PRINTED: 06/05/2019 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345463	B. WING		C 05/09/2019	
	ROVIDER OR SUPPLIER E CENTER OF HENDERS	SONV	4	STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
E 000	Initial Comments		E 000			
	conducted 05/05/19 to found in compliance v	ertification survey was o 05/09/19. The facility was with the requiremet CFR Preparedness. Event ID#				
F 000	INITIAL COMMENTS		F 000			
F 641 SS=E	complaint investigation Accuracy of Assessm CFR(s): 483.20(g) §483.20(g) Accuracy The assessment must resident's status. This REQUIREMENT by: Based on record revi		F 641	Residents identified as improper coding of section P of MDS, #22, #43,#	5/31/19	
	Data Set (MDS) in the (Residents #2, #22, # (Resident #43) for 4 or resident assessments	e areas of restraints £28, and #43) and diagnoses of 7 residents reviewed for		#28 were reassessed with the use of si rails assessment. Side rails were determined not to be restraints and las MDS was modified and transmitted to state.	ide	
	11/18/16 with multiple hemiplegia (paralysis following a cerebral in Review of the quarter coded Resident #22 vrequired extensive stamobility and transfers MDS was marked to	admitted to the facility on e diagnoses that included on one side of the body) infarction (stroke). Ty MDS dated 01/31/19 with intact cognition and aff assistance with bed indicated Resident #22 used bed rail was marked as the		All residents have the potential to be affected. A complete audit was perform on all current residents, new side rail assessments were completed and consents were signed. This was completed on 5/22/2019 by Kim Cagle RN, MDS. New side rail assessments will be performed and consents signed with every admit, readmit, significant chang and quarterly assessment. This will be	ned	
ABORATORY I	-	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	TITLE	(X6) DATE	

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

(X6) DATE

Electronically Signed 05/31/2019

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		OATE SURVEY COMPLETED	
			7 50.25	<u> </u>		С	
		345463	B. WING _			05/09/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE		
				400 THOMPSON STREET			
LIFE CAR	E CENTER OF HENDER	SONV		HENDERSONVILLE, NC 2	28792		
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F 641	Continued From page	e 1	F 6	41			
	type of restraint utilize			done by MDS nurses	Side rail		
	type of reodramic dum2	G G.		assessments will be			
	During an interview o	on 05/08/19 at 12:30 PM, the		nurses weekly times			
		nfirmed the quarter bed rails			st audit completed by		
		2 were enablers for bed		Kim Cagle, MDS Coo			
	mobility and not restr	aints. The MDS Coordinator		04/22/19. MDS nurs	es to complete		
	explained she was in	structed by the corporate		Healthcare Academy	, Section P, on		
	I .	ils as a restraint due to			, with passing scores		
		ng able lower them down		completed by 05/31/	19.		
	1 -	acknowledged bed rail use		4 51 6 6			
		d as a restraint for Resident		4. Plan of correction			
	would be submitted.	dinator added a modification		QAPI for review mon months by MDS nurs	•		
	would be submitted.			months by MDS hurs	se Killi Cagle, Kiv.	э, KN.	
	During an interview o	on 05/08/19 at 2:49 PM, the		1. Resident #43, dia	anosis for Folev		
		DON) confirmed the MDS		catheter, was omitte	-		
		ructed by the corporate office		was modified with co			
	to code bed rails as r	estraints. The DON added		modification was sen	it to OIES and		
		used as restraints, only to She acknowledged the		accepted during the	survey process.		
	MDS assessment for	Resident #22 was		2. All residents with F	Foley catheters have		
	_	the MDS Coordinator would		the potential to be aff			
	submit a modification	1.		with Foley catheters			
					iagnosis was present		
	_	on 05/08/19 at 4:45 PM, the		on 5/22/19 by Kim Ca	agle RN, MDS		
	I .	d the meeting with the		Coordinator.			
		rding the coding of bed rail had been coding the MDS		3 Cathotor instification	on forms will be		
	,	ly based on the guidance		3. Catheter justification completed by MDS n			
	received.	ly based on the guidance		admission, and re ad			
	received.			nurses will audit for a			
	2. Resident #43 was	admitted to the facility on		diagnosis on all MDS			
	I .	e diagnoses that included		catheters weekly time			
		dementia and malignant		monthly times two m			
	neoplasm of the blad	•		completed on 5/22/19	9 by Kim Cagle RN.		
		rly Minimum Data Set (MDS)		4. MDS nurses to co	Terminal Control of the Control of t		
		d Resident #43 with severe			y with passing score		
	impairment in cogniti	on and required extensive		by 6/05/19. MDS nur	ses will present to		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345463	B. WING _				09/ 2019
	ROVIDER OR SUPPLIER E CENTER OF HENDER	SONV		40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 THOMPSON STREET ENDERSONVILLE, NC 28792	, 00.	00.20.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 641	Section P0100 of the indicated Resident #4 bed rail was marked a utilized. Further revie had an indwelling cat indicated for its use. Review of the quarter coded Resident #43 cognition and require with bed mobility and of the MDS was mark #43 used a restraint of marked as the type of review revealed Resident #43 mobility and not restrict explained she was incorrectly coded #43. The MDS indicated independently. She as was incorrectly coded #43. The MDS indicated independently independent	most mobility and transfers. MDS was marked to 3 used a restraint daily and as the type of restraint ew revealed Resident #43 heter with no diagnosis Ty MDS dated 04/05/19 with severe impairment in d extensive staff assistance transfers. Section P0100 ked to indicated Resident daily and bed rail was f restraint utilized. Further dent #43 had an indwelling nosis indicated for its use. In 05/08/19 at 12:30 PM, the affirmed the quarter bed rails were enablers for bed aints. The MDS Coordinator structed by the corporate as a restraint due to and able lower them down acknowledged bed rail use as a restraint for Resident ated she overlooked the nic bladder in Resident #43's hissed coding it on the MDS. ation would be submitted. In 05/08/19 at 2:49 PM, the DON) confirmed the MDS fucted by the corporate office testraints. The DON added used as restraints, only to	F	641	QAPI times 3 months by Kim Cagle RMMDS Coordinator.	l,	
	aid with bed mobility. MDS assessments fo	She acknowledged the r Resident #43 were					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ONSTRUCTION	(X3) DATE	SURVEY
		345463	B. WING _			1	C / 09/2019
	ROVIDER OR SUPPLIER E CENTER OF HENDER	SONV		400	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET NDERSONVILLE, NC 28792	1 03/	03/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 641	,	e 3 restraints and added she the MDS assessments to	F 6	641			
	accurately reflect his During an interview of Administrator recalled corporate office regal use and thought they assessments correctly received.	diagnoses for catheter use. n 05/08/19 at 4:45 PM, the difference of the meeting with the raing the coding of bed rail had been coding the MDS y based on the guidance dmitted to the facility on es which included					
	1/19/19 revealed that moderately cognitivel for extensive two per- and transfers. The M	y impaired and was coded son assist with bed mobility DS further revealed that ed in Section P Restraints					
	at 10:28 AM indicated Restraints for daily be She further stated sh code side rails as a re not being able to put She confirmed the be rails and were never MDS Coordinator als error and she would of						
	on 5/08/19 at 2:49 PM	ructed by their corporate					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
		345463	B. WING		C 05/09/2019	
	ROVIDER OR SUPPLIER E CENTER OF HENDER	SONV		STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	1 03/03/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 641	restraint for Residen MDS Coordinator we bed rails. An interview with the 4:45 PM indicated he Coordinator had bee of bed rails as a rest coded correctly. He office must have mis and instructed them corrected. 4. Resident #28 was 2/9/19 with diagnose falling and right femu. The quarterly Minimulated for the quarterly make the cognitively intact and assist with bed mobi further revealed that Section P Restraints restraint. An interview with the at 10:28 AM indicate Restraints for daily be She further stated she code side rails as a fine of the side o	ails were not used as a at #2. The DON indicated the buld correct the coding for the at Administrator on 5/08/19 at a was aware the MDS an instructed to code the use raint and thought it was being further stated the corporate aunderstood the regulation incorrectly and this would be admitted to the facility on as which included history of air fracture.	F 64			
	She confirmed the b rails and were never MDS Coordinator als error and she would	ed rails were quarter bed used as a restraint. The so stated this was a coding				

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		345463	B. WING			05/	09/2019
	ROVIDER OR SUPPLIER E CENTER OF HENDERS	SONV		40	TREET ADDRESS, CITY, STATE, ZIP CODE OF THOMPSON STREET ENDERSONVILLE, NC 28792		
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F 641	office on how to code confirmed that bed ra restraint for Resident MDS Coordinator would be a rails. An interview with the A:45 PM indicated he Coordinator had been of bed rails as a restracoded correctly. He for office must have missuand instructed them in corrected. Free from Unnec Psy CFR(s): 483.45(c)(3)(s) §483.45(c)(3) A psychaffects brain activities processes and behave but are not limited to, categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compreheresident, the facility most support of the side psychotropic drugs are unless the medication.	ucted by their corporate bed rails. She also ils were not used as a #28. The DON indicated the uld correct the coding for the Administrator on 5/08/19 at was aware the MDS instructed to code the use aint and thought it was being urther stated the corporate understood the regulation incorrectly and this would be chotropic Meds/PRN Use (e)(1)-(5) Indicate of the i		758			5/31/19

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			ATE SURVEY DMPLETED	
	345463	B. WING _			C 05/09/2019	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	,	1 03/03/2013	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETION DATE	
§483.45(e)(2) Reside drugs receive gradual behavioral interventic contraindicated, in a drugs; §483.45(e)(3) Reside psychotropic drugs punless that medicatic diagnosed specific coin the clinical record; §483.45(e)(4) PRN coare limited to 14 day §483.45(e)(5), if the prescribing practition appropriate for the Pbeyond 14 days, he rationale in the residindicate the duration §483.45(e)(5) PRN codrugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMENT by: Based on record revand staff interviews to physician's orders for Lorazepam, were times to residents reviewed use (Resident #48). Findings included:	ents who use psychotropic al dose reductions, and ons, unless clinically in effort to discontinue these ents do not receive cursuant to a PRN order on is necessary to treat a condition that is documented and orders for psychotropic drugs is. Except as provided in attending physician or ner believes that it is in it i	F7	1. Resident #48 was found to horder for Ativan with no stop dat Resident #48 was under service Hospice and the Hospice MD. In correction was completed by Hoclinician/MD. New order receive stop date and documentation re reasoning/continuation of Ativar Immediate education was condi-	te. es of mmediate pspice ed with eceived for n. ucted by		
	SUMMARY S (EACH DEFICIENCE REGULATORY OR Continued From pag §483.45(e)(2) Reside drugs receive gradual behavioral interventic contraindicated, in a drugs; §483.45(e)(3) Reside psychotropic drugs p unless that medicate diagnosed specific or in the clinical record; §483.45(e)(4) PRN or are limited to 14 day §483.45(e)(5), if the prescribing practition appropriate for the P beyond 14 days, he rationale in the resid indicate the duration §483.45(e)(5) PRN or drugs are limited to renewed unless the prescribing practition the appropriateness This REQUIREMEN' by: Based on record rev and staff interviews to physician's orders fo Lorazepam, were time 5 residents reviewed use (Resident #48). Findings included:	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, Physician's interview, and staff interviews the facility failed to ensure physician's orders for a psychotropic medication, Lorazepam, were time limited in duration for 1 of 5 residents reviewed for unnecessary medication use (Resident #48).	A BUILDIN 345463 B. WING _ SOVIDER OR SUPPLIER E CENTER OF HENDERSONV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 \$483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; \$483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and \$483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in \$483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. \$483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, Physician's interview, and staff interviews the facility failed to ensure physician's orders for a psychotropic medication, Lorazepam, were time limited in duration for 1 of 5 residents reviewed for unnecessary medication use (Resident #48). Findings included: Resident #48 was admitted to the facility on	ROVIDER OR SUPPLIER E CENTER OF HENDERSONV SUMMARY STATEMENT OF DEFICIENCIES (EACH GERCIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTON IS INTEGED AND INT	A BUILDING 345463 RETAIL TO BE WINNED A SUMMARY STATEMENT OF DEPICIENCIES ECANTER OF HENDERSONV SUMMARY STATEMENT OF DEPICIENCIES ECANTER OF HENDERSONV SUMMARY STATEMENT OF DEPICIENCIES ECANTER OF HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEPICIENCIES ECANTER OF HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEPICIENCIES ECANTER OF HENDERSONVILLE, NC 28792 COntinued From page 6 \$483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; \$483.45(e)(3) Residents do not receive psychotropic drugs precive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; \$483.45(e)(3) Residents do not receive psychotropic drugs precive gradual dose reductions in the clinical record; and in the clinical record; and staff interviews that it is appropriate for the PRN order to be extended beyond 14 days, be or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. \$483.45(e)(5) FRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This RECUIREMENT is not met as evidenced by: Based on record review, Physician's interview, and staff interviews the facility failed to ensure physician's orders for a psychotropic medication, Lorazepam, were time limited in duration for 1 of 5 residents reviewed for unnecessary medication use (Resident #48 was admitted to the facility on Hospice dinician'MD. New order received for reasoning/continuation of Ativan. Immediate education was conducted by Hospice clinician to Hospice staff and	

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		345463	B. WING		0.5	C / 09/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	103/2013
LIFE CAR	E CENTER OF HENDER	SONV		400 THOMPSON STREET HENDERSONVILLE, NC 28792		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	Parkinson's disease, Stress Disorder (PTS with mixed anxiety ar The Hospice Physicia 04/19/19 included the for 1 mg (milligram) ta and 0.5 mg every 2 hacute episodes of agriduration date. Review of the Hospic 04/19/19 revealed and by mouth every 2 hour A review of Resident Administration Recort to May 6, 2019 reveal on the MARs that Reprin doses of Lorazepin May 2019. Interview with the Hogical Province of May 6, 2019 reveal on the MARs that Reprin doses of Lorazepin May 2019. Interview with the Hogical and Medical and Medica	depression, Post Traumatic SD), and adjustment disorder and depressed mood. an's progress note dated a current Lorazepam orders ab at 8:00 PM each evening fours prn (as needed) for itation or anxiety without a see Physician's order dated a order for Lorazepam 0.5 mg furs prn for anxiety. #48's Medication ds (MARs) for April 19, 2019 alled per staff documentation sident #48 had received 13 fram in April and 5 prn doses spice Nurse on 05/07/19 at e was aware of the Centers dicare Service (CMS) ion date on prn psychotropic and this was something new	F 75	education verification with Life C Nursing Administration. 2. 100% of all residents have the to be affected. An audit was comdetermine those on PRN psychomedications to determine if any horders without stop dates. If any identified, new order was written documentation supporting what a medication needed to be continued. 100% of licensed staff educate guidelines of PRN psychotropic medications and the 14 day comanti-psychotic medications. Educincluded that documentation by MD must support the continued hincluding benefits of the medicaticensed staff was educated on the process by 5/31/19. All new hirest educated during clinical orientatic ADON or Designee will review P during clinical Grand Rounds and document results on an audit she times weekly. Audits to begin Mc June 3, 2019. Nursing to assure psychotropic PRN meds have a sand supporting documentation. 4. DON, ADON or Designee will audits 5 times weekly for one month; and weekly times one month. DON, A Designee will present Audit result QAPI committee monthly times 3 to review and evaluate effectiver the system change.	e potential apleted to stropic and were with and why led. ed on apliance of cation FNP or need ion. All his is will be on. DON, RN meds deet 5 onday, all stop date perform onth; 3 one time ADON or lts to 8 months	

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		345463	B. WING			05/	09/2019
	ROVIDER OR SUPPLIER E CENTER OF HENDERS	SONV		400 THOM	DDRESS, CITY, STATE, ZIP CODE MPSON STREET SONVILLE, NC 28792		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 758	05/07/19 at 10:44 AM the CMS regulation for psychotropic medicat that the hospice physical duration dates for Resident Resident Records - Incomplete Records - Incomplet	ector of Nursing (DON) on revealed she was aware of or a duration date on pro- ion orders but was unaware ician was not writing sident #48's prn Lorazepam. She would contact the cuss plans for correction. ministrator on 05/08/19 at was unaware the physicians duration date for prn ions when writing orders. Identifiable Information 483.70(i)(1)-(5) nt-identifiable information. In the public. I lease information that is on the public. I lease information that is on an agent only in intract under which the agent disclose the information in facility itself is permitted cords.		342	DEFICIENCY)		5/31/19
		e; and					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	RSONV		STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	1 00/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 842	records, except when (i) To the individual, representative when (ii) Required by Law (iii) For treatment, properations, as perm with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial an law enforcement purpurposes, research medical examiners, a serious threat to his by and in compliance §483.70(i)(3) The farecord information a unauthorized use. §483.70(i)(4) Medication for- (i) The period of time (ii) Five years from the there is no requirem (iii) For a minor, 3 yelling age under State §483.70(i)(5) The medical information in the comprehension provided; (iv) The results of an and resident review determinations concertions.	m or storage method of the en release is- or their resident e permitted by applicable law; ; ayment, or health care itted by and in compliance 6; n activities, reporting of abuse, e violence, health oversight d administrative proceedings, rposes, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted e with 45 CFR 164.512. cility must safeguard medical gainst loss, destruction, or al records must be retained e required by State law; or he date of discharge when ent in State law; or ears after a resident reaches the law. edical record must contain- tion to identify the resident; esident's assessments; sive plan of care and services my preadmission screening evaluations and	F 84	2	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	· '	DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	03/03/2013
				400 THOMPSON STREET		
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F 842	Continued From page	e 10	F 8	42		
	services reports as re This REQUIREMENT	ss notes; and logy and other diagnostic equired under §483.50.				
	by: Based on record revifacility failed to accurate administration of as medication on the mercord for 5 of 5 residence accuracy (Resident #16). Findings included: 1. Resident #18 was 07/06/15 with multiple chronic pain. Review of Resident #18 revealed the following 05/15/18 read, "Norce milligram (mg)-325mg 8:00 AM and 8:00 PM exceed 3 grams of accuraces in 24 hours. Hydrocodone-acetam 06/04/18 read, "Norce	iew and staff interviews, the ately document the needed (PRN) narcotic edication administration lents reviewed for medical sident #18, #20, #57, #58, admitted to the facility on ediagnoses that included ediagnoses that included g physician orders: to (pain medication) 5 g one tablet twice daily at M for chronic pain. Do not cetaminophen from all Generic:		1. Resident #116 is no longer in facility. Resident #18, 20, 57 and currently reside at Life Care. Due of late documentation, this could corrected. 2. All residents with controlled med have the potential to be affected resident MARs in controlled med utilization records (CMUR) were to determine if nurses were documented to grant also if narcotics were being signed out CMUR properly. 3. Systemic changes that occurred 100% educated to licensed nursed Medication Administration Policy documentation on MARS, CMUF PRN Flow sheets. Education corby DON, ADON and/or SDC on with re-education of all licensed completed by 5/31/19. All new licensed sessociates will be educated hire. Paper MARs converted to FC Care (PCC) in November of 2015.	e to policy not be edicines 100% of lication audited imenting PRN on the ed were es on the and Rs and impleted 10/15/18 nurses censed dupon Point Click	
	of acetaminophen fro Generic: Hydrocodon Review of Resident # Utilization Record (CI indicated in addition t hydrocodone-acetam administered PRN do AM and 5:30 PM, 08/	m all sources in 24 hours. le-acetaminophen." 18's Controlled Medication		tool developed to monitor all mer including narcotics to assure me been properly signed out in PCC up documentation concerning pa are also documented in PCC. Moreof CMUR to assure documentation being completed properly. Thes will be conducted 5 times weekly ADON or Designee. The audits to 6/1/19. Master signature sheet we	d orders ds have . Follow in levels onitoring on is e audits by DON, pegan	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345463	B. WING		C 05/09/2019	
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CC	•	\dashv
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LIFE CAR	E CENTER OF HENDER	SONV		HENDERSONVILLE, NC 28792		
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F 842	Continued From pag	e 11	F 84	12		
	AM, 1:00 PM and 6:0 12:00 PM and 5:45 F PM and 6:00 PM. Review of Resident # Administration Recor	d (MAR) for the month of		created for licensed nurses' be kept in each narcotic boo additional one at each nurse Signature sheet will be upda new hire and/or termination. 4. DON, ADON or Designee audit sheets 5 times weekly	ok and an es' station. ated with each e will monitor for one	
	There was no docum hydrocodone-acetam administered on 08/1	ninophen PRN was g administered on 08/06/18. nentation of		month, 3 times weekly for one month, and one time weekly for one month. The results of the monitoring will be taken to the QAPI committee times 3 months for review and evaluation.	nth. The be taken to	
	Set (MDS) dated 08/with intact cognition. Resident #18 receive daily during the MDS	cant change Minimum Data 31/18 coded Resident #18 The MDS indicated ed scheduled pain medication 57-day assessment period. led she received no PRN				
	follow-up interview of Director of Nursing (I 2018 they audited all tune their processes' medications and disc with nurse document they did not have a not o confirm which nurse the narcotic medication staffing schedules to worked the medication #18 resided for the did narcotic medication where the narcotic medication was staffing schedules to worked the medication was staffing schedules.	on 05/07/19 at 3:30 PM and n 05/08/19 at 2:49 PM, the DON) stated in September physician orders to "fine" for monitoring narcotic covered there was an issue ration. The DON explained tursing staff signature sheet se signed the CMUR when on was administered to added they reviewed the determine which nurse on cart on the hall Resident ates and times the PRN was administered, and administered most of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV			40	REET ADDRESS, CITY, STATE, ZIP CODE O THOMPSON STREET ENDERSONVILLE, NC 28792	1 00	00/2010	
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F 842	Continued From page	e 12	F	342				
	CMUR for Resident # hydrocodone-acetam but did not document The DON stated she administration of all n signed out on the CM MAR. Nurse #1 was no long Telephone attempts to unsuccessful. An interview with the 4:45 PM revealed he document on the MAI	dded Nurse #1 signed the #18 when the PRN doses of inophen were administered it on Resident #18's MAR. would expect for the arcotic medication to be IUR and documented on the ger employed by the facility. The interview Nurse #1 were Administrator on 05/08/19 at expected for nursing staff to R to accurately reflect when nistered per physician						
	08/30/16 with multiple	admitted to the facility on e diagnoses that included sence of left leg below knee						
	every 8 hours PRN particles of acetaminophen from Generic: Hydrocodon 02/01/18 read, "Norcomilligram (mg)-325mg for chronic pain. Do acetaminophen from Generic: Hydrocodon Review of Resident #	g physician orders: 5 5mg-325mg one tablet ain. Do not exceed 3 grams m all sources in 24 hours. e-acetaminophen." 5 (pain medication) 5 g one tablet daily at 8:00 PM not exceed 3 grams of all sources in 24 hours. e-acetaminophen."						
	Utilization Record (CI indicated in addition t	o the scheduled doses of						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	05/05/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 842	hydrocodone-acetan administered PRN d 08/21/18 at 12:00 PM 08/24/18 at 1:00 PM 4:00 PM, 08/28/18 a 08/30/18 at 7:30 AM Review of Resident: Administration Reco August 2018 reveale hydrocodone-acetan documented as bein There was no docum hydrocodone-acetan administered on 08/08/23/18, 08/24/18, 08/30/18. Review of the annual dated 09/02/18 code cognition. The MDS received scheduled the MDS 7-day assereview revealed she medication. During an interview of Director of Nursing (2018 they audited all tune their processes medications and diswith nurse document they did not have a reconfirm which nur the narcotic medicat Resident #20. She a staffing schedules to	minophen, she was also oses on 08/06/18 at 4:00 PM, M, 08/22/18 at 12:00 PM, and 3:00 PM, 08/27/18 at t 2:30 PM and 10:00 PM, and . #20's Medication rd (MAR) for the month of ed ninophen PRN was g administered on 08/29/18.	F 84			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 842	#20 resided for the dinarcotic medication viconcluded Nurse #1 doses. She further at CMUR for Resident # hydrocodone-acetambut did not document. The DON stated she administration of all risigned out on the CMMAR. Nurse #1 was no long Telephone attempts to unsuccessful. An interview with the 4:45 PM revealed he document on the MA medication was administration was administration of the MA medication was administration of the MA medication was administration of the MA medication was administration of all risks and the was administration of all risks and the w	ates and times the PRN vas administered, and administered most of the dded Nurse #1 signed the #20 when PRN doses of inophen were administered it on Resident #20's MAR. would expect for the arcotic medication to be fur and documented on the ger employed by the facility. o interview Nurse #1 were Administrator on 05/08/19 at expected for nursing staff to R to accurately reflect when nistered per physician admitted to the facility on e diagnoses that included a and unspecified pain.	F	42				
	acetaminophen from Generic: Hydrocodor	oo not exceed 3 grams of all sources in 24 hours. e-acetaminophen."						

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792	03/03/2019	
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F 842	Utilization Record (indicated in addition hydrocodone-aceta administered PRN (08/19/18 at 2:00 AN PM and 8:15 PM, 0 and 4:00 PM, 08/24 3:45 PM, 08/27/18 at PM, 6:00 PM and 9 AM, 7:30 AM, 10:45 11:00 PM. Review of Resident Administration Reco 08/14/18 to 08/31/1 hydrocodone-aceta documented as bein 08/19/18 and 08/28 documentation of h PRN being adminis 08/24/18, or 08/27/1 Review of the quart dated 04/15/19 cod moderate impairme indicated Resident medication daily du assessment periodoreceived no PRN particular dates of Nursing 2018 they audited a tune their processe medications and dis with nurse document they did not have a	CMUR) dated 08/06/18 In to the scheduled doses of minophen, she was also doses on 08/17/18 at 1:30 AM, M, 08/21/18 at 9:00 AM, 4:00 8/23/18 at 7:20 AM, 11:00 AM W/18 at 8:00 AM, 11:45 AM and at 8:00 AM, 11:30 AM, 1:00 CO PM, and 08/28/18 at 1:45 AM, 3:15 PM, 7:00 PM and CO PM, 3:15 PM	F 84	2		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 842	Resident #57. Sh staffing schedules worked the medic #57 resided for the narcotic medication concluded Nurse. She further added Resident #57 when hydrocodone-ace but did not docum. The DON stated is administration of a signed out on the MAR. Nurse #1 was no Telephone attempunsuccessful. An interview with 4:45 PM revealed document on the medication was acorders. 4. Resident #58 worders. 4. Resident #58 worders. 4. Resident #58 worders. 4. Resident #58 worders. 7. Review of Reside revealed a physic read, "Oxycodone (mg) every 4 hour discontinued on 0 Review of Reside Utilization Record	cation was administered to be added they reviewed the ato determine which nurse ation cart on the hall Resident be dates and times the PRN on was administered, and #1 administered most doses. I Nurse #1 signed the CMUR for the PRN doses of the taminophen were administered the tent it on Resident #57's MAR. The would expect for the fall narcotic medication to be CMUR and documented on the compared to the tent of the taminister on 05/08/19 at the expected for nursing staff to the taministered per physician was admitted to the facility on the diagnoses that included and chronic pain. Int #58's medical record fan order dated 05/03/18 that the (pain medication) 5 milligram is PRN pain." This order was	F	342			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED C		
		345463	B. WING		05/09/2019	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792		1 33/05/2010	
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F 842	Oxycodone on the from 7:00 AM, 12:00 PM AM, 11:15 AM, 2:45 10:00 AM, 06/29/18 AM, 1:15 PM and 9:12:00 PM and 5:45 12:00 PM and 6:00 11:00 AM, 3:00 PM, 08/28/18 at 7:00 AM, 7:00 PM. Review of Resident indicated she was a Oxycodone on 08/2 2:30 PM, 6:00 PM and Administration Record July 2018 and Augu Oxycodone 5 mg expensive of the annual dated 04/15/19 code impairment in cogni Resident #58 received aily during the MD: Further review reversion medication. During an interview of follow-up interview of the physis with the physis oxycodone with the physis oxycodone with the physis oxycodone with the physis oxycodone with the physis with the physis oxycodone and the physis oxycodone with the physis oxycodone and the physis oxycodone with th	ollowing dates: 06/05/18 at and 6:00 PM, 6/19/18 at 7:30 PM and 6:00 PM, 6/28/19 at at 2:00 PM, 08/21/18 at 9:00 00 PM, 08/23/18 at 8:30 AM, PM, 08/24/18 at 7:00 AM, PM, 08/27/18 at 7:00 AM, 6:45 PM and 10:30 PM, and 11:00 AM, 3:00 PM and #58's CMUR dated 05/04/18 dministered 5 doses of PRN 8/18 at 7:15 AM, 10:45 AM, and 9:45 PM. #58's Medication ords (MARs) for June 2018, st 2018 revealed the order for very 4 hours PRN pain had not	F 842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 842	medications and d with nurse docume they did not have a to confirm which in the narcotic medical Resident #58. Shistaffing schedules worked the medication concluded it was in Nurse #1 signed the when the PRN dosadministered but to MAR since there wo Coxycodone. The for the administration be signed out on the corresponding phy on the MAR. Nurse #1 was no late Telephone attempt unsuccessful. An interview with the 4:45 PM revealed document on the Medication was accorders. 5. Resident #116 06/11/18 with multipain in left arm and Review of Resider revealed a physicial	es" for monitoring narcotic iscovered there was an issue entation. The DON explained a nursing staff signature sheet urse signed the CMUR when ation was administered to enadded they reviewed the to determine which nurse ation cart on the hall Resident enter and times the PRN in was administered and lurse #1. She further added the CMUR for Resident #58 tess of Oxycodone were id not document them on the was no order for the DON stated she would expect on of all narcotic medication to the CMUR, have a sician's order and documented the Administrator on 05/08/19 at the expected for nursing staff to MAR to accurately reflect when laministered per physician was admitted to the facility on the diagnoses of emphysema,	F	342			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMBI		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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PREFIX (EACH DE	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FL ORY OR LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMPLETION DATE
Review of Resultilization Recindicated she Oxycodone for following date 9:10 PM, 08/2 AM, 5:30 PM at 12:00 PM, 6:0 7:00 AM, 11:0 08/27/18 at 6: PM and 9:30 FM and 10:00 8:00 PM. Review of Resultination Review of Resultination Review of the Set (MDS) dat with moderate indicated Resipain medication datassessment puring an interfollow-up inter Director of Nuting 2:00 PM.	every 4 hours PRN pain." sident #116's Controlled Medic Cord (CMUR) dated 08/10/18 was administered 28 PRN dos rethe month of August 2018 on s: 08/12/18 at 6:00 PM, 08/15/21/18 at 7:15 AM, 08/22/18 at 1 and 9:45 PM, 08/23/18 at 8:00/10 PM and 10:00 PM, 08/24/18 0 AM, 2:45 PM and 6:30 PM, 45 AM, 10:00 AM, 2:00 PM, 5: PM, 08/28/18 at 7:00 AM, 10:10 PM and 9:00 PM, 08/30/18 at PM, and 08/31/18 at 3:30 PM and 08/21/18, 08/21/18, 08/21/18, 08/23/21/18, or 08/28/18. Significant change Minimum Dated on 08/22/18 coded Resident #16 received no schedular but did received PRN pain ally during the 7-day MDS	cation ses of on the (18 at 11:00 of AM), set at 11:00 of AM, set at 1:45 of AM, set at 1	342	

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 842	and discovered there documentation. The have a nursing staff's which nurse signed the medication was admited She added they reviet to determine which nucart on the hall Residuates and times the Fawas administered and who had administered further added Nurses Resident #116 when oxycodone were admited document it on Residual narcotic medication CMUR and document Nurse #1 was no long Telephone attempts the unsuccessful. An interview with the 4:45 PM revealed he document on the MA	was an issue with nurse DON explained they did not signature sheet to confirm ne CMUR when the narcotic nistered to Resident #116. Ewed the staffing schedules urse worked the medication tent #116 resided for the PRN narcotic medication d concluded it was Nurse #1 d most of the doses. She #1 signed the CMUR for the PRN doses of ninistered but did not tent #116's MAR. The DON tect for the administration of n to be signed out on the	F	342			