STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345493	A. BUILDING _____ B. WING _____	C 02/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSONVILLE HEALTH AND REHABILITATION	**104 COLLEGE DRIVE FLAT ROCK, NC 28731**

(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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care	F 656		3/12/19

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

Electronically Signed | 03/07/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345493	A. BUILDING _____ B. WING _____	C 02/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSONVILLE HEALTH AND REHABILITATION	104 COLLEGE DRIVE FLAT ROCK, NC 28731

(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 656	Continued From page 1 plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observations, record review, family, and staff interviews the facility failed to implement care plan approaches and/or interventions to reduce the risk for fall related injuries for 1 of 3 residents reviewed for falls (Resident #1). Findings included: Resident #1 was admitted to the facility on 12/23/18 with diagnoses which included weakness or partial paralysis following a cerebrovascular accident affecting the right side and aphasia (loss of the ability to understand or express speech). The admission Minimum Data Set (MDS) dated 12/30/18 assessed Resident #1's cognitive abilities were moderately impaired and needed extensive assistance with activities of daily living (ADL) for bed mobility, dressing, toilet use, and personal hygiene. There were no falls prior to admission, entry, or reentry. The Care Area Assessment (CAA) reviewed Resident #1's daily living needs after being admitted for long term related to a recent cerebrovascular accident who required extensive to total assistance with ADL's and transfers. There was no history of falls, but the CAA identified a risk for falls due to immobility, incontinence, and medication. The care plan initiated 01/04/19 identified Resident #1 was at risk for falls and fall related injuries due to immobility, incontinence, and medication. The goal was to remain free from	F 656	Plan of Correction Hendersonville Health and Rehab Complaint Survey February 11, 2019 – February 12, 2019 How will Corrective Action be accomplished for residents affected by deficiency: Resident #1 was observed with no fall mats on the floor on February 11 and again on February 12, 2019. Fall mats have been put in place for Resident # 1 as of February 12, 2019. How will Facility identify other residents having the potential to be affected by the same deficient practice: Director of Nursing, ADON or Designee will audit all residents care plans for fall interventions that include fall mats. This will be completed by March 12, 2019. Going forward all residents will have a falls assessment completed on admission, readmission, after each fall, quarterly, annually and with any significant change. What measures will be put in place to ensure that deficient will not recur: Director of Nursing, ADON or designee	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345493	A. BUILDING _____ B. WING _____	C 02/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSONVILLE HEALTH AND REHABILITATION	104 COLLEGE DRIVE FLAT ROCK, NC 28731

(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 656	Continued From page 2 falls and/or injury through the next review. Interventions included keep the bed in a low and locked position, place frequently used items within reach of the resident, keep the call light within reach, and encourage the resident to call for assistance. Review of a fall incident report dated 01/24/19 at 3:53 AM, Nurse #1 documented she was notified by Nurse Aide (NA) #1, Resident #1 was on the floor. The report described the fall occurred when NA #1 turned the resident on her left side and when she reached for a cream product on the nightstand beside the bed, the resident's lower extremities started to slide off the bed. NA #1 was unable to stop Resident #1 from sliding off the bed to the floor. Nurse #1 entered the room and observed Resident #1 face down on the floor. Nurse #1 notified the on-call physician and obtained an order to send the resident to the emergency room to be evaluated and treated due to the fall. Resident #1's care plan for falls was revised on 01/24/19. The new interventions included 2-person assistance for all self-care tasks, including hygiene and position changes in the bed, place a high/low bed with fall mats x 2, and maintain the bed in lowest position with fall mats on the floor on both sides when left unattended. During an interview on 02/11/19 at 12:36 PM, a family member stated staff told him fall mats would be placed on the floor after Resident #1 returned from the hospital. He revealed the mats were never placed after Resident #1 returned from the hospital. Observations of Resident #1 resting in bed with	F 656	will in-service all nursing staff on the how to access the care plan for residents. This will be completed by March 12, 2019. Implementation of new Resident Fall Audit Log to be completed after each fall. This began on March 1, 2019. Indicate how the facility will monitor it performance to ensure solutions are sustained: Director of Nursing, ADON or designee will audit resident charts for fall interventions and care plans in the following time frame: Five(5) residents 5 times a week for 4 weeks Five(5) residents 3 times a week for 4 weeks Five(5) residents 1 time a week for 4 weeks Results will be reviewed by IDT team monthly during QA for any additional changes. QAPI Committee will review monthly for 6 months. Further monitoring will occur as directed by QA Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345493	A. BUILDING _____ B. WING _____	C 02/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSONVILLE HEALTH AND REHABILITATION	**104 COLLEGE DRIVE FLAT ROCK, NC 28731**

(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 656	Continued From page 3	F 656		

no staff present revealed on:
02/11/19 at 12:36 PM no fall mats were placed on the floor beside the bed,
02/11/19 at 4:19 PM no fall mats were placed on the floor beside the bed,
02/12/19 at 9:31 AM no fall mats were placed on the floor beside the bed.

During an interview on 02/11/19 at 1:44 PM Nurse #2 reviewed the Resident #1's care information and confirmed fall mats were to be placed on the floor on both sides of the bed when she was unattended. The interview further revealed Nurse #2 was unsure why there were no mats observed on 02/11/19 but she stated she would look into it.

During an interview on 02/11/19 at 1:51 PM, Nurse Aide #2 explained she was a new employee and only worked as needed. She had provided care for Resident #1 only a few times. She was aware Resident #1 required 2- person assistance with activities of daily living and was transferred using a mechanical lift. She did know where and how to access resident care information using the Nurse Aide computer program used by the facility, but wasn't aware of other care plan interventions for Resident #1.

During an interview on 02/12/19 at 12:53 PM, the Director of Nursing revealed it was her expectation care plan approaches and/or interventions would be implemented and in place which included fall mats on both sides of the bed.