

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

PRINTED: 04/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2012
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NAME OF PROVIDER OR SUPPLIER ASHEVILLE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1984 HIGHWAY 70 SWANNANOVA, NC 28778
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F 318 483 25(e)(2) INCREASE/PREVENT DECREASE
SS=D IN RANGE OF MOTION

Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion

This REQUIREMENT is not met as evidenced by
Based on observation, record review and staff interviews, the facility failed to provide restorative nursing services for range of motion exercises as recommended by the rehabilitation department to one (1) of three (3) sampled residents (Resident #116)

The findings are

Resident #116 was admitted 6/11/11 with multiple diagnoses including lower extremity deformity. Review of the most recent Minimum Data Set (MDS) dated 1/25/12 revealed intact cognition and dependence on extensive staff assistance for most activities of daily living. The MDS revealed balance during transitions and walking was coded as not steady, only able to stabilize with human assistance, and functional limitation in range of motion was coded as upper and lower extremity impairment on one side. The MDS also revealed no entry for refusal of care and no entries for the number of days restorative nursing programs were performed for the resident.

F 318

The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.

How the corrective action will be accomplished for the resident(s) affected. A Therapy Screen/Evaluation was completed on March 29, 2012. Results presented to surveyors. An Restorative Care Plan initiated and computer system updated to add Restorative Documentation to CNA section

How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Staff Development Coordinator will complete in-servicing of Nurses and CNA's on Restorative Referrals implementing referrals and scheduling Restorative for CNA documentation by April 13, 2012. Current residents in facility

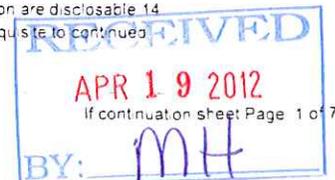
4/27/12

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

TITLE

DATE

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 required to continue program participation.



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F 318	<p>Continued From page 1</p> <p>Review of Resident #116's medical record revealed an initial physical therapy evaluation dated 10/10/11. The evaluation form noted late effect acute polio of right extremities with deformities and chronic lower extremity length discrepancy status post hip fracture. The Prior Level of Function section of the form indicated the resident used a crutch to ambulate "functional distances" at home until he was bed-bound three weeks prior to the June 2011 hospital admission. Additionally, a check mark was noted in the box next to the word "good" in the Rehabilitation Potential section of the form.</p> <p>Review of therapy notes revealed the resident received therapy until November 2011. Review of a physical therapy note dated 11/3/11 revealed the resident was referred to daily restorative therapy by a Physical Therapist to maintain gains and to help prevent new contractures. The referral noted for restorative nursing services noted Resident #116 was to have active ROM to both arms at the shoulders and both legs at the hip, knee, and ankle areas. An additional comment was added that noted the resident needed to do push-ups from [wheelchair] seat to relieve buttocks pressure due to hip decubitus.</p> <p>An interview about Resident #116 was conducted with Nursing Assistant (NA) #1 on 3/29/12 at 9:15 a.m. When asked about the care she provided to the resident to help him maintain range of motion, NA #1 stated she turned and repositioned him at least every two hours and stretched his right leg as much as he would allow. The NA demonstrated how she performed one ROM exercise to the resident's right leg, and explained how she placed a pillow under his leg to help</p>	F 318	<p>were reviewed to ensure that no missed therapy recommendations were overlooked, this was completed on 04/10/2012. Rehabilitation will assist in monitoring by the following steps. 1) Therapist completes and signs Restorative Services Referral Form. 2) A hard copy is printed out and placed in a notebook in Rehabilitation Managers office. 3) Rehabilitation Manager will e-mail Unit Manager and cc: the DON when a referral is placed with request from unit manager for e-mail response to when services have been initiated. 4) A hard copy of the Unit Manager's e-mail response to initiation of services is attached to the hard copy of the Restorative Services Referral Form in Rehabilitation Managers office notebook.</p> <p>Measures in place to ensure practices will not occur. Unit Managers/Supervisor will monitor daily x 1 week, once weekly x 4 weeks, monthly x 3, and then Quarterly x 3.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. DON will report results of monitoring to QA&A committee Monthly x 3 then Quarterly x 3 for continued compliance/revision to plan.</p> <p style="text-align: right;">4/27/12</p>

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F 318 Continued From page 2
keep it straight The NA said she did ROM exercises on his leg at least every two hours NA#1 stated she did not document when she provided the ROM exercises and when asked how she knew what ROM exercises to do for the resident, NA #1 was unable to provide a clear answer.

During an interview on 3/29/12 at 10 00 a m., the Unit Manager indicated the referral was missed due to several staffing changes that occurred in November 2011

During an interview on 3/29/12 at 10 52 a m., the Rehabilitation Manager explained there was no system in place for therapy to follow-up after a referral was made

F 431 483 60(b), (d), (e) DRUG RECORDS, SS=D LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable

In accordance with State and Federal laws the facility must store all drugs and biologicals in

F 431 How the corrective action will be accomplished for the resident(s) affected. Two treatment carts were immediately locked and Nurses that were present on duty were in-serviced on locking medication carts and treatment carts and the rationale behind this practice. Rounds were immediately started to ensure that practice did not recur. The expired medications were sent back to pharmacy for disposal. The medication rooms and medication/treatment carts were checked for expired medications, no medications other than the meds in the medication room were found to be present

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F 431	<p>Continued From page 3</p> <p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys</p> <p>The facility must provide separately locked permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected</p> <p>This REQUIREMENT is not met as evidenced by Based on observations and staff interviews the facility failed to lock two (2) of four (4) unattended treatment carts and discard expired medications from one (1) of two (2) medication storage rooms</p> <p>The findings are</p> <p>1. On 3/26/12 at 6 20 p m until 6 40 p m , an unlocked and unattended treatment cart was observed on the 200 hall between rooms 226 and 228. Observation of the area revealed no residents in the hall near the cart. Multiple resident medications were stored in the drawers of the cart and among the items were individual packages of antibiotic ointments as well as tubes of hydrocortisone cream, topical analgesic creams, antifungal creams, corticosteroid creams, and combination antifungal/corticosteroid cream</p>	F 431	<p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Nurses were in-serviced on locking treatment and medication carts as well as checking medication rooms and medication/treatment carts for expired medications, to include rationale behind this practice. Completed on April 13, 2012. 4/27/12</p> <p>Measures in place to ensure practices will not occur. Unit Managers/Supervisor will monitor, utilizing Medication/Treatment Cart Security, Check of Medication Storage and Unit Manager Daily Checklist, daily X 14 days, weekly x4, monthly x 3, and then Quarterly x 3.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. DON will report results of monitoring to QA&A committee Monthly x 3 then Quarterly x 3 for continued compliance/revision to plan if needed.</p>

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F 431	<p>Continued From page 4</p> <p>An interview was conducted on 03/26/12 at 8 00 PM with Licensed Nurse #1 He stated the cart was supposed to be locked when unattended He reported he usually locked the cart before he walked away from it He could not explain why the cart was not locked as he had not started his treatments and had not noticed the cart was unlocked</p> <p>An interview was conducted on 03/29/12 at 3 44 PM with the Director of Nursing She stated the treatment cart should always be locked whenever it is not in the licensed nurse's sight</p> <p>2 An inspection of the west side medication storage room was conducted on 3/26/12 at 7 00 p m with Licensed Nurse (LN) #2 present Observation of the room revealed 2 boxes of Ipratropium bromide/Albuterol sulfate inhalation solution [a bronchodilator medication] with an expiration date of November 2011 Inside each box were six pouches, and each pouch contained five vials of the expired medication for a total of 60 vials</p> <p>During an interview on 3/26/12 at 7 15 p m , LN #2 confirmed the bronchodilator medication was expired The nurse indicated someone from pharmacy services checked the storage room for expired medications every two to three months The nurse also said she straightened the room the previous night but did not check medications for expiration dates LN #2 stated she was unaware if any particular staff member was assigned to check for expiration dates and said "It's up to all of us to check the dates before we use it "</p>	F 431	

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F 431 Continued From page 5 F 431

An interview was conducted with the Director of Nursing (DON) on 3/29/12 at 1:44 p.m. The DON stated she expected nurses to check expiration dates prior to using any medications. She indicated someone from pharmacy came to check medications on a monthly basis. The DON said pharmacy was in the facility for four full days the week before and had reported expired medications were pulled from use. During the interview, the DON produced the pharmacy report dated 3/20/12, which noted expired medications were discarded. Additionally, the DON said a nurse had checked the medication room the week before pharmacy came and she too missed the expired medication.

3. On 03/26/12 at 6:20 PM an observation was made of an unlocked and unattended treatment cart. The cart was located near the nurses' station on the 200 hall. The treatment cart contained numerous creams and topical ointments labeled with residents' names. Some of the creams and topical ointments found were Hydrocortisone cream, Bacitracin, Zinc, Dimethacone packets, and Voltaren.

An interview was conducted on 03/26/12 at 8:00 PM with Licensed Nurse #1. He stated the cart was supposed to be locked when unattended. He reported he usually locked the cart before he walked away from it. He could not explain why the cart was not locked as he had not started his treatments and had not noticed the cart was unlocked.

An interview was conducted on 03/29/12 at 3:44 PM with the Director of Nursing. She stated the treatment cart should always be locked whenever

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F 431	Continued From page 6 it is not in the licensed nurse's sight	F 431	