

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/27/2019
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NAME OF PROVIDER OR SUPPLIER ASHTON HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MCLEANSVILLE, NC 27301
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F 561 SS=D	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews the facility failed to honor a resident 's choice for a bed bath. This was evident for 1 of 3 residents reviewed for choices. (Resident #98).</p> <p>Findings included:</p>	F 561	<p>F561 Self-Determination 483.10 " Resident #98 was provided a bed bath as requested between 6:30 am and 6:45 am on 6/26/2019. Resident did attend both appointments as scheduled, the first being an in-house hair appointment at 10:00 am and the second</p>	7/25/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/19/2019
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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 561	<p>Continued From page 1</p> <p>Resident #98 was admitted to the facility on 7/04/2018 with diagnoses that included diabetes with other diabetic neurological complication, chronic obstructive pulmonary disease, and fracture of entire leg.</p> <p>A review of Resident #98's current care plan dated 3/7/19 revealed the resident was care planned for urinary incontinence related to impaired mobility and cognitive mobility. with the goal being the resident would be free from skin breakdown. Interventions included peri care after each incontinent episode. Resident #7 was also care planned for potential for urinary tract infection related to history of chronic UTI and incontinence. Resident #98 required assistance with all her activities of daily living due to left sided hemiplegia, history of CVA and dementia.</p> <p>A review of Resident #98's most recent MDS (Minimum Data Set) coded as a quarterly assessment was dated 6/10/2019. The MDS coded the resident as having no cognitive impairment. Resident #98 was coded as being totally dependent on staff assistance for bathing and toileting and as always being incontinent of bladder and bowel. Under the vision section of the MDS, Resident #98 was coded as having adequate vision. Resident #98 was able to make her needs known to staff.</p> <p>An interview was conducted on 6/26/2019 at 5:10 am with Resident #98. She reported she had been waiting for someone to assist her for approximately 10 -15 minutes, but no one had come in yet. The call light was still on during the interview. Resident #98 indicated that it was like this all the time on third shift. Resident #98 indicated she waited from 4:30pm until 9pm on</p>	F 561	<p>being a follow orthopedic appointment that afternoon.</p> <p>" All alert and oriented residents were interviewed by senior staff members to determine if their bathing schedule times are appropriate for their wishes. Bathing times were updated to reflect their wishes such as early morning, daytime, or evening by 7/21/19.</p> <p>" Residents will be interviewed weekly times 4 then twice monthly times 2, then monthly times 4 by senior staff. The residents will be interviewed at their quarterly assessment by MDS nurse, social worker or designee to determine if their wishes are being honored.</p> <p>" Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p>		

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

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F 561	<p>Continued From page 2</p> <p>June 25, 2019 for someone to put her back to bed. Resident #98 included she was wet from her waist down to her knees last night. Resident #98 indicated that she asked the Nursing Assistant (NA) to give her a good bed bath because she was smelling like a "piss barrel" but the aide would not. At 5:25am NA #13 entered Resident #98 's room and Resident #98 indicated that she wanted a good bed bath because she had two appointments today and did not want to go to the appointment smelling "like a piss barrel". Nursing Assistant #13 indicated that he would be back with help because she was a two person assist.</p> <p>An observation on 6/25/19 at 5:45am, Resident #98 was still waiting to be changed and have a bath.</p> <p>An observation on 6/25/19 at 6:15am, Resident #98 was still waiting to be changed and have a bath.</p> <p>An observation on 6/25/19 at 6:30am, Resident #98 was still waiting to be changed and have a bath.</p> <p>An observation on 6/25/19 at 6:45am of Resident #98 revealed NA #13 and NA #15 had arrived in to gave Resident #98 her bath.</p> <p>During an interview with NA #13 on 6/26/2019 at 7:10am he stated he had to wait to help with Resident #98 because she was a 2 person assist.</p> <p>An interview with the Administrator at 6:48am on 6/26/2019 revealed his expectation was that all residents who needed assistance with incontinence care and bathing should not have to</p>	F 561			

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F 561	Continued From page 3 wait a long time (his timeframe was not over 30 minutes) to receive care and all residents ' choices should be met.	F 561			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) on 1 out of 5 residents (#35) reviewed for unnecessary medications. Findings include: Resident #35 was admitted to the facility on 10/26/16 with diagnoses that included hemiplegia and hemiparesis, psychosis, vascular dementia, depressive disorder, and diabetes. A review of Resident #35's most recent MDS coded as a quarterly assessment was dated 4/26/19. The MDS coded the resident as mild cognitive impairment. Active diagnoses included Non-Alzheimer's dementia, depression, psychotic disorder, and contractures of the left shoulder, elbow, and wrist. The MDS coded Resident #35's medication look back that the resident received injections 7 out of 7 days, insulin 7 out of 7 days, antipsychotics 7 out of 7 days, antidepressants 7 out of 7 days, and opioids 7 out of 7 days. A review of Resident #35's most current care plan dated 2/27/19 revealed the resident was care planned for potential for hypo/hyperglycemia	F 641	F641 Accuracy of Assessments 483.20 " Resident #35 assessment was immediately updated to accurately reflect resident's acuity on 6/26/2019. " Regional Reimbursement Manager conducted an 100% audit of all current residents in the facility for up to date care plans and was completed on 7/5/2019. " An In service was initiated on 6/26/2019 by the Regional Reimbursement manger to include, individualized care plans to include the MDS Nurse, MDS Coordinator, Dietary Manager, Activities Director, Social Worker, and Director of Nursing. " Regional Reimbursement Manger will randomly audit for correct diagnosis codes for 5 residents times four weeks, then randomly audit 2 residents for correct diagnosis codes times 4 weeks. " Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is	7/25/19	

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F 641	Continued From page 4 related to a history of diabetes. A review of Resident #35's Medication Administration Record for April 2019 revealed documentation that the resident received Lantus 12 units injection at bedtime every day. An interview was conducted with the corporate MDS coordinator. She reported it was the responsibility of the MDS nurses to correctly code all MDS assessments. She reported it was her expectation that the MDS nurse would code the active diagnoses correctly on all MDS assessments.	F 641	necessary to maintain compliance.		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews, the facility failed to provide incontinence care for 1 out of 4 residents (Resident #98) reviewed for ADLs (Activities of Daily Living) . Findings include: Resident #98 was admitted to the facility on 7/4/18 with diagnoses that included hypertension, cerebrovascular disease with hemiplegia, and heart failure. Resident #98's most recent MDS (Minimum Data Set) was coded as an annual assessment and	F 677	F677 ADL Care Provided for Dependent Residents 483.24 • Resident #98 was given a bed bath according to proper protocols at approximately 6:30 am on 6/26/2019. At that time resident was cleaned, and changed to new briefs and clean clothing. • Licensed and certified staff were educated regarding providing ADL care timely for all residents by Director of Nursing and/or designee by 7/21/19. Alert and oriented residents were interviewed by senior staff members to determine if they are receiving there ADL care in a timely manner. Any negative findings will	7/25/19	

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F 677	<p>Continued From page 5</p> <p>was dated 6/10/19. The MDS coded the resident as having no cognitive impairment. Active diagnoses included cerebrovascular disease, hemiplegia, and fracture of the upper and lower end of the left fibula. Resident #98 was coded as needing extensive 2-person assistance with Activities of Daily Living which included personal hygiene and bathing.</p> <p>Resident #98's most recent care plan dated 6/14/19 revealed the resident was care planned for assistance with Activities of Daily Living due to left sided hemiplegia due to history of cerebrovascular accident. Interventions included to keep resident's call light within reach and staff to answer in timely manner.</p> <p>An interview was conducted with Resident #98 on 6/26/19 at 5:15am. She reported she sat in a urine soaked brief last night for 3 hours before the staff changed her. She reported she had urine up her back and down her legs. During interview, Resident #98 had on her call light. NA #13 (Nursing Assistant) came in the room at 5:25am and reported he had to find someone to help him and would be back in 5 minutes to bathe Resident #98. Resident #98 reported her brief was dry.</p> <p>An interview was conducted with NA #13 on 6/26/19 at 5:50am. He reported he had not bathed Resident #98 yet as he had to complete care on another resident and wait for NA #15 to get done with another resident.</p> <p>An observation was conducted on 6/26/19 at 6:40am of Resident #98 receiving a bath from NA #13 and NA #15. When NA #13 removed Resident #98's brief, it was wet. NA #13 washed hands prior to donning gloves and with glove</p>	F 677	<p>be addressed immediately.</p> <ul style="list-style-type: none"> Weekly audits will be conducted for four weeks, then 2 times monthly times 2 months and then 1 times monthly by 4 months by Director of Nursing and/or Nurse Manager, from a random sampling of residents to ensure proper ADL care is being provided. If any adverse outcomes are identified via the weekly audit, immediate action will be taken to address the situation and re-education given. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 		

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F 677	Continued From page 6 change. He provided correct bathing technique by cleansing with warm, soapy water then rinsing and dried resident. Resident #98 tolerated bath and good rapport noted between the resident and the NAs. An interview was conducted with NA #13 on 6/26/19 at 6:55am. He reported he tried to get to the residents who liked baths early first but sometimes had to wait for the other NA when the resident required 2-person assistance. An interview was conducted with the administrator on 6/26/19 at 7:10am. He reported it was his expectation that all residents received timely incontinence care.	F 677			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, pharmacist interview, staff interviews, family member interview and resident interview the facility failed to administer 3 doses of eye drops for 1 of 6 residents (Resident #102) whose medications were reviewed. Findings included: Resident #102 was admitted to the facility on 9-1-18 with multiple diagnoses that included vascular dementia with behavioral disturbances, muscle weakness, dysphagia and seborrheic dermatitis.	F 760	F760 Residents are Free of Significant Med Errors 483.45 • A med error report was completed on for missed eye drop doses in May. Resident #102 will be audited daily by nurse supervisor or designee daily to insure that eye drops are properly administered for 30 days. • An audit was done for all residents receiving eye drops for the past 45 days. Med error reports were done for any missed doses. Completed by 7/15/2019 • Licensed nurses and med aides are	7/25/19	

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F 760	<p>Continued From page 7</p> <p>The quarterly Minimum Data Set (MDS) dated 6-13-19 revealed Resident #102 was minimally cognitively impaired and needed extensive assistance with 2 people for bed mobility, total assistance with one person for dressing and personal hygiene, total assistance with 2 people for transfers and toileting and supervision with set up for eating.</p> <p>Resident #102's care plan dated 6-25-19 revealed a goal that Resident #102's vision would not impede her safety or satisfaction with daily activities. The interventions for that goal included; keeping the environment free from clutter, evaluate for decreased or changes in vision and aid with activities of daily living as needed.</p> <p>A review of the physician orders from 9-1-18 to 6-25-19 revealed an order for Resident #102 to receive Systane Balance eye drops (lubricating eye drops), 1 drop both eyes twice a day.</p> <p>During an interview with Resident #102's family member, the family member stated the resident had not received her eye drops, Systane Balance eye drops, as ordered by the physician in the month of May 2019.</p> <p>A review of Resident #102's medication administration record for May 2019 revealed Resident #102 had missed 3 doses of her Systane Balance eye drops; 5-11-19 5:00pm dose and documented as not available, 5-12-19 5:00pm dose and documented as not available and 5-19-19 10:00am dose and documented as not available.</p> <p>The dispensing pharmacist was interviewed on 6-27-19 at 9:10am. The pharmacist stated the</p>	F 760	<p>to be in serviced that "medication not available" is not a reason to not provide medication for resident. If medication is actually not available the nurse responsible is to reach out to on call NP/physician to get equivalent substitute or hold order. Licensed nurses and med aides were also in serviced that OTC eye drops and other OTC medications are kept in stock in Pine Village supply room by 7/21/19.</p> <ul style="list-style-type: none"> Weekly audits on medication availability and eye drops being administered as ordered times 4 weeks, then twice monthly times 2 months, and them monthly times 4 months on all residents receiving eye drops by nurse coordinator or designee will be performed. Data obtained during the audit process will be analyzed by the Consultant Pharmacist and interdisciplinary team for irregularities, patterns and trends and reported to QAPI by Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 		

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F 760	<p>Continued From page 8</p> <p>Systane Balance eye drops were over the counter, so the staff would need to retrieve the medication from the facility's central supply.</p> <p>An interview occurred with the central supply manager on 6-27-19 at 9:30am. The central supply manager stated she examines each medication room daily and restocks the over the counter medications as needed. She also stated when a new resident was admitted she received a call from the nurse informing her of any new medication that may be needed. The manager stated staff had access to the central supply room during off hours and on the weekends if they were needing a medication. She also stated Systane Balance eye drops were kept in the medication room and denied receiving a call or being informed that Resident #102 was out of her Systane Balance eye drops.</p> <p>Nurse #1 was interviewed on 6-27-19 at 10:00am. The nurse stated she did not administer Resident #102's Systane Balance eye drops on 5-11-19 and 5-12-19 at 5:00pm "because they were not on the medication cart." She also denied looking in the medication room to see if the medication was there "No I didn't look in there because this was a medication ordered by the doctor, so it had to come from the pharmacy." Nurse #1 denied calling the pharmacy to try and obtain the medication.</p> <p>During an interview with the Medication Aide #1 on 6-27-19 at 10:15am, the medication aide stated she did not administer Resident #102's Systane Balance eye drops on 5-19-19 at 10:00am "because they were not on the medication cart." She also denied looking in the medication room for the eye drops "no I didn't</p>	F 760			

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F 760	Continued From page 9 think to look in there."	F 760			
F 812 SS=E	<p>The Administrator and corporate Clinical Manager were interviewed on 6-27-19 at 3:30pm. The Administrator stated he expected staff to follow the medication administration record.</p> <p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure dishware were clean and allowed to air dry, maintain clean kitchen equipment and store foods in sealed containers. This was evident in 1 of 1 kitchen observations.</p> <p>Findings Included:</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve-Sanitary 483.60</p> <p>1. The 10 steam table pans were immediately removed from service at 10:30 am of 6/24/2019, rewashed and sanitized.</p> <p>2. The 15 plastic plate bases were removed and placed on drying rack until</p>	7/25/19	

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F 812	<p>Continued From page 10</p> <p>An observation of the kitchen on 6/24/19 at 10:30 am with the Dietary Manager (DM) revealed the following:</p> <ol style="list-style-type: none"> 10 full sized steam table pans had food particles and grease in them. These pans were stacked together on a storage shelf for clean pots and pans. 15 of 15 plastic plate bases were stacked together wet on the serving line ready for the lunch meal service. 2 hood filters located over the fryer were saturated with a dark brown, grease like substance. The condiment cart was noted with an accumulation of white powder, gritty-like substances in and below the metal insert pans. A 25-pound box of white rice and a 10-pound bag of brown rice were open and exposed to the air in the dry storage room. <p>An interview on 6/24/19 at 10:55 am with the DM revealed the steam table pans were not clean and needed to be re-washed, the plate bases and all dishware should be air dried before being stored, the hood filters needed to be cleaned and possibly replaced if they could not be adequately cleaned, the condiment cart should be clean and the bags of rice should be sealed, labeled and dated.</p> <p>An interview on 6/27/19 at 5:10 pm with the Administrator revealed it was his expectation that the kitchen was kept clean and orderly, food items were properly sealed, labeled and dated and dishes were clean and allowed to air-dry.</p>	F 812	<p>completely air dried at 10:30 am 6/24/2019</p> <ol style="list-style-type: none"> Both hood filters above the fryers were cleaned and or replaced by 6:30 pm on 6/24/2019. One filter was completely replaced and the other was cleaned. The condiment cart was immediately cleaned at 10:30 am on 6/24/2019. Both boxes of rice were discarded at 10:30 am on 6/24/2019. <ol style="list-style-type: none"> All dietary staff were in serviced on proper cleaning and how to properly stack dishes, pans and other dietary items for proper air drying by 7/21/2019. All dietary staff were in serviced on procedure for weekly cleaning by 7/21/2019. All hood filters are scheduled for cleaning weekly to insure they are free from grease build up. All dietary staff were in serviced for procedure for proper condiment cart cleanup by 7/21/2019 and condiment carts are scheduled for daily cleaning. All dietary staff were in serviced on the procedure for properly storing and labeling foods by 7/21/2019. Monitoring is done daily for proper labeling and storage. <p>" Monitoring logs were established by dietary manager and will be monitored by same, for pan cleanliness, dish drying, condiment cart cleanliness, and food storage and labeling for daily inspection for next 60 days. Hood filters will be monitored weekly times 8 and then monthly. All items are being placed on a regular cleaning schedule.</p> <p>" Data obtained during the audit</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2019
NAME OF PROVIDER OR SUPPLIER ASHTON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MCLEANSVILLE, NC 27301		
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F 812	Continued From page 11	F 812	process will be analyzed for patterns and trends and reported to QAPI by Dietary Manager monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.		