maintain but she	F	365			