

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/24/2025	
NAME OF PROVIDER OR SUPPLIER Orchard Valley Health and Rehabilitation				STREET ADDRESS, CITY, STATE, ZIP CODE 200 Heritage Circle , Hendersonville, North Carolina, 28791			
(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	
F0000	INITIAL COMMENTS A complaint investigation survey was conducted from 07/23/25 through 07/24/25. Event ID# 1D1AF1-H1. The following intakes were investigated 2566222, 821186, 821182, 821180, 821181, 821179, 821177, 821175, and 2570408. 1 of the 26 complaint allegations resulted in a deficiency.		F0000			08/13/2025	
F0657 SS = D	<p>Care Plan Timing and Revision</p> <p>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p>		F0657	<p>The facility failed to revise the care plan to reflect Resident #1's updated diet order (mechanical soft with pureed meats and nectar thick liquids). The care plan for Resident #1 was updated on 7/24/2025 by the Minimum Data Set Coordinator (MDS) to reflect the current physician orders, including the correct diet and texture modifications.</p> <p>Current facility residents who have modified diet orders are at risk of being affected by this deficient practice. A 100% audit of all current facility residents with modified diets was completed by the Vice President of Clinical Operations (VPCO) on 8/8/2025 to ensure care plans accurately reflect current diet orders. Inaccurate care plans were corrected to reflect the correct diet during the audit.</p> <p>To ensure the deficient practice does not recur the following has completed: All MDS coordinators, Director of Nursing (DON), administrator, and dietary manager were in-serviced by the Director of Clinical Reimbursement (DCR) on the importance of updating care plans timely following diet order changes. Training was completed by 8/11/25. Newly hired MDS coordinators, DONs, and administrators and staff unable to be educated by 8/12/2025 will be educated upon hire or prior to working their next shift by the DCR or designee.</p> <p>The DON or designee will review 5 random resident diet orders twice weekly for 4 weeks, weekly for 4 weeks, and then monthly for 1 month to ensure care plans are accurate. The facility will monitor the corrective actions to ensure that the deficient practice is corrected and will not recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement committee (QAPI) by the Administrator monthly for three (3) months. At that</p>		08/13/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0657 SS = D	<p>Continued from page 1 This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and interviews with the Speech Therapist and staff, the facility failed to revise the care plan to reflect the current diet as ordered by the physician for 1 of 1 resident reviewed for nutrition (Resident #1).</p> <p>The findings including:</p> <p>Resident #1 was admitted to the facility on 04/15/25 with diagnoses including vascular dementia and dysphagia (difficulty swallowing).</p> <p>The admission Minimum Data Set (MDS) assessment dated 04/17/25 revealed Resident #1 had moderate cognitive impairment. He required partial to moderate assistance with eating, and no signs or symptoms of a swallowing disorder were noted.</p> <p>The care plan last revised on 4/23/25 indicated Resident #1 received a regular diet with thin liquids and included the intervention to provide the diet as ordered by the physician.</p> <p>A review of Resident #1's active physician orders included provide a mechanical soft diet and nectar thick liquids for overt signs and symptoms of aspiration (inhaling food or fluids into the lungs) dated 05/27/25. An active physician's order dated 05/28/25 revealed pureed meats was added to the diet order.</p> <p>An interview was conducted with the Speech Therapist on 07/24/25 at 9:48 AM. The Speech Therapist revealed she had evaluated Resident #1's ability to safely eat and drink due to concerns of coughing during meals. The Speech Therapist revealed she identified Resident #1 as a high risk for aspiration and recommended his diet be downgraded from regular textured foods to mechanical soft with pureed meats and nectar thick liquids.</p> <p>During an interview on 07/24/25 at 3:36 PM, the MDS Coordinator revealed changes made to diet orders were reviewed during their morning Interdisciplinary Team meetings. She revealed she was responsible for updating the residents' care plans to reflect the current diet as ordered by the physician. She was unaware of the changes made to Resident #1's diet orders on 05/27/25 and 05/28/25 and stated the care plan should have been updated to reflect the current diet order.</p> <p>An interview was conducted on 07/24/25 at 3:33 PM with</p>			F0657	<p>Continued from page 1 time the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing or adjustments to the plan of correction are necessary.</p> <p>Completion Date: 8/13/2025</p>		

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F0657 SS = D	Continued from page 2 the Director of Nursing (DON) who explained resident care plans were updated by the MDS Coordinator. The DON stated Resident #1's care plan should have been updated to reflect the current diet as ordered by the physician on 05/27/25 and 05/28/25.		F0657				
F0807 SS = D	<p>Drinks Avail to Meet Needs/Prefs/Hydration</p> <p>CFR(s): 483.60(d)(6)</p> <p>§483.60(d) Food and drink</p> <p>Each resident receives and the facility provides-</p> <p>§483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observations, interviews with the Speech Therapist and staff, the facility failed to provide fluids of a nectar thick consistency as ordered by the physician for 1 of 1 resident reviewed for nutrition (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 04/15/25 with diagnoses including vascular dementia and dysphagia (difficulty swallowing).</p> <p>The admission Minimum Data Set (MDS) assessment dated 04/17/25 revealed Resident #1's cognition was moderately impaired. Resident #1 had upper extremity impairment on both sides, needed partial to moderate assistance with eating, and had no signs or symptoms of a swallowing disorder.</p> <p>The care plan dated 04/23/25 indicated Resident #1 received a regular diet with thin liquids. Interventions included provide diet as ordered.</p> <p>A review of the physician's diet order dated 05/27/25 revealed Resident #1 was downgraded from a regular diet to a mechanical soft consistency and nectar thick liquids for overt signs and symptoms of aspiration (inhaling food or fluids into the lungs).</p>		F0807	<p>The facility failed to provide nectar thick liquids as ordered, resulting in a meal tray with thin liquids for Resident #1. Resident #1 was not given the thin liquid. The dietary team was immediately re-educated by the administrator, and the correct nectar thickened beverage was provided.</p> <p>Current facility residents that are ordered thickened liquids are at risk of being affected by the deficient practice. The Vice President of Clinical Operations audited meal cards and trays for residents on thickened liquids to verify accuracy and compliance. No further concerns were noted during the audit. The audit was completed on 8/8/2025.</p> <p>To ensure the deficient practice does not recur the following has been put into place: Current facility dietary staff, facility and agency nursing staff, activities director, activities assistant, administrator, maintenance director and assistant, customer service liaison, and business office manager and assistant were in-serviced by the Dietary Manager and Staff Development Coordinator (SDC) on tray accuracy policies and checking meal tickets for diet orders prior to passing trays to ensure the correct liquid consistency is being served to the residents. Training will be completed by 8/12/2025. Newly hired facility dietary staff, facility and agency nursing staff, activities director, activities assistant, administrator, maintenance director and assistant, customer service liaison, and business office manager and assistant or staff not educated by 8/12/2025 will be educated prior to working their next scheduled shift by the dietary manager, SDC, or designee.</p> <p>The Administrator or designee will audit 5 trays twice weekly for 4 weeks, then weekly for 8 weeks to ensure thickened liquids are served as ordered. The facility will monitor the corrective actions to ensure that the deficient practice is corrected and will not recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement committee (QAPI) by the Administrator monthly for three (3) months. At that time the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing or adjustments to the plan of correction are necessary.</p>		08/13/2025	

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F0807 SS = D	<p>Continued from page 3</p> <p>During an observation 07/23/25 at 12:03 PM, Resident #1 was being fed lunch while in the bed. The head of the bed was elevated approximately 90 degrees. Resident #1's meal tray included a cup of thin liquid hot tea that was covered with a lid. Resident #1 was being fed by Nurse Aide (NA) #1. The meal card on the tray included directions for nectar thick hot tea. Resident #1 was not observed to drink the hot tea and it was removed by NA #1.</p> <p>During an interview on 07/23/25 at 12:03 PM, NA #1 revealed she delivered the lunch tray to Resident #1. NA #1 confirmed the hot tea on the tray was a thin liquid consistency. After reading the directions on the meal card, NA #1 stated Resident #1 could not have the hot tea because it was not of a nectar thick consistency. NA #1 stated she did not notice the hot tea was not nectar thick prior to feeding Resident #1 and had not given any of the tea to drink.</p> <p>An interview was conducted on 07/24/25 at 9:00 AM with the Regional Dietary Manager and Dietary Manager. The Dietary Manager confirmed Resident #1's diet order was for nectar thick liquids. The Regional Dietary Manager revealed the hot tea sent on Resident #1's meal tray was an oversight by dietary staff and should have been a nectar thick consistency. The Regional Dietary Manager revealed the facility purchased pre-thickened fluids that dietary and nursing staff did not have to thicken.</p> <p>An interview was conducted with the Speech Therapist on 07/24/25 at 9:48 AM. The Speech Therapist revealed she had evaluated Resident #1's ability to safely eat and drink due to concerns of coughing during meals. The Speech Therapist revealed she identified Resident #1 as a high risk for aspiration and recommended liquids of a nectar thick consistency.</p> <p>During an interview on 7/24/25 at 10:53 AM, the Director of Nursing (DON) revealed Resident #1's diet order was for nectar thick liquids and should be served on the meal tray.</p> <p>During an interview, the Administrator revealed the meal card read nectar thickened liquids and should be served with Resident #1's meal as directed by the physician's order.</p>		F0807	<p>Continued from page 3</p> <p>Completion Date: 8/13/2025</p>			

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