

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 03/15/2018
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 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(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, record review, and staff interviews the facility failed to provide incontinence care for greater than 3 hours which included before lunch and to provide nail care for 1 of 3 residents reviewed for provision of activities of daily living for dependent residents (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility 07/21/16 with diagnoses which included traumatic brain injury and dysphagia (difficulty swallowing). A quarterly Minimum Data Set (MDS) dated 01/03/18 indicated the resident's cognition was severely impaired with long and short term memory loss, unclear speech, and sometimes understood others. The MDS coded the resident required extensive staff assistance with all activities of daily living (ADL) including personal hygiene and toileting.</p> <p>A care plan last reviewed/revised 01/09/18 described Resident #5 as totally dependent on staff to initiate and complete all ADL tasks. The care plan goal specified the resident would have all ADL needs met daily through the next review. Approaches included staff to initiate and perform all ADL tasks.</p> <p>a. An observation was conducted on 03/14/18</p>	F 677	<p>1. On 03/15/2018 a complaint survey was conducted by DHEC. During the investigation Resident #5 was observed to be incontinent for greater than three hours. Resident #5 also had not received proper nail care. Resident #5 had nails cared for and was placed on a bowel and bladder program. Resident #5 is clean and dry. A 100% audit of residents will be completed by 04/10/2018 to insure proper nail care.</p> <p>2. Training has been provided by the Director of Nursing to the nursing staff; C.N.A. and Nurse, on the procedures for providing proper incontinence care and nail care on 04/07/2018.</p> <p>3. The Director of Nursing/designee will conduct 10 audits per week. A monitoring tool has been put in-place by the Director of Nursing to document observations of all personal care being implemented for each resident.</p> <p>4. The Director of Nursing /designee will conduct 10 observations per week to insure nail care and incontinence care is provided to residents. A log will be maintained of the observations. The Director of Nursing will report monthly to the QAPI committee the results of the audits for a minimum of three months or</p>	4/7/18	

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

TITLE

(X6) DATE

Electronically Signed

04/05/2018

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.

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

PRINTED: 04/06/2018
FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 1</p> <p>from 10:20 AM until 12:08 PM. Resident #5 was observed sitting in a highbacked wheelchair in a dayroom with 3 other residents. With his right arm, Resident #5 was reaching across his body toward his left side waving his right hand and making a moaning noise. At 10:40 AM, Nurse Aide (NA) #1 came into the dayroom and spoke to another resident. Resident #5 continued to wave his right hand. NA #1 was observed not looking at Resident #5. At 10:42 AM, Nurse #1 entered the dayroom and administered medications to a resident sitting at a table positioned behind and across the room from Resident #5. Nurse #1 was observed leaving the room without looking at Resident #5 waving his right hand while reaching across his body toward his left side. At 10:57 AM, Resident #5 was observed sleeping in his wheelchair. At 12:08 PM NA #1 was observed pushing Resident #5 in his wheelchair from the dayroom directly to the dining room where lunch was being served. No incontinence care was offered and the resident was not observed being checked for incontinence.</p> <p>An additional observation conducted 03/14/18 at 12:00 PM revealed Resident #5 was sitting in the dining room in his wheelchair. At 1:01 PM a NA was observed transporting Resident #5 in his wheelchair from the dining room to the hallway outside the resident's room.</p> <p>At 1:37 PM the Director of Nursing (DON) was notified of Resident #5 not receiving incontinence care since the first observation at 10:20 AM. At 1:41 PM, NA #2 was observed pushing Resident #5 in his wheelchair into his room. NA #2 and NA #4 were observed transferring the resident to his bed and providing incontinence care while Unit</p>	F 677	<p>until substantial compliance is achieved.</p> <p>5. The Administrator will be responsible for insuring the processes, audits and action plans are implemented.</p>		

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F 677	<p>Continued From page 2</p> <p>Manger (UM) observed. When the resident's pants were removed, a strong urine odor was noted and acknowledged by the UM. The resident's brief was observed to be soaked with urine and stool was also observed. The NAs were observed using multiple disposable wipes to remove the stool which appeared to have partially dried on the resident's skin. The UM observed the stool and acknowledged stool had been present for a while.</p> <p>During an interview on 03/14/18 at 1:41 PM NA #2 stated facility staffing was down a NA today. She added this made it difficult to get around to all the tasks that were required to care for residents.</p> <p>During an interview on 03/14/18 at 2:00 PM the DON stated staffing was not down on Resident #5's hall today. He explained NA #1 had been relieved of her normal ancillary duties to serve as a NA on the hall to supplement the staffing.</p> <p>In an additional interview on 03/14/18 at 4:08 PM the DON stated residents needed to be checked for toileting needs and repositioned every 2 hours. If found soiled, he expected residents to be changed.</p> <p>During an interview via phone on 03/14/18 at 7:10 PM, NA #1 stated she transported several residents to the dining room for lunch on this date which may have included Resident #5. She added incontinence care was not offered before lunch as it was normal for the NAs to wait until after lunch to provide incontinence care for the residents as they put them down for naps.</p> <p>b. An observation on 03/15/18 at 10:43 AM</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>revealed Resident #5's fingernails on his left hand extended approximately 1/8th to 1/4th of an inch beyond his fingertips as did the index and thumb nails on the resident's right hand. The resident's 3rd, 4th, and 5th fingers were observed curled into the right palm.</p> <p>A review of Nurse Aide (NA) charting for Resident #5 revealed NA #2 documented a shower was provided for this resident 02/13/18.</p> <p>An interview with NA #2 at 1:15 PM 03/15/18 revealed she did not provide a shower for Resident #5 on 03/13/18. She stated she knew the staff she relieved had provided a shower for Resident #5. NA #2 explained she documented it so it would not look like the resident did not have a shower on his scheduled shower day. NA #2 confirmed nail care was included in the care provided with showers.</p> <p>An observation of Resident #5's fingernails was conducted with the Director of Nursing (DON) on 03/15/18 at 1:37 PM. The 3 fingers that were curled into the resident's right palm were also observed and found fingernails extended approximately 1/8th to 1/4th of an inch beyond the fingertips. The DON confirmed Resident #5's fingernails were too long and should be trimmed.</p> <p>During an interview on 03/15/18 at 3:45 PM, the DON stated he expected fingernails to be trimmed when needed.</p> <p>An interview via phone was conducted with NA #3 on 03/15/18 at 3:59 PM. NA #3 stated she did not provide a shower for Resident #5 on Tuesday, 03/13/18. She explained she thought the resident's shower day was on Wednesday. NA</p>	F 677			

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F 677	Continued From page 4 #3 stated she recalled leaving the resident in the bed on the morning of 03/14/18. On that morning, she verbally reported to the day shift that she left the resident in bed because Wednesday was his shower day.	F 677			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility's Quality Assurance Performance Improvement (QAPI) committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in December of 2017. This was for 1 cited deficiency which was originally cited in November 2017 on a complaint investigation and subsequently recited in March of 2018 on the current complaint investigation. The deficiency was in the area of activities of daily living (ADL). The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective QAPI program. The findings included: This tag is cross referred to: 483.24(a)(2): ADL care for dependent residents: Based on observations, record review, and staff	F 867	1. On 03/15/2018 a complaint survey was conducted by DHEC. During the investigation Resident #5 was observed to be incontinent for greater than three hours. Resident #5 also had not received proper nail care. The deficiency cited was in the area of activities for daily living (ADL). The continued failure of the facility shows a pattern of the facility's inability to sustain an effective QAPI program. 2. Training has been provided to the Department Managers of the facility about the improved QAPI program. Each Department Manager will educate their respective team members on the QAPI concepts and the process for improving and maintaining resident care to the standards set forth by Federal and State rules and regulations and facility policies. 3. Each Department Manager will develop a QAPI to address the needs of the residents.	4/7/18	

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F 867	<p>Continued From page 5</p> <p>interviews the facility failed to provide incontinence care for greater than 3 hours which included before lunch and to provide nail care for 1 of 3 residents reviewed for provision of activities of daily living for dependent residents (Resident #5).</p> <p>The facility was recited for 483.24(a)(2) for not providing incontinence care and nail care to a dependent resident. This tag was previously cited on a complaint investigation conducted November of 2017 for failing to provide thorough incontinence care.</p> <p>During an interview with the Administrator and the Director of Nursing (DON) on 03/15/18 at 5:15 PM, the DON stated he thought the facility's orientation program failed. He explained a new orientation program was being put into place that would provide a designated person to do the precepting of a new employee. The DON further explained the new employee would have a designated person in management as a mentor. The new program included encouraging staff to let the facility know if they needed training in a particular area. The DON stated the orientation period was also being extended.</p>	F 867	<p>4. The Department manager will report at the monthly QAPI committee meeting the results of the training and the progress of the QAPI. The QAPI will be maintained until three of substantial compliance is maintained.</p> <p>5. The Administrator will be responsible for insuring the processes, audits and action plans are implemented.</p>		