

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

PRINTED: 01/25/2012
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 01/12/2012
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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F 000	INITIAL COMMENTS	F 000			
F 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, facility record review and staff interview, the facility failed to assess the development of a contracture and provide treatment and services to increase range of motion and to prevent further decrease in range of motion for one (1) of one (1) sampled resident. (Resident #2).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility with diagnoses including Alzheimer 's, Osteoporosis, bursitis of shoulder, Degenerative Joint Disease and Osteoarthritis.</p> <p>A review of a quarterly Minimum Data Set (MDS) dated 12/23/2011 documented Resident #2 as no impairment for " Functional Limitation in Range of Motion " in her upper extremity (shoulder; elbow, wrist, or hand). Review of the current care plan dated 12/30/2011 revealed the following</p>	F 318	<p><u>F-318-Range of Motion</u></p> <ol style="list-style-type: none"> 1. Resident # 2 was assessed by therapy for contractures & was placed on therapy caseload for treatment of the contracture. 2. An audit of all current residents was conducted by the Occupational & Physical therapists to establish a new baseline of current contractures. Those residents with a change in their status will be placed on therapy caseload for treatment in maintaining or minimalizing any assessed contractures. 3. Subsequently, an Occupational & Physical therapist will screen each resident on admission & each quarter to correlate with the MDS assessment schedule. Upon assessment, the MDS Coordinator will monitor to ensure that all screens have been completed within the ARD for each resident, and then consult with therapy should their assessment deviate from the therapists' assessment on the screening form. Any OBRA assessments that are added to the calendar after the monthly OBRA calendar is provided to Interdisciplinary team members, will be drawn to the attention of the Interdisciplinary team members at the next morning meeting. 		

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

[Handwritten Signature] Administrator

TITLE

(X6) DATE

[Handwritten Date] 2/2/12

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.

FEB 13 2012

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F 318	<p>Continued From page 1</p> <p>intervention initiated on 10/4/2011: " Palm protectors on both hands daily to prevent injury and contractures ". The care plan did not identify Resident #2 as having any other contractures or the need for restorative therapy or Range of Motion (ROM) exercises.</p> <p>Resident #2 was observed in the dining room sitting up in her wheelchair waiting for lunch on 1/9/2012 at 11:45 AM. Resident #2 was observed throughout the meal to hold her right elbow at 90 degrees flexion with a washcloth held in her palm. Staff was observed serving her meal to her and at no time during the meal was Resident #2 observed using her right arm or hand.</p> <p>On 1/9/2012 at 1:30 PM, the Assistant Director of Nurses (ADON) was interviewed about the functional status of Resident #2 while under observation. She identified Resident #2 as having a contracture of the right elbow.</p> <p>On 1/12/2012 at 10:00 AM Nurse Aide #1 (NA #1) was interviewed about her care of Resident #2. NA #1 confirmed Resident #2 required extensive assistance for Activities of Daily Living (ADL) but stated only the Restorative Aides carried out ROM exercises with the Residents.</p> <p>At 10:15 AM on 1/12/2012 Restorative Aide #1 (RA #1) confirmed during interview that Resident #2 was not on her list for ROM exercises. RA #1 presented the ROM list for review and Resident #2 ' s name was not observed on the list.</p> <p>An interview with MDS Coordinator #1 (MDSC #1) on 1/12/2012 at 10:30 AM confirmed she had</p>	F 318	<p>4. The Therapy Program Manager will ensure that the audit of all current residents is completed by 1-25-12 and will report the results of this audit to the quality assurance committee. The Therapy Program Manager will ensure that screens for contractures are completed on admission & quarterly thereafter by an Occupational & Physical therapist by establishing a calendar for screens & monitoring weekly that all are completed per the MDS ARD date. These results will be reported to the quality assurance committee monthly.</p> <div data-bbox="922 1079 1403 1157" style="border: 1px solid black; padding: 2px;"> <p>Completion Date: 2-9-12</p> </div>	

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F 318	Continued From page 2 documented Resident #2 had no impairment of her upper extremities. She stated last time she had observed Resident #2 for MDS review documentation on 12/23/2011 Resident #2 had both hands in her lap. During observation of Resident #2 at 10:35 AM the MDSC #1 confirmed Resident #2 was holding her right arm up against her body. The Therapy Manager (TM) was interviewed on 1/12/2012 at 10:40 AM. She confirmed Resident #2 was not identified for ROM and had been discharged from therapy in the past. During observation of Resident #2 at 10:45 AM the TM confirmed Resident #2 's right arm was held in an upright position close to her body and very stiff and resistant to movement. At 12:00 noon on 1/12/2012 Physical Therapist #1 was interviewed and revealed she had just assessed Resident #2. PT #1 stated her findings revealed a 30-degree difference in the right elbow from the last Therapy assessment dated 1/17/2011.	F 318			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.	F 325	F-325- Maintain Nutritional Status Unless Unavoidable- 1. Resident #118 had the nutritional order for a magic cup re-written & it was noted off and carried out. 2. An audit was completed for all current residents of the last 2 months of orders to ensure that all orders had been noted off & carried out.		

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F 325	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide a nutritional supplement as ordered by the physician for one (1) of four (4) sampled residents reviewed for nutritional services. (Resident #118).</p> <p>The findings are:</p> <p>Resident #118 was admitted to the facility with diagnoses including history of stroke, dysphagia, and dementia. The latest Minimum Data Set (MDS) dated 11/18/11 indicated severe impairment of cognition and dependence on staff assistance for all care. The MDS also specified this resident received a mechanically altered diet. A Care Assessment Area (CAA) dated 11/18/11 described Resident #118 as at risk for weight loss and poor nutrition related to dementia, dysphagia and low ideal body weight status. The CAA specified the resident received a nutritional supplements with meals.</p> <p>A review of a care plan dated 11/22/11 identified Resident #118 at risk for poor nutrition and significant weight loss related to a history of weight loss, dysphagia, and dementia. The care plan goal specified Resident #118 would be free from significant weight loss through 02/22/12. An intervention on the care plan directed staff to provide nutritional supplements as ordered by the physician.</p> <p>A review of Resident #118's medical record</p>	F 325	<p>3. The nurses were educated to the importance of noting off & carrying out all physicians orders. The night nurses will be checking all charts on their shift to ensure that all orders were carried out by performing 24 hour chart checks. The nurses will also be educated when checking the next month's orders, to ensure that all orders taken during the month were noted off & carried out. The night nurses and nurses who assist with checking orders for the next month will complete a form of orders that were not noted off & carried out & will document such. They will also validate that all orders documented as noted off are carried out. All new nurse employees will also be educated to this process.</p>	

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F 325	<p>Continued From page 4</p> <p>revealed a physician's order dated 11/12/11 to add a nutritional supplement to all three (3) meals to help aid in weight maintenance. A review of a Change of Diet order log on Resident #118's medical record revealed no change of diet was recorded for 11/12/11 to indicate that a nutritional supplements was added to all three (3) meals.</p> <p>Review of dietary progress notes for Resident #118 revealed a 11/12/11 note written by the Dietary Manager (DM) that specified nutritional supplements were added to all three meals. The supplements were to help in weight maintenance and wound healing. Continued review of the DM's notes dated 11/18/11 and 11/23/11 indicated the resident continued to receive nutritional supplements with all three meals. On 12/05/11 the DM wrote Resident #118 had a 6.6 pound weight loss since 11/11/11 and supplements had been ordered.</p> <p>A review of dietary progress notes written by the facility's Register Dietician (RD) dated 12/14/11 revealed Resident #118 had a weight loss of 5.47% in the past thirty (30) days. The note continued the resident received nutritional supplements with all three meals. A 01/11/12 RD note specified Resident #118 continued with a weight loss of four (4) pounds in the past thirty (30) days and received nutritional supplements three (3) times a day.</p> <p>An observation on 01/12/12 at 8:30 AM revealed Restorative Aide (RA) #1 was assisting Resident #118 with the breakfast meal. Observation of items served at this meal revealed a nutritional supplement was not served on the resident's meal tray. Review of the resident's tray card, that</p>	F 325	<p>4. The Unit Managers will check the aforementioned audit tool daily Monday through Friday for two weeks, then twice weekly for 3 weeks, then weekly thereafter. The Unit Managers will also conduct random audits of 10 charts per week, per hall to ensure compliance for 3 months, then 5 charts per unit per week on an ongoing basis. The results of these audits will be reported to the monthly quality assurance committee meeting.</p>	<p>Completion Date: 2-9-12</p>	

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F 325	<p>Continued From page 5</p> <p>was on the resident's meal tray, revealed that it did not specify that a nutritional supplement should be served with the resident's breakfast meal.</p> <p>An interview with Restorative Aide (RA) #1 on 01/12/12 at 9:22 AM revealed Resident #118 had not received nutritional supplements on his meal trays.</p> <p>An interview with the DM on 01/12/12 at 9:30 AM revealed the nutritional supplements ordered by the physician on 11/12/11 had not been added to Resident #118's meal tray cards. The DM explained that licensed nurses are responsible for transcribing dietary orders and should send the dietary department a notice of any diet changes. The DM further explained that the dietary department did not receive notice that Resident #118 had a 11/12/11 physician's order to receive a nutritional supplement with all of meals, so the resident had not been served the nutritional supplement as ordered.</p> <p>An interview with the Director of Nursing (DON) was conducted on 01/12/12 at 10:10 AM. The DON stated the nurse who transcribed the 11/12/11 physician's order, for Resident #118 to receive nutritional supplements with meals, did not follow facility protocol. The DON acknowledged the change in diet form was not written by the licensed nurse and the dietary department was not notified of this 11/12/11 physician's order. The DON explained the night shift nurse was supposed to check residents' charts for physician orders written in the past twenty-four (24) hours to ensure that orders were transcribed correctly, but the 11/12/11 order was</p>	F 325			

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F 325	Continued From page 6 not initialed and dated to indicate this check was performed. The DON added the failure to implement the 11/12/11 order should have also been caught by staff at the end of the month when the monthly physician's orders are checked by two (2) nurses to ensure continuation of care. The DON stated that the facility systems failed to ensure that the 11/12/11 physician's order was implemented and Resident #118 had not received the nutritional supplements at each meal as ordered. An interview with Licensed Nurse (LN) #1 on 01/12/12 at 2:40 PM revealed she transcribed the physician's order dated 11/12/12 for Resident #118 to receive nutritional supplements with meals. She stated she should have filled out a change in diet form and placed the white copy on the chart and sent the yellow copy to the dietary department. LN #1 was unable to remember why she did not transcribe the order correctly.	F 325			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 431			

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F 431	<p>Continued From page 7 applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, facility policy review, medical records reviews, and staff interviews, the facility failed to discard expired medications found in one (1) of four (4) medication carts. (200 Hall Cart)</p> <p>The findings are:</p> <p>A facility policy titled Disposal of Expired Medications and dated 05/01/10 specified all out-dated medications should be placed in a designated, secure location which is solely for medications that may be returned to the pharmacy.</p> <p>An observation of the medication cart for the 200</p>	F 431	<p><u>F-431- Expired Medications</u></p> <ol style="list-style-type: none"> All medication carts were inspected to ensure that all expired medications were removed & returned to pharmacy. An audit was conducted of all current residents that revealed that all residents are at risk for this alleged deficient practice. The night nurses will check the medication carts twice weekly for three weeks, then weekly ongoing expired medications & document such. The nurses will be educated to the importance of routinely checking expiration dates when passing medications & when taking medications from stock. This education will also be provided to new nurses upon employment. The Unit Managers will randomly audit the medication carts for expired medications, twice monthly the first month, and then monthly on an ongoing basis. The results of these audits will be presented monthly in the quality assurance committee meeting. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Completion Date: 2-9-12</p> </div>		

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F 431	<p>Continued From page 8</p> <p>Hall was conducted 01/12/12 at 1:03 PM. Unit Manager #1 was present and assisted with the observations. The following blister packs containing expired medications were observed:</p> <p>Metaxalone 800 milligrams (mg) with 13 one half tablets with an expiration date of 08/30/11</p> <p>Metaxalone 800 mg with 30 one half tablets with an expiration date of 10/05/11</p> <p>Bupirone 7.5 mg with 30 tablets with an expiration date of 12/31/11</p> <p>Rantidine 150 mg with 30 tablets with an expiration date of 10/31/11</p> <p>Rantidine 150 mg with 28 tablets with an expiration date of 10/31/11</p> <p>Tramadol 50 mg with 28 tablets with an expiration date of 09/17/11</p> <p>Tramadol 50 mg with 30 tablets with an expiration date of 09/17/11</p> <p>Lamotrigine 25 mg with 30 tablets with an expiration date of 09/30/11</p> <p>Phenergan 12.5 mg with 4 tablets with an expiration date of 03/31/11</p> <p>Mysoline 50 mg with 26 tablets with an expiration date of 11/17/11</p> <p>A review of medical records of the residents utilizing the listed medications revealed all medications with the exception of Mysoline were still in use in the dosages noted on the blister packs.</p> <p>An interview with Unit Manager #1 at the time of the observation revealed these medications were extra medications. She added some of the blister packs were placed in the bottom drawer to get them out of circulation.</p>	F 431			

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F 431	Continued From page 9 An interview with the Director of Nursing (DON) on 01/12/12 at 1:54 PM revealed the pharmacy nurse who visited the facility monthly checks medications in the carts for expiration dates. An interview with Licensed Nurse (LN) #2 on 01/12/12 at 4:23 PM revealed she checked expiration dates of medication as she administered them. She added medications that were discontinued or out of date should be placed in bends located in the locked medication room to be returned to the pharmacy.	F 431			