

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

PRINTED: 10/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2021
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805		
(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 000	INITIAL COMMENTS An unannounced onsite complaint investigation was conducted on 09/30/21. Additional information was obtained on 10/01/21. Therefore, the exit date was changed to 10/01/21. Two of the eight allegations investigated were substantiated. Event ID# U4PG11.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		11/5/21	

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

TITLE

(X6) DATE

Electronically Signed

10/22/2021

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.

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F 550	<p>Continued From page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to treat a resident in a dignified manner when a housekeeper (Housekeeper #1) was overhead arguing in a loud tone with the resident in his room for 1 of 3 residents reviewed for dignity and respect (Resident #5). The resident expressed the argument hurt his feelings.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 06/15/21 with diagnoses which included fractured hip with hip replacement surgery, congestive heart failure, chronic obstructive pulmonary disease, and hypertension among others.</p> <p>A review of Resident #5's most recent admission Minimum Data Set (MDS) summary dated 06/21/21 revealed he was cognitively intact for daily decision making. The MDS summary also revealed he required limited to extensive assistance with activities of daily living (ADL), had no behaviors and used a wheelchair for locomotion.</p>	F 550	<p>The Laurels of Summit Ridge wishes to have this submitted plan of correction stand as its written allegation plan of compliance. Our Compliance date is 11/05/2021.</p> <p>Preparation and/or execution of this plan does not constitute admission to nor agreement with either existence of or scope of severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.</p> <p>F-550 Resident Rights/Exercise of Rights</p> <p>Corrective Action: Housekeeper stopped arguing with resident #5 when she saw state surveyor and later admitted to surveyor that she should not have argued with the resident she should have left the room and went back after resident had left room to finish cleaning.</p> <p>Corrective Action for those having the potential to be affected: All residents have the potential to be affected by the alleged</p>		

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F 550	<p>Continued From page 2</p> <p>An observation of the 200 hall on 09/30/21 at 9:00 AM revealed there was a loud conversation overheard in the hallway. Resident #5's door was opened and Housekeeper #1 was heard saying "I know I don't have to listen to you curse me while I am cleaning your room." Resident #5 was heard saying "I didn't curse you, I cursed but not at you." Housekeeper #1 continued mopping the floor. Housekeeper #1 was heard saying "I don't have to listen to you talk to me that way" and Resident #5 again said "I did not curse you." Housekeeper #1 looked out in the hallway and saw the surveyors standing at the doorway and said "he (Resident #5) goes on talking ugly and cursing me all the time." Resident #5 said in a loud tone "don't tell a lie on me, I did not curse you, I just said a curse word when you were in here." Housekeeper #1 then shook her head at what Resident #5 had said.</p> <p>An interview on 09/30/21 at 9:15 AM with Housekeeper #1 revealed she usually worked the 200 hall. She stated she usually did not argue with residents but stated she had engaged in an argument with Resident #5 today. Housekeeper #1 further stated she should have left the room and went back later to finish cleaning it when the resident was out of the room. Housekeeper #1 admitted she should not argue with residents in their rooms because that was their home.</p> <p>An interview on 09/30/21 at 11:32 AM with Resident #5 out in the smoking area revealed he had an argument earlier in his room with Housekeeper #1 and said, "it was not pleasant." Resident #5 said he told Housekeeper #1 that his "damn belt" was missing and asked if she had seen it in his room. He explained she then started telling him not to curse at her and he</p>	F 550	<p>deficient practice. No negative outcome noted to Resident #5 by this alleged deficient practice. Abuse investigation started with 24 hour report sent to DHHS Healthcare Personnel and Investigations Department on 9/30/2021. Housekeeper #1 was terminated on 10/01/2021 by Administrator and House Keeping Director.</p> <p>Systemic changes: Staff Development Coordinator will in-service all staff on Customer Service/Abuse/Treating Residents with Dignity and Respect by 11/05/2021.</p> <p>Monitoring: Department Managers or Designee will round M-F on assigned rooms with Daily round sheet with question specifically asking resident if they are being treated with dignity and respect daily M-F x 4 weeks, weekly x 4 weeks and monthly x 1 month. Department Managers or Designee will audit on non-interviewable residents room observing interaction with staff M-F x 4 weeks, weekly x 4 weeks and monthly x 1 month. Any issues will immediately be brought to the attention of the Director of Nursing and or Administrator for investigation and corrective action. Audits to begin 11/08/2021. Results of the audits will be taken to QA by the Director of Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible for ensuring any further recommendations are carried out.</p>		

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F 550	Continued From page 3 stated he didn't curse at her but had said a curse word while she was in the room. He further explained he and Housekeeper #1 then started arguing back and forth. Resident #5 disclosed the argument "hurt his feelings" because he had not cursed her and wouldn't curse her but had said a curse word in front of her. An interview on 09/30/21 at 3:52 PM with the Director of Nursing (DON) revealed it was unacceptable behavior for an employee to be arguing with a resident in their room and certainly not in a manner that it could be heard out in the hallway. The DON further revealed Housekeeper #1 should have left the room and gone back later when the resident was not in the room to finish cleaning the room. The DON said the behavior would be corrected today.	F 550	Completion Date: 11/05/2021		
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, resident and staff interviews, the facility failed to maintain the hygiene of a resident (Resident #5) by not providing nail care and not trimming his mustache for 1 of 3 residents reviewed for activities of daily living (ADL). The findings included: Resident #5 was admitted to the facility on 06/15/21 with diagnoses which included right hip	F 677	F-677 ADL Care Provided for Dependent Residents Corrective Action: Resident #5 fingernails were cut, cleaned and filed and mustache trimmed on 09/30/2021. Corrective Action for those having the potential to be affected: All residents have the potential to be affected by this alleged deficient practice. No negative outcome noted to Resident #5 by this	11/5/21	

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F 677	<p>Continued From page 4</p> <p>fracture with surgical repair, congestive heart failure , coronary artery disease and hypertension among others.</p> <p>Resident #5's most recent admission Minimum Data Set (MDS) assessment revealed he was cognitively intact for daily decision making and required limited to extensive assistance of 1 staff with all activities of daily living except bathing which required total assistance of 1 staff member.</p> <p>Resident #5's care plan dated 07/22/21 revealed a care plan for ADL self-care performance deficit and need for assistance with ADL and mobility. The interventions included resident required extensive assistance with personal hygiene and oral care and to check nail length and trim and clean on bath day and as necessary.</p> <p>An observation and interview on 09/30/21 at 11:32 AM of Resident #5 out in the smoking area revealed he had fingernails that were ¼ to ½ inch beyond the end of his fingers. The resident also was observed to have a beard and mustache and the mustache had grown below the end of his upper lip and was getting caught between his lips as he talked. Resident #5 stated he did not like for his fingernails to be long and said he would like for them to be trimmed. Resident #5 further stated his nails should have been trimmed on his shower day but that had not happened this week. Resident #5 shared the facility had not had a barber for some time and his mustache needed to be trimmed because he didn't like getting hair from his mustache in his mouth and food.</p> <p>An interview on 09/30/21 at 2:47 PM with Nurse Aide (NA) #1 revealed he was assigned to care for Resident #5 during the 7:00 AM to 7:00 PM</p>	F 677	<p>alleged deficient practice. Restorative Aide will clean, cut and file all non-diabetic residents nails and trim/shave all resident facial hair that want it trimmed/shaven by 10/08/2021. Unit Managers or Charge Nurse will clean, cut and file all diabetic residents nails by 10/08/2021.</p> <p>Systemic Changes: Staff Development Coordinator will educate all C.N.A's and nurses to trim/shave facial hair and to clean, cut and file all residents nails on their shower days and PRN, if they are diabetic the nurse or Unit Manager will clean, cut and file their nails by 11/05/2021.</p> <p>Monitoring: Department Managers or Designee will round M-F on assigned rooms with Daily round sheet with question specifically asking if resident is clean shaven and fingernails are clean and trimmed daily M-F x 4 weeks, weekly x 4 weeks and monthly x 1 month any issues will be brought to the attention of the Director of Nursing and or Administrator for corrective action and further education of nursing staff. Audits to begin 11/08/2021. Results of the audits will be taken to QA by the Director of Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible for ensuring any further recommendations are carried out.</p> <p>Completion Date:11/05/2021</p>		

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F 677	Continued From page 5 shift. NA #1 stated he had not noticed Resident #5's fingernails being long and needing to be trimmed but stated he would make sure they were trimmed. NA #1 further stated he was not aware Resident #5 wanted his mustache trimmed and stated he had not asked him about it today. NA #1 indicated he would trim Resident #5's mustache for him as requested. An interview on 09/30/21 at 3:52 PM with the Director of Nursing (DON) revealed it was expected for the nursing assistants to check resident's nails on shower days and if needed clean, trim and file them. The DON further revealed they had not had a barber in the facility but stated the NAs could trim a resident's mustache for them.	F 677			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		11/5/21	

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F 880	<p>Continued From page 6</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to implement their infection control policies and procedures when a staff member (Activities Director) failed to sanitize her hands after depositing linen in the soiled laundry bin and before assisting a resident (Resident #7) in her wheelchair to her room and when another staff member (Nurse Aide (NA) #1) failed to bag a resident's urinals (Resident #6) prior to placing them in the bathroom for 2 of 2 residents reviewed for infection control.</p> <p>The findings included:</p> <p>1. A review of the facility's Handwashing Policy and Procedure dated 10/2021 revealed in part: Policy: To decrease the risk of transmission of infection by appropriate hand hygiene. Hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues and are sometimes composed of the same chemicals that are used for disinfection of inanimate objects. Although antiseptics and other hand washing/hand hygiene agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used, the</p>	F 880	<p>Directed Plan of Care</p> <p>F-880 Infection Prevention & Control</p> <p>Corrective Action: Activities Director immediately sanitized her hands with hand sanitizer and then washed them with soap and water. Labeled urinal for Resident #6 was removed from rail in the bathroom, cleaned and placed in clean bag secured to rail behind toilet by NA #1 on 09/30/2021.</p> <p>Corrective Action for those having the potential to be affected: All residents have the potential to be affected by this alleged deficient practice. No negative outcome noted to Resident #7 or Resident #6 by this alleged deficient practice. Central Supply clerk will audit all soiled linen carts for foot pedals to open lids by 10/15/2021. Linen carts found without foot pedals to open lids will be replaced or repaired by 10/22/2021. No negative outcome noted to Resident #6 by this alleged deficient practice. Central Supply Clerk or Designee will replace and label all urinals and bed pans and place in clean bag secured to rail behind toilet by 10/29/2021.</p>		

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F 880	<p>Continued From page 8</p> <p>presence of residual activity and the handwashing/hand hygiene techniques followed.</p> <p>I. Handwashing Alcohol based hand sanitizer may be used before and after touch a guest/resident, before performing an aseptic task or handling invasive medical devices, after glove removal, if moving from a contaminated body site to a clean body site during guest/resident care, and after contact with contaminated surfaces.</p> <p>Resident #7 was admitted to the facility on 05/05/21.</p> <p>During a continuous observation on 09/30/21 at 11:22 AM to 11:28 AM Resident #7 was observed being rolled down the hallway by the Activities Director. The Activities Director stopped at the dirty linen bin and deposited a sheet in the bin and without sanitizing her hands continued rolling Resident #7 down the hallway and into her room and positioned her beside the bed in preparation for her lunch tray to be delivered.</p> <p>An interview on 09/30/21 at 11:28 AM with the Activities Director revealed she had placed a sheet in the dirty linen bin that had been taken outside for their activity. She stated the sheet had not been used but since it had been taken outside, she deposited it in the dirty linen bin. The Activities Director further stated she had not sanitized her hands after putting the sheet in the bin and before rolling Resident #7 down the hallway into her room. She stated she should have sanitized her hands prior to continuing to roll the resident to her room.</p> <p>An interview on 09/30/21 at 3:45 PM with the Assistant Director of Nursing (ADON)/Infection</p>	F 880	<p>Systemic Changes: Director of Nursing educated Activities Director on importance of proper hand hygiene after touching soiled linen cart on 09/30/2021. Director of Nursing educated NA #1 on procedure to empty, clean/disinfect, bag and store urinals when not in use on 9/30/2021. Infection Preventionist will educate all staff on hand hygiene, cleaning and storage of bed pans and urinals by 11/05/2021. Facility will order and install a trash bag dispenser in each resident bathroom to make bag availability more accessible by 11/05/2021.</p> <p>Monitoring: Unit Managers or Designee will perform 5 random hand hygiene audits on their units 2 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month. Infection Preventionist or Designee will perform hand hygiene audits one staff member from each department to total five staff members per audit 2 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month. Infection Preventionist or Designee will audit soiled linen carts on each unit for working foot pedals 2 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month. Department Managers or Designee will round M-F on assigned rooms with Daily round sheet with question specifically asking if resident urinals and or bed pans are empty/clean, labeled with name and stored in clean bag secured to rail behind toilet daily M-F x 4 weeks, weekly x 4 weeks and monthly x 1 month. Any issues will be brought to the attention of the Director of Nursing and or</p>		

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F 880	<p>Continued From page 9</p> <p>Preventionist (IP) revealed all staff had received in-services monthly since the beginning of COVID-19. She further revealed they were currently doing audits of staff for handwashing and providing education based on results. The ADON/IP stated she would have expected the Activities Director to have sanitized her hands after putting the sheet in the dirty linen bin and before continuing to roll Resident #7 down the hall to her room. The ADON/IP further stated all employees had been thoroughly educated on proper hand hygiene.</p> <p>An interview on 09/30/21 at 3:52 PM with the Director of Nursing revealed the employees had been educated at least monthly and more often as needed on proper hand hygiene. She stated she would have expected the Activities Director to have known she needed to sanitize her hands after putting the sheet in the bin and prior to continuing to assist Resident #7 to her room.</p> <p>2. A review of the facility's procedure for Urinals adapted from Lippincott Procedures for Bedpan and Urinal Use read in part under "Completing the procedure after the use of a bedpan or urinal:"</p> <ol style="list-style-type: none"> 1. Take the bedpan or urinal to the bathroom or utility room. Observe the color, odor, amount and consistency of its contents. 2. Rinse the urinal with water and clean it thoroughly using a facility-approved disinfectant solution to prevent the spread of infection. 3. Dry, cover and return the urinal to the patient's bathroom for storage. <p>Resident #6 was admitted to the facility on 08/09/17.</p>	F 880	<p>Administrator for corrective action and or further education. Audits to begin 11/08/2021. Results of the audits will be taken to QA by the Director of Nursing and reviewed monthly at the Quality Assurance Committee Meeting for any further recommendations. The Administrator will be responsible for ensuring any further recommendations are carried out.</p>		

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(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 880	<p>Continued From page 10</p> <p>An observation on 09/30/21 at 11:41 AM of Resident #6's bathroom revealed two (2) urinals were observed in the bathroom hanging from the handrail with the lid off and had been placed next to some clean washcloths on the handrail.</p> <p>An interview on 09/30/21 at 2:47 PM with Nurse Aide (NA) #1 revealed he had been assigned to care for Resident #6 during the 7:00 AM to 7:00 PM shift on 09/30/21. NA #1 stated Resident #6 kept his urinals on the bedside table so he could reach them when he needed to use them. NA #1 further stated he was care planned for having the urinals on his bedside table. He indicated he usually removed the urinals when it was time for his meals and cleaned the overbed table with disinfectant before the resident was served his meal on the table. NA #1 further indicated he had placed the urinals in the bathroom on the handrail and said he should have placed them in a bag and tied it and hung it from the handrail. NA #1 said he didn't know why he had not placed the urinals in a plastic bag but stated he knew that was the proper way to store them in the bathroom.</p> <p>An interview on 09/30/21 at 3:45 PM with the ADON/IP revealed urinals should be stored in the bathroom when not in use unless otherwise care planned. The ADON/IP further revealed Resident #6 was care planned for his urinals to remain on his overbed table per his preference. She stated it was not an ideal situation. but it had been the resident's request, so they had honored it. The ADON/IP further stated at mealtime they removed the urinals and stored them in the bathroom and cleaned the table for use with his meal tray. The ADON/IP indicated when the urinals were stored in the bathroom the staff were expected to clean</p>	F 880			

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

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F 880	Continued From page 11 them, place them in a clean bag and tie the bag to the handrail in the bathroom. She further indicated they should never be left out and not covered while stored in the bathroom. An interview on 09/30/21 at 3:52 PM with the DON revealed she would have expected NA #1 to have placed the urinals in a plastic bag for storage in the bathroom and tied the bag to the handrail in the bathroom. She stated all NAs had been educated on the storage of urinals and bedpans and knew they should be stored in a bag in the bathroom.	F 880		