

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

PRINTED: 10/15/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/20/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUE RIDGE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET HENDERSONVILLE, NC 28739</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 842 SS=D	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted</li> </ul>	F 842		10/18/18	

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

TITLE

(X6) DATE

Electronically Signed

10/12/2018

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 842	<p>Continued From page 1 by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, the facility failed to document that a resident was sent out to the emergency department and failed to document an assessment on the resident's return to the facility for 1 of 1 sampled residents for accurate medical records (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 06/18/2018 with diagnoses that included: cerebral</p>	F 842	<p>F842</p> <p>This alleged deficiency was caused by a deficient practice by two Licensed Nurses who failed to document a physician's order to send a resident to the emergency room and who failed to document an assessment when this resident returned to the facility. How will corrective action be accomplished for those residents found to</p>		

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F 842	<p>Continued From page 2</p> <p>palsy, epilepsy, gastrostomy tube (G-tube) malfunction, unspecified vomiting, upper respiratory infection, adrenocortical insufficiency, hypothyroidism, hypopituitarism, septo-optic dysplasia of brain, chronic vascular disorders of intestine, and abnormal posture.</p> <p>A review of the nursing notes, dated 08/24/2018, indicated that at 9:36 AM, Resident #5 had one episode of emesis. Resident #5's feeding tube was assessed for any residual and none was noted. The nursing notes also indicated that Resident #5's tube feeding was on hold for one hour.</p> <p>A review of Situation, Background, Appearance, Request (SBAR) communication form dated, 08/26/2018 at 4:21 AM, indicated that Resident #5 was being monitored for any adverse reaction to the antibiotic for the upper respiratory infection he had and that no adverse reactions were noted. Resident #5 had one episode of emesis. The SBAR further indicated there were no signs or symptoms of aspiration noted and the head of the bed was slightly elevated to prevent aspiration.</p> <p>A review of the SBAR, dated 08/26/2018 at 7:22 PM, indicated excessive vomiting started on 08/26/2018 and the resident appeared to be choking when he was lying down in bed and vomited large amounts of mucus and blood-tinged vomit when he was upright. The SBAR suggested that lab work be completed, and that Resident #5 be transferred to the emergency department. The SBAR further suggested that the resident had been vomiting and was unhooked from his tube feeding that same morning and remained unhooked from the tube feeding for some time that day. The SBAR stated that</p>	F 842	<p>have been affected by the deficient practice:</p> <p>Resident #5 expired on 8/27/18.</p> <p>How will corrective action be accomplished for those residents having the potential to be affected by the same deficient practice:</p> <p>On 10/10/18, physician's orders dating back to 8/1/18 were reviewed by the Director of Nursing, RN Unit Managers, and LPN Unit Coordinator in order to identify any concerns or omissions related to documentation of hospital/ ER discharges and assessments upon return. Any missing or incomplete documentation was corrected immediately as identified and the physician notified.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur:</p> <p>Licensed Nurses will be educated by the Director of Nursing, or RN Unit Managers on or before 10/18/18 regarding the requirements for compliance with F842 with emphasis on documenting and obtaining physicians orders when sending residents to the hospital/ ER and completing and documenting assessments upon return admission. Ongoing education will be provided to newly hired licensed nurses and contract (agency) licensed nurses.</p> <p>How the corrective actions(s) will be</p>		

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F 842	<p>Continued From page 3</p> <p>Resident #5 began to vomit again as he was placed back in the bed before being reconnected to the tube feeding and the physician was notified at 5:20 PM.</p> <p>A review of physician's orders, dated 08/26/2018, revealed that there was no order written to send Resident #5 to the emergency department.</p> <p>A review of the emergency department discharge summary note, dated 08/26/2018 at 5:55 PM, revealed that Resident #5 presented to the emergency department with vomiting. His labs were within normal limits. The computed tomography (CT) of the abdomen showed no bowel obstruction. He was administered the following medications for vomiting during his visit in the emergency department: Zofran 4 mg (intravenously) IV at 6:33 PM and Reglan 5 mg IV at 10:03 PM. He had the following vital signs: Temperature-98.6 degrees Fahrenheit (F), Pulse-81, Respirations-16, Blood Pressure-86/50, oxygen saturation- 93%. He was discharged with a prescription for Reglan 5 mg/5 mL solution via G-tube three times a day for vomiting. The discharge summary also indicated that the tube feedings would be continued at the facility. The facility was instructed to bring the resident back to the emergency department for hospitalization and IV fluids if he was not able to tolerate tube feedings despite being prescribed the medication, Reglan. The resident had no fever and was discharged in stable condition on 08/26/2018 at 11:17 PM.</p> <p>A review of Resident #5's medical record dated 08/26/2018 through 08/27/2018 revealed no documentation of the resident's increased emesis, discharge to the emergency department</p>	F 842	<p>monitored to ensure the practice will not recur, i.e. what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance, the Director of Nursing, RN Unit Managers, or LPN Unit Coordinator will complete chart audits daily for four (4) weeks, then five (5) times per week for 4 weeks, then weekly for four (4) weeks to review physician orders and progress notes for any residents sent to the hospital/ ER. Any identified issues will be corrected immediately by the licensed nurse.</p> <p>Findings will be reported to the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the District Director of Clinical Services or designee to maintain compliance when completing Clinical System reviews.</p> <p>The Director of Nursing is responsible for implementing the acceptable plan of correction.</p>		

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F 842	<p>Continued From page 4 for evaluation, or his return to the facility on 08/26/2018.</p> <p>An interview was conducted with Nurse #1 on 09/19/2018 at 4:51 PM. Nurse #1 confirmed that she was assigned to work with Resident #5 on 08/26/2018 when the resident was sent to the hospital and was also assigned to work with Resident #5 on 08/27/2018 when the resident expired. She stated that she failed to document the resident's emergency room visit and the events leading up to his death because there was a lot going on during the shift. She stated that she could not recall if the resident came back to the facility before the end of her shift at 11:00 PM.</p> <p>A phone interview was conducted with Nurse #2 on 09/20/2018 at 9:17 AM. She stated that on the night of 08/26/2018, she came in to work at 7:00 PM and worked on C Hall until 11:00 PM. She further stated that after 11:00 PM, she was assigned B hall where Resident #5 lived. She stated that she did not get report from the hospital nor did she receive the resident from the hospital. She could not recall which nurse received the resident from the hospital. She indicated that any nurse who received a resident from the hospital should have made the initial documentation. She further indicated that nurses only charted by exception after a resident returned from the hospital.</p> <p>An interview was conducted with Nurse #3 on 09/20/2018 at 9:34 AM. She stated that she worked at the facility on 08/26/2018 until 11:00 PM. She further stated that Nurse #1 told her that the Resident #5 had vomited. Nurse #3 indicated that it was her opinion that the resident be sent to the emergency room since he had several</p>	F 842			

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F 842	Continued From page 5 episodes of vomiting. Nurse #3 further indicated that she helped Nurse #1 fill out the paperwork to send the resident to the emergency room. Nurse #3 revealed that she believed the resident was sent back to the facility before 11:00 PM, but she could not confirm the exact time. Nurse #3 also revealed that she could not confirm who assessed Resident #5 when he returned to the facility.  An interview was conducted with Nursing Assistant (NA) #1 on 09/20/2018 at 11:52 AM. She stated, that on 08/26/2018, Resident #5 started vomiting during the morning hours and throughout the day more frequently. She further stated that she notified the nurse each time the resident vomited.  The Director of Nursing (DON) was not available for an interview during the investigation.  An interview was conducted with the Administrator on 09/20/2018 at 4:18 PM. He stated that he expected the nurses to document changes in resident condition, resident discharge to hospitals, and resident return from hospitals. He indicated that a new DON had been hired in the past few months to help oversee adequate documentation within residents' charts. He further indicated that a new staff develop coordinator had been hired a few weeks ago to educate the staff regarding complete and adequate documentation of medical records.	F 842			
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)  §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and	F 925		10/18/18	

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F 925	<p>Continued From page 6</p> <p>rodents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to keep pests out of resident rooms on West unit hallway for 1 of 3 (Resident #4) reviewed for maintaining an effective pest control program.</p> <p>Findings included:</p> <p>Resident #4 was admitted to facility on 6/14/17 with diagnosis that included history of left sided stroke. Minimum Data Set dated 7/9/18, annual assessment revealed resident had adequate hearing and clear speech. Resident was alert and oriented with no memory problems revealed. Resident needed extensive assist with 1 person assist with bed mobility, locomotion on/off the unit, dressing, toileting, and personal hygiene.</p> <p>Observation on 9/19/18 at 9:10 am revealed Resident #4 had approximately 30 small black ants crawling on windowsill, call light cord, bedside table and in resident's bed. Resident states "they are not biting, they just keep crawling on me. Nursing Assistant (NA) #2 was in room at time of observation.</p> <p>Interview with Resident #4 on 9/19/18 at 10:45 am revealed he had seen ants 2 weeks before, and reported it to maintenance, and they were able to put out a solution that took care of the ants. He reported noticing ants again the past couple of days, and again reported it to maintenance. A new kind of solution was used by maintenance with no results. Also present was NA #2 who reported she had not seen the ants</p>	F 925	<p>F925</p> <p>This alleged deficiency was caused by staff members failure to identify and/ or report the presence of ants in a resident room for corrective action.</p> <p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident #4's room was deep cleaned by housekeeping and the entire perimeter of the room and the bed frame sprayed by the Maintenance Director on 9/20/18 and all ants were eliminated.</p> <p>How will corrective action be accomplished for those residents having the potential to be affected by the same deficient practice:</p> <p>Other resident rooms were inspected by maintenance, housekeeping and nursing staff on 9/20/18 and treated as necessary.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur:</p> <p>To ensure that this deficient practice does not recur, facility staff and contracted housekeeping staff will be educated by the Administrator, Director of Nursing or Unit Managers on or before 10/18/18 on</p>		

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F 925	<p>Continued From page 7</p> <p>before today, she proceeded to change the resident's linen.</p> <p>Observation of Resident #4 on 9/19/18 at 12:30 pm and 2:30 pm revealed no further ants noted on resident's bed. Resident #4 reported that the change of linens seemed to help.</p> <p>Observation of Resident #4 on 9/20/18 at 8:40 am revealed 45 plus small black ants on resident, bed, overbed table, windowsill, and in an open bag of cookies on recliner as well on recliner. Resident again denies ants are biting, but states "they are annoying feeling them crawl on my skin." Resident also reported he did not notify staff during the night because he was sleeping and did not notice the ants until this morning when he saw them crawling on him and furniture. Reported he just keeps squishing the ones he sees. NA #3 came in room to do morning care and observed ants crawling on resident, and reported to maintenance.</p> <p>On 9/20/18 at 8:45 am NA #3 came into room to give morning care to Resident #4 and noticed the ants on the resident and bed. NA #3 stated she had not been on this unit in a while, so not sure how long the ants have been in the room. Stated she would clean the resident and change linen after calling housekeeping and maintenance to report the ants.</p> <p>Interview with Maintenance Manager on 9/20/18 at 9:00 am revealed the facility had a contract with a local pest control company that comes in monthly. The Maintenance Manager reported that if pests were seen between monthly service he would call company to report the problem, and there was a 24 hour turn around period for</p>	F 925	<p>the process for maintaining resident rooms in a clean and orderly manner and reporting to maintenance when ants or other pests are noted anywhere within the facility. This education will emphasize ensuring that personal food items remain in sealed containers and that floors, furniture, fixtures, bedding and clothing are kept clean and free of spills of food and drink to minimize the attraction of ants or other pests.</p> <p>How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance, the Administrator or Director of Nursing will audit ten (10) resident rooms per week for four (4) weeks and monthly thereafter for two (2) months using an audit tool to determine if rooms are clean and free of visible signs of ants or other pests. Any concerns identified will be brought to the Maintenance Director and/ Housekeeping Supervisor as appropriate for corrective action to be taken.</p> <p>Findings will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly oversight by the Administrator or designee to maintain compliance when completing clinical system reviews.</p> <p>This plan of correction will be implemented by the facility Administrator.</p>		



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F 925	<p>Continued From page 8</p> <p>company to respond to complaint. External and internal pest control was done, and they would come back as often as needed to resolve the pest issue. Regarding Resident #4's room, he reported he was not aware of new ant issue, but a couple of weeks ago he had sprayed pesticide in room because of an ant issue.</p> <p>Review of the contract with pest control company revealed the facility started service on 4/13/17 with the first treatment for pests on 4/17/17. Further review of the contract revealed pest management included carpenter ants, spiders, bees, roaches, crickets, silverfish, millipedes, centipedes, ants, flies, beetles (multiple types), mice, rats, rodents and box elder bugs. The last monthly service treatment was on 9/18/18.</p> <p>Interview with Housekeeping Assistant Manager on 9/20/18 at 10:45 am revealed if pests were seen in the facility they would contact maintenance and continue notifications until pest issues are no longer a problem.</p> <p>During an interview on 9/20/18 at 11:00 am Housekeeper #1 reported Resident #4 was moved from his room to a different room, so she could clean the room. She stated Resident #4's room was completely cleaned and sanitized. She also reported maintenance did spray this room not too long ago (could not remember when) for ants.</p> <p>Observation of Resident #4's room on 9/20/18 at 2:00 pm revealed every surface had been cleaned, recliner chair cleaned and vacuumed, and bed and bedside table had been cleaned. Resident #4 was back in room and stated he was appreciative of everything that was done to get rid</p>	F 925			

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F 925	Continued From page 9 of the ants.  Interview with pest control company staff on 9/20/18 at 2:25 pm revealed he comes out monthly to spray for a variety of pests. He reported if there was an issue he would come out as often as it took to get rid of problem, but he must be notified. The interview further revealed he would investigate how pests were getting in the building, treat accordingly, and if he observed other pests during monthly visits he would make recommendations for treatment if they were not pests written in the original contract.	F 925			