STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345302	A. BUILDING _____ B. WING _____	06/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE ON THE MOUNTAIN	417 CLOVERDALE 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 162 SS=D	483.10(f)(11)(i)-(iii) LIMITATION ON CHARGES TO PERSONAL FUNDS (f)(11) The facility must not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter. (This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15 of this chapter, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.) (i) Services included in Medicare or Medicaid payment. During the course of a covered Medicare or Medicaid stay, facilities must not charge a resident for the following categories of items and services: (A) Nursing services as required at §483.35. (B) Food and Nutrition services as required at §483.60. (C) An activities program as required at §483.24(c). (D) Room/bed maintenance services. (E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or	F 162		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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 162	Continued From page 1 specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing assistance, and basic personal laundry. (F) Medically-related social services as required at §483.40(d). (G) Hospice services elected by the resident and paid for under the Medicare Hospice Benefit or paid for by Medicaid under a state plan. (ii) Items and services that may be charged to residents' funds. Paragraphs (f)(11)(ii)(A) through (L) of this section are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if they are not required to achieve the goals stated in the resident's care plan, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid: (A) Telephone, including a cellular phone. (B) Television/radio, personal computer or other electronic device for personal use. (C) Personal comfort items, including smoking materials, notions and novelties, and confections. (D) Cosmetic and grooming items and services in	F 162		

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F 162	Continued From page 2 excess of those for which payment is made under Medicaid or Medicare. (E) Personal clothing. (F) Personal reading matter. (G) Gifts purchased on behalf of a resident. (H) Flowers and plants. (I) Cost to participate in social events and entertainment outside the scope of the activities program, provided under §483.24(c). (J) Non-covered special care services such as privately hired nurses or aides. (K) Private room, except when therapeutically required (for example, isolation for infection control). (L) Except as provided in (e)(11)(ii)(L)(1) and (2) of this section, specially prepared or alternative food requested instead of the food and meals generally prepared by the facility, as required by §483.60. (1) The facility may not charge for special foods and meals, including medically prescribed dietary supplements, ordered by the resident's physician, physician assistant, nurse practitioner, or clinical nurse specialist, as these are included per §483.60. (2) In accordance with §483.60(c) through (f), when preparing foods and meals, a facility must take into consideration residents' needs and	F 162		

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F 162	Continued From page 3 preferences and the overall cultural and religious make-up of the facility's population. (iii) Requests for items and services. (A) The facility can only charge a resident for any non-covered item or service if such item or service is specifically requested by the resident. (B) The facility must not require a resident to request any item or service as a condition of admission or continued stay. (C) The facility must inform, orally and in writing, the resident requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be. This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interviews the facility failed to ensure residents were not charged for Medicaid covered services for 1 of 1 sampled resident reviewed for personal funds (Resident #72). Findings included: Review of the medical record revealed Resident #72 was admitted to the facility on 1/18/16. The quarterly Minimum Data Set (MDS) dated 4/14/17 coded Resident #72 with intact cognition and was able to make her needs known. During an interview on 6/12/17 at 2:43 PM Resident #72 stated she was covered under Medicaid and had understood Medicaid would cover the cost for a monthly haircut. Resident #72 indicated she had been charged for a haircut	F 162		

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she recently received at the facility and the cost had been deducted from her personal funds account.

During an interview on 6/15/17 at 8:21 AM the Regional Business Office Consultant (RBOC) explained the facility contracted with a hairdresser who submitted an itemized invoice to Accounts Payable (AP) for services received by each resident and the cost of the services were then deducted from each resident's personal funds account. The RBOC confirmed Medicaid would pay for one haircut per month and eligible residents were not charged for the cost of the haircut. The RBOC reviewed Resident #72's personal funds account and verified the cost of a haircut she had received on 6/8/17 had been deducted from her personal funds account. The RBOC stated Resident #72's account would be adjusted to reflect a refund for the amount that had been deducted for the haircut.

During interviews on 6/15/17 at 8:21 AM and 9:15 AM the AP indicated she had been in her current position with the facility for two years and was responsible for entering charges into the resident's personal funds accounts, such as beauty and barber services. She explained the hairdresser submitted weekly invoices of services received by each resident and the cost of the services were entered into each resident's personal funds account to be deducted from their balance. The AP stated she was unaware that Medicaid would pay for one haircut per month and confirmed she had entered the cost for the haircut Resident #72 had received on 6/8/17.

During an interview on 6/15/17 at 10:55 AM the Administrator stated it was his expectation that

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F 162	Continued From page 5 residents would not be charged for monthly haircuts as allowed by Medicaid.	F 162		
F 278 SS=E	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement.	F 278		

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F 278	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code 1 of 5 sampled residents for unnecessary medications utilizing the Minimum Data Set (MDS) to reflect active diagnoses (Resident #25), 1 of 2 sampled residents for dental (Resident #48), and 1 of 2 sampled residents for pressure ulcer to reflect ambulation (Resident #17). Findings included: 1. Resident #25 was admitted to the facility on 11/01/16 with diagnoses including advanced dementia with behavioral disturbance, traumatic brain injury, dysphagia (difficulty swallowing), seizure disorder, hypertension, hypothyroidism, ataxia (loss of full control of body movements), mood disorder, and osteoporosis. A review of a family nurse practitioner note indicated Resident #25 was evaluated on 05/02/17 and diagnoses included hypertension, dementia with behavioral disturbance, chronic post traumatic encephalopathy (disease with functioning of the brain affected), and debility. A review of Resident #25's quarterly Minimum Data Set (MDS) assessment dated 05/06/17 indicated Resident #25 had been coded under Section I Active Diagnoses as having no diagnoses. On 06/14/17 at 8:47 AM an interview was conducted with the MDS Coordinator who stated she coded Section I Active Diagnoses on Resident #25's quarterly MDS dated 05/06/17. The MDS Coordinator stated Resident #25 had	F 278		

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F 278	Continued From page 7 been coded as having no diagnoses and should have been coded as having active diagnoses. The MDS Coordinator stated Resident #25 had many diagnoses and she missed coding Resident #25 as having active diagnoses. The MDS Coordinator stated she would immediately submit a correction to Resident #25's quarterly MDS assessment dated 05/06/17 to reflect active diagnoses. On 06/14/17 at 9:33 AM an interview was conducted with the Director of Nursing (DON) who stated his expectation was that Resident #25's quarterly MDS assessment dated 05/06/17 would have been accurately coded to reflect Resident #25 had active diagnoses. The DON stated his expectation was that the quarterly MDS assessment dated 05/06/17 would be corrected and submitted to reflect Resident #25 had active diagnoses. On 06/14/17 at 9:41 AM an interview was conducted with the Administrator who stated his expectation was that the quarterly MDS assessment dated 05/06/17 would have been accurately coded to reflect Resident #25 had active diagnoses. The Administrator stated his expectation was that the quarterly MDS assessment dated 05/06/17 would be corrected and submitted to reflect Resident #25 had active diagnoses. 2. Resident #48 was admitted to the facility on 01/07/16 with diagnoses including Alzheimer's	F 278		

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disease and chronic obstructive pulmonary disease.

The most recent comprehensive Minimum Data Set (MDS) assessment dated 12/20/16 indicated Resident #48 had moderately impaired cognitive skills for daily decision making and required extensive assistance with eating and personal hygiene. The MDS further indicated Resident #48 had no natural teeth or tooth fragment(s) (edentulous). Review of the Dental Care Area Assessment summary dated 12/20/16 indicated Resident #48 was edentulous and had a full set of dentures.

A care plan dated 01/04/17 addressed resident's use of dentures and indicated Resident #48 preferred not to wear her lower dentures.

Observation of Resident # 48 on 06/13/17 at 2:55 PM with a staff member present revealed resident was wearing a full set of upper dentures and had a few remaining natural teeth on the bottom.

An interview with Resident #48 on 06/13/17 at 2:55 PM revealed she didn't have a lower partial plate but didn't have any difficulty eating.

An interview on 06/14/17 at 9:09 AM with the MDS coordinator revealed she incorrectly coded the MDS and indicated Resident #48 had no teeth when she did have a few lower teeth. The MDS coordinator stated the care plan was also inaccurate and should have indicated that Resident #48 had a lower partial plate and not a full set of dentures.

An interview on 06/14/17 at 2:44 PM with

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F 278	Continued From page 9 Resident #48's family member revealed the resident had a lower partial plate but preferred not to wear it. An interview on 06/15/17 at 10:22 AM with the Director of Nursing revealed his expectation was for the MDS coding to be accurate. An interview on 06/15/17 at 10:45 AM with the Administrator revealed his expectation was for the MDS coding to be accurate. 3. Resident #17 was admitted on 4/16/16 with diagnoses that included paraplegia (paralysis of lower body and legs). A review of the annual Minimum Data Set (MDS) dated 4/12/17 revealed Resident #17 had been coded under Section G - Functional Status as requiring supervision with set-up assistance from staff for walking within his room. Further review revealed Resident #17 had been coded as walking in the corridor of the unit once or twice during the look back period. A review of the Care Area Assessment (CAA) for pain dated 4/21/17 indicated Resident #17 had been paralyzed as the result of a motor vehicle crash that had occurred in 2004. An interview was conducted with the MDS Coordinator on 6/15/17 at 8:43 AM who stated when coding Section G - Functional Status on MDS assessments, she referred to therapy notes and the activities of daily living (ADL) documentation entered into the computer system	F 278		

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F 278	Continued From page 10 by the Nurse Aides. The MDS Coordinator reviewed Resident #17's MDS assessment dated 4/12/17 and confirmed she had incorrectly coded Section G - Functional Status related to walking ability. She added "it would have been impossible for Resident #17 to walk due to paraplegia." She confirmed a correction to Resident #17's annual MDS dated 4/12/17 would be submitted to reflect walking had not occurred. An interview was conducted with the Administrator on 6/15/17 at 10:55 AM who stated it was his expectation for the MDS assessments to be accurately coded.	F 278		
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of	F 371		

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F 371	Continued From page 11 foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to ensure refrigerators were clean, expired food and beverage items were discarded, and resident items were dated and labeled in 2 of 2 nourishment rooms. Findings included: 1. An initial tour of the 100/200 hall and 300 hall nourishment rooms was conducted on 6/12/17 beginning at 9:00 AM with the Dietary Manager (DM) which revealed the following: a. The 100/200 hall nourishment room refrigerator freezer contained an opened bag of ground coffee and an opened ½ gallon container of ice cream that was not labeled or dated. b. The 300 hall nourishment room refrigerator contained one container of chocolate milk with an expiration date of 6/11/17, an opened container of milk that was not dated or labeled and the inside of the top shelf on the refrigerator door had a brown sticky, substance. The freezer contained an opened pint of ice cream that was not dated or labeled. A sign posted on each door of the nourishment refrigerators read in part, "Only resident food is to be placed in this refrigerator. It must be labeled and dated with the resident's name, room number and expiration date. Item must be consumed by the third day after placement or discarded."	F 371		

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F 371	Continued From page 12 An interview with the Dietary Manager, who was present during the observations on 6/12/17 at 9:10 AM, revealed dietary staff were responsible for cleaning and stocking the nourishment room refrigerators. He confirmed the items kept in the refrigerators and/or freezers were for resident use and should all be dated and labeled. The DM removed and discarded the containers of opened and expired milk. The DM stated he personally cleaned the nourishment room refrigerators every Monday evening. 2. A second tour of the 100/200 hall and 300 hall nourishment rooms conducted on 6/15/17 beginning at 8:20 AM revealed the following: a. The 100/200 hall nourishment room refrigerator freezer contained an opened bag of ground coffee and an opened ½ gallon container of ice cream that was not labeled or dated. The refrigerator contained an opened 32 ounce container of thickened dairy drink with an expiration date of 5/30/17, an opened container of milk that was not dated or labeled, and resident beverages were placed on top of a tray that had a white, sticky substance on the inside of the tray. b. The 300 hall nourishment room refrigerator freezer contained an opened pint of ice cream that was not dated or labeled. The refrigerator contained an opened bottle of milk that was not dated or labeled and 2 thawed magic cups (frozen, nutritional supplement) that were not dated. A sign posted on each door of the nourishment refrigerators read in part, "Only resident food is to be placed in this refrigerator. It must be labeled	F 371		

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F 371	Continued From page 13 and dated with the resident's name, room number and expiration date. Item must be consumed by the third day after placement or discarded." The Dietary Manager (DM) was preparing breakfast for residents and was unavailable; therefore, an interview and tour was conducted with the Director of Nursing (DON) on 6/15/17 at 8:46 AM. The DON confirmed the nourishment room refrigerators/freezers were for resident use, all items should be dated and labeled and expired items discarded. During observation of the 100/200 hall nourishment room refrigerator/freezer, the DON confirmed the ice cream, coffee and opened container of milk should have been dated and labeled with the resident's name and the opened container of thickened dairy drink was past the expiration date. The DON verified the tray had a sticky substance and should have been removed. During observation of the 300 hall nourishment room refrigerator/freezer, the DON confirmed the ice cream, opened bottle of milk and thawed magic cups should have been dated and/or labeled. The DON stated dietary staff were responsible for checking and cleaning the refrigerator/freezers on a daily basis and was unsure why the expired/unlabeled items had not been removed. He added dated items should be discarded after 3 days. During a follow-up interview on 6/15/17 at 9:45 AM the DM confirmed he personally checked and stocked the nourishment room refrigerators on a daily basis. He was unaware of the expired thickened dairy drink, thawed magic cups or the opened and unlabeled milk, coffee and ice cream containers that were observed in the nourishment room refrigerators/freezers. The DM explained he	F 371		

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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
F 371	Continued From page 14 never checked the freezers or looked for unlabeled or expired items in the refrigerators because the items were usually consumed quickly. The DM confirmed items placed the in the nourishment room refrigerators and/or freezers were for resident's use and should be dated and labeled. During an interview with the Administrator on 6/15/17 at 10:55 AM he confirmed the refrigerators located in the nourishment rooms were for resident use only. He stated it was his expectation for nourishment room refrigerators to be checked and cleaned on a daily basis and for staff to discard all expired, unlabeled and/or undated items stored in the nourishment refrigerators.	F 371		
F 520 SS=E	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must :	F 520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345302	A. BUILDING _____ B. WING _____	06/15/2017

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F 520	Continued From page 15 (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor interventions that the committee had previously put into place. This failure related to one recited deficiency which was originally cited during the facility's 05/05/16 recertification survey and was recited during the facility's current recertification survey. The recited deficiency was in the area of food procurement and storage. The facility's continued failure to implement and maintain procedures from a Quality Assessment and Assurance Committee during two consecutive federal surveys of record show a pattern of the facility's inability to sustain an effective Quality	F 520		

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F 520	Continued From page 16	F 520		

Assurance program.

Findings included:

This tag is cross referenced to:

F 371 Food Procurement and Storage: Based on record review, observations, and staff interviews the facility failed to ensure refrigerators were clean, expired food and beverages were discarded and resident items were dated and labeled in 2 of 2 nourishment rooms.

During the recertification survey of 06/15/17 the facility was cited for failure to ensure refrigerators were clean, expired food and beverages were discarded and resident items were dated and labeled in 2 of 2 nourishment rooms. During the recertification survey of 05/05/16 the facility was cited for failure to label and date food stored in the kitchen refrigerator and freezer, failed to remove spoiled food from the kitchen refrigerator, failed to provide a clean kitchen freezer, and failed to ensure nourishment refrigerator/freezers were clean, items properly labeled, and contained no out of date food/beverages.

On 06/15/2017 10:56 AM an interview was conducted with the Administrator who stated the area of concern regarding food procurement and storage had a performance improvement plan (PIP) in place and was monitored for 3 months after the deficient practice had been previously identified. The Administrator stated during the 3 months of monitoring no additional concerns were identified and the monitoring of food procurement and storage was stopped. The administrator stated he did not know why the

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F 520	Continued From page 17 processes that had been put in place with the PIP for food procurement and storage broke down. The Administrator stated going forward he would implement continuous monitoring of food procurement and storage to assure compliance.	F 520		