

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELDERBERRY HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 ELDERBERRY LANE</b> <b>MARSHALL, NC 28753</b>		
(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 490 SS=D	<p>483.70 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING</p> <p>483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to include information in the facility's Smoking Policy and Procedure provided to residents upon admission regarding safety issues of oxygen use while smoking.</p> <p>The findings included:</p> <p>Review of the undated facility Smoking Policy and Procedure revealed the policy contained that the facility shall respect the rights of residents who smoke while providing a safe environment for all residents and staff. The procedure section of this form addressed facility assessment to determine if the resident was deemed safe to smoke unsupervised. The procedure section also contained the facility rules that were expected to be followed by the residents deemed safe or unsafe smokers. The procedure did not address smoking safety and use of oxygen while smoking.</p> <p>An interview with the Administrator and Director of Nursing (DON) on 02/22/17 at 1:16 PM revealed when a resident was admitted to the facility, the resident or the resident's responsible party signed the Smoking Policy and Procedure form. The DON explained all residents signed the form whether they were smokers or not. The smoking rules were verbally addressed with the</p>	F 490	<p>The facility will continue to administer in a manner that enables it to use its resources effectively to attain or maintain the highest practicable physical, mental and psychosocial well being of each resident. 3/1/17</p> <p>The smoking policy was revised and reviewed with smoking residents, family members and staff by the Administrator and the RN that assessed the smoking resident. The revised smoking policy does cover oxygen use and smoking. There will be no smoking by a resident or others while using oxygen meaning a concentrator or a tank. Supplemental oxygen in any form will be prohibited from smoking area. Residents, family members of smokers and staff verified understanding of policy. 3/1/17</p> <p>The policy will be reviewed and signed with verification of understanding on all new admissions by social worker and designated RN doing smoking assessment during the admission process. 3/1/17</p> <p>The smoking policy will reviewed quarterly</p>	3/1/17	

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

TITLE

(X6) DATE

Electronically Signed

03/07/2017

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.

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

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OMB NO. 0938-0391

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F 490	Continued From page 1 resident or responsible party if the resident wanted to smoke during the facility stay. The Administrator and DON had realized the facility smoking rules did not address safety issues dealing with lighted cigarettes in the presence of oxygen and oxygen tanks. The DON stated as a QAPI (Quality Assurance/Performance Improvement) project she had started working on the facility's smoking rules on Monday, 02/20/17. Both explained the facility had a QAPI meeting today to discuss safe smoking and the new draft of the Smoking Policy and Procedure was almost completed.	F 490	with all smokers and staff quarterly by Administrator for next 12 months. 3/1/17  The Quality Assurance Committee will review education process and verify it has been done quarterly and with all new resident smokers and staff. Quality Assurance Committee will interview 25% of staff and residents that smoke to verify that they have been educated and understand smoking policy monthly for 90 days and report findings to Quality Assurance Committee. 3/1/17		