

July 18, 2012
MR. Paul Yockey, RN
Facility Survey Consultant
952 OLD US Hwy 70
Black Mountain, NC 28771

Dear Mrs. Yockey:
Please find enclosed Golden Living of Asheville corrective action plan for the complaint investigation survey conducted on June 19, 2012 to July 3, 2012.
If you have any questions, please contact us at 828-254-8833.

Sincerely,



Kamuina Badimu, LNHA.



Golden LivingCenter
Asheville

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Actions	Responsible Party	Target Date	Update
Notify Medical Director	DNS	5/10/2012	complete
Notify Responsible Party (Family)	Nursing	4/23/2012	complete
Notify Prescribing Practitioner	Nursing	4/30/12	complete
Conduct a comprehensive review of resident's medical record.	Nursing/MD	4/30/12- MD Nsg 4/24	complete
100% Audit of all resident charts to ensure that allergies listed on POS and H&P are allergies documented on the MAR, Face Sheet, Allergy Sticker in front of chart, and in resident's profile.	Nursing	4/24/2012	complete
Obtain a List from pharmacy of all current resident's listed allergies and correlate with facility list of allergies.	DNS	5/10/2012	complete
Review all resident listed medications with list of compiled allergies to ensure no medications on resident profile is on allergy list.	DNS ADNS	5/1/12	complete
Inservice Licensed nurses on facility process for updating new allergy information <ul style="list-style-type: none"> faxing allergy information to pharmacy updating allergy sticker updating MAR updating face sheet. 	DCE	5/10/12	98% of Nurses have been In-serviced. In-service continues <i>completed 5/10/12</i>

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<p>Complete medication pass evaluations with Licensed nurses Evaluation to include written competencies as well as medication pass observations.</p>	DCE	5/10/12	<p>90% of Competencies / Medication Observations Completed <i>CSW</i></p>
<p>Review all new orders as a part of clinical start up process to ensure newly prescribed medications do not have a correlating allergy documented in the medical record. Inclusive or weekend start up</p>	DNS/designee	on-going	on-going
<p>100% audit of all medical records weekly for four weeks and then monthly for two months by Medical Records to ensure med allergy sticker, resident profile have correct, accurate, and corresponding information.</p>	Medical Records	6/25/12	Week 2 completed by DNS/NSC on 5/1/12
<p>Educate nurses on SBAR format and need to initiate an SBAR in PCC</p>	DCE	5/10/12	Initiated on 4/26/12
<p>Monitor SBAR completion thru CSU review of SBAR and progress notes</p>	Nsg		Initiated on 4/26/12
<p>Bring results of audits to monthly QA to discuss results, trends, and any possible revisions.</p>	DNS Med Rec	5/10/12	