

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 12/19/2016
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE ON THE MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 observations, medical record review, resident, and staff interviews, the facility failed to provide incontinence care for 1 of 3 residents (Resident #5) who had recurrent Urinary Tract Infections (UTI ' s). The findings included: Review of the policy and procedures for the facility entitled, "Perineal Care" from the Nursing Services Policy and Procedure manual for Long-Term Care (revised October 2010) indicated the purpose for this procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident's skin condition. Resident #5 was admitted to the facility 02/02/15. The significant change Minimum Data Set (MDS) dated for 12/13/16 indicated her diagnoses included pressure ulcer of buttock, diabetes, and anxiety among others. The MDS also indicated Resident #5 was alert and oriented with no cognitive deficits. The MDS further indicated Resident #5 required extensive assistance with toileting and hygiene and had incontinent</p>	F 315	<p>F-315</p> <p>1. Resident given improper perineal care---Resident was monitored for s/s of infection related to improper perineal care. Resident has history of Urinary Tract Infections and had recently completed antibiotic therapy. Proper perineal care was performed on resident on evening of 12/18/16. Staff was immediately in serviced on proper perineal care on 12/18/16.</p> <p>2. Resident currently residing in this facility has a potential to be affected were reviewed. All incontinent residents were monitored for signs and symptoms of infection. Proper perineal care in-service performed with nurses and nursing assistants.</p> <p>3. Current nursing staff was in serviced by the Director of Nursing and Unit Managers</p>	1/15/17	

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

TITLE

(X6) DATE

Electronically Signed

01/12/2017

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>episodes of bladder.</p> <p>During an interview on 12/18/16 at 6:58PM, Resident #5 stated she had lots of bladder incontinence. Resident #5 stated she had gotten several Urinary Tract Infections (UTI's) in the past few months.</p> <p>A review of the care plan with a problem start date of 01/27/16 indicated Resident #5 needed assistance with toileting tasks due to a history of recurrent UTI's and a urinary stent (an internal device to help with the flow of urine) placement. The care plan indicated UTI's had occurred 07/11/16, 08/26/16, 10/25/16, and 12/04/16. The care plan goal was for activities of daily living (ADL) needs to be met daily and to be free from complications related to UTI's daily through the next review. Approaches to meet the goal included: observe for signs/symptoms of complication/infection, assist with any incontinence care if needed, assist with toilet tasks such as transfers, hygiene, and the management of clothing, encourage proper hygiene wiping from front to back, and good hand washing.</p> <p>During an observation on 12/18/16 beginning at 8:29 PM, Resident #5 was observed sitting in her wheelchair beside her bed. Nurse Aide (NA) #1 and NA #2 were present to assist with helping Resident #5 to bed. NA #1 and NA #2 assisted Resident #5 with the removal of her shirt and assisted her into a night shirt. NA #1 and NA #2 then both assisted Resident #5 to transfer from her wheelchair to her bed. NA #1 noted Resident #5 had some urinary incontinence visible in the front of her pants. NA #2 began looking for a brief, was unable to locate one in the room, and left the room to find one. NA #1 assisted Resident #5 with the removal of her pants and the removal of her incontinence brief. NA #1 then put</p>	F 315	<p>on proper ADL Care including perineal care and this in service was completed on 12/18/16 and again on 1/4/17. Monitoring was put in place to validate ADL Care with perineal care. Audits of perineal care will be completed for twelve weeks. This audit will include two direct care staff performing hands on demonstration of perineal care weekly and will be validated by the Director of Nursing and/or Unit Mangers. Perineal audit monitoring forms will be completed and results recorded with weekly review with the Administrator and monthly review with QAPI Committee meetings.</p> <p>4. The results of Quality Improvement monitoring will be reported by the Director of Nursing and/or Unit Managers to the Quality Assurance Performance Improvement Committee monthly for three months. The QAPI committee will recommend revisions as indicated to sustain substantial compliance.</p>		

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F 315	<p>Continued From page 2</p> <p>a light blanket over Resident #5 until NA #2 returned to the room with a pack of incontinence briefs. NA #1 removed the light blanket and began assisting Resident #5 putting on her incontinence brief. NA #2 closed the tabs to the brief on each side, then NA #1 and NA #2 assisted Resident #5 to be moved closer to the head of the bed. NA #2 left the room and NA #1 pulled the comforter up for Resident #5, ensured her call light was within reach, and exited the room.</p> <p>During an interview on 12/18/16 at 8:52 PM, NA #1 stated she had not performed any incontinence care because she was nervous and forgot to do so. NA #1 stated she should have used peri-wipes or soap and water to clean Resident #5 after her urinary incontinence episode. Neither NA #1 or NA #2 were observed returning to the room to provide incontinence care.</p> <p>During an interview on 12/19/16 at 5:58 PM, the Director of Nursing (DON) stated her expectations regarding incontinence care were for the staff to give the resident privacy, have their proper personal protective equipment (PPE) necessary, have the supplies ready, and clean front to back in order to prevent infection. The DON also stated this was standard care that should be given in a timely manner.</p>	F 315			