

APR 07 2013

PRINTED: 04/10/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2013
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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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
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F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to assess continence status and failed to implement a toileting program for 1 of 2 residents (Resident #117) who had a decline in continence status. Findings included:</p> <p>According to section 1 of the facility's policy for identifying incontinence, dated January 2008, when residents were documented as being incontinent of bowel or bladder or both, the nurse would begin a bowel and bladder incontinence evaluation. It was noted that the resident was to be monitored hourly and findings were to be documented on the evaluation. It was noted in section 2 that the type of incontinence was identified based on the resident's 72 hour voiding trial (included in the bowel and bladder evaluation tool). In Section 3, the individualized program was implemented.</p> <p>Resident #117 was admitted to the facility on</p>	F 315	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Genesis HealthCare - Mount Olive Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F-315</p> <p>1. Resident #117 completed a 3 day bowel & bladder assessment on 4/6/13 to determine type of incontinence. Following the assessment period a plan was developed to incorporate prompting for toileting and the resident care plan has been updated to reflect the program change. The CNA Care Card has been updated to assure the CNA knows how to proceed with the Bowel & Bladder plan developed for resident #117.</p> <p>2. Current Residents that are incontinent will be evaluated for a toileting plan. Newly admitted residents will be evaluated for continence and toileting plan implemented as appropriate.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendy Macomber</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/17/13</i>
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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 315	<p>Continued From page 1</p> <p>11/21/12. Cumulative diagnoses included expressive aphasia, hypertension, hemiplegia and cerebrovascular accident (CVA) .</p> <p>According to the Kardex (a tool for guiding nurse aides ' care) for Resident #117, which was undated, she was always incontinent of bowel and bladder. There was no mention of any scheduled toileting for her.</p> <p>The admission nursing assessment of 11/21/12 indicated Resident #117 was continent of both bowel and bladder.</p> <p>A Bowel and Bladder Continence Evaluation form for the dates of 11/21/12, 11/22/12, and 11/23/12 indicated a 72 hour voiding diary was implemented on 11/21/12. The instructions noted on this evaluation were for staff to complete all 7 steps. The evaluation steps (Steps 5, 6 and 7) were blank. According to this document, Resident #117 was continent every hour from 11:00 PM through 6:00 AM on 11/21/12. On 11/22/12, she was wet when checked at 7:00 AM, 10:00 AM and 2:00 PM. The other times she was dry. When she was checked during the 3:00 PM to 10:00 PM time period, she was continent but dribbled when stood up every hour except 5:00 PM and 8:00 PM when she was assisted to the toilet with results. There was no documentation noted on 11/22/12 on third shift or day shift on 11/23/12. On 11/23/12 during the time period from 3:00 PM to 10:00 PM, she was continent but dribbled when stood up every hour except the 7:00 PM check when she was assisted to the toilet with results. She was continent during the 11:00 PM to 6:00 AM shift every hour and at 12:00 AM and 5:00 AM she was assisted to the</p>	F 315	<p>Toileting plans will be implemented as appropriate with care plans and nursing assistant care cards updated with program identified on 4/29/13 by nurse managers.</p> <p>3. Licensed nurses and Certified Nursing Assistants were re-educated on the proper procedures to follow for evaluating the need for a Bowel & Bladder program on 4/3/13 and 4/12/13 by the Staff Development Coordinator.</p> <p>4. Unit Managers will monitor the completion of the Bowel & Bladder evaluations and develop programs as appropriate. The Unit Managers will assure that the Care Plan is updated and the CNA Care Card reflects the current Bowel & Bladder program for identified residents. Nurse Managers with oversight from the DNS/ADNS will review residents on the bowel and bladder program weekly for 4 weeks and monthly for 2 months to assure compliance with established procedures. Results of the program will be discussed monthly at the QAPI meeting.</p> <p>Completion Date: 5/2/13</p>	5/2/13	

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F 315	<p>Continued From page 2 toilet with results.</p> <p>The Admission Minimum Data Set (MDS) assessment of 11/28/12 indicated she was not cognitively intact. She needed extensive assistance with bed mobility, transfers, dressing, hygiene and toilet use. She was occasionally incontinent of bowel and bladder. The Care Area Assessment (CAA) summary indicated she triggered in urinary incontinence.</p> <p>According the nurse aide documentation on the December 2012 activities of daily living (ADL) sheets for Resident #117, she was totally dependent on staff for toileting and was incontinent of both bowel and bladder.</p> <p>The January and February 2013 ADL sheets for Resident #117 indicated she needed extensive to total assistance with toileting and fluctuated between continent and incontinent for bowel and bladder.</p> <p>The most recent Quarterly MDS of 02/18/13 indicated she was incontinent of both bowel and bladder. There was no change noted in assistance with toilet use and hygiene.</p> <p>A problem was identified in Resident #117 's care plan for urinary incontinence with no ability to improve function was initiated on 12/07/12. Interventions included incontinence care as needed and provide peri-care after each incontinent episode. A handwritten note of 04/03/13 indicated a bowel and bladder re-assessment was implemented. A problem with bowel incontinence was also identified on 12/07/12.</p>	F 315			

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F 315	Continued From page 3 According to the restorative nursing plan of care for Resident #117 which was initiated on 03/04/13, she had a limitation in her ability to transfer related to cerebrovascular accident (CVA). The goal for the plan of care was to transfer from sitting to standing position for toileting with minimal supervision. Interventions included instruction on usage of walker, to lock the wheelchair brakes prior to transfers and wear non-skid footwear. A nursing assessment of 03/07/13 indicated Resident #117 was continent of both bowel and bladder. Resident #117 's care plan, print date 03/08/13, identified a problem with self care deficit related to needing assistance with activities of daily living. Interventions included providing incontinent care at regular and frequent intervals. During an observation of personal care, on 04/03/13 at 9:48 AM, Nurse Aide (NA #2) went in to check Resident #117 for incontinence. Upon observation, it was noted that she was dry. NA #2 stated she was dry. She used disposable wipes to clean front to back and re-taped her brief. Immediately following the observation, NA #2 stated she was a floater and didn ' t have a regular assignment but had worked with Resident #117 on several occasions. NA#2 reported Resident #117 would toilet herself at one time but was now total care. She stated when she worked with Resident #117 she would offer to take her to the toilet but she was not her regular assigned aide.	F 315			

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F 315	<p>Continued From page 4</p> <p>The MDS nurse (MDS Nurse #1) was interviewed on 04/04/13 at 9:40 AM. She stated Resident #117 was occasionally incontinent. She reported that the reason for the MDS decline in her continence status was due to the fact that staff were not capturing the continent episodes. The MDS nurse #1 reported that a bowel and bladder assessment was completed upon admission. She added that the resident and/or the family were interviewed about continence status. The MDS nurse #1 reported that the unit managers were responsible for completing and reviewing the bowel and bladder trials. She commented she was informed yesterday that a 72 hour voiding trial was implemented for Resident #117. The MDS nurse #1 stated she had spoken with staff about Resident #117 's continence and felt she would benefit from a scheduled toileting program. She commented she had in-serviced all of the nurse aides last evening. The MDS nurse #1 reported after the voiding trial was completed, the interdisciplinary team (IDT) would discuss which avenue was best for Resident #117. She commented that Resident #117 was capable of being toileted and staff were assisting her to the toilet but not all of the aides were documenting it. When questioned as to whether she had recognized her decline, she responded that she had and had reported it to the Director of Nurses (DON).</p> <p>NA #6 was interviewed on 04/04/13 at 12:05 PM. She was identified as Resident #117 's regular aide. NA #6 stated Resident #117 was usually continent on her shift. She remarked that she was incontinent on night shift. NA #6 reported she would roll Resident #117 in her wheelchair into the bathroom. NA #6 stated Resident #117</p>	F 315			

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F 315	<p>Continued From page 5</p> <p>was capable of being toileted and could stand/pivot for transfer to the commode using the grab bars in the bathroom. When questioned if a scheduled toileting program would be beneficial for Resident #117, she responded that it would.</p> <p>During an interview with Nurse #2, on 04/04/13 at 4:55 PM, she stated the voiding trial for Resident #117 was actually put in place as an intervention for a fall she had incurred on 03/23/13 and not due to recognition of her decline in continence status. She stated the MDS nurse should have noticed the decline. Nurse #2 stated the nurses and the nurse aides should be working together to complete the bowel and bladder continence evaluation and the unit managers were responsible for completing the last parts of the evaluation.</p> <p>During an interview with Nurse #3, on 04/04/13 at 5:05 PM, she stated there had been issues with the bowel and bladder assessments not being completed. She stated the Director of Nurses (DON) and the supervisors were responsible for reviewing the bowel and bladder assessments and deciding if a toileting program was appropriate. Nurse #3 stated the final step of evaluation for the toileting program was not being done. Nurse #3 commented that the DON was no longer in the facility.</p> <p>Nurse #4 was interviewed on 04/04/13 at 5:15 PM. She stated that Resident #117 would benefit from a scheduled toileting program. She added that her only barrier would be communication but she felt speech therapy could provide communication cards for her to use when she needed to be toileted.</p>	F 315			

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F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and record review the facility failed to keep hot water at resident sinks, supplied by 1 of 5 water heaters, below 120 degrees Fahrenheit. Findings included:</p> <p>Review of the facility's hot water log revealed no temperatures above 116 degrees Fahrenheit were documented at resident sinks or in common bath/shower areas until 03/21/13.</p> <p>Per conversation with the facility's maintenance manager (MM) (at 11:52 AM on 04/03/13), a health inspector found water temperatures at resident sinks in rooms 1 - 10 as high as 126 degrees Fahrenheit on 03/21/13. The MM reported that he was not in the facility on 03/21/13 (Thursday) or 03/22/13 (Friday). However, he commented on 03/21/13 his assistant immediately adjusted the mixing valve on the water heater supplying rooms 1 - 10 (giving it a quarter turn). According to the MM, the thermostat and the heating element on this water heater were replaced on 03/22/13.</p>	F 323	<p>F-323</p> <ol style="list-style-type: none"> 1. Water temperatures in the affected area were recorded every two hours from 6:30 AM to 2:30 AM (covers 20 hours per day) to assure temperatures were in acceptable range. Maintenance staff immediately adjusts the mixing valve if the temperature reading is too high or too low. 2. A) The lock on the door to the room containing the hot water heater referenced in the deficiency was changed on 4/3/13 to assure only maintenance personnel have access to the mixing valve; B) A temperature/pressure gauge was installed to facilitate the monitoring of the temperature of the hot water being distributed into the resident service area on 4/4/13. 3. Maintenance Assistant received additional training on 4/3/13 by the Maintenance Director to assure he immediately reported any serious fluctuations in water temperature to the Maintenance Supervisor that weren't immediately corrected by mixing valve adjustments. Maintenance staff will continue to monitor water temperatures throughout the facility by testing 3 resident rooms and shower rooms on each station on a weekly basis. Written records are maintained on an annual basis. 		

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F 323	Continued From page 7 Per interview with the assistant maintenance manager (AMM) (at 11:13 PM on 04/04/13) hot water was found in rooms 1 - 10 in the late afternoon of 03/21/13, between 4:30 PM and 5:00 PM. He stated he immediately adjusted the mixing valve, which was "very sensitive". Before he left for the day on 03/21/13 at 6:00 PM he reported water temperatures in rooms 1 - 10 were down to 121 degrees Fahrenheit. Therefore, he commented he informed all the nursing assistants (NAs) and nurses working with residents in rooms 1 - 10 that there was a problem with water being hot. He also remarked that he gave the mixing valve another quarter turn before leaving. According to the AMM, he requested the staff to inform the residents about the hot water, to keep a close eye on any confused residents who might get to the sink without staff supervision, and to refrain from bathing residents. The next morning, at 8:00 AM on 03/22/13, the AMM stated the highest water temperature at resident sinks was 117 degrees, and he turned the mixing valve down another quarter turn because water temperatures were still above 116 degrees. At 11:00 AM on 03/22/13 he commented the highest temperature for sink water was 115 degrees. However, at 3:00 PM on 03/22/13 the AMM reported the highest water temperature at resident sinks was 118 degrees, and he turned the mixing valve down another quarter turn. Before leaving for the day, the AMM stated that once again he asked staff caring for residents in rooms 1 - 10 to educate residents about fluctuating water temperatures, to keep a close eye on confused residents, and to refrain from bathing residents. On Monday, 03/25/13 at 8:00 AM, the highest water temperature at resident sinks in rooms 1 - 10 was 117, and the AMM	F 323	4. Water temperatures in the affected area and other randomly selected areas will be recorded every two hours from 6:30 AM to 2:30 AM (20 hours) for two weeks ending 4/19/13. Hot water temperatures will be recorded 4 times a day between 8:30 AM and 4:30 PM from 4/20/13 to 5/17/13 and will be recorded daily until 6/21/13 and results will be reviewed at the QAPI meetings for 3 months. Completion Date: 5/2/13	5/2/13	

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F 323	<p>Continued From page 8</p> <p>commented he gave the mixing valve another quarter turn. At lunch on 03/25/13 the AMM stated the highest water temperature at sinks was 116, and he gave the mixing valve another quarter turn. At 5:00 PM on 03/25/13 the highest water temperature at sinks was 112. According to the AMM, water temperatures were within the acceptable range of 100 - 116 degrees Fahrenheit on 03/26/13. At 8:00 AM on 03/27/12 the AMM reported the highest water temperature at sinks was 115 degrees, and he gave the mixing valve "a nudge". The AMM commented there were no water temperatures outside of the acceptable range after the morning of 03/27/13, and he had not made any further adjustments to the mixing valve.</p> <p>Review of the hot water log revealed on 03/28/13 the weekly water temperature at the sinks in rooms 2, 4, and 8 ranged between 105 and 109 degrees.</p> <p>At 10:47 AM on 04/03/13 the water in the bathroom serving rooms 1/2 registered 122.5 degrees, in the bathroom serving rooms 5/6 registered 119.3 degrees, and in the bathroom serving room 10 registered 120.2 degrees. At this time the MM immediately adjusted the mixing valve on the water heater, and educated staff about the hot water problem. He stated water temperatures were taken randomly at resident sinks and in common bath/shower rooms each week, and rooms and baths were selected from all halls. He stated the temperatures were taken toward the end of each week. He reported the mixing valve on the water heater serving rooms 1 - 10 was difficult to adjust because there was not a thermometer present, and a disc/dial had the</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>be adjusted by hand without numbers for direction.</p> <p>At 11:02 AM on 04/03/13 NA #1 stated she had noticed the water being a little more hot in the last couple of days, but no residents complained about it, and it was only at residents sinks. She reported she added cold water to hot water in the bed bath basins, or let the basins of hot water sit for awhile before providing bed baths. She commented she was made aware there were also problems with elevated water temperatures 2-3 weeks ago at sinks. According to NA #1, she watched residents more closely, and told them to add cold water to hot water at the sink.</p> <p>At 11:14 AM on 04/03/13 the water in the bathroom serving rooms 1/2 registered 101.3 degrees, in the bathroom serving rooms 5/6 registered 100.8 degrees, and in the bathroom serving room 10 registered 101 degrees. The MM stated these temperatures were too low, and he would continue adjusting the mixing valve and warn staff about fluctuating water temperatures.</p> <p>At 12:36 PM on 04/03/13 NA #2 and at 12:42 PM on 04/03/13 NA #3 stated no residents had complained to them about hot water, and they had not noticed any hot water themselves. They reported they were made aware a couple of weeks ago of fluctuating water temperatures, but noticed no problems themselves, and no residents complained to them about hot water at that time. They commented they watched cognitively impaired residents more closely to make sure they did not get to sinks unassisted.</p> <p>At 1:00 PM on 04/03/13 Nurse #5 stated no</p>	F 323			

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F 323	<p>Continued From page 10</p> <p>residents had complained to her about hot water, and she had not noticed any hot water herself. She reported she was made aware a couple of weeks ago of fluctuating water temperatures, but noticed no problems herself, and no residents complained to her about it. According to Nurse #5, there was only one resident in rooms 1 - 10 who was cognitively impaired who could still get to the sink by themselves. She explained the staff watched that resident more closely during the periods of fluctuating water temperatures, with no problems noted. She stated there were 11 residents in rooms 1 - 10 who were alert and oriented. The medical record of the cognitively impaired resident who could get to the sink was reviewed, and no documentation was found of burns or reddened skin. The 11 alert and oriented residents were interviewed between 1:13 PM - 1:48 PM on 04/03/13, and none reported there being any problems with hot water at their sinks or in the common bath/shower areas.</p> <p>At 3:40 PM on 04/03/13 the only second shift NA who regularly had second shift assignments in rooms 1 - 10, NA #4, stated no residents had complained to her about hot water, and she had not noticed any hot water herself. She reported she was made aware a couple of weeks ago of fluctuating water temperatures, but noticed no problems herself, and no residents complained to her about hot water at that time. She commented she watched cognitively impaired residents more closely to make sure they did not get to sinks unassisted.</p> <p>At 4:45 PM on 04/03/13 Nurse #6 stated no residents in rooms 1 - 10 had complained to her about hot water, but she did educate them about</p>	F 323			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2013
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365		
(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 323	Continued From page 11 the possibility because of the concern over fluctuating water temperatures brought to her attention by the AMM. At 4:52 PM on 04/03/13, during a telephone interview, NA #5, who cared for residents in rooms 1 - 10 on third shift, stated the AAM had talked to staff twice about possible hot water. In response, she stated the third shift educated the residents, watched to make sure confused residents did not get to the sinks, and refrained from providing any showers. At 8:48 AM on 04/04/13 the water in the bathroom serving rooms 1/2 registered 113 degrees, in the bathroom serving rooms 3/4 registered 115.2 degrees, and in the bathroom serving room 9 registered 115.5 degrees. At this time the MM stated yesterday adjustments were made to the mixing valve at 11:45 AM, 12:30 PM, 3:35 PM, 9:00 PM, and 12 midnight with temperatures taken following the adjustments. He explained temperatures of sink water in rooms 1 - 10 were also taken every hour until about 1:00 AM on 04/04/13 with temperatures ranging from 106 to 116.2 degrees. At 10:00 AM on 04/04/13 the MM stated his plan was to continue to educate staff and residents of fluctuating water temperatures in rooms 1 - 10, take sink water temperatures every two hours for three weeks from 8:00 AM to 5:00 PM, change the lock on the closet housing the water heater for rooms 1 - 10 (since environmental services also had a key to the closet previously), and to install a thermometer on the mixing valve so it would be easier to adjust.	F 323			
F 325	483.25(i) MAINTAIN NUTRITION STATUS	F 325			

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365		
(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 325 SS=D	<p>Continued From page 12 UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(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</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, and record review, the facility failed to provide nutritional supplements ordered secondary to weight loss for 1 of 6 sample residents (Resident #190) reviewed for nutritional status. Findings included:</p> <p>Resident #190 was admitted on 02/04/13. The resident's documented diagnoses included dysphagia, hypertension, diabetes, and chronic obstructive pulmonary disease.</p> <p>The resident's weight summary documented he weighed 214.5 pounds on 02/04/13.</p> <p>A 02/04/13 Interdisciplinary Communication to Nutrition Services form documented Resident #190 did not receive any nutrition by mouth, but received 2 Cal formula 150 cubic centimeters (cc) every four hours via feeding tube.</p>	F 325	<p>F-325</p> <p>1. The dietary orders and snack supplement orders for resident #190 have been reconciled to assure he receives his ice cream and health shake as per order of physician by Nurse Manger on 4/5/13.</p> <p>2. Diet orders in the clinical record were reconciled with the dietary snack/supplement orders to assure that residents were receiving ordered snacks and supplements as prescribed by the physician. Any errors were identified and corrections were made by 4/11/13 by nurse managers. Nurses were re educated on use on the dietary communication form on 4/16/13 by Staff Development Coordinator. The Registered Dietitian will verify snack/supplement orders as they are received to assure they are entered correctly into the medical record and dietary computer systems.</p> <p>4. The Registered Dietitian will audit diet orders weekly x one month, then monthly times 2 months to assure orders are transcribed accurately into both systems. The audit of diet orders will be presented to the Quality Assurance committee monthly x 3 months.</p> <p>Completion Date 5/2/13</p>	5/2/13	

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365		
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F 325	<p>Continued From page 13</p> <p>A 02/12/13 Medical Nutrition Therapy Assessment documented Resident #190's current weight was 213.5 pounds. His total caloric needs were calculated as 2,000 calories/day. His tubefeeding was calculated as providing 1800 calories/day. It was documented that per nursing the resident was tolerating the tubefeeding well.</p> <p>A 02/09/13 Interdisciplinary Communication to Nutrition Services form documented Resident #190 was transitioned from tubefeeding to a puree diet.</p> <p>On 02/17/13 the problem of a feeding tube being required to maintain nutritional status which could result in weight loss due to swallowing impairment was added to Resident #190's care plan.</p> <p>The resident's weight summary documented he weighed 207 pounds on 02/26/13.</p> <p>A 02/28/13 Interdisciplinary Communication to Nutrition Services form documented Resident #190 was started on ice cream twice daily (BID) due to weight loss.</p> <p>On 02/28/13 Resident #190's care plan was updated to reflect that he was now receiving food by mouth and thin liquids.</p> <p>03/06/13 Interdisciplinary Communication to Nutrition Services forms documented Resident #190's diet was changed to ground meats, and he was started on shakes BID due to weight loss.</p> <p>The resident's weight summary documented he</p>	F 325			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2013
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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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
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F 325	<p>Continued From page 14</p> <p>weighed 204 pounds on 03/12/13.</p> <p>A 03/19/13 Interdisciplinary Communication to Nutrition Services form documented Resident #190's diet was changed to regular texture.</p> <p>The resident's weight summary documented he weighed 203.6 pounds on 03/26/13.</p> <p>At 5:56 PM on 04/02/13 Resident #190 was eating his supper in his room. His trayslip documented "send ice cream", and he received vanilla ice cream on his meal tray. However, there was no shake on the tray.</p> <p>At 12:10 PM on 04/03/13 Resident #190 was eating his lunch in his room. His trayslip documented "send ice cream", and he received vanilla ice cream on his meal tray. However, there was no shake on the tray.</p> <p>At 8:48 AM on 04/04/13 Resident #190 was eating breakfast in his room. There was no shake or ice cream on his meal tray.</p> <p>At 9:42 AM on 04/04/13 the morning snacks were left at the nurse's station in a cooler. There was no shake for Resident #190 in this cooler.</p> <p>At 12:38 PM on 04/04/13 Resident #190 was eating his lunch in his room. His trayslip documented "send ice cream", and he received vanilla ice cream on his meal tray. However, there was no shake on the tray.</p> <p>A list of residents receiving snacks, generated by the dietary manager (DM), documented Resident #190 was not on the list to receive a shake at</p>	F 325		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2013
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365		
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F 325	<p>Continued From page 15 9:30 AM, 3:30 PM, or 8:00 PM.</p> <p>At 11:16 AM on 04/04/13 the facility's registered dietitian (RD) stated she thought the Interdisciplinary Communication to Nutrition Services form was completed when recommendations from herself or the nursing staff were approved by a physician. The RD reported she preferred residents to receive nutritional supplement products, such as shakes, between their meals.</p> <p>At 11:38 AM on 04/04/13 the unit manager on Resident #190's hall stated the RD or nurses made recommendations for supplements or diet changes, and if these recommendations were okayed by the physician, then an Interdisciplinary Communication to Nutrition Services form was completed by the nurse obtaining physician approval. If the recommendations were not approved by the physician, the unit manager reported documentation was to be provided justifying the declination. (Review of Resident #190's medical record did not reveal any documentation about the recommendation for shakes BID not being honored).</p> <p>At 11:45 AM on 04/04/13 the DM stated she received the yellow copy of the Interdisciplinary Communication to Nutrition Services form. She reported this form was completed by the nurse who received physician approval for the proposed recommendations. The DM commented she kept a notebook with all the yellow copies of the Interdisciplinary Communication to Nutrition Services forms in it. After reviewing the yellow copies in her notebook, the DM reported she did not have a copy of the 03/06/13 Interdisciplinary</p>	F 325			

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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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
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F 325	Continued From page 16 Communication to Nutrition Services form documenting the provision of shakes BID to Resident #190. She commented shakes were usually provided to residents between their meals, but she acknowledged that Resident #190's shakes were not in the computer system at any of the scheduled snack times. At 11:54 AM on 04/04/13 Resident #190, who was identified by staff as interviewable, stated he was losing weight, and enjoyed the vanilla ice cream which he received on his meal trays. The resident reported he also liked shakes, especially vanilla ones, and would drink them if he received them between meals. So far, he commented, he had not received any shakes with or between his meals.	F 325		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain a cold salad made with mayonnaise at 41 degrees Fahrenheit or below during operation of the trayline. Findings included:	F 371	F-371 1. The egg salad sandwiches and puree egg salad that were above acceptable temp were discarded on 4/2/13 by the CDM. Fresh sandwiches were made from the egg salad that was within temp range. 2. Dietary staff was re-educated on the correct procedure for preparing and serving cold food items to ensure that foods are held at the correct temperature throughout service by the CDM on 4/8 & 4/9 and 4/12 & 4/15.	

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28366		
(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 17 At 5:48 PM on 04/02/13 a calibrated thermometer was used to check the temperature of egg salad during the operation of the trayline. The thermometer registered 44.4 degrees Fahrenheit when the puree egg salad was checked. The puree eggs salad was in Styrofoam bowls which were not being stored over ice. The cook was taking egg salad sandwiches, which were premade and precut, from three baking pans and placing them onto resident plates. The baking pans were not being stored over ice. The thermometer registered 48.9 degrees when the egg salad filling between two slices of bread was checked. At this time the cook and dietary manager (DM) stated the home made egg salad was prepared last night, was placed in the walk-in freezer this morning between 7:30 AM and 2:00 PM, and was transferred to the walk-in refrigerator between 2:00 PM and 5:20 PM this afternoon. The cook reported the egg salad registered 38 degrees on 04/02/13 when it was taken out of refrigerated storage and 38 degrees on 04/02/13 when the traypan was checked as the trayline started up. She commented the trayline started up between 5:15 and 5:20 PM. The DM stated the trayline process usually ran for an hour to an hour and fifteen minutes depending on the census. The cook explained as the trayline progressed some sandwiches were preassembled to speed up the trayline process. According to the cook the egg salad contained pasteurized eggs, mayonnaise, pickle relish, sugar, and mustard. At 3:18 PM on 04/04/13 the DM stated cold foods, such as cold salads made with mayonnaise, needed to be kept at 41 degrees	F 371	3. Cold foods items are placed on ice during service; Items will be placed in pans no deeper than 2 ½" for line service to allow maximum contact with ice. Temperatures on cold food items will be monitored and recorded by FSD or designee as follows: Temps will be taken prior to service, and one additional time 30-45 minutes after service begins for cold food when served. This procedure will be followed for 3 months to provide adequate opportunities to assure compliance. 4. Monitoring results will be reported at monthly QR meeting for 3 months by the dietary manager and follow up will occur as needed. Completion Date: 5/2/13	5/2/13	

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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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
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F 371	<p>Continued From page 18</p> <p>Fahrenheit or below during the operation of the trayline. She reported cold salads were to be prepared the day before they were served. She reported sandwiches containing such salads were usually assembled at the trayline. However, she explained there were times when a few sandwiches were preassembled and kept in a tray pan over ice with parchment/wax paper in bottom of pan to preserve bread quality.</p> <p>At 3:27 PM on 04/04/13 the cook stated cold salads were made up the day before they were served. She explained she liked to store the prepared salads in the walk-in freezer until they reached 41 degrees Fahrenheit, and then transfer them to the walk-in refrigerator where they remained until right before the trayline began operation. The cook reported she liked to assemble sandwiches containing cold salads at the trayline. Otherwise, she commented the sandwich bread became soggy. During the operation of the trayline she explained the tray pans of regular and puree salad were placed over ice in steam wells which had been turned off.</p>	F 371		
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RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 MAY 16 2013 B. WING	(X3) DATE SURVEY COMPLETED 05/03/2013
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.	K 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Genesis HealthCare - Mount Olive Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 062 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/3/2013 the following item was observed as noncompliant, specific findings include: The sprinkler heads installed at the storage room located across from rooms 9 and 10 were a mix of a quick response head and a standard fused head, all sprinkler heads in a smoke compartment are required to be of the same type so that the sprinkler system in that space can work in unison. Actual NFPA Standard: NFPA 13,5-3.1.5.2	K 062	K-062 1. The two sprinkler heads in the storage room across from rooms 9 and 10 were assessed by BFPE (our fire alarm and sprinkler system contractor) and it was determined that the fused head should be removed. The removal of the fused sprinkler head was completed on 5/14/13.	
K 069 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance	K 069	2. Maintenance personnel have visually inspected other compartments and storerooms in the facility to assure there was not two different types of sprinkler heads in the same protected space. 3. Maintenance staff will work with BFPE (our fire alarm and sprinkler system contractor) to assure that only appropriate sprinkler heads are installed in protected spaces within the facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendy Anderson</i>	TITLE <i>Adm. Asst.</i>	(X6) DATE 5/14/13
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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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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL RD BOX 569 MOUNT OLIVE, NC 28365
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K 069	<p>Continued From page 1 with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 5/3/2013 the following Life Safety Item was observed as noncompliant, specific findings include: The fryer located next to the range in the dietary department does not have a deflector installed on the range side to protect against splattering of oil onto the range.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 069	<p>4. Maintenance staff will immediately check any sprinkler head modifications or additions to assure that sprinkler heads protecting the same space are the same type and will work in unison if activated.</p> <p>Date: 5/14/13</p> <p>K-069</p> <p>1. A deflector of sufficient size was installed on the range side of the fryer on 5/14/13 to prevent the splattering of oil onto the range.</p> <p>2. The facility only has this one fryer and the corrective actions taken above address the requirements for this response.</p> <p>3. In the event the existing fryer is repaired, modified, or replaced, maintenance staff will assure that the appropriate deflector is installed on the range side of the fryer to prevent the splattering of oil onto the range.</p> <p>4. Maintenance staff will check the fryer weekly for one month and then monthly for 3 months to assure that the installed deflector is in place and working properly to prevent oil from splattering onto the range. Findings will be reported to the QAPI committee.</p> <p>Date: 5/14/13</p>	<p>5/14/13</p> <p>5/14/13</p>

[Handwritten signature]