

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

PRINTED: 05/29/2012
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 05/16/2012	
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD 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
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff and family interviews and record reviews, the facility failed to administer an antibiotic per physician order for one (1) of three (3) sampled residents with physician antibiotic orders. (Resident #2).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on 8/10/2010 with diagnoses including Congestive Heart Failure, Osteoarthritis and Diabetes Mellitus. Review of the latest Minimum Data Set (MDS) dated 3/6/2012 revealed Resident # 2 was assessed as cognitively intact and needed extensive assistance for Activities of Daily Living.</p> <p>A review of resident #2 's medical record revealed a physician 's order signed by the Director of Nurses (DON) and dated 4/27/2012 at 5:15 PM for a Urine Culture and Sensitivity Lab test for a suspected Urinary Tract Infection due to fever symptoms. Review of the nurses notes dated 4/29/2012 at 10:00 PM signed by Licensed Nurse #1 (LN #1) that the Urine Analysis was obtained and documented Resident #2 had a</p>	F 309	<p>Plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of Federal and State law.</p> <p>Mountain Trace POC for complaint survey of 5/16/12</p> <p>Resident #2 has completed her antibiotic with all doses administered. All residents with orders for antibiotics have the potential to be affected by this deficient practice although none were found to be affected.</p>	

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

Deena D. Elliott

TITLE

Administrator

(X6) DATE

6-4-12

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.

RECEIVED
If continuation sheet Page 1 of 3
JUN 07 2012
BY: _____

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

PRINTED: 05/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD 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
F 309	<p>Continued From page 1</p> <p>Urinary Tract Infection and the Physicians office was notified. An order was received for an antibiotic to be given twice a day for seven (7) days and the initial dose was given and the family notified. LN #1 documented that no signs and symptoms of acute distress were noted.</p> <p>Review of Resident #2 's Medication Administration Record (MAR) for April 2012 revealed documentation that Resident #2 received Macrobid 100mg the evening of 4/29/2012 and two doses on 4/30/2012. Review of Resident #2 's MAR for May revealed no documentation that the Macrobid 100mg had been given from May 1 through May 6, 2012 as ordered by the physician.</p> <p>Interview on 5/15/2012 at 1:00 PM with LN #2 revealed she had given Resident #2 two doses of Macrobid 100 mg in April but had then been off work for several days. LN #2 stated upon returning on 5/5/2012 she looked for the antibiotic for Resident #2 and upon reviewing the May MAR noted the physician order for Macrobid 100 mg had not been carried over to the May MAR and had not been given. LN#2 stated she called the Physician on call to inform him of the situation and he gave her an order as follows: " If no symptoms of UTI stop Macrobid. If symptoms do UA." LN #2 confirmed she assessed Resident #2 and there was no complaint of urinary pain, burning and no temperature indicating a UTI so she did not do a UA or restart the Antibiotic.</p> <p>Interview with the Director of Nurses (DON) on 5/16/2012 at 1:15 PM revealed monthly MAR 's are double-checked for accuracy on the 27th of</p>	Continued F 309	<p>Education to licensed staff was given by the Assistant Director of Nursing and Administrator on 5/22/12 on Medication Administration and the procedure of reporting medication errors. An audit of current resident Medication Administration Records was completed on 5/28 and 5/29/12 to ensure all antibiotics were given as ordered. Director of Nursing and/or Assistant Director of Nursing will fully investigate all medication errors within 72hrs of discovery. The Unit Managers will audit Medication Administration records daily x 2 weeks, weekly x 4 weeks then monthly thereafter to ensure antibiotics are given as ordered and document on audit form.</p> <p>The results of the Quality Assurance audits will be presented by the Director of Nursing or</p>		

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

PRINTED: 05/29/2012
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 05/16/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN TRACE REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 417 MOUNTAIN TRACE ROAD 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	
F 309	Continued From page 2 the month and than an additional check is done by the night nurse when they are placed in the MAR notebook on the last night of the month. She confirmed a medication error sheet was in the process of being filled out and investigated about the incident. The DON stated her expectations are that the final check of the MARs by the night nurse should have revealed the physician order received on 4/29/2012 for Resident #2 and at that time the order should have been added to the May MAR.	F 309	Assistant Director of Nursing to the Quality Assurance committee monthly x 3 then quarterly thereafter to determine the need for additional education and/or monitoring. Compliance Date 05/31/12		