

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

PRINTED: 06/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2019
NAME OF PROVIDER OR SUPPLIER SMOKY ICF/MR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 115 STORYBOOK LANE SYLVA, NC 28779		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 340	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, nursing staff failed to assure adequate training to ensure preventive hygiene measures for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations on 6/17/19 at 4:15 PM in the group home revealed client #1 to be using a wheelchair for all activities and to have padded, open fingered gloves on both hands. Client #1 was observed propelling the wheelchair with the gloved hands throughout the afternoon, as well as having a snack, opening packages, talking on the house phone, assisting with laundry, as well as assisting in the kitchen with dinner preparation. All of these activities were completed with the gloves on. Continued observations at 6:20 PM revealed client #1 being assisted by staff B with placing eating utensils for all six clients on the dining table with the gloves on. Further observations at 6:30 PM revealed client #1 using serving utensils used by all clients to plate the dinner items with the gloves on, and then removing the gloves prior to eating.</p> <p>Continued observation on 6/18/19 at 8:00 AM revealed client #1 being assisted by staff C with placing eating utensils for all clients except client #6, on the dining table with gloves on. Further</p>	W 340	<p>The QIDP will meet with staff to review importance of practicing good hygiene during all activities of daily living. The training will specifically address proper handwashing and food handling practices for both clients and staff as well as specifically address the need to remind Client #1 to remove his gloves prior to preparing, serving or eating food. Evidence of this training will be found on a MCH In-service Training Sheet (please see the attached document).</p> <p>To ensure continued implementation of proper hygiene practices, the QIDP, AP and/or group home manager will complete a random site observation at least three times each week for 90 days for all residents. This will be documented on the Observation Tracking form (please see attached form).</p> <p style="text-align: center;">RECEIVED JUN 24 2019 DHSR NH L & C Black Mountain / WRO</p>	6/28/2019	

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

TITLE

(X6) DATE

Christa Huf

Executive Director

6-21-2019

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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W 340	<p>Continued From page 1</p> <p>observations from 8:10 to 8:35 AM revealed client #1 to assist with breakfast preparation and lunch preparation with the gloves on. At 8:35 AM, client #1 was observed plating all breakfast items with serving utensils used by all clients and then eating the breakfast meal with the gloves on. No staff were observed prompting the client to remove the gloves.</p> <p>Review of the record for client #1 on 6/18/19 revealed a habilitation plan (HP) dated 4/4/19. The HP contained a comprehensive functional assessment dated 4/3/19 which indicated client #1 was independent with washing his hands.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 6/18/19 revealed that client #1 prefers to wear the gloves because he begins to develop blisters on his hands/fingers from propelling the wheelchair and indicated he had been using the gloves since 2/19. Continued interview with the QIDP confirmed that not removing the gloves during activities related to health and hygiene, fails to assure appropriate protective and preventive health measures for all clients in the home.</p>	W 340			

Topic/Title of Training: _____
Summary of Training: _____
Presenter(s): _____
Date(s) of Training: _____

[illegible]

6/10; 5/11; 8/17

[illegible]