

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

PRINTED: 01/11/2018
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 R-C 11/09/2017
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 000	<p>INITIAL COMMENTS</p> <p>On 11/09/17, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section completed an onsite revisit which involved observations, record review, staff interviews, and review of monitoring tools and inservice education. While the deficiencies cited on the complaint survey on 09/27/17 were corrected effective 11/09/17 the facility remains out of compliance.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/06/2017

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 312 SS=D	<p>ADL CARE PROVIDED FOR DEPENDENT RESIDENTS CFR(s): 483.24(a)(2)</p> <p>(a)(2) 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. This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, resident, and staff interviews, the facility failed to provide thorough incontinence care for 1 of 1 resident (Resident #7) who required assistance with toileting and personal hygiene.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility 07/05/17. The admission Minimum Data Set (MDS) dated for 07/18/17 indicated his diagnoses included diabetes and high blood pressure among others. The MDS also indicated Resident #7 was alert and oriented with no cognitive deficits. The MDS further indicated Resident #5 required extensive assistance with toileting and hygiene and had frequent incontinent episodes of urine. The urinary incontinence care plan for Resident #7 indicated staff provided routine incontinence care and that Resident #7 was able to alert staff when he was soiled or wet.</p> <p>During an observation of urinary incontinence care on 11/08/17 at 2:02 PM, nursing assistant (NA) #1 and NA #2 came into the room of Resident #7. After verbal verification from Resident #7 that he had a urinary incontinent episode, both NAs washed their hands and donned gloves. Before lowering the head of the bed to a flat position and raising the bed to a</p>	F 312	<p>1. On 11/9/2017 a complaint survey was conducted by DHEC. During the investigation Resident #1 was observed receiving urinary incontinence care by NA #1 and NA #2. The observation revealed that NA #1 and NA #2 failed to properly perform the incontinence care by not cleaning resident #1's penis during the care. Resident #1 exhibits no signs or symptoms of urinary tract infection. Resident #1 has been observed receiving incontinence care and proper procedures have been performed including cleaning of his penis.</p> <p>2. Training has been provided to the nursing staff, C.N.A. and Nurse, on the proper techniques in providing incontinence care.</p> <p>3. A monitoring tool has been put in-place by the Director of Nursing to document observations of incontinence care being provided to the residents. A minimum of 10 observations will be conducted each week for four weeks. C.A.N.'s will be monitored by the nurse in charge. The nurses provided incontinence care will be observed by the unit manager or the Director of Nursing. Monitoring will continue to be conducted for three</p>	12/8/17

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F 312	<p>Continued From page 1</p> <p>higher position, Resident #7 was informed what was going to happen by the NAs. The sheet covering Resident #7 was moved to the end of the bed and his brief was unfastened on both the left and right sides. Resident #7 was able to assist to roll to his left side and hold onto the safety bar on the bed. NA #1 used several cleansing wipes to clean his buttocks and perineal area to the back of his scrotum. NA #1 then used a barrier cream on his buttocks and on the underside of his scrotum. Resident #7 was then assisted to roll on his back and NA #2 used several cleansing wipes to clean each side of the upper inner fold on his legs and the top of his scrotum. NA #1 then applied barrier cream to each side of the upper inner fold of each leg. NA #1 and NA #2 assisted in putting a new brief on Resident #7 and assisting him to a comfortable position and placed his sheet back over him, elevated the head of the bed and lowered the entire bed closer to the floor.</p> <p>During an interview with NA #2 on 11/08/17 at 2:10 PM, NA #2 was asked to verbalize what care she had given to Resident #7. NA #2 stated she had cleaned the folds where his legs and his groin touched and had cleaned the top of his scrotum. When asked if she had forgotten anything, NA #2 stated she was supposed to clean his penis, but had forgotten to do so. NA #2 was able to verbally describe how to correctly give urinary incontinence care to a male and stated she should have cleaned his penis but forgot to because it had been "a crazy day."</p> <p>During an interview with Resident #7 on 11/08/17 at 2:19 PM, Resident #7 stated the care he had just been given for urinary incontinence was nothing new as they usually did not clean his</p>	F 312	<p>months. After the first month 5 observations will be conducted randomly each week for two months.</p> <p>4. The Director of Nursing will report monthly to the QAPI committee the results of the audits and any trends found during the audit.</p> <p>5. The Administrator will be responsible for insuring the processes, audits and action plans are implemented</p>		

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F 312	<p>Continued From page 2</p> <p>penis when giving care. Resident #7 denied having any skin breakdown or recent urinary tract infections. Resident #7 stated he was concerned about the possibility of having skin breakdown since he was incontinent and rarely got out of bed.</p> <p>During an interview with the Nurse Practitioner (NP) on 11/09/17 at 2:47 PM, the NP stated she would be very concerned if a male resident was not having his penis cleaned during urinary incontinence care. The NP further stated this was basic care and any urine left on the skin had the potential to lead to skin breakdown.</p> <p>During an interview with NA #1 on 11/09/17 at 4:01 PM, NA #1 stated she was unsure whether NA #2 had cleaned Resident #7's penis when they were changing him around 2:00 PM yesterday.</p> <p>During an interview with the Director of Nursing (DON) on 11/09/17 at 4:38 PM, the DON stated his expectations of male incontinence care was for all areas affected to be cleaned and no urine left as it could potentially cause skin breakdown. The DON showed verification that both NA #1 and NA #2 had each been retrained in a continuing education class within the past 3 months of appropriate incontinence care for both males and females.</p>	F 312			