

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

PRINTED: 05/14/2013  
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 04/30/2013
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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record reviews and staff interviews the facility failed to keep fingernails cleaned for 1 of 6 sampled residents (Resident #3).</p> <p>The findings included:</p> <p>1. Resident #3 was admitted to the facility on 04/06/2006 with diagnoses which included Alzheimer's, dementia with delusional disorder and behavioral disturbance, and depression. The most recent Minimum Data Set (MDS) dated 02/11/13 revealed the resident was severely cognitively impaired and required extensive to total assistance with all activities of daily living (ADL) including total dependence for bathing and personal hygiene.</p> <p>The Resident's care plan review dated 05/17/12 revealed resident with mood state related to dementia with behaviors and resistant to care at times. A care plan revision dated 01/24/13 stated that the Resident sometimes refused nail care. A care plan revision dated 02/19/13 revealed a requirement for assistance with ADL.</p> <p>On 04/29/13 at 9:15 AM Resident #3 was</p>	F 312	<p>Mountain Trace POC</p> <p>4/29-4/30/13 complaint survey</p> <p>F312 – Resident #3 had her nails cleaned on 4/30/13. Resident #3 no longer resides at the facility.</p> <p>Residents requiring staff assisted nail care have the potential to be affected by this deficient practice although none were found to be affected.</p> <p>An observation of current resident's fingernails was completed by the Director of Nursing and Unit Manager to detect any nails that needed cleaning on 5/1/13. Education by the Director of Nursing to the nursing staff was completed by 5/7/13 on proper nail care and nail cleaning schedule.</p> <p>Nail care will be completed on Resident's bath days, also when and as observed by staff and management team rounds. This will be reported to the Charge Nurse for follow-up care. DON/designee will be responsible for follow-up</p>	

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

TITLE

(X6) DATE

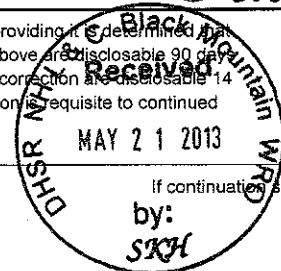
*Gene D. Elliott*

*Administrator*

5-20-13

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.

Original Signature Date: 5-14-13



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F 312	<p>Continued From page 1</p> <p>observed in a reclining chair next to the dining table in the dining room. The Resident had untrimmed fingernails with a brown substance under the nails on both hands.</p> <p>On 04/29/13 11:45 AM Resident #3 was observed in a reclining chair in the dining room. Fingernails were untrimmed with a brown substance under the nails on both hands.</p> <p>On 04/29/13 at 12:10 PM Resident #3 was observed in a reclining chair next to the dining table in the dining room. Fingernails were untrimmed with a brown substance under the nails on both hands. A Nursing Assistant (NA) was observed setting up food in bowls on the dining table within the resident's reach and made no attempt to clean the resident's fingernails. The NA was observed sitting in a chair assisting the resident to eat and alternately the resident was eating food out of one of the bowls using a spoon.</p> <p>On 04/30/13 at 9:00 AM Resident #3 was observed in the main dining room awake, responsive to greeting but incoherent. A dark brown matter was observed under fingernails on both hands. She was observed playing with a clothing protector.</p> <p>On 04/30/13 at 12:16 PM Resident #3 was observed sitting in a reclining chair in dining room with tray to her side on a table. She was eating sliced peaches from a bowl with her hands and fingers with a dark brown matter observed under the fingernails on both of her hands. On 04/30/13 at 12:27 PM Resident #3 was observed eating food out of one of the bowls using her hands and fingers with a dark brown matter observed under</p>	F 312	<p>Random observations of resident nail care will be completed by the House Supervisor or the Assistant Director of Nursing on a daily basis x 2 weeks then weekly x 2 weeks. Random audits of a minimum of 10 residents will also be completed weekly for the next 6 months.</p> <p>These observations will be documented on a Quality Assurance audit form. New employees and contract employees will receive the same education prior to working with residents per policy and procedures.</p> <p>Findings of these observations will be presented to the Quality Assurance Committee by the Director of Nursing on a monthly basis x 3 then quarterly thereafter to determine the need for additional education and/or monitoring.</p> <p>Compliance date 5/15/13</p>	

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F 312	<p>Continued From page 2 the fingernails.</p> <p>On 04/30/13 at 4:08 PM Resident #3 was observed sitting in a reclining chair in her room. Resident's nails were observed with dark brown debris under most of her nails on both hands. The resident permitted NA #1 to hold and inspect her hands and fingernails.</p> <p>On 04/29/13 at 9:14 AM a telephone interview was completed with a family member of Resident #3. The family member voiced a concern that Resident #3's hands were not washed before meals. The family member specified that Resident #3 had brown matter caked under her fingernails and on several occasions she had informed facility staff that the resident's fingernails needed to be trimmed and cleaned.</p> <p>On 04/30/13 at 4:08 PM NA #1 was interviewed. NA #1 stated that she had worked with Resident #3 and confirmed the resident's fingernails needed to be cleaned. NA #1 stated Resident #3 required extensive assistance with ADL care and nail care was performed when resident showers were provided or as needed. NA #1 specified that the resident was sometimes resistant to allow staff to clean and trim her nails, but she could usually get her to cooperate by talking to her in a soft voice and getting another NA to distract her while she provided nail care. NA #1 also stated that Resident #3 ate with her hands and would often not allow staff to assist her with feeding.</p> <p>On 04/30/13 at 6:13 PM, the Director of Nursing (DON) was interviewed. The DON stated that nail care was performed with showers and more frequently between showers if a resident's nails</p>	F 312		

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F 312	Continued From page 3 were dirty. The DON specified that the NAs are responsible for nail care except for diabetic residents. The DON confirmed that Resident #3 ate with her hands and that staff should make attempts to keep her fingernails clean.	F 312			