STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345263	A. BUILDING _____ B. WING _____	C 05/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACON VALLEY NURSING AND REHABILITATION CENTER	245 OLD MURPHY ROAD FRANKLIN, NC 28734

(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	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on staff interviews, physician interviews and record reviews the facility failed to comprehensively assess a resident during a significant change in condition for 1 of 3 residents (Resident #1). Findings Included: Resident #1 was admitted to the facility on 03/17/15 with diagnoses including coronary artery disease, congestive heart failure, atrial-fibrillation, acute renal failure, type 2 diabetes mellitus, dysphagia, dementia and advanced Alzheimer's disease. The admission comprehensive Minimum Data Set dated 03/17/15 recorded Resident #1 was severely cognitively impaired, totally dependent for bathing and standing and required extensive assistance with bed mobility, transfers, dressing, eating, toileting and personal hygiene. A review of an undated copy of the facilities standing physician orders directed that when notifying the physician of significant changes the nurse is to have current medications, vital signs,	F 309	Macon Valley Nursing and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Macon Valley Nursing and Rehabilitation Center's response to the statement of deficiencies does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Macon Valley Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this statement of deficiencies through informal dispute resolution or formal appeals procedure and/or any other administrative or legal proceedings.	5/31/15

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

Electronically Signed | 05/31/2015

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F 309	Continued From page 1 blood glucose level (BGL) and labs available. Review of nurse's notes revealed: *Nurse #1 documented she discovered Resident #1 unresponsive with a BGL of 23 Milligrams/deciliter (mg/dL) at 4:10 AM 03/28/15. The nurse's note recorded the Physician was notified and 1milligram (mg) of Glucagon was administered intramuscularly as ordered by the physician. Further review of the nurse's note did not contain any other assessment data. *Nurse's note dated 03/28/15 at 5:56 AM recorded Resident #1's BGL being 105 mg/dL at 5:00 AM and 161 mg/dL at 5:55 AM and described Resident #1 being lethargic and refused oral intake of fluids and snacks but did not contain any other assessment data. *Nurse's note dated 03/28/15 at 10:00 AM revealed Nurse #2 assessed Resident #1 as cool to touch and pale in color with a BGL of 52 mg/dL and recorded insta-glucose oral paste was administered to Resident #1. The nurse had documented Resident #1 tolerated juice and her BGL increased to 84 mg/dL but did not document any other assessment data. *Nurse's note dated 03/28/15 at 11:34 AM described Resident #1 as cool to touch, pale in color and documented Resident #1's BGL was 54 mg/dL. Nurse #2 recorded administering one tube of insta-glucose paste orally to Resident #1 which resulted in Resident #1's BGL increasing to 84 mg/dL. The nurse's note documented that Nurse #2 had notified the physician of Resident #1's condition and received a physician's order to send Resident #1 to the hospital for evaluation.	F 309	F-309 06/09/2015 Resident #1 was discharged from the facility on March 28, 2015. An audit was conducted by nursing to review if any other residents had a similar occurrence. The Director of Nursing (DON) and Staff Facility Coordinator (SFC) have completed in-service training on May 28 and 29, 2015, for all of the licensed staff, i.e., RN/LPN, on the facility policy and nursing practice related to assessing changes in resident conditions. In-service training to the Nursing Assistants on what, when, where, and how, and to whom to report on changes in resident condition to. A monitoring tool has been developed that tracks and trends resident changes in condition, to include nursing assessments completed, documentation completed, interventions/treatments, and notification of M.D., as applicable, for compliance. Residents that have had a change in condition will undergo a review process which will be completed by the DON or designee on a weekly basis for three months at 75%, then bi-weekly for three months at 50%, and then monthly for six months at 25%. The DON/designee will report the findings of the above audits monthly to the QAPI committee members to reflect identification of patterns, additional	

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F 309	Continued From page 2 The nurse's note did not contain any other assessment data. *Nurse's note dated 03/28/15 at 12:05 PM documented that Resident #1's BGL was 42 mg/dL. Nurse #2 had documented administering 1mg of Glucagon intramuscularly and indicated Emergency Medical Services were present to transport Resident #1 to the hospital. The nurse's note did not contain any other assessment data. A staff interview was conducted on 05/12/15 at 1:00 PM with Nurse #2. Nurse #2 verbalized she received report from Nurse #1 at the beginning of her shift at 7:00 AM on 03/28/15. Nurse #2 verbalized that Nurse #1 reported Resident #1 experienced a hypoglycemic episode during her shift and no information was provided concerning Resident #1's vital signs. Nurse #2 reported that on the morning of 03/28/15 while treating Resident #1 she knew that the problem was Resident #1's BGL. Nurse #2 added that when Resident #1's condition improved following treatment with the insta-glucose oral paste she did not see the need for further assessment or taking her vital signs. Nurse #2 verbalized she was expected to take a resident's vital signs following any significant change and was unable to provide an answer as to why she had not taken Resident #1's vital signs when Resident #1 exhibited decreased responsiveness and changes in skin condition. A staff interview was conducted on 05/12/15 at 3:00 PM with the Director of Nursing (DON) The DON verbalized it was her expectation when a resident's skin condition was observed to be pale, cool to touch or their responsiveness had decreased a full set of vitals including blood	F 309	concerns, and analysis of progress of training. The QAPI members consist of the Administrator, Medical Director, Consultant Pharmacist, Psych Nurse Practitioner, DON, SFC, MDS Nurse, QI Nurse, Social Worker, Medical Records Clerk, and Therapy Program Manager. The LNHA is responsible to ensure communication and implementation of any Quality Assurance and Performance Improvement Committee recommendations.	

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F 309	Continued From page 3 pressure, heart rate, respirations, and oxygen saturation percentage should have been taken and documented. A staff interview was conducted with the facilities physician on 05/12/15 at 4:30 PM. The physician verbalized that if a resident experienced any significant change in condition he would have expected the nurse to obtain a full set of vitals including blood pressure, heart rate, respirations, and oxygen saturation percentage.	F 309		