

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 C 11/09/2016
NAME OF PROVIDER OR SUPPLIER ASHEVILLE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778	
(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
F 244 SS=E	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of resident council meeting minutes and resident and staff interviews the facility failed to respond to resident grievances expressed in 3 separate resident council meetings in the areas of nursing, dietary, social services, activities, housekeeping and administration. (Resident #3 and #4)</p> <p>The findings included:</p> <p>Resident #3, the resident council president, was assessed on the latest Minimum Data Set dated 09/20/16 as cognitively intact and with no impairment of memory. On 11/07/16 at 9:40 AM and in a follow-up interview on 11/09/16 at 9:40 AM Resident #3 reported that a part of the resident council meetings was to review concerns and staff response from the prior month meeting to determine if a particular grievance was resolved. Resident #3 reported the activity director was the staff member that assisted with the resident council meetings and grievances. Resident #3 stated in the past couple resident council meetings the activity director relayed there had not been any responses to resident council grievances from the prior month meetings when "review of administrative resolutions" was</p>	F 244	<p>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.</p> <p>1. How corrective action will be accomplished for each resident found to have been affected by the deficient practice: On November 10, 2016 the administrator addressed the issues cited with resident #3 and assured the resident that their concerns had been heard and were being addressed but that she could not discuss specifics.</p> <p>2. How corrective action will be</p>	12/7/16

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

TITLE

(X6) DATE

Electronically Signed

12/05/2016

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 244	Continued From page 1 reviewed. Review of resident council meeting concerns from meetings held on 08/26/16, 09/29/16 and 10/27/16 noted the following grievances identified in the meeting: 08/26/16 concerns Dietary-The menu needs to match what is served, ensure food is served on time, would like more variety in soup and ice cream is too frozen when served which makes it difficult to eat. Social Services-Be available for shopping. Activity-Would like bag and stained glass activity and would like to raise money for resident council. Housekeeping-Would like rooms cleaned more thoroughly. Administration-Residents requested administration address concerns related to Resident #4. 09/29/16 concerns Nursing-Concerns with call bell response, medications not administered timely and third shift is loud. Dietary-The menu needs to match what is served, more variety in soup and would like stews served during the fall months. Activities-Would like bingo more often, board games and a prom event. Housekeeping-Would like help in the laundry department to ensure clothes are delivered to the right resident and would like less strong smelling chemicals. 10/27/16 concerns Nursing-Concerns with call bell response, third shift is loud, preparation and coordination with residents for appointments and to invite residents who stay in their rooms outside. Dietary-More variety in meats served, menu	F 244	accomplished for those residents having the potential to be affected by the same deficient practice: Administrator was invited to the resident council meeting on November 15, 2016. She discussed the grievance process and how the process should work. The Activity Director will follow-up with the Administrator to ensure that previous meeting concerns are addressed, prior to going to the Resident Council Meeting, so that previous concerns can be followed-up with residents. 3. Measures to be put in place or systemic changes made to ensure practice will not re-occur: On 12/5/16, the Nurse Consultant provided education to the Administrator and DON on Administrative Policy 602, Grievances, Official/Receiving/Responding/Tracking, to include the following information. The remainder of the Department Heads will be in-serviced by the Administrator and DON on Friday, December 7, 2016 during morning stand-up. 1. The MFA Grievance Form will be completed by the Administrator. The patient will be provided a written response from the Administrator regarding his or her grievance via the completed MFA Grievance Form. 2. After the Resident Council Meeting the Activity Director will complete a grievance form of resident concerns and give to administrator to ensure completion with follow-up are done timely and effectively.		

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F 244	<p>Continued From page 2</p> <p>needs to match what is served and issues with running out of food.</p> <p>Activities-Would like to have visits from therapy dogs and include outings to eat or have food catered in.</p> <p>Housekeeping-Would like chemicals used that are not so strong. Concerns that clothing is not being delivered to the right resident and timeliness of clean laundry delivery.</p> <p>Administration-Residents requested administration address concerns related to Resident #4.</p> <p>On 11/08/16 at 8:18 AM the Activity Director (AD) stated she was actively involved in the resident council meetings and would provide a copy of the meeting minutes to the facility administrator. The AD stated the facility administrator would make copies of the concerns and give them to the appropriate department for a response. The AD stated the department responses would be returned to her and she reviewed these at the subsequent resident council meeting and attached them to the resident council meeting minutes. The AD stated she had given the resident council meeting minutes from meetings held on 08/26/16, 09/29/16 and 10/27/16 to the former administrator but had not received any departmental responses to concerns voiced by residents. The AD stated she reported to the former administrator that she had not received responses to the resident council grievances from the 08/26/16, 09/29/16 and 10/27/16 meetings and was repeatedly told he would deal with the resident council grievances. The AD stated she never received any responses to the resident council grievances from the 08/26/16, 09/29/16 and 10/27/16 meetings.</p>	F 244	<p>3. Prior to the Resident Council Meeting the Activity Director will follow-up with the Administrator to ensure that previous meeting concerns are addressed, prior to going to the Resident Council Meeting, so that previous concerns can be followed-up with residents. Documentation of follow up will be annotated on the meeting minutes.</p> <p>The Director of Nursing or designee will complete the grievance form and complete the follow-up in the absence of the Administrator.</p> <p>4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur:</p> <p>The Director of Nursing or Nurse Consultant will audit the grievance log and grievance forms per the audit schedule to ensure the grievance form and grievance form is completely completed. The Discharge Planner will follow-up with complainants logged into the grievance log each week for the period encompassing the audit dates and submit the findings to the Director of Nursing.</p> <p>The DON will discuss findings weekly during weekly Risk Meeting and present finding to the QA committee to ensure compliance and/or revision as needed within the QA program.</p> <p>" Weekly for 4 weeks starting on December 12th, 2016 through January 13th, 2017.</p> <p>" Twice a month for 2 months (8 weeks) during the week of the following</p>		

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

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F 244	Continued From page 3 On 11/08/16 at 3:20 PM in a phone interview the former administrator (who was over the facility 08/26/16, 09/29/16 and 10/27/16) reported he received resident council meeting minutes from the activity director on a monthly basis. The former administrator stated he would make copies of the meeting minutes, highlight specific concerns, attach a response form and provide them to the appropriate department head to address grievances. The former administrator stated he was responsible for making sure responses were received back from each department. The former administrator stated he no longer worked for the facility and thought the issues had been addressed but wasn't sure where the responses to the 08/26/16, 09/29/16 and 10/27/16 were located.	F 244	dates: 1) 01/27/17, 2) 02/10/17, 3) 02/24/17, 4) 03/10/17. " Audit of Resident council minutes to ensure that concerns were followed up on will be completed by Director of Nursing and results presented to Nurse Consultant for a period of 4 months, starting with the December meeting and ending with March meeting.		