STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345400	A. BUILDING _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYLAND CARE CENTER	193 ASHEVILLE HIGHWAY SYLVA, NC 28779

(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 recertification survey was conducted on 08/23/2021 through 08/26/2021. The faciltiy was found in compliance with the requirement CFR483.73, Emergency Preparedness. Event ID # J4VN11	E 000		
F 000	INITIAL COMMENTS A recertification survey was conducted at the facility on 08/23/2021 through 08/26/2021. Event ID # J4VN11	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to initiate the bowel protocol when a resident went 6 days with no bowel movement for 1 of 6 residents reviewed for unnecessary medication use. (Resident #10). The findings included: Review of the facility standing orders for bowel protocol revealed: if no bowel movement in 3 days give milk of magnesium (MOM) or Dulcolax tabs, if not effective by 6:00 AM the next morning	F 684	1.The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited. The bowel List is put out each morning by Facility Ward Clerk. RN filling in while she was on vacation left one resident off the list and did not catch it until day 5. Plan: a. All administrative nurses will be trained	9/10/21

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

Electronically Signed | 09/14/2021

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F 684	Continued From page 1 give dulcolax suppository, and if not effective in 4 hours give fleets enema. The doctor should be notified if entire bowel protocol was exhausted without results. Resident #10 was admitted to the facility 5/24/21. Diagnoses included iron-deficiency anemia. Review of the admission Minimum Data Set (MDS) dated 5/30/21 revealed Resident #10 was severely cognitively impaired and required extensive assistance by 2+ staff persons with toileting. She had an indwelling catheter and was frequently incontinent of bowel. Resident #10's care plan dated 5/30/21 revealed there was no focus to address constipation issues. Review of the facility bowel records from 8/1/21 through 8/23/21 revealed Resident #10 had no bowel movements documented on 8/6/21, 8/7/21, 8/8/21, 8/9/21, 8/10/21, and 8/11/21 for a total of 6 days without a bowel movement. The bowel warnings report dated 8/12/21 was reviewed and revealed Resident #10 was on Day 5 without a bowel movement (BM). Nurse Aide #1 and Nurse #1 recorded that Resident #10 had an extra-large BM on 8/11/21. The Medication Administration Record (MAR) from 8/5/21 through 8/12/21 for Resident #10 was reviewed. She had not received any milk of magnesium, dulcolax suppository, or a fleets enema. During an interview with Nurse Aide (NA) #1 on 8/25/21 at 1:22 PM, she stated Resident #10 was	F 684	on how to correctly print bowel list each morning so that they may fill in when ward clerk is out of building. b. Newly Hired Administrative nurses will be trained during orientation period on correctly printing bowel list in case they need to fill in. c. All nurses will be in-serviced on the facility bowel protocol. 2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited. a. Director of Nursing trained all administrative nurses by 9/10/2021 how to correctly print bowel list each morning so that they may fill in when ward clerk is out of building. b. Director of Nursing in-serviced all nurses by 9/10/2021 on the facility bowel protocol. 3. The monitoring procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Director of Nursing or Assistant Director of Nursing will audit the bowel report put on each hall with the bowel log from the EMAR system to verify accuracy of names and dates. This will be completed each morning for the next 6 months. A report will then be turned in each month stating compliance and will be recorded in the monthly QAPI meetings.	

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F 684	Continued From page 2 often on the bowel warnings report, which was printed daily. NA #1 did not recall documenting that Resident #10 had an extra-large BM on the bowel warning list dated 8/11/21. An interview was attempted with Nurse #1, but he was not available during the investigation. The Assistant Director of Nursing (ADON) was interviewed on 08/26/21 at 8:44 AM. She revealed the Administrative Assistant (AA) normally processed the bowel warnings report daily, but she was on vacation from 8/9/21 through 8/13/21. The ADON stated she took over this task beginning on 8/9/21 and was provided written instructions by the AA. The report was already programmed to look back at a 3-day period, and the ADON stated she added 3 more days to the report by mistake. Resident #10 did not show up on the bowel warnings report until 8/12/21 when it was corrected by the ADON. The bowel warnings report dated 8/12/21 showed Resident #10 had an extra-large BM on 8/11/21 documented by NA #1 and Nurse #1. The ADON reported anti-diarrheal medication was given to Resident #10 on 8/13/21, but no other bowel regimen was provided from 8/6/12 through 8/12/21. The ADON confirmed the bowel care standing orders located at the bottom of the bowel warnings report: If no BM in 3 days, give MOM or Dulcolax tabs. If no results by 6am the next morning, give Dulcolax Suppository. An interview on 8/26/21 at 10:17 AM with the Director of Nursing (DON) revealed her expectation was that the bowel warnings report would have been pulled correctly, and the bowel care protocol should have been followed since Resident #10 did not have a BM for more than 3	F 684	4. The title of the person responsible for implementing the acceptable plan of correction. Director of Nursing 5. Completion Date: 9/10/2021	

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F 684	Continued From page 3 days. An interview was conducted on 8/26/21 at 10:30 AM with the Administrator. During the interview she stated it was her expectation that for nurses to start the bowel protocol for any resident that did not have a bowel movement in three days.	F 684		
F 695 SS=D	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 review, and staff interviews, the facility failed to obtain a physician's order for oxygen therapy for 1 of 10 residents reviewed for oxygen. (Resident #85) The findings included: Resident #85 was originally admitted to the facility on 6/7/21. Resident #85 went to the hospital 7/21/21 and was re-admitted 7/25/21. Review of the medical record revealed diagnoses which included congestive heart failure (CHF), respiratory failure with hypoxia, sepsis, and pneumonia. Resident #85's 5 Day Minimum Data Set (MDS)	F 695	1. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited. Resident returned from the hospital on 7/25/2021 and the nurse that readmitted him into the facility failed to put in the oxygen order from the hospital orders. The resident was on oxygen before discharging to the hospital and continued once returning. 1. a. We updated our admission order check list as a reminder to the nurses to check for oxygen orders and pull over to the	9/10/21

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F 695	Continued From page 4 dated 7/31/21 revealed he was cognitively intact and was coded for oxygen use while a resident and while not a resident. Review of the care plan dated 6/27/21 revealed Resident #85 was care planned for CHF with a goal he would make staff aware of any shortness of breath as it occurred. Interventions included to monitor oxygen saturation as ordered and as needed, ensure oxygen tubing had ear protectors on, and encourage rest periods as needed due to fatigue. Observations of Resident #85 receiving oxygen therapy in his room with an oxygen concentrator set at 4.5 liters wearing a nasal cannula occurred on 8/23/21 at 12:39 PM. Observations of Resident #85 receiving oxygen therapy in his room with an oxygen concentrator set at 4 liters wearing a nasal cannula occurred on 8/24/21 at 11:08 AM and 8/24/21 at 11:14 AM. Review of the medical record for Resident #85 revealed oxygen saturations were checked once a shift and all oxygen saturations were 90% or above. Interview with Nurse #2 on 8/24/21 at 4:07 PM revealed Resident #85 was on oxygen and had his oxygen saturation checked every shift. Nurse #2 stated there should be an order for oxygen therapy for Resident #85, but that there was no order for oxygen therapy present in the computer. Interview with the Respiratory Therapist on 8/24/21 at 4:16 PM revealed he had just examined Resident #85 and stated Resident #85 was using 4 liters of oxygen therapy and that he	F 695	EMAR system. b. All resident charts currently on oxygen were audited to assure physician order for oxygen was present and correct in the chart. c. Trained all nurses on new order check list. d. Respiratory Therapist was trained on new admission oxygen audit. e. Respiratory Therapist will evaluate all new admissions for oxygen orders weekly. 2.The procedure for implementing the acceptable plan of correction for the specific deficiency cited. a. Updated admission order check list to include checking for oxygen orders and pulling over to the EMAR system. b. Director of Nursing completed training with all nurses on new order check list on 9/10/2021. She will continue to train all new hires on checklist for new admissions. The checklist was placed in the nurses training book that stays on each nurses station. The checklist is also placed in each new chart and filing cabinets at nurses station for re-admissions. c. Respiratory Therapist audited all resident charts that were currently on oxygen on 9/2/2021. All orders are correct and complete in the chart. d. Respiratory Therapist was trained by Director of Nursing on 9/2/2021 on performing weekly audits and reporting to the QAPI committee. e. Respiratory Therapist will evaluate all new admissions for oxygen orders weekly.	

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F 695	Continued From page 5 required 4 liters of oxygen therapy at all times. Interview with the Director of Nursing on 8/24/21 at 4:47 PM revealed she expected Resident #85 to have an oxygen therapy order for his current oxygen use. Interview with Nurse #3 on 8/25/21 at 12:46 PM revealed she had been the nurse when Resident #85 had returned from the hospital. Nurse #3 stated Resident #85 did have a previous order for oxygen therapy and thought the order would carry over when he got re-admitted. Nurse #3 revealed she had missed the order to reinstate Resident #85's oxygen therapy. Interview with the Administrator on 8/26/21 at 11:58 AM revealed the nurse that re-admitted Resident #85 from the hospital had missed the oxygen therapy order. The Administrator expected that Resident #85 would have had an order for his current oxygen therapy.	F 695	3.The monitoring procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. Respiratory Therapist will audit all new/readmits each week for 6 months to assure oxygen orders are documented in the chart, if we continue to find missing orders we will continue to re-educate and extend the audits until we are sure compliance is achieved. The respiratory therapist will then give report of audit to the DON and Administrator, and it will be recorded in the monthly QAPI meetings. 4.The title of the person responsible for implementing the acceptable plan of correction. Director of Nursing 5. Completion Date: 9/10/2021	