STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. BUILDING _____ B. WING _____	C 02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SALUDA	501 ESSEOLA CIRCLE SALUDA, NC 28773

(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
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted onsite 01/26/21 with exit from the facility on 01/26/21. Additional information was obtained offsite through 02/02/21; therefore, the exit date was changed to 02/02/21. The faiclity was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# BNQ811.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted onsite 01/26/21 with exit from the facility on 01/26/21. Additional information was obtained through 02/02/21; therefore, the exit date was changed to 02/02/21. The facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. A total of 2 allegations were investigated and both were substantiated. Event ID# BNQ811.	F 000		
F 561 SS=E	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §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. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health	F 561		3/2/21

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

Electronically Signed | 02/26/2021

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F 561	Continued From page 1 care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §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. §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. §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 record review and resident, family and staff interviews, the facility failed to allow residents placed on transmission based precautions due to potential exposure from direct care staff that tested positive for COVID-19 the choice to go outside to smoke for 6 of 6 residents reviewed for choices (Resident #3, #13, #6, #14, #11, and #12). This failure occurred during a COVID-19 pandemic. Findings included: A facility policy titled "Independent/Unsupervised Leave of Absence (LOA) During Covid-19 Guidance" dated 08/03/20, read in part: "Facilities should reassess residents noted to be independent/unsupervised with LOA or smoking. They need to take into consideration if resident is able to follow COVID safety requirements such as	F 561	Residents #3, #13, #6, #14, #11, and #12 were provided a copy of the resident rights as well as the resident's responsible party. The rights were reviewed with both the resident and the responsible party. A smoking schedule was created by the facility with input from the resident and the responsible party. All residents have the potential to be affected by this deficient practice, therefore all current residents were provided a copy of the resident rights and a copy was mailed to the responsible party. A resident council meeting was conducted by the facility social worker to review the rights and determine any concerns regarding resident rights.	

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F 561	Continued From page 2 hand-hygiene, universal masking and social distancing without prompting. If a resident is not able to consistently follow these requirements they will need to be designated as requiring supervision with LOA or smoking. Residents who are in an isolation or observation unit are not permitted to have a LOA of any kind. Such residents should be offered nicotine patches or other smoking cessation alternatives per physician's orders." 1. a. Resident #3 was admitted to the facility on 05/30/19 with diagnoses that included hemiplegia (paralysis on one side of the body), mild cognitive impairment and nicotine dependence. A physician progress note dated 12/23/20 for Resident #3 noted the following comments under the diagnosis of chronic nicotine dependence, "12/23/20: daily assisted smoker. Not interested in quit assist. 10/28/20: Daily routine revolves around smoking times, remains assisted and supervised. Has nicotine patch available when under quarantine due to COVID-19 pandemic restrictions." The quarterly Minimum Data Set (MDS) dated 01/08/21 noted Resident #3 had moderate impairment in cognition and required limited staff assistance with locomotion on/off the unit. A review of Resident #3's medical record revealed COVID-19 Point of Contact (POC) test results for the dates of 12/28/20, 1/01/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative. During a telephone interview on 01/27/21 at 3:42 PM Resident #3's Responsible Party (RP)	F 561	To prevent this from recurring, the facility Administrator or designee will complete education on resident rights to all staff by 3/2/21. This education will be provided to all new hires and agency staff. A resident council meeting will be held routinely, at minimum monthly, to review resident rights and any concerns that the council has around resident rights. Any concerns will be taken through the grievance process and communicated back to the council for resolution review. To monitor and maintain ongoing compliance, beginning 3/3/21 the Administrator or designee will audit 10 residents per week for 12 weeks to validate that there are no resident right violation concerns. These audits will include residents in the facility and resident responsible party via phone. These findings will be documented on an audit tool. Any negative findings will be corrected immediately. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations. The facility Administrator is responsible for compliance. Date of compliance is 3/2/21. Title of person responsible for implanting an acceptable plan of correction: Melissa Pate, Administrator	

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confirmed Resident #3 had smoked for a long time and looked forward to going outside during the day to smoke. The RP stated it was last week when she learned through general conversation with a staff member that the facility had stopped allowing residents out of their rooms to go outside and smoke due to being placed on isolation precautions. The RP added smoking was Resident # 3's main pleasure and by not allowing her out of the room to smoke, she felt it was affecting her quality of life.

During a telephone interview on 01/27/21 at 1:00 PM, the Director of Nursing (DON) confirmed Resident #3 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #3. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #3 would be discontinued on 02/04/21.

b. Resident #13 was admitted to the facility on 12/10/19 with diagnoses that included hypertension, history of traumatic brain injury and bipolar disorder.

The quarterly Minimum Data Set (MDS) dated 01/05/21 noted Resident #13 had intact cognition and required staff supervision with locomotion on/off the unit.

A review of Resident #13's medical record revealed COVID-19 Point of Contact (POC) test results for the dates of 12/28/20, 1/01/21, 1/04/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative.

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During a telephone interview on 02/01/21 at 1:24 PM, Resident #13 confirmed he was a smoker but had not been able to go outside to smoke for approximately one month due to being on quarantine. Resident #13 stated he was offered a nicotine patch but didn't like them so he refused. Resident #13 added he wasn't given the choice and missed being able to go outside to smoke, "it's what keeps me sane."

During a telephone interview on 02/01/21 at 2:34 PM, the Administrator confirmed Resident #13 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #13. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #13 would be discontinued on 02/04/21.

c. Resident #6 was admitted to the facility on 02/10/18 with diagnoses that included convulsions, anxiety disorder and major depression.

The quarterly Minimum Data Set (MDS) dated 12/17/20 noted Resident #6 had intact cognition and required staff supervision with locomotion on/off the unit.

A physician progress note dated 01/13/21 for Resident #6 noted the following comments under the diagnosis of chronic nicotine dependence, "11/16/20 - daily supervised smoking. Not interested in quit assist. 02/20/20 - has started smoking at facility. No desire for quit assist despite being cautioned about adverse health effects and poor wound healing."

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A review of Resident #6's medical record revealed COVID-19 Point of Contact (POC) test results for the dates of 12/28/20, 1/01/21, 1/04/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative.

During a telephone interview on 02/01/21 at 1:18 PM, Resident #6 confirmed she was a smoker and usually went outside to smoke approximately 4 times a day but had not been allowed out of the room to go outside to smoke since being placed on isolation precautions. Resident #6 was not sure how long she had been on isolation precautions and could not recall if anyone had explained why she could not leave her room to go outside and smoke but did state she was offered and received a nicotine patch. Resident #6 stated she wanted and enjoyed being able to go smoke, "it's a reason to get out of the room and be outside."

During a telephone interview on 02/01/21 at 2:34 PM, the Administrator confirmed Resident #6 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #6. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #6 would be discontinued on 02/04/21.

d. Resident #14 was admitted to the facility on 08/22/19 with diagnoses that included diabetes, heart failure and major depressive disorder.

The comprehensive Minimum Data Set (MDS) dated 11/18/20 noted Resident #14 had intact

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cognition and required supervision with locomotion on the unit.

A review of Resident #14's medical record revealed COVID-19 Point of Contact (POC) test results for the dates of 12/29/20, 1/01/21, 1/04/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative.

During a telephone interview on 02/01/21 at 1:27 PM, Resident #14 confirmed he was a smoker and usually went outside 5 times a day but had not been able to smoke in the past "month or two" due to being on quarantine. Resident #14 stated he was offered a nicotine patch but did not want one and if given the choice, he would prefer to get outside to smoke.

During a telephone interview on 02/01/21 at 2:34 PM, the Administrator confirmed Resident #14 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #14. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #14 would be discontinued on 02/04/21.

e. Resident #11 was admitted to the facility on 05/24/19 with diagnoses that included stroke and hemiplegia.

The quarterly Minimum Data Set (MDS) dated 12/17/20 noted Resident #11 had intact cognition and required staff supervision with locomotion on/off the unit.

A review of Resident #11's medical record

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revealed COVID-19 Point of Contact (POC) test results for the dates of 12/28/20, 1/01/21, 1/04/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative.

During a telephone interview on 02/01/21 at 1:15 PM, Resident #11 revealed he usually went outside to smoke about 5 times a day but hadn't been allowed out since being placed under "quarantine." Resident #11 stated it bothered him "just a little bit" that he couldn't go outside to smoke but that "it was alright." He was unable to recall how long he had been on isolation precautions or when the last time he was able to go outside and smoke.

During a telephone interview on 02/01/21 at 2:34 PM, the Administrator confirmed Resident #11 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #11. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #11 would be discontinued on 02/04/21.

f. Resident #12 was admitted to the facility on 04/26/19 with diagnoses that included cerebral infarction (damage to tissues in the brain due to loss of oxygen) and anxiety.

The quarterly Minimum Data Set (MDS) dated 10/18/20 noted Resident #12 had intact cognition and required staff supervision with locomotion on/off the unit.

A review of Resident #12's medical record revealed COVID-19 Point of Contact (POC) test

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results for the dates of 12/28/20, 1/01/21, 1/04/21, 01/07/21, 1/11/21, 1/14/21, 1/18/21, 1/21/21, and 1/25/21 that were all negative.

During a telephone interview on 02/01/21 at 1:21 PM, Resident #12 confirmed he was a smoker but hadn't been able to go outside to smoke since being placed on quarantine. Resident #12 stated he wasn't given the choice just told he could not go smoke. Resident #12 declined to answer further questions.

During a telephone interview on 02/01/21 at 2:34 PM, the Administrator confirmed Resident #12 had remained on isolation precautions since 12/28/20 due to repeated exposure from direct care staff who had tested positive and provided care to Resident #12. She added as long as staff members who provided direct care continued to test negative for COVID-19, isolation precautions for Resident #12 would be discontinued on 02/04/21.

During an interview on 01/26/21 at 12:29 PM, the Director of Nursing (DON) stated residents who were placed on transmission based precautions were not allowed out of their room at all, even to go outside to smoke. The DON explained they worked with the physician or Nurse Practitioner to offer the residents the option for a nicotine patch. She added residents were informed they could resume their smoking schedule once transmission based precautions were discontinued.

During a telephone interview on 01/27/21 at 1:00 PM, the DON explained when nursing staff tested positive for COVID-19, the residents on the nursing staff's assignment were placed on

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F 561	Continued From page 9 transmission based precautions due to potential exposure. The DON added when residents were re-exposed by nursing staff who tested positive for COVID-19 and provided direct care, the 14-days of isolation precautions started over. During a joint telephone interview with the DON and Administrator on 1/27/21 at 3:17 PM, the Administrator stated based on the guidance received from their corporate office as well as their infection control policy, residents placed on transmission based precautions were not allowed out of their rooms unless medically necessary. The Administrator explained smoking was not considered to be medically necessary and confirmed residents in the facility were not allowed to go outside to smoke while on transmission based precautions even if they were asymptomatic and tested negative for COVID-19. During a telephone interview on 01/29/21 at 12:32 PM, the Administrator explained that by placing residents on transmission based precautions, the resident only had contact with one direct caregiver per shift which decreased their risk for further exposure. The Administrator stated by allowing residents to go outside to smoke their risk of exposure would increase due to contact they would have with multiple facility staff assisting them outside to the smoking area. The Administrator stated they had followed their policy related to transmission based precautions and during an outbreak, they had to make the best decision in order to protect the residents of the facility.	F 561		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)	F 580		3/2/21

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

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F 580	Continued From page 11 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews, the facility failed to notify the Responsible Party of a new medication order for 1 of 5 residents reviewed for notification of change (Resident #3). Findings included: Resident #3 was admitted to the facility on 05/30/19 with diagnoses that included nicotine dependence. The quarterly Minimum Data Set (MDS) dated 01/08/21 assessed Resident #3 with moderately impaired cognition. A physician's progress note dated 12/23/20 revealed the following comments under the diagnosis of nicotine dependence: "12/23/20: daily assisted smoker, not interested in quit assist. 10/28/20: daily routine revolves around smoking times, remains assisted and supervised, has nicotine patch available when under quarantine due to COVID-19 pandemic restrictions." Review of Resident #3's medical record revealed a physician's order entered by Nurse #1 with a	F 580	Resident #3 responsible party was notified of the resident's current orders and plan of care was reviewed. All residents have the potential to be affected by this deficient practice; therefore, an audit of new orders will be completed by the Director of Nursing or designee by 3/2/21 for the last 7 days. Residents or their responsible party were notified of any new orders. The notification was documented in the resident's medical record. To prevent this from recurring, the facility Director of Nursing or designee will complete education to all nurses on the requirement of notification to residents or their responsible party of condition changes, including new orders, by 3/2/21. This education will be provided to all new hires and agency staff. The Director of Nursing or designee will monitor for new orders at clinical morning meeting and verify the resident or responsible party were notified. To monitor and maintain ongoing	

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F 580	Continued From page 12 start date of 01/11/21 for: Nicotine Patch 14 milligram/24 hour - apply one patch every 24 hours as needed for nicotine dependence for 30 days. Use when unable to go outside to smoke due to COVID-19 pandemic restrictions. Review of the January 2020 staff progress notes for Resident #3 revealed no entry indicating the Responsible Party (RP) was notified of the new medication order dated 01/11/21. A telephone interview on 01/27/21 at 3:42 PM was conducted with Resident #3's RP. She stated during a conversation with a facility staff member last week when she learned they had stopped allowing residents from going outside to smoke if they were under isolation precautions. The RP stated she then spoke with one of the facility nurses for an update. The nurse confirmed Resident #3 had not been allowed out of the room to go outside and smoke. The nurse had also reported the physician had ordered a nicotine patch for Resident #3, who kept pulling the patch off. The RP added she had not been notified that Resident #3 had a physician's order for a nicotine patch and she had specifically requested to be notified of any changes or new medication orders. During a telephone interview on 02/02/21 at 9:13 AM, Nurse #1 stated she usually called the resident's RP to notify them of new medication orders and entered a progress note in the resident's medical record but sometimes got busy and forgot. Nurse #1 confirmed she entered Resident #3's medication order received by the physician for the Nicotine patch on 01/11/21 but was unable to recall if she had notified Resident #3's RP.	F 580	compliance, beginning 3/3/21 the Director of Nursing or designee will audit 10 resident's orders per week for 12 weeks to validate that any new orders were communicated to the resident and/or their responsible party. These findings will be documented on an audit tool. Any negative findings will be corrected immediately. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations. The facility Administrator is responsible for compliance. Date of compliance is 3/2/21. Title of person responsible for implementing an acceptable plan of correction: Melissa Pate, Administrator	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. BUILDING _____ B. WING _____	C 02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 580	Continued From page 13 During a telephone interview on 01/29/21 at 1:00 PM the Director of Nursing (DON) explained nurses were responsible for notifying a resident's RP of any new order and entering a progress note in the resident's medical record. The DON stated Nurse #1 should have notified Resident #3's RP when the medication order for a nicotine patch was received by the physician on 01/11/21.	F 580		