

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

PRINTED: 09/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2011
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 364
SS=E

483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by:
Based on resident interviews, staff interviews, record reviews and observations of food served the facility failed to serve palatable foods to four (4) of four (4) sampled interviewable residents. (Residents #4, #5, #9 and #11)

The findings are:

1. Review of Resident #4's Annual Minimum Data Set (MDS) of 08/02/11 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns. Resident #4 was included on the facility's 08/23/11 listing of interviewable residents.

During an interview with Resident #4 on 08/23/11 at 9:30 a.m. the resident voiced concerns that foods served at the lunch and evening meals did not taste good. The resident specified that foods lacked flavor, were not seasoned, were overcooked and dry (including chicken). The resident further stated that she was often served meals that were unappetizing and did not feel the dietary staff were following recipes when preparing foods.

F 364

Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice:

Residents #4, #5, #9 and #11 had one on one interviews conducted by the Registered Dietician (RD) or Administrator to determine what types of foods they prefer to have served, including likes and dislikes of current menu items and to discuss any concerns they had regarding food palatability. Residents #4, #5, #9 and #11 tray cards were updated to address concerns voiced during these individual interviews to improve the food palatability for each of these residents. 9-20-11

Address how corrective actions will be accomplished for those residents having the potential to be affected by the deficient practice:

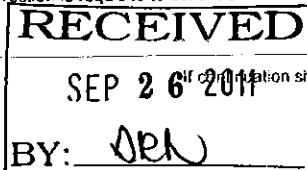
An audit of all resident medical records conducted by the Administrator and the facility's new Certified Dietary Manager (CDM) revealed all residents had the potential to be affected by this alleged deficient practice.

On 08-29-11 the Administrator and CDM had a meeting with the facility's consultant RD to discuss changes in menus, recipes and food palatability concerns.

On 08-30-11 The CDM and other staff met with the resident council to discuss ways to improve food palatability, menu choices and favorite resident foods and recipes.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9-17-11
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 364	<p>Continued From page 1</p> <p>2. Review of Resident #5's Annual Minimum Data Set (MDS) of 08/19/11 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns. Resident #5 was included on the facility's 08/23/11 listing of interviewable residents</p> <p>During an interview with Resident #5 on 08/23/11 at 11:40 a.m. the resident voiced concerns that foods served at meals were not seasoned properly, lacked taste, vegetables were overcooked and meats (including chicken) were too dry. The resident stated that she felt the facility's dietary staff were not following recipes or just did not know how to cook foods properly.</p> <p>3. Review of Resident #9's Quarterly Minimum Data Set (MDS) of 08/05/11 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns.</p> <p>During an interview with Resident #9 on 08/23/11 at 11:50 a.m. the resident stated that the food served at the facility was "awful". The resident specified that foods (including chicken) were tough and dry and were not seasoned properly. The resident further stated that he did not believe the facility's dietary staff were following recipes because the same menu item would taste entirely different each time it was prepared.</p> <p>4. Review of Resident #11's Quarterly Minimum Data Set (MDS) of 07/17/11 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns. Resident #11</p>	F 364	<p>On 9-14-11 letters, satisfaction surveys and a request for favorite meals/recipes was sent to resident responsible parties, requesting ideas for improving the menus, recipes, and taste of the food.</p> <p>On 09-12-11 the facility's new CDM, began working at the facility.</p> <p>On 09-13-11 the CDM met with the resident's council to discuss food palatability and other food related concerns.</p> <p>On 09-19-11 a meeting was held to introduce the CDM and Consultant RD met with the residents and families to field any questions and concerns related to the dietary services department.</p> <p>09-20-11 the facility will begin using the new 4 week cycle menu that was developed by the facility's consultant RD. These menus incorporated some of the meal ideas & recipes received from the residents and their families.</p> <p style="text-align: right;">9-20-11</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The facility's CDM will educate the dietary staff on following the menus and recipes. A posttest will be given to ensure understanding. All new dietary staff will be provided this in-service and posttest. Anyone not following recipes will be disciplined. Dietary staff will be directed by the CDM that they are required to sample all entrees and side items prior to serving them to residents to ensure palatability and appropriate flavor.</p>		

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F 364	<p>Continued From page 2</p> <p>was included on the facility's 08/23/11 listing of interviewable residents.</p> <p>During an interview with Resident #11 on 08/23/11 at 11:30 a.m. the resident voiced concerns that foods served at the facility did not taste good. Resident #11 specified that foods were not seasoned, lacked flavor and were overcooked. The resident further specified that meats, including chicken, were often overcooked and very dry. The resident stated that she wished the facility would serve better food at meals.</p> <p>5. On 08/23/11 at 1:25 p.m. foods served on a requested test tray were monitored for palatability and appearance with the facility's Dietary Manager (DM) present. The Honey mustard chicken served on this test tray appeared to be very dry with a sauce baked on its top. When the chicken was tasted it was found to taste extremely dry and lacked flavor.</p> <p>Interview with the DM on 08/23/11 at 1.30 p.m. confirmed that the chicken served on the test tray appeared dry. The DM specified that the chicken did not appear to be cooked or marinated in honey mustard sauce, but staff may have just brushed the sauce on top of the chicken when baked. The DM stated that recipes were available for all menu items served and that staff had been directed to follow recipes when they prepared meals.</p> <p>On 08/23/11 at 1:45 p.m. the dietary staff, who prepared the foods for the 08/23/11 lunch meal, were interviewed. Dietary staff stated that when they prepared the Honey mustard chicken it was cooked in a steamer until it reached a</p>	F 364	<p>A monitoring tool will be utilized CDM & Dietary Supervisory to validate that recipes are being followed. The monitoring tool will be utilized at every meal x 1 week, then breakfast, lunch, and dinner x 2 day's a week x 4weeks, then at 1 breakfast, 1 lunch and 1 dinner meal each week x 6 months, then weekly ongoing.</p> <p>Supervisory dietary staff will conduct test trays to monitor the palatability of foods and beverages being served to residents. Test trays will be monitored daily for 7 days and then weekly ongoing. The CDM will compile the results of the test trays. The results will be presented at the facility's quality assurance meeting monthly.</p> <p>Resident food satisfaction surveys, administered by a facility manager, will be implemented by polling 20 residents at the completion of each breakfast, lunch and dinner for 7 days. Then surveys will be completed for each breakfast, lunch and dinner 2 times a week for 8 weeks, by polling 20 residents. Then surveys will be completed for each breakfast, lunch and dinner twice weekly by polling 12 residents through the end of February 2012.</p> <p>The results of the satisfaction surveys received from residents and family members will be provided to the Administrator, CDM or Dietary Supervisor on a weekly basis. The food committee will analyze the satisfaction survey results to determine if corrective actions need to be implemented.</p>	

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F 364	<p>Continued From page 3</p> <p>temperature of 165 degrees Fahrenheit (F.), then a portion of honey mustard sauce was placed on top of each piece of chicken and the chicken was then baked in an oven prior to being served. Staff confirmed that they did not follow the recipe when preparing the Honey mustard chicken.</p> <p>Review of the facility's recipe for Honey mustard chicken specified; honey mustard dressing was to be poured over the chicken and it was to be baked at 350 degrees F. for 45 minutes until its internal temperature reached 165 degrees F. and a one ounce portion of honey mustard sauce was to be spooned over each portion of chicken when served.</p> <p>Interview with the DM on 08/23/11 at 1:50 p.m. confirmed that staff did not follow the recipe when preparing the Honey mustard chicken for the lunch meal of 08/23/11. The DM stated that he had previously instructed dietary staff to follow recipes to ensure consistency of the menu items prepared in the kitchen.</p>	F 364	<p>Customer surveys regarding food satisfaction will be sent to the responsible party's bi-annually and also given to current, in-house residents bi-annually. Survey results will be compiled by the Certified Dietary Manager and/or Dietary Supervisor. The results will be reviewed and discussed at the next scheduled food committee meeting to determine if any corrective action is needed.</p> <p>Address how the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>The results of resident and family food/dietary service satisfaction surveys and implemented corrective actions will be reported at the monthly Quality Assurance Committee on an ongoing basis.</p> <p>The results of dietary staff's compliance in using the menus and recipes and of test tray results will be compiled by the CDM. These results and corrective actions will be presented at the monthly Quality Assurance meeting on an ongoing basis.</p>	<p>9-20-11</p> <p>9-20-11</p>	