

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 OLD BALSAM ROAD WAYNESVILLE, NC 28786		
(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	E 000			
F 000	An unannounced recertification survey was conducted on 03/08/21 through 03/11/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1TKM11.	F 000			
F 695 SS=D	INITIAL COMMENTS A recertification survey and complaint investigation survey were conducted from 03/08/21 through 03/11/21. There was a total of 15 allegations investigated and they were all unsubstantiated. Event ID # 1TKM11. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to obtain a physician's order for oxygen therapy for 1 of 2 residents reviewed for oxygen therapy (Resident #223). The findings included: Resident #223 was admitted to the facility 2/26/21. Diagnoses included chronic obstructive pulmonary disease (COPD), chronic pain	F 695	Preparation and submission of this POC is required by state and federal law. It is executed and implemented as a means to continuously improve the quality of care to comply with state and federal requirements. On 3/10/21, Resident #223's MD was made aware of residents need for oxygen and a new order to administer oxygen on this resident was obtained. On 3/12/21 a 100% audit of all residents	4/8/21	

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

TITLE

(X6) DATE

Electronically Signed

03/31/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 OLD BALSAM ROAD WAYNESVILLE, NC 28786		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 695	<p>Continued From page 1 syndrome, and COVID-19.</p> <p>At the time of the survey, a Minimum Data Set (MDS) assessment was not available for review.</p> <p>Review of the care plan updated 3/1/21 revealed Resident #223 was care planned for oxygen therapy with a goal to be free from signs and symptoms of hypoxia. The interventions included administer oxygen as ordered and provide portable oxygen for ambulatory residents. Resident #223 was also care planned for altered pulmonary status with a goal to remain free from complications related to altered pulmonary status. Interventions included administer pharmacological interventions as directed by the physician.</p> <p>Review of Resident #223's medical record revealed no physician's order for the use of oxygen therapy.</p> <p>Observations of Resident #223 receiving oxygen therapy in the room with the concentrator set at 2 liters and wearing a nasal cannula occurred on 3/8/21 at 2:02 PM, 3/9/21 9:37 AM, and 3/10/21 at 10:32 AM.</p> <p>During an interview with Nurse #1 on 3/10/21 at 10:54 AM, she stated the protocol for residents on oxygen therapy was for there to be a physician's order in the electronic medical record before dispensing oxygen.</p> <p>An interview on 3/10/21 at 2:10 PM with the Director of Nursing (DON) revealed a "house standing order" for oxygen would be administered to residents who did not feel well for at most 24-48 hours, which she stated did not apply to</p>	F 695	<p>using oxygen or who had an oxygen concentrator in their room was conducted to ensure each resident had the appropriate MD order in place and care planned accordingly. No other residents were affected by this alleged deficient practice.</p> <p>All Clinical staff were in-serviced by the facilities Staff Development Coordinator on or before 4/1/21 regarding resident oxygen use. The in-service includes but not limited to the facilities policy on Oxygen administration and safety. Guidelines of the in-service also included the importance of the physician order prior to Administering Oxygen and the facilities house standing order to allow oxygen administration for up to 48 hours if RN assessment dictates the need for supplemental oxygen.</p> <p>Beginning 4/1/21, oxygen orders will be reviewed by the clinical team on the next business day, any necessary changes to the plan of care or clarification orders will be completed as needed. Assigned department head staff will conduct random room round observations and will communicate any new changes with residents receiving oxygen, to the DON or designee for follow-up.</p> <p>Beginning, 4/1/21 the DON/designee will conduct audits weekly x 4 on all current residents receiving oxygen therapy, then monthly x 2 months to ensure appropriate order and care plan are being followed. DON/designee will present the findings at the facilities QAPI meeting. The IDT will discuss any trends and determine the need for new strategies and/or future</p>		

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

PRINTED: 04/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF WAYNESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 OLD BALSAM ROAD WAYNESVILLE, NC 28786		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	<p>Continued From page 2</p> <p>Resident #223. She stated there should have been a physician's order for Resident #223's oxygen therapy.</p> <p>An interview was conducted on 3/11/21 at 2:46 PM with the Administrator. During the interview he stated it was his expectation there should have been a physician's order for Resident #223 receiving oxygen therapy.</p> <p>An interview with the Medical Director on 3/10/21 at 2:05 PM revealed if a resident was receiving oxygen therapy then it was his expectation that an order was required. He stated there was no explanation for Resident #223 to have received oxygen without a physician's order.</p>	F 695	<p>audits.</p> <p>The DON/designee will be responsible for compliance.</p> <p>Date of compliance is 4-8-2021</p>	