

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

PRINTED: 06/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2013
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NAME OF PROVIDER OR SUPPLIER EMERALD RIDGE REHAB AND CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 25 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804
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(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
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F 000 INITIAL COMMENTS

F 000

No deficiencies were cited as a result of the complaint investigation. Event ID 97N411.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
SS=D

F 281

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on record review, staff and physician interviews the facility failed to follow a physician order for a physical therapy referral for 1 of 1 's resident. (Resident #134)

The findings included:

Resident # 134 was admitted to the facility on 10/05/12 with diagnosis which included diagnosis of cerebral palsy, stroke, non-Alzheimer ' s dementia and osteoarthritis.

The most recent annual Minimum Data Set (MDS) dated 04/27/13 indicated Resident # 134 was cognitively intact. The MDS further indicated Resident # 134 required extensive assist with all her activities of daily living (ADL).

A physician order dated 04/05/13 indicated referral to Physical Therapy (PT), for left hip pain. A review of the medical record revealed no documentation for PT for Resident #134.

During an interview with the facility ' s Rehabilitation Director on 06/06/13 2:06 PM confirmed that there was no documentation either in Resident #134 medical records or the facility computer records indicated PT had followed up on the physicians order. The Rehabilitation Director stated " we missed the order or we would have addressed it. "

1. Resident #134 suffered no harm from the therapy order not being completed. The resident was re-evaluated by therapy for pain management and no need for treatment was noted.

2. All residents have the potential to be affected by the practice. A review of current resident charts was completed to check for any additional orders that had not been carried out.

3. The Director of Clinical Services and Assistant Director of Clinical Services re-educated current Licensed Nursing Staff and Therapy regarding the procedure to communicate therapy orders. Licensed Nurses will receive and transcribe all orders for therapy. The Licensed Nurses will then complete a therapy referral form and place in the therapy department mailbox. In the following morning meeting all therapy orders will be reviewed by the Director of Clinical Services/Assistant Director of Clinical Services/Unit Managers to ensure the therapy referral has been received and is in process of being completed.

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

Thomas S. Hoge

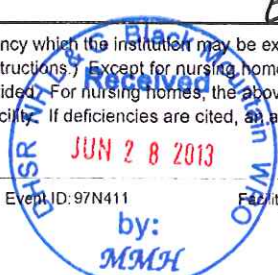
TITLE

Executive Director

(X6) DATE

6/28/13

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 281 Continued From page 1

During an interview on 06/06/13 @ 3:03 PM with the Rehabilitation Director, MDS Coordinator and the Physical Therapist, it was reported that physical therapy had not received the order therefore there was no physical therapy screen/evaluation. The Rehabilitation Director also stated written physician orders are discussed in the facility 's morning meeting and if not during morning meeting nursing staff would place referral in therapy box.

During an interview on 06/06/13 @ 3:25 PM with the Director of Nursing (DON) stated she had seen the physician order and it was her expectation for the therapy department to have at least screened Resident #134 for physical therapy.

During a telephone interview on 06/06/13 @ 4:35 PM with Resident # 134 's physician stated after giving the order his expectation was that the facility would have physical therapy to screen/evaluate the resident. He also stated that he could not recall if facility had notified him that Resident #134 had not received screen/evaluation from physical therapy as he had requested.

F 281

4. The Director of Clinical Services/ Assistant Director of Clinical Services/Unit Manager will review 5 therapy orders per week for 4 weeks, then 3 therapy orders per week for 4 weeks, then 5 therapy orders per month for 10 months. The results of the audits will be shared with the Quality Assurance/Performance Improvement Committee monthly x 12 months for continued substantial compliance and/or revision.
5. Preparation and or execution of this POC does not constitute admission or agreement by the provider with this statement of deficiencies. The POC is prepared and or executed because it is required by the provision of Federal and state regulations.

Alleged Date of Compliance: 7/3/13