

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

PRINTED: 05/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/05/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	
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{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 05/04/22 to 05/05/22. Tags E-0004, F550, F561, F578, F583, F584, F636, F637, F638, F655, F657, F661, F677, F695, F725, F732, F745, F802, F812, F842, F880, and F921 were corrected as of 05/05/22. Repeat tags were cited. New tags were also cited as a result of the complaint investigation survey conducted at the time of the revisit. The facility remains out of compliance. The Directed Plan of Correction including the Root Cause Analysis were reviewed. Event ID #7OZW12.	{F 000}		
{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 review and staff interviews, the facility failed to accurately code Minimum Data Set (MDS) assessments in the areas of hospice and falls for 3 of 7 sampled residents reviewed for MDS accuracy (Residents #4, #5, and #6). Findings included: 1. Resident #4 was admitted to the facility on 10/02/16. Review of the Hospice Plan of Care, with an effective date of 06/11/21, indicated Resident #4 was certified to receive Hospice services for end of life care. The MDS assessment dated 03/21/22 noted	{F 641}		

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

TITLE

(X6) DATE

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 641}	<p>Continued From page 1</p> <p>Resident #4 had a life expectancy of 6 months or less; however, hospice care was not marked as received under special services and treatments.</p> <p>During an interview on 05/05/22 at 2:33 PM, the MDS Coordinator confirmed Resident #4 currently received Hospice services and just overlooked marking hospice care was received on the MDS assessment dated 04/06/22.</p> <p>During an interview on 05/05/22 at 4:45 PM, the Regional Director of Operations stated he would expect for MDS assessments to be completed accurately.</p> <p>2. Resident #5 was admitted to the facility on 07/22/21.</p> <p>Review of the nurse progress notes for Resident #5 revealed the following: An entry written by Nurse #2 and dated 01/17/22 read in part, "as a staff member entered the room, Resident #5 fell forward out of her wheelchair and onto the floor hitting her forehead. Resident #5 was assessed and neurological checks were within normal limits except for pain." An entry written by Nurse #2 dated 01/19/22 read in part, "status post fall with no other injuries besides bruising to forehead. Purple bruising to forehead now draining into periorbital (tissues surrounding the eyes) areas." An entry written by Nurse #3 and dated 03/12/22 read in part, "Resident #5 observed attempting to transfer from bed and slid down to the floor onto her buttocks. Resident #5 was assessed with no injuries noted."</p> <p>Review of Resident #5's medical record revealed a quarterly MDS assessment dated 04/06/22 that</p>	{F 641}			

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{F 641}	<p>Continued From page 2</p> <p>noted she had 2 or more falls with no evidence of injury since the previous MDS assessment dated 01/04/22.</p> <p>During an interview on 05/05/22 at 2:33 PM, the MDS Coordinator explained when falls were discussed during the morning clinical meetings, she asked if there were any injuries and then reviewed the progress note. The MDS Coordinator confirmed she had incorrectly coded Resident #5's MDS assessment dated 04/06/22 as having 2 falls with no evidence of injury. She stated the MDS assessment should have reflected Resident #5 had one fall with minor injury and one fall with no evidence of injury.</p> <p>During an interview on 05/05/22 at 4:45 PM, the Regional Director of Operations (RDO) stated he would expect for MDS assessments to be completed accurately.</p> <p>3. Resident #6 was admitted to the facility on 12/17/21.</p> <p>A nurse progress note written by Nurse #2 and dated 03/05/22 read in part, Resident #6 came from his room stating he fell but was unable to explain how. Upon nurse assessment, Resident #6 was observed to have a "1.5 inch skin tear to the right forearm that was bleeding and a contusion to the right forehead, reddish-purple in color and approximately 1 inch round."</p> <p>Review of Resident #6's medical record revealed a quarterly MDS assessment dated 03/26/22 that noted he had one fall with no evidence of injury since the previous MDS assessment dated 12/24/21.</p>	{F 641}			

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{F 641}	Continued From page 3 During an interview on 05/05/22 at 2:33 PM, the MDS Coordinator explained when falls were discussed during the morning clinical meetings, she asked if there were any injuries and then reviewed the progress note. The MDS Coordinator confirmed she had incorrectly coded Resident #6's MDS assessment dated 03/26/22 as having one fall with no evidence of injury. She stated the MDS should have reflected Resident #4 had one fall with minor injury.	{F 641}			
{F 656} SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).	{F 656}			

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{F 656}	<p>Continued From page 4</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff the facility failed to develop a comprehensive care plan for 1 of 1 resident reviewed for respiratory care (Resident #1)</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 02/14/22 with multiple diagnoses included acute and chronic respiratory failure with hypercapnia.</p> <p>Review of physician's order dated 02/14/22 revealed Resident #1 was ordered to receive Albuterol Sulfate hydrofluoroalkane (HFA) aerosol solution 108 microgram per actuation 2 puff by mouth 4 times daily as needed for wheezing or short of breath. On 02/16/22, the physician</p>	{F 656}			

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{F 656}	<p>Continued From page 5</p> <p>ordered to administer oxygen continuously for Resident #1 at 3 liters per minutes via nasal cannula every shift.</p> <p>Review of medication administration records indicated Resident #1's vital signs included oxygen saturation level was monitored 3 times daily since 02/15/22.</p> <p>Review of Resident #1's comprehensive care plans on 05/05/22 at 12:17 PM revealed no care plan was developed for respiratory care.</p> <p>During an interview on 05/05/22 at 12:58 PM the MDS Coordinator confirmed she was responsible to develop care plan for Resident #1 as indicated. She explained she was overloaded with her workload in February 2022 due to staffing shortages. She had been pulled to help on the floor when needed and had missed her works. She stated Resident #1 should have a care plan for her respiratory care as she was diagnosed with respiratory failure, receiving oxygen continuously, and being monitored for oxygen saturation levels 3 times daily. The MDS Coordinator added she had failed to develop a comprehensive care plan for Resident #1's respiratory care and it was her oversight.</p> <p>Interview with the Director of Nursing (DON) on 05/05/22 at 1:10 PM revealed it was her expectation for all the residents who received respiratory care in the facility to have a comprehensive care plan in place.</p> <p>During an interview on 05/05/22 at 4:45 PM, the Regional Director of Operations (RDO) stated Resident #1 was diagnosed with respiratory failure and receiving oxygen therapy. It was his</p>	{F 656}			

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{F 656}	Continued From page 6 expectation for the facility to develop a comprehensive care plan to address Resident #1's respiratory needs.	{F 656}			
{F 761} SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove expired medications in accordance with the manufacturer's expiration date for 3 of 4 medication carts (West #1 and #2, East #1) reviewed for medication storage.	{F 761}			

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{F 761}	Continued From page 7 The findings included: 1. An observation was made on 05/05/22 at 9:27 AM, the following expired medications were found in medication cart #1 for the West Hall and available for use: 1 zip lock bag of 10 Bisacodyl rectal suppositories 10 milligram (mg) expired in December 2021. 2 used blister cards contained 63 tablets of metoclopramide 5 mg expired on 04/18/22. 2. An observation was made on 05/05/22 at 9:59 AM, the following expired medications were found in medication cart #2 for the West Hall and available for use: 1 used blister card contained 29 tablets of Levetiracetam 500 mg expired on 12/03/21. 1 unused blister card contained 30 tablets of Levetiracetam 500 mg expired on 12/05/21. 1 used blister card contained 20 tablets of Baclofen 10 mg expired on 08/31/21. 1 used blister card contained 27 tablets of Baclofen 10 mg expired on 12/31/21. 1 unused blister card contained 30 tablets of Baclofen 5 mg expired on 02/02/22. 2 unused blister cards contained 60 tablets of Baclofen 5 mg expired on 04/08/22. 1 used blister card contained 23 tablets of Buspirone 5 mg expired on 02/24/22. 1 unused blister card contained 30 tablets of Buspirone 5 mg expired on 02/28/22. During an interview with the Medication Aide #1 working in West Hall on 05/05/22 at 10:12 AM she stated she was an agency staff who had been working in the facility for 4 days. She did not know why the expired medications were stored in the medication carts in the West Hall. She added	{F 761}			

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{F 761}	<p>Continued From page 8</p> <p>she normally would check the medication before administration to avoid administering expired medication to the residents.</p> <p>3. An observation was made on 05/05/22 at 10:54 AM, an opened bottle contained approximately 800 tablets of sodium bicarbonate 650 mg expired on 09/30/21 was found in medication cart #1 for East Hall and available for use.</p> <p>An interview conducted with Nurse #1 on 05/05/22 at 11:02 AM revealed she was an agency nurse who had been working in the facility for about one month. She checked the medications for expiration before administering and would check the medication cart for expired medication and proper storage when she had down times. She explained the bottle of expired sodium bicarbonate was missed as it was rarely used.</p> <p>During an interview with the Director of Nursing (DON) on 05/05/22 at 11:26 AM, she stated the consultant pharmacist had checked all the medication carts and medication storage rooms on 04/18/22. She explained she was in her position for the third week. She would like to investigate in order to identify the root cause before making a statement.</p> <p>During an interview with the Regional Director of Operations on 05/05/22 at 4:45 PM, he stated medications for discharged or expired residents should be pulled from the med carts immediately. It was his expectation for the facility to remain free of expired medication.</p>	{F 761}			