STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345305	A. BUILDING _____ B. WING _____	C 06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKY RIDGE HEALTH & REHABILITATION	**310 PENSACOLA ROAD BURNSVILLE, NC 28714**

(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 and Compliant survey was conducted from 06/06/22 through 06/08/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# WDJE11.	E 000		
F 000	INITIAL COMMENTS An unannounced Recertification and Complaint investigation survey was conducted from 06/06/22 through 06/22/22. There were 9 allegations investigated and no allegations were substantiated. See intakes NC00180943, NC00186385 and NC00186465 for Event ID #WDJE11.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the	F 578		6/23/22

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

Electronically Signed | 06/24/2022

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F 578	Continued From page 1 facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, staff and Resident interviews, the facility failed to maintain accurate Advanced Directives information throughout the medical record for 1 of 1 resident (Resident #54) reviewed for Advanced Directives. The finding included: Resident #54 was admitted to the facility on 04/21/22 with diagnoses that included chronic obstructive pulmonary disease (COPD). A review of Resident #54's medical record revealed a pink MOST (Medical Orders for Scope of Treatment) form dated 04/25/22 that indicated Cardiopulmonary Resuscitation (CPR) should be attempted if the Resident had no pulse and was not breathing. The form was filed face up in the	F 578	1.The facility failed to maintain accurate Advanced Directive information throughout the medical record for 1 of 1 resident (Resident #54) reviewed for Advanced Directives. Resident # 54 was admitted 4/21/22 as a DNR and was care planned as appropriate as a DNR. Social worker completed review 4/25/22 with Resident #54 who expressed to wishes to change from DNR to full scope of treatment, attempt CPR. A new pink Most (Medical Orders for Scope of Treatment) form was completed indicating his wishes to attempt CPR if found without breaths. It was observed during annual survey that resident had conflicting advanced directives in the chart as a yellow DNR (Do Not Resuscitate) form dated 6/1/22 by	

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F 578	Continued From page 2 medical record and signed by Resident #54. The admission Minimum Data Set assessment dated 04/28/22 indicated Resident #54 was cognitively intact. A further review of Resident #54's medical record revealed a yellow DNR (Do Not Resuscitate Order) dated 06/01/22 which was filed on the back side of the MOST form. An interview was conducted with the Nurse Practitioner on 06/07/22 at 3:32 PM who explained that Resident #54 was receiving Hospice services for COPD and was a DNR. An interview was conducted with the Director of Nursing (DON) on 06/08/22 at 9:28 AM. The DON explained that Resident #54 was receiving Hospice services and was a DNR. The DON was asked to review the discrepancy in Resident #54's medical record and noted that there were two Advanced Directives in the medical record with the pink MOST form being the first form that was visible in the record. The DON stated the Hospice nurse must have filed the DNR form in the medical record without informing the facility. The DON continued to explain that the Advanced Directive process was overseen by the Social Worker (SW) (who was on vacation) and the DNR form should have been given to the SW to file on the medical record. The DON indicated that the discrepancy could have had a negative outcome because if in the event Resident #54 was found not breathing and the code status had to be decided, the pink MOST form would have been the first Advanced Directive form in the medical record and would have been acted upon.	F 578	the Compassionate Care of Western North Carolina (CCWNC) medical director, was filed behind the pink Most form indicating attempt CPR resulting in advanced directive discrepancy. 2. All residents have the potential to be affected. The medical record was reviewed and an interview with resident #54 6/8/22 who confirmed wish to be a DNR. The pink Most form indicating attempt CPR was immediately removed from the medical record. The social worker was phoned and informed of request to be a DNR. Director of Nursing notified CCWNC and spoke with nurse regarding advance directive discrepancy who relayed that the hospice social worker had discussed resident #54 end of life wishes who had expressed he wished to be a DNR. That was relayed to the medical director of CCWNC who completed the yellow DNR that was brought to the facility by the hospice social worker and placed on the resident medical record. Social worker nor nursing administration were made aware of change of advance directive. Requested to hospice entity when changing scope of treatment and advance directives that it be relayed to the appropriate staff at the facility to ensure proper processes would be followed. Nursing staff have been educated to complete advanced directive upon admission and for discussion of any changes or paperwork from outside entities to be coordinated through social worker or nursing administration to ensure compliance. 3. An audit of advanced directives was	

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F 578	Continued From page 3 During an interview with the Administrator on 06/08/22 at 1:59 PM she explained that the Hospice nurse should not have filed the DNR on the medical record and that the DON should have been informed of the Resident's change in code status so that the proper process could be followed.	F 578	completed of all residents residing in the facility and completed 6/22/22. All residents have pink Most forms present on charts indicating scope of treatments as well as corresponding yellow DNR for residents who desire to be a DNR. All care plans have been reviewed to ensure that the advanced directive on the resident□s individual record correspond with the care plan accordingly. All hospice providers have been notified to ensure to conduct advanced directive needs through the social worker to ensure compliance and resident wishes. 4. As of 6/23/22 the facility has completed all audit and resident reviews to be in compliance with all advance directives. The social worker/designee will complete reviews with each admission to determine individual advanced directive wishes. Most forms will be reviewed for each resident quarterly and results taken to QAPI to ensure ongoing compliance	