PRINTED: 03/22/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION ID	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	IULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	345302	B. WING	B. WING		C 8/2012	
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION &	NURSING CENTER	41	EET ADDRESS, CITY, STATE, ZIP CODE 7 MOUNTAIN TRACE ROAD 7 LVA, NC 28779	,		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 157 SS=G (INJURY/DECLINE/ROOM, A facility must immediately consult with the resident's p known, notify the resident's or an interested family mem accident involving the residinjury and has the potential intervention; a significant chephysical, mental, or psychological complications); a nesignificantly (i.e., a need to existing form of treatment does consequences, or to comme treatment); or a decision to the resident from the facility §483.12(a). The facility must also prompand, if known, the resident's or interested family member change in room or roommat specified in §483.15(e)(2); resident rights under Federa regulations as specified in p this section. The facility must record and the address and phone num legal representative or interested. This REQUIREMENT is not by:	inform the resident; hysician; and if legal representative when there is an ent which results in for requiring physician range in the resident's social status (i.e., a stal, or psychosocial ng conditions or ed to alter treatment discontinue and ue to adverse ence a new form of transfer or discharge as specified in of the resident of the resident are eassignment as or a change in all or State law or aragraph (b)(1) of periodically update ober of the resident's ested family member.	F 157	Plan of correction of constitute admission or the provider of the truth alleged or conclusions so statement of deficiencies correction is prepared an solely because it is required provisions of Federal are Resident #1 no longer reside facility. Residents experiencing a chacondition have the potential affected by this deficient pradithough none were found that affected. An audit of current resident records to be completed by ensure changes of condition identified and physician and responsible party notification Education provided to the line in the condition of the polyprocedure for physician and responsible party notification changes in resident conditions.	agreement by h of the facts et forth in the s. The plan of nd or executed uired by the nd State law. es at the ange of I of being actice to be medical 3/20/12 to have been /or on completed. censed the Director icy and /or on regarding		

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 disclosuble 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to the facility. program participation.

APR 0 4 2012

NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & HURSING CENTER PREPRY TAG TAG TO Conlinued From page 1 pressure ulcors for one (1) of ten (10) sampled residents. (Residents #1). The findings ere: Resident #1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease, high risk for skin breakdown, and diabetes. The admission Minimum Data Sat (MDS) dated 0/1/14/12 indicated cognition was moderately impaired and the resident required extensive staff assistance for transfers, eating, dressing and personal hygien. The MDS specified Resident #1 was admitted to the facility with one (1) Stege II pressure ulcers and two (2) unstageable pressure ulcers and two (2) unstageable pressure ulcers and two (2) unstageable pressure ulcers with suspected doop itsue injury. A Care Area Assessment (CAA) dated 0/1/16/12 specified Resident #1 entered the facility with a Slage II pressure ulcers with research to both heels. The CAA continued Resident's care, care. Care. The resident's care plan dated 0/1/22/12 Identified skin breakdown of a Stage II coccyy pressure ulcor and bitsters to both heels. The care plan goal specified the resident would be few few form further pressure areas through the next three (3) months, nutrewnitons for tills scare plan included to the resident would be few form further pressure areas through the next three (3) months, interventions for tills scare plan included to the resident with the presented to the Qaromistics by the DoN monthly x 3 then quarterly thereafter to determine the need for	CENTE	RS FOR MEDICARE &	MEDICAID SERVICES				Civid !	40. 0996-098
MAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES FREETY TAG FREETY TAG FROUDERS PLAN OF CORRECTIVA SOULD DE CROSS ARFERNOED TO THE APPROPRIATE CROSS				I, ,	I, ,		COMPLETED	
MOUNTAIN TRACE REHABILITATION & NURSING CENTER MAIND PRIEFIX SUMMARY STATEMENT OF DEFICIENCIES PRIEFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			345302	B. WIN	IG		03	
FREERIX TAG RECULATORY OR LSC IDEMIPTING INFORMATION) F 157 Continued From page 1 pressure ulcers for one (1) of ten (10) sampled residents. (Residents #1). The findings ere: Resident #1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease, high risk for skin breakdown, and diabetes. The admission Minimum Data Set (MDS) dated 011/11/12 indicated cognition was moderately impaired and the resident required extensive staff assistance for transfers, eating, dressing and personal hyglene. The MDS specified Resident #1 was admitted to the facility with will not (1) Stage II pressure ulcers with suspected deep tissue injury. A Care Area Assessment (CAA) dated 01/16/12 specified Resident #1 entered the facility with a Stage II pressure ulcers with suspected doep tissue injury. A Care Area Assessment (CAA) dated 01/16/12 specified Resident #1 entered the facility with was at lisk for complications, further breakdown, and infection. The CAA continued Resident #1 was at lisk for complications, further breakdown, and infection. The CAA sits ospecified furthor skin breakdown of a Stage II coccyx pressure ulcers and bitsters to both heals. The CAA continued Resident's care. The resident's care plan dated 01/22/12 identified skin breakdown of a Stage II coccyx pressure ulcer and two (2) unstageable pressure under on the heals. The CAA continued Resident's care plan quely and the resident would be free from further pressure areas through the next three (3) months, interventions for this care plan quely the presented to the CA committee by the DN monthly x 3 then queaterly therefore the reference with three (3) months, interventions for this care plan included		·	ION & NURSING CENTER		4	17 MOUNTAIN TRACE ROAD		
F 157 Confinued From page 1 pressure uicers for one (1) of ten (10) sampled residents. (Residents #1). The findings are: Resident #1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease, high risk for skin breakdown, and diabetes. The admission Minimum Data Set (MDS) dated 01/11/12 Indicated cognition was moderately impaired and the resident required extensive staff assistance for transfers, eating, dressing and personal hygiens. The MDS specified Resident #1 was admitted to the facility with one (1) Stage ii pressure uicers with suspected doep tissue injury. A Care Area Assessment (CAA) dated 01/16/12 specified Resident #1 entered the facility with a Stage ii pressure uicer and two (2) unstageable pressure uicer with suspected doep tissue injury. A Care Area Assessment (CAA) dated 01/16/12 specified Resident #1 entered the facility with a Stage ii pressure uicer and two (2) the facility with a star isk for complications, further breakdown, and infection. The CAA ostiluated by the physician for possible changes to the resident's care. The resident's care plan dated 01/22/12 Identified skin breakdown of a Stage ii coccyx pressure uicer and bilsters on both heels. The care plan goal specified the resident would be free from further pressure areas through the next three (3) months. Interventions for this care plan included	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LOBE	COMPLETION
physician of signs and symptoms of skin breakdown. Compliance date 4/5/12,		pressure ulcers for or residents. (Residents The findings ere: Resident #1 was adm diagnoses including compulmonary disease, he and diabetes. The adm (MDS) dated 01/11/12 moderately impaired a extensive staff assistatesing and personal specified Resident #1 with one (1) Stage II punstageable pressure tissue injury. A Care Area Assessm specified Resident #1 Stage II pressure ulcerto both heels. The CA was at risk for complicated infection. The CA skin breakdown would physician for possible ocare. The resident's care plackin breakdown of a State of the resident was a specified the residuction. Interventions intiate skin treatments onliate skin treatments on the sk	ilted to the facility with hronic obstructive igh risk for skin breakdown, mission Minimum Data Set Indicated cognition was and the resident required ince for transfers, eating, hyglene. The MDS was admitted to the facility ressure ulcer and two (2) ulcers with suspected deep uncer with suspected deep ent (CAA) dated 01/16/12 entered the facility with a to the coccyx and blisters A continued Resident #1 ations, further breakdown, A also specified further be evaluated by the changes to the resident's in dated 01/22/12 Identified age if coccyx pressure on the lack of the care plan tent would be free from through the next three (3) for this care plan included as ordered and inform the	·F	1157	Education provided to the licen nursing staff by Lorelei Yerse, 85i CWOCN on 4/4 and 4/5/12 regar necessity of physician notification changes in resident's pressure utilicensed nursing staff will be allow work until this education is compilated to be provided new employees upon hire. 24hr of the physician has occur any changes in condition. Review physician telephone orders daily with weekend orders being review Monday during the morning clinical meeting and follow up completed in ensure notification of physician has occurred. Unit Managers to complete daily a (M-F) x 4 weeks, weekly x 4 weeks a monthly ongoing of the 24hr report ensure notification has been completed audits daily M-F x 2 weeks, then we 2 weeks then monthly ongoing to enappropriate notification of changes and documented on QA audit tool. ADON/DON to complete 2 random audits daily M-F x 2 weeks, then we 2 weeks then monthly ongoing to enappropriate notification of changes condition have been completed. Findings from the QA audits will be presented to the QA committee by the DON monthly x 3 then quarterly thereafter to determine the need for additional education and/or monitor.	N, RN, ding the n of rers. No ved to leted. ed to eports ekend y ng and red for of il-F ed on il to chart ekly x nsure in	

1111 C.D. U3/22/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WNG 345302 03/08/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD **MOUNTAIN TRACE REHABILITATION & NURSING CENTER SYLVA, NC 28779** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLÉTION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 F 157 A review of a medical progress note dated 01/30/12 revealed the Family Nurse Practitioner (FNP) examined Resident #1 on this date. The document specified the purpose of the medical visit was to evaluate the resident due to nursing concerns secondary to fever, worsening heel ulcers, and mental status change. Wound measurements for the heels were documented as follows: The left heel wound measured 4.7 x 5 centimeters (cm). The right heel wound measured 6.1 x 5 cm. Both heel wounds were described oozing brown pus-like drainage. An odor was noted with all wounds. Continued medical record review revealed a nursing note dated 01/30/12 at 1:35 PM signed by Licensed Nurse (LN) #3. The note described Resident #1 as lethargic and having a temperature of 99.5 degrees Fahrenheit. The note specified the resident was examined by the FNP and sent to an acute care facility for evaluation for sepsis related to wound status and mental status changes. A review of a wound care clinic evaluation obtained in the acute care facility and dated

01/31/12 described the wounds as follows: The left heel wound measured $3.5 \times 5 \times 0.2$ cm. The wound was described as a pressure ulcer with necrotic tissue and blister membranes and was unable to be staged. The right heel wound measured $8 \times 5 \times 0.2$ cm. The wound was described as a pressure ulcer with purulent

A review of a discharge summary from the acute care facility dated 02/03/12 revealed discharge diagnoses included: 1. Bacterial aspiration

drainage and unable to be staged.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		345302		B. WING		C 03/08/2012		
	ROVIDER OR SUPPLIER	ION & NURSING CENTER		41	EET ADDRESS, CITY, STATE, ZIP CODE 7 MOUNTAIN TRACE ROAD /LVA, NC 28779			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 157	pneumonia. 2. Decu with one wound show An interview on 03/08 revealed she worked blisters on both of Recobserved opened and the physician or the F An interview on 03/08 FNP revealed she was 01/18/12. An interview on 03/08. Administrator revealed notified the physician of the resident's heel wow An interview on 03/08, resident's physician renotified by facility staff was getting worse. 483.25(c) TREATMEN PREVENT/HEAL PREBased on the comprehensident, the facility may be enters the facility may be entered the pressure sores receives services to promote he prevent new sores from	bitus both heels and coccyx ing bacterial infection. /12 at 11:45 AM with LN #2 on 01/18/12 when the sident #1's heels were stated she did not notify NP. /12 at 11:59 AM with the sent contacted on /12 at 4:30 PM with the sent contacted on the nurse should have or FNP on 01/18/12 when unds opened. /12 at 11:44 AM with the evealed he expected to be fanytime a resident's wound str/SVCS TO SSURE SORES nensive assessment of a cust ensure that a resident without pressure sores sure sores unless the idition demonstrates that a resident having as necessary treatment and ealing, prevent infection and		157	See next Page			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. Boil	COMAG	·		С
		345302	8. WIN	MNG		ı	8/2012
	ROVIDER OR SUPPLIER N TRACE REHABILITATI	ON & NURSING CENTER		4	REET ADDRESS, CITY, STATE, ZIP CODE 17 MOUNTAIN TRACE ROAD 14YLVA, NC 28779		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.O BE	(X5) COMPLETION DATE
	interviews, the facility and treat pressure ulc sampled residents. (R The findings are: Facility policies entitled and Prevention, Treatment of Skin Care Prevention and Skin Care Acea Assessments. In Resident at risk for he weekly assessments. In Resident #1 was addiagnoses including; compulmonary disease, high and diabetes. The admission Minimum of Interview and diabetes. The admission Minimum of Interview and extensive required for transfers, and pressure dicer and the pressure ulcers with surface and the pressure ulcers with surface and seedified Resident #1 of Stage II pressure ulcer 2.0 x 0.1 x 0.1 centime	ns, record reviews and staff failed to assess, monitor ers for two (2) of ten (10) esidents #1 and #7). d Protocols for Wound Care ment of Pressure Sores, tion Protocol dated ed. The documents g: All pressure ulcers will easured weekly. Pressure vill include location and on of exudate, if present, ges and surrounding tissue. eel ulcer formation require mitted to the facility with hronic obstructive gh risk for skin breakdown, am Data Set (MDS) dated (nition was moderately estaff assistance was eating, dressing and e MDS specified Resident estacility with one (1) Stage wo (2) unstageable uspected deep tissue injury. ent (CAA) dated 01/16/12 entered the facility with a to his coccyx measuring eters (cm). The resident	F	314	Resident #1 no longer resides at the facility. Resident #7 has been recovered weekly assessments, measurement appropriate documentation of his pressure ulcer, by the Assistant Director of Nursing. Updated physician or regarding the treatment for reside pressure ulcer have been obtained are being followed by the Assistant Director of Nursing. Residents with pressure ulcers have potential of being affected by this deficient practice although none we found to be affected. An audit of current residents with pressure ulcers was completed by the Wound Care Team, (DON, ADON, I Managers, Wound Nurse, Therapy Director, and Administrator, on 3/3 to ensure wounds have been thoro assessed, measured, documented, treated and notification of changes physician and/or responsible partie have been made. Education to nursistaff on 4/4 and 4/5/12 provided to 1/4 a	eiving ints and rector rector reders ent #7's d and t e the ere She Jnit O/12 ughly to s sing ded tion, ent e aff ntil of	
	- -	ters (cm). The resident			in each treatment book for the licens nursing staff to refer to.	ed	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	continued Resident complications, further resident would be ensure there was not areas were healing; complications. The skin breakdown wou physician for possible care. The resident's care a skin breakdown of a ulcer and blisters on goal specified the refurther pressure area months. Intervention initiate skin treatment assessment weekly, signs and symptoms. a. A review of Resider revealed a nursing nucleonsed Nurse (LN) specified open sores today and painted with antiseptic, foam was gauze. No further assessment of the redocumented in the moduli 18/12 to 01/30/12	#1 was at risk for er breakdown, and infection. have routine skin audits to ofurther breakdown and the appropriately without CAA also specified further ald be evaluated by the echanges to the resident's changes the resident's change	F	314	New admissions will be reviewed Clinical Wound Nurse in the more clinical meeting daily M-F to ensure initial skin assessments are compand necessary treatments ordered Weekend admissions will be reviet the weekend supervisor. Treatm Records will be audited daily M-F weeks, weekly x 4 weeks then moongoing by the Unit managers to appropriate treatments have been completed as ordered. ADON/D review Unit manager's daily audit weekly x 4 weeks then monthly thereafter with appropriate follow provided. Unit Managers will contaudit daily x 4 weeks, weekly x 4 weeks then monthly thereafter of the weekly assessments for completions document their findings on a QA tool. ADON/DON will review the audits weekly and appropriate for provided. A clinical wound specific by the seekly and appropriate for provided. A clinical wound specific wound team on 3/22/12 continue monthly to offer addited ucation and resources to assist wound healing. The wound team consists of: DON, ADON, Unit M wound nurse, Therapy Director Administrator. New experienced wound nurse, begin on 4/2/12. The wound team will attend tra	ning ire leted d. ewed by ent x 4 onthly ensure n ON will s v up duct an weeks reekly and audit ese ollow up lalist, ledical nds with and will fonal st in m anagers, and RN to		
	01/30/12 revealed the examined Resident # document specified to	e Nurse Practitioner (FNP)			provided by the North Carolina Improvement Organization on A	Quality		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPU A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345302	B. WING		03.	C /08/ <u>2012</u>	
	SUMMARY (EACH DEFICIE	ATION & NURSING CENTER STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	41	EET ADDRESS, CITY, STATE, ZIP COD 7 MOUNTAIN TRACE ROAD (LVA, NC 28779 PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ORRECTION ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 314	ulcers, and mental measurements for follows: The left he cm. The right heel Both heel wounds to pus-like drainage. wounds. Continued medical nursing note dated LN #3. The note delethargic and having degrees Fahrenheir resident was exami an acute care facilitisepsis of wounds, estatus changes. A review of a wound obtained in the acut o1/31/12 described left heel wound meawound was described left heel wound measured 8 x 5 x 0 described as a president diagnoses included Decubitus both hee showing presence of the control of the	y to fever, worsening heel status change. Wound the heels were documented as sel wound measured 4.7 x 5 wound measured 6.1 x 5 cm. were described oozing brown An odor was noted with all record review revealed a 01/30/12 at 1:35 PM signed by escribed Resident #1 as g a temperature of 99.5 t. The note specified the ned by the FNP and sent to by for evaluation for probable early pneumonia and mental d care clinic evaluation the care facility and dated the wounds as follows: The easured 3.5 x 5 x 0.2 cm. The ed as a pressure ulcer with blister membranes and was d. The right heel wound .2 cm. The wound was soure ulcer with purulent e to be staged. The acterial pneumonia. 2. Its and coccyx with one wound	F 314	Findings from the QA audits presented to the QA commi DON monthly x 3 months the thereafter to determine the additional education and/or Compliance will be on 4-5-1	ittee by the nen quarterly need for r monitoring.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345302		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WIN	G	· 	C 03/08/2012		
	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD SYLVA, NC 28779		MOUNTAIN TRACE ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION DATE
F 314	related to altered ment stated foul odor was n wound nurse undress they appeared as des The FNP stated this w been asked to examin	ine Resident #1 on 01/30/12 Ital status and fever. She loted in the room. The led the heel wounds and cribed in her written report. Italians the first time she had led the resident's wounds.	F	314			
	revealed measurement wound on that date was further description of the No other measurement coccyx wound were for between the dates of the Areview of a medical 01/30/12 revealed the	Nurse Practitioner (FNP)					
	was to evaluate the re concerns secondary to coccyx ulcers, and me review of the medical coccyx wound measur	e purpose of medical visit sident due to nursing o fever, worsening heef and ntal status change. Further progress note revealed the					
	LN #3. The note desc lethargic and having a degrees Fahrenheit. 1	30/12 at 1:35 PM signed by ribed Resident #1 as temperature of 99.5 The note specified the by the FNP and sent to prevaluation related to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		345302	B. WING			C 08/2012
	ROVIDER OR SUPPLIER	ON & NURSING CENTER	41	EET ADDRESS, CITY, STATE, ZIP CODE 7 MOUNTAIN TRACE ROAD (LVA, NC 28779	1 00/1	7012012
(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 APPR DEFICIENCY)	ŲLO BE	(X5) COMPLETION DATE
	A review of a wound of obtained in the acute o1/31/12 specified the 10 x 8.5 x 0.2 cm. The pressure ulcer with 40 and unable to be stag. A review of a discharge care facility dated 02/0 diagnoses included: 10 pneumonia. 2. Decubing with one wound showing the stated foul odor was a room. The wound nurse to examinated foul odor was a room. The wound nurse wound. The wound apwritten report. The FN time she had been ast resident's wounds. An interview on 03/06/2 revealed he did the drecoccyx wound on 01/2 documented dressing the stated the coccyx word drainage.	care clinic evaluation care facility and dated a coccyx wound measured a wound was described as a a percent slough, drainage, ed. Je summary from the acute 03/12 revealed discharge J. Bacterial aspiration tus both heels and coccyx ing presence of bacteria. Je at 12:31 PM with the asked by the facility asked by the facility asked the coccyx peared as described in her Je stated this was the first and to examine the Je at 2:20 PM with LN #9 assing change to the Je which was the last change before 01/30/12. The wound did not have an odor mitted to the facility as including failure to thrive, a, hypertension and	F 314			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	ETED
		345302	B. WNG		03	C /08/2012
	ROVIDER OR SUPPLIER IN TRACE REHABILITAT	ION & NURSING CENTER	417	ET ADDRESS, CITY, STATE, ZIP COD MOUNTAIN TRACE ROAD LVA, NC 28779	E	
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 314	assistance with mobil personal hygiene. The had one (1) unhealed was present upon add. A care plan updated (resident was at risk for plan goal specified the no further skin breaked treatments/dressing of physician as needed, indicated/ordered, ski inform physician of significant physician as needed, indicate wound a measurement of the physician of the physician of the physician of significant physician of the physician of	and required extensive staff ity, transfers, dressing, and he MDS noted the resident it Stage II pressure ulcer that mission. O1/26/12 identified the or skin breakdown. The care he resident would experience down. Interventions included changes as ordered, update initiate skin treatments as he assessment weekly, and gris and symptoms of skin or revealed the last he sessment and he ressure ulcer was prior to #7's medical record for order dated 01/27/12. The hinse the left hip wound with helpy an island dressing every heded. #7's Treatment Record he wound treatment was he on 02/27/12. A review of	F 314			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPLI		
		345302		B. WING		02	C (08/2012
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F 314	UM #1 verified the daremoved dressing. The an approximate quarted brown colored drainage wound bed was obser approximately the size superficial depth. The surrounding the wound dressing change was During an interview or #1 stated prior to 03/0 was last changed on 0	ted 02/27/12. At that time te of 02/27/12 on the ne old dressing contained er size amount of dried ge when removed. The ved red in color and e of a quarter with skin immediately d was pink in color. The completed as ordered. 1 03/07/12 at 11:20 AM, UM 6/12 Resident #7's dressing 12/27/12. She stated the been changed on 03/01/12	F	314			