

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

PRINTED: 01/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2019
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NAME OF PROVIDER OR SUPPLIER SMOKY MOUNTAIN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1349 CRABTREE ROAD WAYNESVILLE, NC 28785
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E 000	Initial Comments An unannounced Recertification survey was conducted on 11/17/2019 through 11/20/2019. The facility was found in compliance with the requirement CFR 483.73, emergency Preparedness. Event ID 7IJE11.	E 000		
F 000	INITIAL COMMENTS An unannounced Recertification and Complaint survey was conducted on 11/17/19 through 11/20/19. There were 18 allegations investigated and 2 of the 18 were substantiated and cited.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record reviews, the facility failed to transcribe an order to increase oxygen during exertion for 2 days which resulted in this not being communicated to staff and failed to provide a medication list to the requesting physician for 1 of 2 residents sampled for oxygen therapy (Resident #95). The findings included: 1. a. Resident #95 was admitted to the facility on 5/1/19 with diagnoses including respiratory failure and congestive heart failure. Review of the admission Minimum Data Set	F 658	F658 1. Resident orders were audited for the past 30 days by the Director of Nursing to ascertain appropriate transcription and communication to appropriate discipline(s); corrections processed accordingly. Audit completed on 12/12/2019. Resident appointment/consultation paperwork was audited for previous 30 days by the Medical Records Clerk to ascertain appropriate transcription and	12/18/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/11/2019
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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 658	<p>Continued From page 1</p> <p>(MDS) assessment dated 5/6/19 revealed he was cognitively intact and able to make his needs known. The MDS also noted he received oxygen therapy. Resident #95 was discharged home on 5/22/19.</p> <p>Review of the care plan, dated 5/1/19, revealed Resident #95 was care planned for ineffective breathing with interventions including oxygen continuously at 4 to 5 l/min to keep oxygen saturations 90% or higher. The care plan, revised on 5/14/19, revealed Resident #95 was to be on oxygen therapy 4 l/min via nasal cannula at rest; 6 l/min with exertion.</p> <p>Review of a physician order dated 5/1/19 revealed Resident #95 to have oxygen at 4-5 liters per minute (l/min) to keep oxygen saturations (O2 sats) 90% or higher.</p> <p>Another order, dated 5/14/19 written by the pulmonologist, stated Resident #95 was to receive oxygen 4 l/min at rest; 6 l/min with exertion. This order was signed off by the Director of Nursing on 5/16/19.</p> <p>Review of the Medication Administration Record (MAR) revealed: -5/1/19 an order for oxygen at 4-5 l/min to keep O2 sats 90% or higher. O2 sats were to be documented q shift. -5/14/19 an oxygen order for 4 l/min per nasal cannula at rest and 6 l/min per nasal cannula with exertion was added to the MAR and dated 5/14/19. -Review of O2 sats from 05/01/19 through 5/22/19 revealed all were at 90% or higher except one reading on 5/17/19.</p>	F 658	<p>communication to appropriate discipline(s); corrections processed accordingly. Audit completed on 12/12/19.</p> <p>2. Nursing Administration, the Medical Records Clerk, and the Ward Clerk were re-educated by the Administrator on 11/20/2019 regarding processing outside appointments and new order follow through which included faxing any requested information form outside physicians and communicating information on any new orders and/or consultation to necessary disciplines. Nursing staff were re-educated by the Staff Development Director on 11/20/2019 regarding the aforementioned process. Any staff not receiving the education by 12/17/2019 will not be allowed to work until the education is completed. All new licensed nursing staff will receive the education during their on-boarding process as part of the facility orientation.</p> <p>3. Resident orders will be reviewed during the Clinical Morning Meeting M-F to ensure information is communicated to appropriate disciplines and plan of care updated accordingly. Disciplines participating in the meeting include at a minimum Director of Nursing, Administrator, Therapist, Medical Records Clerk, and Social Services Director. Plan of Correction audit for tracking initiated on 12/18/2019; to continue 5x/week for 4 weeks, then weekly times 8 weeks.</p>		

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F 658	<p>Continued From page 2</p> <p>An interview, conducted with the Director of Nursing (DON) on 11/19/19 at 4:49 PM, revealed Resident #95 went to see the pulmonologist on 5/14/19. Nurse #1, who was caring for the resident, was responsible for reviewing the consult report and transcribing the new order. The DON stated she found the pulmonologist Consultation Report dated 5/14/19 in the doctor's book on 5/16/19, with recommendations to give the resident 4 l/min of O2 continuous at rest, or 6 l/min O2 continuous with exertion. After finding the Consultation Report with the new orders, she then transcribed the order to the Medication Administration Record and dated it 5/14/19. The order was faxed to the pharmacy and added to the Medication Administration Record (MAR) on 5/16/19 at 1:00 PM. She stated she did not think to communicate the new order to therapy since it was not a designated order for therapy. Nurse #1, who was caring for Resident #95 on 5/17/19 should have been aware that he was to be on 6 liters while therapy was working with him. After PT#1 asked Nurse #1 if the resident was to be on 6 l/min while exercising, she should have checked the orders. The DON stated when the Consultation Report was returned from the pulmonologist, Nurse #1 should have transcribed the order for 6 liters of oxygen with exertion and put the new order on the MAR. However, the DON stated she would not have expected the nurse to communicate with therapy because she had not thought to notify them either. New orders were communicated to the care team in the morning meetings. The DON was not sure if she shared the new order in morning meeting on 5/17/19.</p> <p>Review of a physical therapy progress note, dated 5/17/19, revealed physical therapist (PT) #1</p>	F 658	<p>Resident□s having outside consultation appointments will be listed on the Consultation Monitoring Tool at the time of scheduling, and reviewed daily during the Clinical Morning Meeting M-F; initiated on 11/20/2019. Plan of Correction audit for tracking initiated on 12/18/2019; to continue 5x/week for 4 weeks, then weekly times 8 weeks.</p> <p>After completion of resident appointment(s), the returning paperwork will be reviewed as copied and logged by the Medical Records Clerk and discussed during the Clinical Morning Meeting M-F; initiated on 11/20/2019. Plan of Correction audit for tracking initiated on 12/18/2019; to continue 5x/week for 4 weeks, then weekly times 8 weeks.</p> <p>The Director of Nursing and Medical Records Clerk will audit all new orders and outside appointment communication/orders M-F for appropriate processing, communication to appropriate disciplines, and updates to the resident plan of care. Plan of Correction audit for tracking initiated on 12/18/2019; to continue 5x/week for 4 weeks, then weekly times 8 weeks.</p> <p>4. The Director of Nursing will report results of the audits to the Quality Assurance Performance Improvement (QAPI) members for 3 months or until a time determined by the QAPI members for sustained compliance.</p>	
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F 658	<p>Continued From page 3</p> <p>entered Resident #95's room to begin therapy. Resident #95 was on 4 liters of oxygen and his oxygen saturation was 85%. After some breathing exercises, his oxygen saturation increased to 92% within 10 seconds. Resident #95's family member reported his oxygen was supposed to be on 6 liters anytime he was up and on his feet. The therapist spoke to Resident #95's nurse who responded that she had never been told that he was supposed to be on 6 liters and there were no orders to increase his oxygen.</p> <p>An interview, conducted with the Rehab Program Director on 11/19/19 at 9:19 AM, revealed PT #1 was unavailable for interview. She stated if an order is received after the resident has been in the facility for a while, therapy finds out about the order in the morning meeting when all new orders are reviewed and shared with therapy.</p> <p>An interview conducted with the Rehab Manager (RM) on 11/19/19 at 2:58 PM revealed the therapists were not aware of the new order for Resident #95 to be on oxygen at 6 liters per minute during exertion. She stated when a new order comes in, she finds out about it in the morning meeting and follows up to make sure the primary therapist is aware. All new orders are usually reviewed in the morning management meetings. She further stated she was not sure how or why the order for oxygen at 6 liters with exertion was not communicated or a copy given to the therapy department. RM knew he had an appointment with the pulmonary physician on 5/14/19 but stated they don't check the chart for new orders if the appointment was not orthopedic or therapy related.</p> <p>Nurse #1 was not available for interview.</p>	F 658	<p>The Director of Nursing is responsible for the Plan of Correction and the Administrator is responsible for sustained compliance.</p> <p>Date of Correction: 12/18/2019</p>	

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F 658	<p>Continued From page 4</p> <p>An interview conducted with the Assistant Director of Nursing (ADON) on 11/20/19 at 11:30 AM revealed she received a copy of the new order for oxygen at 6 l/min with exertion sometime on 5/17/19. She stated she added a note on the communication board dated 5/17/19 and timed 3:01pm which stated, FYI: Each shift Resident #95 adjust his O2 to 6 l/min when he transfers/toilets-otherwise he's on 4 liters. Please make a note to indicate this each shift. This is a doctor order. The ADON confirmed that the nurse who worked first shift on 5/17/19 would not have seen the communication note.</p> <p>An interview, conducted with the Interim Administrator on 11/20/19 at 11:38 AM, revealed the nurse who was caring for Resident #95 on 5/14/19 should have processed the orders when she received them from the pulmonologist office on 5/14/19.</p> <p>b. An interview with Resident 95's family member on 11/17/19 at 7:45 PM revealed the facility never sent the resident's medication list requested by the cardiologist on 5/16/19. The family member explained the cardiologist requested the medication list because he needed to know what antibiotic Resident #95 was taking for cellulitis. She stated that when she checked with the cardiologist office on 5/17/19, the facility still had not faxed the medication list.</p> <p>An interview with Nursing Assistant (NA) #1 on 11/18/19 at 2:04 PM revealed she accompanied Resident #95 to a cardiology appointment on 5/16/19. She stated Ward Clerk #1 made copies of his medical records and put the copies in an envelope and she gave the envelope to an</p>	F 658		
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F 658	<p>Continued From page 5</p> <p>employee at the cardiology office when Resident #95 was checked in for his appointment. NA #1 stated she did not open the envelope, so she did not know which medical records were in the envelope and sent to the cardiology office.</p> <p>Ward Clerk #1 was no longer employed by the facility and was not available for interview.</p> <p>Review of the Consultation report sheet, dated 5/16/19 and signed by the cardiologist, revealed an order for the facility to fax a medication list to cardiology office. The order was noted by Nurse #2 and dated 5/16/19.</p> <p>An interview with Nurse #2 on 11/19/19 at 4:31 PM revealed she noted the order to fax Resident #95's medication list to the cardiology office on the Consultation form on 5/16/19 but failed to follow through with asking anyone to fax the Medication Administration Record (MAR). Nurse #2 could not find a fax confirmation that the medication list was faxed.</p> <p>An interview with the Director of Nursing (DON) on 11/18/19 at 2:30 PM revealed when a resident goes to a physician appointment, the Ward Clerk makes a copy of the resident's demographic sheet, the MAR and a blank consultation report sheet. The DON indicated no one knew for sure if the MAR was sent with Resident #95 to his appointment with the cardiologist on 5/14/19. After the resident is seen by the physician, the physician writes any new orders on the blank consultation report sheet. The consultation report sheet with the new orders is brought back to the facility and given to facility staff. The interview further revealed Nurse #2 should have sent Resident #95's MAR by fax to the cardiologist's</p>	F 658		
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F 658	Continued From page 6 office on 5/16/19. An interview with the Interim Administrator on 11/20/19 at 11:38 AM revealed that the facility staff should follow-up on orders the same day they are received. The medication list requested by the cardiologist should have been faxed to them on 5/16/19.	F 658		
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced	F 803		12/18/19

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F 803	<p>Continued From page 7</p> <p>by: Based on record review, observations, and staff interviews the facility failed to serve the correct amount of salad and omitted vegetable sticks from the planned menu as recommended by the Registered Dietician.</p> <p>An observation on 11/18/19 at 4:26 PM revealed the Cook was instructed by the Dietary Manager (DM) to serve 1/2 cup of salad. There were no veggie sticks observed on the tray service line. The DM instructed the Cook to only serve breaded veggies to the resident who received a mechanically altered diet. The Cook served the salad as directed and omitted the vegetable sticks from regular diet plates. At 4:51 PM approximately 10 meals were plated with a 1/2 cup of salad and no vegetable sticks. The plates were covered, and ready to leave the kitchen.</p> <p>A review of the menu guide with DM on 11/18/19 at 4:51 PM revealed 1 cup of salad and vegetable sticks were to be served to residents receiving a regular diet and a breaded veggie to residents on a mechanically altered diet.</p> <p>During an interview on 11/18/19 at 4:51 PM the DM explained she had misread and/or misunderstood and incorrectly instructed the Cook to serve 1/2 cup of salad instead of a 1 cup per the menu guidelines. She also confirmed the vegetable sticks were omitted for residents who received a regular diet.</p> <p>A telephone interview conducted on 11/20/19 at 8:20 AM with the Registered Dietician revealed the menu guide provided portions amounts of food items served for each meal. The RD explained the guide was in place to be followed</p>	F 803	<p>F803</p> <ol style="list-style-type: none"> 1. There were no residents affected. 2. The serving sizes were corrected prior to leaving the dietary department; salad was corrected to the 1 cup serving and the vegetable sticks were added to the designated diet trays on date of observation 11/20/2019. 3. The Administrator re-educated the Certified Dietary Manager and dietary staff on 11/20/2019 regarding F803 requirements including following the Registered Dietician approved menu. Education included menu items and portion sizes in conjunction with utilization of appropriated serving utensils for serving accuracy. <p>The Administrator/Dietician will observe rotating meals during tray line preparation for appropriate menu items and serving sizes 5x/week for 4 weeks, then weekly times 8 weeks. Plan of Correction audit for tracking initiated on 12/18/2019; to continue 5x/week for 4 weeks, then weekly times 8 weeks.</p> <ol style="list-style-type: none"> 4. The Certified Dietary Manager will report results of the audits to the Quality Assurance Performance Improvement (QAPI) members for 3 months or until a time determined by the QAPI members for sustained compliance. <p>The Certified Dietary Manager is</p>	

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F 803	Continued From page 8 by the dietary staff to ensure residents received the correct amount and items listed for each meal. During an interview on 11/20/19 at 12:58 PM the Interim Administrator Consultant revealed it was her expectation the menu and RD guidelines were followed. She expected residents were served the correct portions and food items.	F 803	responsible for the Plan of Correction and the Administrator is responsible for sustained compliance. Date of Correction: 12/18/2019		