STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345203	A. BUILDING _____ B. WING _____	C 04/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF BANNER ELK	185 NORWOOD HOLLOW ROAD BANNER ELK, NC 28604

(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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		4/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/20/2018

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 580	Continued From page 1 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the resident's Responsible Party of a medication change for 1 of 3 residents reviewed for notification of change (Resident #1). The findings included: Resident #1 was admitted to the facility on 08/09/17 with diagnoses of non-Alzheimer's dementia, chronic obstructive pulmonary disease, heart disease, and anxiety. Review of the quarterly Minimum Data Set dated 02/22/18 revealed Resident #1 was severely cognitively impaired. Review of the physician order's revealed the following: - 03/13/18 Nudexta, a medication used for uncontrollable crying or laughing, 10 milligrams(mg) once a day for seven days then 10mg twice a day (ok to give at 8:00 AM and 6:00 PM).	F 580	What action(s) were taken immediately for the affected resident(s)? On 4/5/18 resident #1's medication orders were reviewed to ascertain responsible party was notified of current orders; no orders were unknown. What actions were taken to ensure the safety of all resident(s)? Resident records were audited to ascertain any new orders and notification had been made to the responsible party. what measures or systemic changes will be made to ensure that the deficient practice will not recur in the future? Nursing staff were educated regarding the F580 Notification regulation and process of notification with any change in treatment. All new nursing staff will be trained on the aforementioned process, and all nursing staff trained annually on-going.	

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F 580	Continued From page 2 - 03/30/18 Discontinue Nudexta. An interview conducted on 04/05/18 at 9:30 AM with Resident #1's Responsible Party (RP) revealed she was not notified Resident #1 had been started on Nudexta until she was notified Resident #1 had a bad night and the Nudexta had been discontinued. She stated the Director of Nursing (DON) called her and apologized for not notifying her but she thought the Hospice Nurse had notified her about the Nudexta. An interview conducted on 04/05/18 at 11:12 AM with Nurse #1 revealed Resident #1 had been ordered Nudexta on 03/13/18 to help with her behaviors. She stated when a new medication was ordered it was the nurse that took the order responsibility to notify the family. She stated she did not take the Nudexta order, the Director of Nursing had taken the order. An interview conducted on 04/05/18 at 3:30 PM with the Hospice Nurse revealed the DON and Resident #1's physician had asked her if Hospice would cover the cost for Nudexta and she told them no. She stated thy never informed her Resident #1 was being put on Nudexta and never asked her to inform the RP. She further stated she wasn't aware Resident #1 had been on Nudexta until her RP asked her why she didn't tell her there had been a medication change. An interview conducted on 04/05/18 at 3:52 PM with the DON revealed she and Resident #1's physician had asked the Hospice Nurse if	F 580	What system changes were made/modified and implemented to ensure enhanced system compliance and how will the facility monitor for sustained compliance? New orders will be reviewed M-F during Grand Rounds to ensure the responsible party has been notified. The nursing supervisor will review new orders on the weekends. Nursing management will complete random audits of orders and collaborate with the responsible party to ascertain notification 5x/week times 8 weeks, then 3x/week times 4 weeks. Results of the audits will be presented at the monthly QAPI meetings x3 months or until time determined by QAPI members. The Director of Nursing is responsible for the implementation of the Plan of Correction and the Executive Director is responsible for sustained compliance.	

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F 580	Continued From page 3 Hospice would cover the cost of Nudexta. The DON stated the Hospice Nurse stated they would not cover the cost of the Nudexta. The DON stated she should have notified Resident #1's RP of the medication change since she took the order.	F 580		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to provide oxygen per physician order's for 1 of 3 residents reviewed for respiratory care (Resident #1). The findings included: Resident #1 was admitted to the facility on 08/09/17 with diagnoses of non-Alzheimer's dementia, chronic obstructive pulmonary disease, heart disease, and anxiety. Review of the quarterly Minimum Data Set dated 02/22/18 revealed Resident #1 was severely cognitively impaired.	F 695	What action(s) were taken immediately for the affected resident(s)? On 4/5/18 Resident #1's oxygen order was clarified and adjusted accordingly. Nurse assigned to Resident #1 during survey was provided 1:1 education regarding verification of oxygen orders for assigned resident(s). What actions were taken to ensure safety of all residents? Residents with oxygen ordered were reviewed and verified for appropriate order vs. oxygen administered. No residents were identified to have a	4/25/18

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F 695	Continued From page 4 Review of the care plan dated 12/08/17 revealed Resident #1 had the potential for respiratory changes related to impaired mobility and aspiration risk. The goal was for Resident #1 to be free of signs or symptoms of respiratory complications through the next review. The interventions included: oxygen as ordered, encourage fluids, and head of bed elevated to facilitate respirations, aspiration precautions. Review of the physician order dated 09/20/17 revealed: Oxygen at 3.5 liters per minute (l/min) intranasal as needed - two times a day to keep oxygen saturation greater than 90%. Observations of Resident #1 were as follows: - 04/05/18 9:45 AM Resident #1 sitting in her broad chair in her room with her eyes closed with a nasal cannula (NC) in her nostrils. The oxygen tubing was attached to an oxygen concentrator set at 3 l/min. - 04/05/18 11:05 AM Resident #1 continued to be in her broad chair in her room with NC in her nostrils. The oxygen tubing was attached to an oxygen concentrator set at 3 l/min. - 04/05/18 2:25 PM Resident #1 continued to be in her broad chair in her room with NC in her nostrils. The oxygen tubing was attached to an oxygen concentrator set at 3 l/min. - 04/05/18 3:30 PM Resident #1 continued to be in her broad chair in her room with NC in her nostrils. The oxygen tubing was attached to an oxygen concentrator set at 3 l/min.	F 695	variance from orders. What measures or systemic changes will be made to ensure that the deficient practice will not recur in the future? Nursing staff were educated regarding the F695 Respiratory Care Regulation and professional accountability regarding verification of oxygen orders. What system changes were made/modified and implemented to ensure enhanced system compliance, and how will the facility monitor for sustained compliance? Oxygen administered will be verified with physician orders each shift by the licensed nurse. All new oxygen orders will be reviewed by Nursing Management to ensure transcription to MAR and verify order correlates with the oxygen being administered daily M-F no-going. Nursing Management will audit residents on oxygen to ascertain the order correlates with the oxygen administered M-F times 2 weeks then nursing management will complete random audits of residents with ordered oxygen to ascertain the order correlates with the oxygen administered 5x/week times 8 weeks, then 3x/week times 4 weeks. Results of the audits will be presented at the monthly QAPI meetings x3 months or until time determined by QAPI members.	

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F 695	Continued From page 5 An interview conducted on 04/05/18 at 11:12 AM with Nurse #1 revealed Resident #1 had an order for oxygen as needed but she liked to wear it all of the time. She stated she had checked resident #1's oxygen earlier in the morning and it was on and set at the ordered setting. A follow up interview and observation of Resident #1's oxygen setting with the surveyor was conducted on 04/05/18 at 3:30 PM with Nurse #1. She observed the setting on the oxygen concentrator and agreed it was set at 3 l/min. She stated it should have been at 3.5 l/min per the physician order. She further stated she thought that was high setting and she was going to clarify the order with the physician. An interview conducted on 04/05/18 at 3:40 PM with the Administrator revealed it was her expectation for resident's oxygen to be set at the physician ordered level.	F 695	The Director of Nursing is responsible for implementation of the Plan of Correction and the Executive Director is responsible for sustained compliance.	