PRINTED: 11/09/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GOLDEN LVINGCENTER - ASHEVILLE SITE ADDRESS. CITY. SITE. 2P CODE 90 BEAVEROAM ROAD ASHEVILLE, NC 28804 PREFIX FREED F			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ASHEVILLE (PAULE, NO 28804 ASHEVILLE, NO 28804 (PAULE, NO 28804 ASHEVILLE, NO 28804 (PAULE, NO 2880			345010	B. WING				
FREFIX TAG					STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD			13/2015
This REQUIREMENT is not met as evidenced by. Based on observations, record review, and staff interviews, the facility falled to provide interventions for prevention of falls that were consistent with the care plan and care guide for 1 of 3 residents reviewed for supervision to prevent accidents (Resident #38). The findings included: The findings included: Resident #38 was admitted to the facility 08/25/13 with diagnoses which included tremors, hypertension, and senile dementia with delusional features. A quarrery Minimum Data Set (MDS) dated 09/01/16 indicated the resident's cognition was severely impaired. The MDS specified Resident #38 required extensive staff assistance for transfer and bed mobility. A review was conducted of a care guide dated 10/02/15 that was related to Resident #38's needs. In an area on the care guide labeled "Overall Evaluation" instruction for bed in low position was noted. This evaluation also instructed direct care staff to check on this resident frequently related to resident frequently tried to get up alone. A care plan reviewed 10/08/15 identified Resident #38 at risk for falls related to being unsteady on 11/2/15. This learning opportunity included	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
The findings included: Resident #38 was admitted to the facility 08/25/13 with diagnoses which included tremors, hypertension, and senile dementia with delusional features. A quarterly Minimum Data Set (MDS) dated 09/01/15 indicated the resident's cognition was severely impaired. The MDS specified Resident #38 required extensive staff assistance for transfer and bed mobility. A review was conducted of a care guide dated 10/02/15 that was related to Resident #38's needs. In an area on the care guide labeled "Overall Evaluation" instruction for bed in low position was noted. This evaluation also instructed direct care staff to check on this resident frequently related to resident frequently tried to get up alone. A care plan reviewed 10/08/15 identified Resident #38 at risk for falls related to being unsteady on the care developed and implemented to address the resident's individual needs regarding fall percautions. 2. All residents identified as being at risk for falls have the potential to be affected. The IDT team will review the medical record of residents identified as being at risk for falls to validate that an appropriate care plan is developed and implemented to address the resident's individual needs regarding fall percautions. 2. All residents identified as being at risk for falls have the potential to be affected. The IDT team will review the medical record of residents identified as being at risk for falls to validate that an appropriate care plan is developed and implemented to deficted. The IDT team will review the medical record of residents identified as being at risk for falls nevel the potential to be affected. The IDT team will review the medical record of residents identified as being at risk for falls nevel the potential to be affected. The IDT team will review the medical record of residents identified as being at risk for falls nevel the potential to be affected. The IDT team will review the resident sidentified as being at risk for falls nevel the potential to be affected. The IDT	• •	The services provided must be provided by accordance with each care. This REQUIREMENT by: Based on observation interviews, the facility interventions for previous tendents are serviced of 3 residents reviews.	d or arranged by the facility qualified persons in a resident's written plan of is not met as evidenced ans, record review, and staff a failed to provide ention of falls that were are plan and care guide for 1 ed for supervision to prevent	{F 2	82}	F282 SS=D 483.20(k)(3)(ii)SERVICES BY QUALIFIED PERSON/PER CARE PLAN 1. Resident #38 continues to reside in		11/9/15
ADDRATORY DIRECTORS OF PROVIDENCE INDICED PERFECUITATIVES CONTAINED.		The findings included: Resident #38 was admitted to the facility 08/25/13 with diagnoses which included tremors, hypertension, and senile dementia with delusional features. A quarterly Minimum Data Set (MDS) dated 09/01/15 indicated the resident's cognition was severely impaired. The MDS specified Resident #38 required extensive staff assistance for transfer and bed mobility. A review was conducted of a care guide dated 10/02/15 that was related to Resident #38's needs. In an area on the care guide labeled "Overall Evaluation" instruction for bed in low position was noted. This evaluation also instructed direct care staff to check on this resident frequently related to resident frequently tried to get up alone.				resident's plan of care. Appropriate interventions were developed and implemented to address the resident's individual needs regarding fall percautions. 2. All residents identified as being at ris for falls have the potential to be affected. The IDT team will review the medical record of residents identified as being a risk for falls to validate that an appropricare plan is developed and implemente to address each resident's individualizationeds related to fall precautions. 3. The ED/DNS did arrange for staff in-service and training via the services an independent geriatric health service educational provider prior to November 16, 2015. The directed inservice regard adherence to residents' care plans and care guides was completed on	d. at ate ed of s	
ADDIRAGOUS TOUS COURS AS A SECURIOR SECURIOR AND ADDIRECT OF A SECURIOR AND A SECURIOR ASSESSMENT AND A SECURIOR ASSESSMENT AS A SECURIOR ASSESSMENT AS A SECURIOR ASSESSMENT AS A SECURIOR AS A SECUR	ΔΒΩΡΔΤΩΡΥ			F		TITLE		(X6) DATE

Electronically Signed

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345010	B. WING _				13/2015	
NAME OF PR	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-		
GOLDEN	LIVINGCENTER - ASHE\	/ILLE			00 BEAVERDAM ROAD			
				Α	SHEVILLE, NC 28804			
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{F 282}	plan goal specified the falls with injury. Interposition, bed and chareach. A review of Resident revealed the resident 10/08/15. Nursing do specified alarm was sin the floor on 10/08/15 the resident leaned for in floor while sitting in resident fell to the floor in the facility and four and family were notificing the facility and four and family were notificing to the facility and four and family were notificing to the facility and four and family were notificing to the family and f	history of falls. The care e resident would have no ventions included bed in low air alarms, and call bell within #38's medical record experienced a fall on boumentation on 10/08/15 gounding and resident found 15. The fall happened when prward to pick up something in the wheelchair. The for. The left hip was x-rayed and to be fractured. Physician led and the resident was further evaluation and for further evaluation and second review revealed the ted to the facility 10/11/15 for repair the fractured hip. 1/12/15 at 1:45 PM revealed ang in the bed sleeping. The ce and the call bell was ang light on the alarm indicted on. The bed was not in a served and interviewed at vation on 10/12/15. NA #1 provided information	{F 2	82}	teaching modalities regarding the development, implementation and adherence to residents care plans. The Licensed Nurse will conduct a Fall Risk Assessment upon admission, quarterly and with a significant change of conditi to identify risk factors. The IDT team w develop and implement an individualize plan of care to address the resident's identified risk. The Licensed Nurse will indicate the residents' current interventions on the CNA Care Card. The Licensed Nurse will indicate revisions/updates to the residents' plan care on the CNA Care Card. The Licensed Nurse will print the CNA Care Cards at the beginning of every shift. The CNA's will review the Care Cards at the beginning of each shift. The Facility's Leadership Team will conduct rounds of the validate utilization of the CNA Care Card and adherence to the residents' proficare. 4. The DNS/Designee will audit 10% of the medical records of residents identifies a fall risk weekly for four weeks, the monthly, to validate on-going adherence to the established Fall Precaution Program to include adherence to the residents' established plan of care. Findings will be reported monthly to the QAPI Committee for review and further recommendations.	con ill ill ed the he e laily blan fied n		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345010	B. WING		R-C 10/13/2015		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	10/13/2013		
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{F 282}	contain bed in low pinstructions the NAs providing care to Re unaware bed in low guide. An observation on 1 Resident #38 was lygo to the restroom. low position. NA #2 room to assist the re Further observation revealed Resident # awake. The bed was position. An interview with Naconducted on 10/13 confirmed Resident position. NA #2 sta provide instructions low position. NA #3 10/13/15 from her picare guide provided Resident #38's bed stated she had never bed in low position. did not try but once on the day shift. Nafractured her hip, shout of bed whenever An interview was conversing (DON) on 1	ne guide was observed to position included in the sewere to follow while esident #38. NA #1 was position was on the care 10/13/15 at 8:57 AM revealed ying in the bed and asking to The bed was observed not in a was observed entering the esident. 10/13/15 at 3:01 PM #38 was lying in the bed as observed not in low 10/13/15 at 3:01 PM #38 was lying in the bed as observed not in low 10/13/15 at 3:02 PM. NA #2 #38's bed was not in low ted the care guide did not for the resident's bed to be in guilled a care guide dated ocket. NA #3 confirmed the linstructions to place in low position. NA #2 further er observed Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #2 stated until Resident #38 to get out of bed unassisted A #42 stated until Resident #38 to get out of bed unassisted A #42 stated until Resident #38 to get out of bed unassisted A #42 stated until Resident #38 to get out of bed unassisted A #42 stated until Resident #38 to get out of bed unassisted A #4	{F 283	2}			
	a group of rooms to	nanagement staff member had monitor for interventions like and bed/chair alarms in					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345010	B. WING		R-C 10/13/2015
	ROVIDER OR SUPPLIER	VILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	10/10/2010
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	took a care guide with each room in order to should be in place. Expected all staff to the Resident #38's bed to position. An interview was condocrational Coordinator (AC) on AC stated she had not fall interventions untited 10/08/15 and that she in the morning right at The AC explained she permitted throughout end of her workday. Would find the bed not lower it. When Residuality on 10/11/15, show which removed the facility must ensure the facility must ens	plained the management staff the them as they monitored to know what interventions. The DON stated she follow the care guide and for to be maintained in a low and the care guide and for to be maintained in a low and the care guide and for to be maintained in a low and the care guide and for to be maintained in a low and the care guide and for	{F 28		11/9/15
	by: Based on observation and resident intervier rate was greater than medication errors our resulting in a medicat	T is not met as evidenced ons, record review, and staff ws, the facility medication in 5% as evidence by 3 tof 31 opportunities, tion error rate of 9.67 % for 3 yed during medication pass		F332 SS=E 483.25(m)(I)FREE OF MEDICATION ERROR RATES OF 59 OR MORE 1. Residents' #40, 58, & 72 continue to reside in the facility and are receiving	o

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
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F 332	Continued From page	e 4	F 3	332				
	(Residents #40, #58,	and #72).			medications in accordance with the			
	, , ,	,			established standards of nursing practi	ce		
	The findings included	The findings included:			for medication administration.			
		readmitted to the facility			2. Residents with ordered medications			
	03/27/15 with diagnoses which included				have the potential to be affected. Medication Administration Records we			
	uncontrolled diabetes mellitus. A quarterly				reviewed to identify opportunities for	е		
	Minimum Data Set dated 08/12/15 indicated the resident's cognition was intact.				adjustments in medication administration	on		
	•				times.	ווכ		
		#58 medical record revealed						
I		ated 03/28/15 for Novolog			3. The DNS/Designee will provide			
	insulin to be injected per sliding scale before meals and at bed time for diabetes. The times				education to Licensed Nursing staff			
					regarding the standards of practice			
	_	eals were 7:30 AM, 11:30			related to medication administration; to include timeliness of insulin	í		
	AM, and 4:30 PM.				administration. Medication administrati	on		
	A review of a list of h	ood sugars obtained before			times were adjusted to promote timelin			
		5 revealed Resident #58's			in administration of insulin. The License			
		vas 338 milligrams per			Nurses will administer medications in	J u		
	_	the sliding scale for Novolog			accordance with the established practi	ce		
		administered before meals,			standards for medication			
		have received 10 Units of			administration. The Licensed nurse will			
	insulin.				notify nursing management of any			
					instances impacting timeliness of			
	An interview was con	ducted with Nurse #1 on			medication administration to obtain			
		Nurse #1 stated she had			assistance.			
	not worked in this fac	•						
	_	eduled morning medications			4. The DNS/Designee will review the			
	_	e stated management knew			Medication Administration Records dai	•		
		During this interview Nurse			times one week to validate timeliness of)Ť		
		paring medication from			Medication Administration. The			
	medication cart #1.				DNS/Designee will audit 10% of reside			
	An intonview was san	ducted with Decident #59 ca			Medication Administration Records we	•		
		ducted with Resident #58 on			for four weeks, then monthly to validate	;		
	blood sugar reading v	Resident #58 stated his			timeliness of medication administration. The DNS/Designee will			
	•	he had eaten breakfast and			conduct medication administration			
		s insulin that should have			observations three times per week,			
	Jam Had Hot gotton His	s mosami mar onoula navo	1		booti valiono limbo limbo poi vicen,		1 I	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
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		345010	B. WING	B. WING		0/13/2015		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE			
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F 332	Continued From page 5		F 33	2				
	10/13/15 at 9:18 AM called the evening of could work in the fact 10/13/15. She state weekends and due to the facility until 8:0 added management schedule. When she asked if she could asmorning medication before she started the keys to medication the medication pass Nurse #2 stated a madministered an hou Nurse #2 was observed.	nducted with Nurse #2 on . Nurse #2 stated she was i 10/12/15 and asked if she ility on the day shift of d she usually worked o family duties could not get 00 AM on weekdays. She was aware of her personal e got to work, her supervisor sist Nurse #1 with the pass. Nurse #2 stated just is interview she was given on cart #2 and asked to start by administering insulin first. edication was late if it was r later than it was scheduled. ved contacting the Medical ers regarding insulin		weekly for four weeks then in Findings will be reported mo QAPI Committee for review recommendations.	onthly to the			
	At 9:29 AM on 10/13/15 the MD was observed giving a verbal order to Nurse #1. The order was to obtain a current blood sugar reading on each resident before administering Novolog insulin per sliding scale. At 09:38 AM on 10/13/15, Nurse #1 was observed obtaining a blood sugar reading from Resident #58. The reading she obtained was 467 mg/dl. Per the sliding scale order for short acting insulin 16 Units of insulin was to be administered. Nurse #2 was observed administering 16 Units of Novolog insulin to Resident #58. An additional interview was conducted with the MD on 10/13/15 at 11:00 AM. The MD stated for today, taking blood sugar readings before							

OF DEFICIENCIES F CORRECTION	I DENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
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SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE		
administration of sho should not present a resident harm. An interview was co Nursing (DON) on 1 DON stated the nurs not worked in the fac asked Nurse #2 to c asked an evening not The DON stated she adequate to keep m time. The DON state random monitoring of had been administer scheduled times. SI some medications h acknowledged she for when the facility had staffing. The DON addressing late med responsible. An additional interview Resident #58 on 10/ #58 stated when inshigh blood sugar real went even higher. He control his blood sugar administration times	ort acting insulin (Novolog) a problem or cause any nducted with the Director of 0/13/15 at 1:25 PM. The se on medication cart #1 had cility in 8 months. She had come in and help and had also curse to come in early to help. the thought nurse staffing was redications administered on red she had been doing of medications to track if they red within an hour of the stated she had found ad been late. The DON found more late medications to rely on agency nurses for stated she had been dication issues with nurses rew was conducted with 1/13/15 at 6:33 PM. Resident culin was not given to cover redings, his blood sugar just the stated in order to try to gars accurate insulin thad to be followed.	F 33:	2				
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF SUPPLIER) Continued From page administration of she should not present a resident harm. An interview was concerned by the should not present a resident harm. An interview was concerned by the should not present a resident harm. An interview was concerned by the should not present a resident harm. An interview was concerned by the should not present a resident harm. An interview was concerned by the should not present a resident harm. An interview was concerned by the should not present a sked nurse #2 to concerned by the saked nurse #2 to concerned by the present should not present a sked an evening in the poon addressing late medications had been administed by the should not present a sked when the facility had staffing. The DON addressing late medicational interview in the propositional interview went even higher. He control his blood sugar read went even higher. He control his blood sugar read went even higher. He control his blood sugar administration times and the present a summer of the present	ROVIDER OR SUPPLIER LIVINGCENTER - ASHEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 administration of short acting insulin (Novolog) should not present a problem or cause any resident harm. An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked Nurse #2 to come in and help and had also asked an evening nurse to come in early to help. The DON stated she thought nurse staffing was adequate to keep medications administered on time. The DON stated she had been doing random monitoring of medications to track if they had been administered within an hour of scheduled times. She stated she had found some medications had been late. The DON acknowledged she found more late medications when the facility had to rely on agency nurses for staffing. The DON stated she had been addressing late medication issues with nurses responsible. An additional interview was conducted with Resident #58 on 10/13/15 at 6:33 PM. Resident #58 stated when insulin was not given to cover high blood sugar readings, his blood sugar just went even higher. He stated in order to try to control his blood sugars accurate insulin administration times had to be followed.	A BUILDING 345010 B. WING	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 administration of short acting insulin (Novolog) should not present a problem or cause any resident harm. An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked Nurse #2 to come in and help and had also asked an evening nurse to come in early to help. The DON stated she had been doing random monitoring of medications to track if they had been administered within an hour of scheduled times. She stated she had been laden she had been laderssing late medication issues with nurses responsible. An additional interview was conducted with Resident #58 on 10/13/15 at 6:33 PM. Resident #58 stated when insulin was not given to cover high blood sugar readings, his blood sugar just went even higher. He stated in order to try to control his blood sugars accurate insulin	ROUIDER OR SUPPLIER LIVINGCENTER - ASHEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 6 administration of short acting insulin (Novolog) should not present a problem or cause any resident harm. An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked an evening nurse to come in early to help. The DON stated she had been doing random monitoring of medications to track if they had been administered on time. The DON stated she had been doing random monitoring of medications to track if they had been administered she had been doing staffing. The DON stated she had been addressing late medication issues with nurses responsible. An additional interview was conducted with Resident #58 on 10/13/15 at 6:33 PM. Resident #58 stated when insulin was not given to cover high blood sugar readings, his blood sugar just wwent even higher. He stated in order to try to control his blood sugars accurate insulin administration times had to be followed.		

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		345010	B. WING			R-C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	ı	10/13/2015		
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F 332	Novolog insulin per administered with m not eat 50% of mea order dated 09/28/1 Novolog insulin 2 U diabetes. A review of a list of breakfast on 10/13/fasting blood sugar deciliter (mg/dl). At 8:00 AM on 10/13 observed eating bre resident ate 100% of the second of th	sliding scale to be neals and hold if resident does I. An additional physician's 5 specified to administer nits with meals related to blood sugars obtained before 15 revealed Resident #40's was 134 milligrams per 3/15, Resident #40 was eakfast in her room. The of her meal.	F 33	32				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		COMPLETED		
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F 332	Continued From pa	-	F 3	32				
	administered an hor Nurse #2 was obse	nedication was late if it was ur later than it was scheduled. rved contacting the Medical ders regarding insulin g late.						
	giving a verbal orde to obtain a current t	3/15 the MD was observed or to Nurse #1. The order was plood sugar reading on each ninistering Novolog insulin per						
	obtaining a blood su #40. The reading s Per the sliding scale Units was to be adn Nurse #2 was obse Novolog insulin to F	13/15, Nurse #2 was observed ugar reading from Resident he obtained was 289 mg/dl. e order for Novolog insulin 6 ninistered. At 10:21 AM rved administering 8 Units of Resident #40 which included						
	An additional intervi MD on 10/13/15 at today, taking blood administration of sh	routinely before breakfast. ew was conducted with the 11:00 AM. The MD stated for sugar readings before ort acting insulin (Novolog) a problem or cause any						
	Nursing (DON) on 1 DON stated the nur not worked in the fa asked Nurse #2 to c asked an evening n The DON stated sh adequate to keep m time. The DON star random monitoring	onducted with the Director of 10/13/15 at 1:25 PM. The se on medication cart #1 had cility in 8 months. She had come in and help and had also urse to come in early to help. the thought nurse staffing was nedications administered on the she had been doing of medications to track if they ared within an hour of						

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345010	B. WING		R-C 10/13/2015		
	ROVIDER OR SUPPLIER	EVILLE	5	TREET ADDRESS, CITY, STATE, ZIP CODE 00 BEAVERDAM ROAD SHEVILLE, NC 28804	10/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
F 332	scheduled times. Some medications hacknowledged shewhen the facility has staffing. The DON addressing the late responsible. 3. Resident #72 wa 07/29/15 with diagn A quarterly Minimur indicated the reside. Review of Resident revealed a physician Novolog insulin 7 U meals related to diaphysician order date insulin was to be achefore meals. A review of a list of 10/13/15 before bre #72's fasting blood deciliter (ml/dl). An interview was conditionally administering the scincluding insulin. Some was running late #1 was observed primedication cart #1. An interview was conditionally and sobserved primedication cart #1.	the stated she had found had been late. The DON found more late medications do to rely on agency nurses for stated she had been medications with the nurses. It is admitted to the facility oses which included diabetes. In Data Set dated 08/13/15 nt's cognition was intact. #72's medical record notes ordered to date additional ed 10/30/14 specified Novolog laministered per sliding scale. It is blood sugars obtained akfast revealed Resident sugar was 235 milliliters per onducted with Nurse #1 on M. Nurse #1 stated she had	F 332				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	· /	(X3) DATE SURVEY COMPLETED		
		345010	B. WING		R-C			
NAME OF P	ROVIDER OR SUPPLIER	345010	B. WING _	STREET ADDRESS, CITY, STATE, ZIP		015		
GOLDEN	LIVINGCENTER - ASH	HEVILLE		500 BEAVERDAM ROAD ASHEVILLE, NC 28804				
(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 O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) MPLETION DATE		
F 332	10/13/15. She sta weekends and due to the facility until 8 added manageme schedule. When sasked if she could morning medicatio before she started the keys to medicathe medication pass Nurse #2 stated a administered an hourse #2 was obsorbirector (MD) for cadministration being At 9:29 AM on 10/10 giving a verbal ord to obtain a current administering short scale. At 10:28 AM on 10/10 observed obtaining Resident #72. The mg/dl. Per the slicinsulin 2 Units was AM Nurse #2 was of Novolog insulin. An additional intermoder MD on 10/13/15 at today, taking blood administration of should not present resident harm.	ted she usually worked a to family duties could not get 3:00 AM on weekdays. She int was aware of her personal the got to work, her supervisor assist Nurse #1 with the in pass. Nurse #2 stated Just this interview she was given ation cart #2 and asked to start as by administering insulin first. In medication was late if it was our later than it was scheduled. It was contacting the Medical orders regarding insulin ing late. 13/15 the MD was observed are to Nurse #2. The order was blood sugar reading before acting insulin per sliding 1/13/15, Nurse #2 was a blood sugar reading from a reading she obtained was 179 a bling scale order for Novolog a to be administered. At 10:35 a observed administering 9 Units	F3	332				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		0.4504.0		D WING		R-C	
		345010	B. WING _		_	10/	13/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	·Ε		
GOLDEN	LIVINGCENTER - ASHEV	/ILLE		500 BEAVERDAM ROAD ASHEVILLE, NC 28804			
(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 CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		(X5) COMPLETION DATE
F 332	Continued From page	e 11	F 3	32			
{F 520} SS=E	not worked in the faci asked Nurse #2 to co asked an evening nur The DON stated she adequate to keep me time. The DON state random monitoring of had been administere scheduled times. She some medications ha acknowledged she fo when the facility had staffing. The DON state addressing the late material responsible. 483.75(o)(1) QAA COMMITTEE-MEMB	medications to track if they ed within an hour of e stated she had found d been late. The DON und more late medications to rely on agency nurses for tated she had been ledications with the nurses ERS/MEET	{F 52	20}			11/9/15
	assurance committee nursing services; a ph facility; and at least 3 facility's staff. The quality assessme committee meets at least and assurance activited develops and implem action to correct identification. A State or the Secret disclosure of the recommittee nursing services.	in a quality assessment and consisting of the director of hysician designated by the other members of the ent and assurance east quarterly to identify which quality assessment ies are necessary; and ents appropriate plans of tified quality deficiencies. Eary may not require rds of such committee h disclosure is related to the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345010	B. WING		R-C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		10/13/2013	
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
{F 520}		section. by the committee to identify eficiencies will not be used as	{F 520)}		
	by: Based on observation interviews, the facility Assurance Committed implemented procedular interventions that the August of 2015. This which was cited in A complaint survey. Tracility during 2 feder	dures and monitor these committee put into place in was for 1 recited deficiency ugust of 2015 on a revisit and the continued failure of the ral surveys of record show a is inability to sustain an		F520 SS=E 483.75(o)(l) QAA COMMITTE-MEMBERS/MEET QUARTERLY/PLANS 1. Resident #38 continues to reside in facility. The IDT team reviewed the resident's plan of care. Appropriate interventions were developed and implemented to address the residents individual needs regarding fall precautions.		
	staff interviews, the find care planned interversely 4 residents sampled #38). The facility was recit provide interventions were consistent with			2. All residents have the potential to b affected. 3. The DNS/Designee will provide state education regarding the QAPI process. The ED/DNS will utilize the QAPI process to monitor adherence to residents/established plans of care. The Facility Leadership Team will conduct observational rounds to validate utilization of the CNA Care Card and adherence the residents' plans of care. 4. The ED/DNS will monitor the facility QAPI process to validate adherence to the established practice standards, as well as achievement of sustainability in	iff s. esss ne ation to	
	In an interview on 10	0/13/2015 at 6:00 PM the		identified areas of opportunity for	.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				·		R-C	
		345010	B. WING			10/13/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
OO! DEN	INVINOCENTED ACUEN			500 BEAVERDAM ROAD			
GOLDEN	LIVINGCENTER - ASHEV	ILLE	ASHEVILLE, NC 28804				
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETION DATE		
{F 520}	Administrator stated than Assurance Commo 09/23/2015 with action prior follow-up and condition Administrator stated that done with all staff to effollowing all interventions at the care guides. Stated management is observations on a dain guide interventions would administrator stated that care guide had not \$438\$ and that continues.	the last Quality assessment nittee meeting was n plans discussed from the implaint survey. The here had been inservices emphasize the importance of ons identified on the The Administrator also staff were supposed to make ly basis to ensure care	{F 52	improvements. The DNS/Desig audit 10% of the medical record residents identified as a fall risk four weeks, then monthly to val on-going adherence to the residestablished plan of care. Findin reported monthly to the QAPI C forfurther review and recommental recommental recommental recommental recommental recommental recommendations.	ds of weekly for idate dents' gs will be committee		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345010	B. WING _			C 10/13/2015	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ASHEVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) E COMPLETI TE DATE	ON
F 000		e cited as a result of the on. Event ID# RKFN11.	F 0	00			

Electronically Signed

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.

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

TITLE

(X6) DATE