

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

PRINTED: 11/18/2011
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. NG _____	(X3) DATE SURVEY COMPLETED 11/10/2011
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE		STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713	

(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 167 483.10(g)(1) RIGHT TO SURVEY RESULTS-SS=B READILY ACCESSIBLE

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interview, the facility failed include all survey results for surveys conducted since the last recertification survey for review by residents in one (1) of one (1) survey results postings.

The findings are:

An observation on 11/10/11 at 9:50AM revealed the results of the last recertification survey dated 09/02/10 was in a folder for residents' review. Surveys dated 11/29/10, 01/05/11, 04/28/11, and 06/02/11 were not observed in the folder.

An interview was conducted with the Administrator on 11/10/11 at 10:05 AM. He acknowledged the survey results were not complete. He stated all survey results should be available to residents.

This Plan of Correction is being submitted pursuant to the applicable Federal and State regulation. Nothing contained herein shall be construed as an admission that the facility violated any Federal or State regulation or failed to follow any applicable standard of care.

F 167 On 11/11/2011 survey results dated 11/29/2010, 01/05/2011, 04/28/2011, and 06/02/2011 and the corresponding plans of correction were posted by the administrator in a folder in the main lobby area for residents' review. 11/11/11

On receipt of any future survey results, the administrator will place the survey results and any corresponding plan of correction in the folder in the main lobby area for resident review and check to determine that any survey results and applicable plans of correction since the last recertification survey remain posted for resident review.

The nursing home administrator (NHA) will do a weekly audit of the survey folder for a minimum of 1 month. Once substantial compliance is maintained and on approval of the QA Committee the frequency of the audits will be decreased to monthly and/or discontinued.

The results of the audits will be reported to the QA Committee for review, and follow-up action as appropriate.

F 253 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

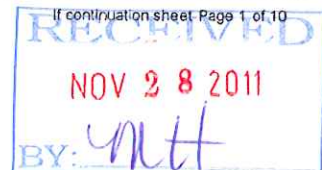
F 253 Resident #86 11/14/11

On 11/10/2011 the chair was removed from resident's room by maintenance staff and the four sharp prongs were removed and the chair arm was fixed.

Continued on next page

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Norm Claude Ramsey* TITLE: Administrator DATE: 11-23-11

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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The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observations and staff and resident interviews, the facility failed to report a need of repair a broken chair located in a resident's room for one (1) of one (1) residents who reported a maintenance concern to facility staff.

The findings are:

An observation on 11/06/11 at 1120 AM of a chair in Resident #86's room revealed the left arm rest had four (4) sharp prongs extending from the underside. An interview with Resident #86 at this time revealed he had not been injured by the prongs, but had reported the disrepair to Nursing Assistant (NA) #1 several days ago.

Continued observation on 11/10/11 at 8:35AM revealed the chair's arm rest was unattached to the body of the chair. The four (4) sharp prongs continued to extend from the underside of the arm rest.

An interview with NA #1 on 11/10/11 at 8:57AM revealed she and another employee moved the chair to Resident #86's room just over a week ago. During this interview, the chair was observed. NA #1 stated she knew the arm was loose when the chair was moved. She added she did not know the arm rest had become unattached from the body of the chair or the sharp prongs extended from the bottom. NA #1

F 253 Continued from previous page

The Maintenance Supervisor and the Housekeeping Supervisor did an audit of residents' rooms for furniture in need of repairs on 11/10/2011. No other furniture in need of repair was found.

The Maintenance Supervisor and the Housekeeping Supervisor will do a weekly audit of resident's rooms and common areas for furniture in need of repairs for a minimum of 1 month or until substantial compliance is achieved. Once substantial compliance is achieved and on approval of the QA Committee the frequency of the audits will decrease to monthly.

All housekeepers were inserviced on 11/14/2011 and 11/17/2011 on checking rooms for furniture in need of repair by the Housekeeping Supervisor.

The Director of Nursing will conduct an inservice for nursing staff on 11/28/2011 concerning promptly reporting needed repairs in residents' rooms to the Maintenance Supervisor.

Administrator and the Director of Nursing will monitor results of the weekly audits and report results to the QA Committee for review and follow-up action as appropriate.

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F 253	Continued From page 2 immediately reported the arm rest to the maintenance department and instructed Resident #86 not to sit in the chair until it was repaired. An interview with the acting Maintenance Supervisor (MS) on 11/10/11 at 9:03AM revealed he was not aware the chair in Resident #86's room needed repair. He explained to report needed repairs, facility staff should fill out a form located at the nurses' station. The form should be attached to a maintenance/housekeeping bulletin board in the service hallway. The MS stated the sharp prongs could injure the resident or staff and should be repaired. An interview with the Director of Nursing on 11/10/11 at 9:15 AM revealed she expected staff to promptly report needed repairs in resident rooms.	F 253			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE- SANITARY The facility must- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure 1) food was not stored open to air or beyond expiration, 2) products in	F 371	#1 - On 11/10/2011 the fan in the dish room was cleaned by maintenance. #2 - On 11/07/2011 all out of date items found in nourishment pantry refrigerator were disposed of in the presence of the surveyor. #3 - On 11/08/2011 items found in nourishment pantry on the dementia unit were disposed of by the Director of Nursing. #4 - A. On 11/10/2011 Dietary staff wiped the outside of the 3 peanut butter containers off. B. On 11/10/2011 the 2 ceiling fans were cleaned by maintenance. #5 - On 11/09/2011 the coffee carafes were cleaned and stored in proper condition.	11/28/11	

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dry storage were free of food residue, 3) fans were kept clean and 4) dishware was stored clean and dry.

The findings include:

1. During the initial tour of the facility kitchen on 11/07/11 from 10:00 AM-10:30 AM a fan on a table across from the clean side of the dish machine was observed in use on high speed. Air from the fan was blowing in the direction of clean dishware. At the time of the observation, the fan was temporarily turned off and both the front and back grills and blades had a coating of dust covering the majority of the surface area. Four tiered metal shelving (positioned diagonally across from the fan and in the direction of air flow) housing clean dishware had a significant amount of dust, especially on the upper shelving where clean cooking utensils were stored. The walls in front of the clean area of the dish machine had visible dust.

On 11/9/11 at 11:15 AM the fan was observed in the same condition as seen 11/07/11. The fan was not in operation. Dust remained visible on four tiered metal shelving and on the wall in the clean dish area. At the time of the observation the Food Service Director (FSD) stated the dishwasher was supposed to clean the dish room, including the fan and shelving. The FSD stated the fan was used to aide in drying clean dishware from the dish machine.

2. During the initial tour of the facility on 11/07/11 at 10:40 AM observations were made of the nourishment pantry refrigerator located on the 200 hall. Inside the freezer was a 1 lb., 2 oz.

F 371 Continued from previous page
Fans will be cleaned every week by maintenance.

Daily checks will be done on pantry cabinet and pantry refrigerator by a dietary aide and the aide will initial a checklist indicating completion of the check.

Daily checks will be done by dietary aide of items on shelves in dry storage for suitable cleanliness of the outside of the items and for proper storage of coffee carafes and the aide will initial a checklist indicating completion of the check.

On 11/23/2011 and 11/28/2011 the Food Service Director will inservice all dietary staff on the importance of checking product expiration dates, proper storage of open containers, cleaning outside of food containers, and proper cleaning and storage of coffee carafes.

Food Service Director will conduct weekly audits of the daily checklists for outdated items in pantry refrigerator and pantry cabinet for a minimum of 3 months or until substantial compliance is achieved. Once substantial compliance is achieved and on approval of the QA Committee the frequency of the audits will decrease to monthly.

Food Service Director will conduct weekly audits of the daily checks of items on shelves in dry storage and proper storage of the coffee carafes for a minimum of 3 months or until substantial compliance is achieved. Once substantial compliance is achieved and on approval of the QA Committee the frequency of the audits will decrease to monthly.

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unopened box of individual servings of yogurt. The manufacturers label on the container indicated, "sell by date October 26th, 2011" and "consume within seven days of sell by date, even if frozen". A resident's name was written on outer packaging of the box.

Eight, six ounce containers of yogurt with a sell by date of September 6th, 2011 were stored inside the refrigerator. The manufacturer label indicated, "Good for seven days beyond sell by date if properly refrigerated." A resident's name was written on the grocery bag that housed the yogurt.

On 11/07/11 at 4:40PM the FSD stated her staff cleans the refrigerators in the nourishment pantries. The FSD stated the yogurts had been brought in by resident families and were overlooked when her staff checked the refrigerator/freezer for expired products.

3. During the initial tour of the facility on 11/07/11 at 10:50 AM observations were made of the nourishment pantry located on the dementia unit. A cabinet in the pantry had two bags of dry cereal open to air with some of the product spilled out of the packaging. A disposable pink wash basin had empty cookie packaging and eleven crême filled cookies stored open to air inside the basin. An uncovered, open package of cookies was also stored inside this cabinet.

On 11/07/11 at 4:45 PM the FSD stated her staff cleans the cabinet and refrigerators in the nourishment pantries. The FSD stated she was not aware of the cereal and cookies stored in the dementia pantry cabinet and that the items did

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The Administrator will monitor the weekly audits and report results to the QA Committee for review and follow-up action as appropriate.

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F 371	<p>Continued From page 5</p> <p>not come from the dietary department. A nursing assistant working on the dementia unit was present at the time of the interview and reported the cereal stored in the cabinet had been brought in for a resident by the resident's family. The nursing assistant did not know the source of the cookies stored in the cabinet.</p> <p>On 11/10/11 at 1:45 PM the Director of Nursing (DON) stated nursing staff should not store food open to air. The DON stated it was her expectation that food would be covered and that between nursing, housekeeping and dietary the cabinet would be checked and maintained.</p> <p>4. The following concerns were identified during a review of the facility kitchen on 11/09/11 from 10:35 AM-11:15 AM:</p> <p>a. Three, 5 pound containers of peanut butter had peanut butter visible on the outer portion of the container. The peanut butter was stored on shelving in dry storage. One of these three containers had been opened..</p> <p>On 11/10/11 at 3:15 PM the peanut butter remained as seen on 11/09/11. The FSD stated the containers should be wiped prior to storing on shelving in dry storage.</p> <p>b. Two ceiling fans were observed on high speed in the dry storage area. One of the ceiling fans was positioned above a table which was being used to roll clean silverware. The other ceiling fan was positioned above dry food products. At the time of the observation, the fans were temporarily turned off and a thick, visible coating of dust was noted coating the entire surface of</p>	F 371			

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F 371 Continued From page 6
the blades.

F 371

On 11/09/11 at 11:15 AM the FSD stated because the ceiling fans were left on at all times she did not realize how dirty they were. The FSD stated the ceiling fans were not on a cleaning schedule.

5. On 11/09/11 from 1:30 PM-2:45 PM observations were made of clean dish storage. One metal coffee carafe was stored upright in clean storage with a lid in place. Inside the carafe was approximately 1/3 cup of water. Another metal coffee carafe was stored upright in clean storage. Two dead bugs were observed inside the carafe.

The FSD was present and reported dishware should not be stored upright with water pooled inside. The FSD stated dishware should be checked for cleanliness prior to storage.

F 469 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM
SS=D

F 469

On 11/09/2011 resident #4's room was cleaned with approved chemicals. All open containers were removed from the room.

11/28/11

The facility must maintain an effective pest control program so that the facility is free of pests and rodents.

On 11/09/2011 the Maintenance Supervisor and Housekeeping Supervisor checked all the room in the facility for gnats. No other problem areas were found.

This REQUIREMENT is not met as evidenced by:
Based on observations, record review, and staff interviews, the facility failed to monitor a resident's room for insects for one (1) of forty (40) observed resident rooms.

On 11/21/2011 resident #4's room was fogged.

The Maintenance Supervisor and the Housekeeping Supervisor inserviced all housekeeping staff on 11/14/2011 and 11/17/2011 on checking for pests and reporting to supervisor any findings of gnats or other pests.

The findings are:

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Resident #4 was admitted to the facility with diagnoses including psychotic disorder. The latest Minimum Data Set (MDS) indicated moderately impaired cognition. The MDS specified Resident #4 is independent in areas of mobility, dressing, eating, and hygiene.

A care plan dated 09/15/11 related to cognitive impairment specified difficulty with memory and decision making abilities. The care plan goal was to receive daily cognitive and sensory stimulation. Interventions included provide supportive environment with cues to stimulate cognition and to involve the resident in daily decision making.

An observation of Resident #4's room on 11/08/11 at 10:55 AM revealed black winged bugs on the curtains. Several used milk cartons without noted odors were observed in the room. An interview at this time with Housekeeper #1 revealed Resident # 4 does not let her throw away the used milk cartons or clean and mop the room. Housekeeper #1 stated she had noticed gnats in this room every once in a while.

An observation of Resident #4's room on 11/09/11 at 10:22 AM revealed black winged bugs in an area between the window and the resident's bedside table. Eight (8) black winged bugs were observed on the curtain, five (5) on the wall next to the curtain, and six (6) on boxes that were sitting on the floor in front of the bedside table.

An interview with Housekeeper #1 on 11/09/11 at 10:27 AM revealed she had noticed the black winged bugs in Resident #4's room this morning.

F 469

Continued from previous page

The Director of Nursing will conduct an inservice for nursing staff on 11/28/2011 concerning promptly reporting pests in residents' rooms to the Maintenance Supervisor.

Daily checks will be done by housekeepers for gnats or pests in resident #4's room. Any problems will be reported to the supervisor immediately.

Housekeepers will check every room for pests as part of their daily cleaning routine.

The Maintenance Supervisor and the Housekeeping Supervisor will do a weekly audit of the daily checks of resident #4's room to monitor for completion for a minimum of 3 months or until substantial compliance is achieved. Once substantial compliance is achieved and on approval of the QA Committee the frequency of the audits will decrease to monthly.

The Administrator will monitor weekly audits and report results to the QA Committee for review and follow-up action as appropriate.

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F 469	Continued From page 8 She stated she would report the citing of bugs to maintenance. An interview with the acting Maintenance Supervisor (MS) on 11/09/11 at 10:36 AM revealed he had not received a report of gnats in Resident #4's room. An observation of Resident #4's room was made at this time. The gnats were observed on curtains, wall, and boxes in front of the bedside table. An interview with a representative from the Pest Control Company was conducted via telephone on 11/09/11 at 10: 44 AM. The company representative stated he was in the facility 11/07/11. He added he received no report of bug problems in Resident #4's room on that visit. An interview was conducted with the Administrator on 11/09/11 at 10:46 AM. He stated Resident #4 did not like to throw anything away. The Administrator continued the last time he was in Resident #4's room was about two (2) to three (3) weeks ago. He stated he moved Resident #4's bed in order to mop under it. The Administrator added there were no bugs or boxes under the bed observed at that time. A follow up interview with the MS on 11/09/11 at 10:56 AM revealed the gnats were coming from a box under Resident #4's bed. The MS stated the box had containers of apple juice, some of which were open to the air and the box was observed to be full of gnats and was removed from the room. An interview with Licensed Nurse #1 on 11/09/11 at 1:34 PM revealed ants were found in Resident #4's room three to four months ago. She stated	F 469			

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F 469	<p>Continued From page 9 the finding was reported and taken care of promptly.</p> <p>An interview with Nursing Assistant #2 on 11/09/11 at 1:38 PM revealed she did notice several gnats flying around Resident #4's room this morning. She stated the curtain was pulled around Resident #4's bed and she did not investigate further.</p> <p>An interview with the Director of Nursing (DON) on 11/10/11 at 4:28 PM revealed she expected Resident #4's room to be monitored. She continued the resident has been known to keep uncovered food in the room which contributes to the presence of pest.</p>	F 469			

