

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 000}	<p>Initial Comments</p> <p>The Adult Care Licensure Section and the Henderson County Department of Social Services conducted a follow-up survey and complaint investigation on June 27-28, 2017. The complaint investigation was initiated by the county on June 1, 2017.</p>	{D 000}		
D 269	<p>10A NCAC 13F .0901(a) Personal Care and Supervision</p> <p>10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure personal care assistance was provided concerning incontinent care (Residents #3) and showers (Resident #1, #3, and #6).</p> <p>The findings are:</p> <p>A. Observation of Resident #3 on 6/27/17 at 9:10am on 200 hallway revealed: -The resident was walking along the hallway pushing a rollator walker as she walked along side another resident. -As Resident #3 walked closer, a strong odor of feces permeated the hallway. -As the resident, continued walking past and</p>	D 269		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 1</p> <p>down the hallway, the back of her brown pants was observed to be wet from her sacrum up to few inches from the waistband of the pants.</p> <p>-There was a lopsided lump approximately 4 inches in diameter visible in the back of her pants.</p> <p>-Resident #3 was observed to continue walking into the main living room where multiple residents were seated watching television.</p> <p>Review of Resident #3's current FL2 dated 5/9/17 revealed:</p> <p>-Diagnoses included metabolic encephalopathy, dementia, kidney disease, right ankle wound, osteoporosis, pulmonary fibrosis, hypertension, dysphagia, and anxiety disorder.</p> <p>-Resident #3 was documented as intermittently disoriented, semi-ambulatory, and incontinent of bladder and bowel.</p> <p>-A physician's order for lorazepam 0.5mg 1 tablet four times a day as needed for anxiety or agitation.</p> <p>-A physician's order for bisacodyl enteric coated tablets (prevents constipation) 10mg, 1 every 24 hours as needed for bowel management.</p> <p>-A physician's order for bisacodyl suppository (prevents constipation) 1 suppository every 24 hours as needed for bowel management.</p> <p>-A physician's order for Senna-Docusate (prevents constipation) 8.6/50mg 1 tab every 24 hours as needed for bowel management.</p> <p>Review of Resident #3's Care Plan dated 1/10/17 revealed:</p> <p>-Resident #3 was documented as always disoriented and daily incontinent of bladder and bowel.</p> <p>-The resident used hearing aids.</p> <p>-Resident #3 was totally dependent on staff for bathing.</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 2</p> <p>-Resident #3 required extensive staff assistance with toileting, dressing, and grooming/personal hygiene.</p> <p>Review of Resident #3's physician orders from 5/13/17 to 6/16/17 revealed:</p> <p>-An order dated 5/13/17, Calomoseptine (used to treat skin irritation) cream with every brief change and as needed for redness.</p> <p>-An order dated 5/13/17, keep patient on an every 2 hour toileting schedule-keep skin as clean and dry as possible.</p> <p>-An order dated 5/15/17, Diflucan (used to treat yeast infections) 150mg 1 tablet times one dose, skip a day, and give additional 150mg dose.</p> <p>-An order dated 5/16/17 for an in and out catheterization for urinalysis and culture and sensitivity, completed 5/16/17.</p> <p>-An order dated 5/17/17, extra protective cream (protects skin from minor irritation associated with diaper dermatitis and exposure to feces and urine and helps seal out wetness) to both buttocks and peri area daily.</p> <p>-An order dated 5/18/17, Septra DS (used to treat urinary tract infection) 800/160mg 1 tablet daily for 10 days.</p> <p>-An order dated 5/22/17, nystatin (used to treat yeast infections) oral suspension 5ml swish and swallow four times a day for 10 days.</p> <p>-An order dated 6/16/17, Miralax (used to treat constipation) 17gm in 1 glass of fluid daily as needed.</p> <p>Review of Resident #3's 24-hour shift report entry dated 5/12/17 revealed:</p> <p>-The "resident appeared to have a greenish discharge coming from vagina. Whole area beet red."</p> <p>-A Home Health consult was obtained from Resident #3's physician for evaluation and</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 3</p> <p>treatment.</p> <p>Interview with a Medication Aide (MA) on 6/27/17 at 9:14am revealed: -The Medication Aide was informed by a surveyor Resident #3 needed immediate personal care assistance. -"We are waiting on her prn medication to kick in." -"She gets very agitated when we shower her." -After reviewing Resident #3's Medication Administration Record (MAR) the MA stated she had given Resident #3 lorazepam 0.5mg 1 tablet at 8am. -The resident was scheduled to receive a shower as soon as the Shower Aide finished with the resident she was currently bathing.</p> <p>Interviews with the Resident Care Coordinator (RCC) on 6/27/17 at 2:00pm and 2:57pm revealed: -Resident #3 had recently returned from rehabilitation at a skilled nursing facility on 5/9/17. -The resident had to receive rehabilitation at the skilled facility to regain her strength from a recent hospitalization "because she went septic from a urinary tract infection" (sepsis is a life threatening condition that arises when the body's response to infection causes injury to its own tissues and organs). -Resident #3 only had one kidney. -Whenever first shift was unsuccessful with getting a resident to take a shower, second shift was supposed to attempt the shower and document it on the Personal Care Record for the resident.</p> <p>Interview with a resident on 6/27/17 at 3:55pm revealed: -"Some of the residents mess in their pants."</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 4</p> <p>-"Some residents who mess themselves get changed quick and some don't." - "Staff need to do it as fast as they can, so it doesn't get in the air." - Staff "frequently" delayed getting residents changed when they are soiled.</p> <p>Interview with a second resident on 6/27/17 at 4:00pm revealed: - "I go to staff everyday and tell staff so and so needs their diaper changed and so and so needs a shower-cause it's really bad." - "The staff will tell me they haven't had time during the course of the day to do it." - "It has gotten to the point, we have to ask staff to do it. It ought to be staff should check them every hour." - "One man had urine dripping down his leg the other day." - A second female resident "sits on the sofas all day long [in the living room] and wets on those sofas unless somebody goes in there and checks her." - "It gets so bad they have to shower them to clean them." - "It gets to the place where it smells."</p> <p>Observation of Resident #3 on 6/27/17 at 10:55am revealed: - The resident was seated in a chair with her eyes closed in the facility living room. - The resident appeared clean, well groomed, and was wearing clean clothing different than she had been wearing earlier in the day.</p> <p>Interview with the Shower Aide on 6/27/17 at 12:19pm revealed: - Resident #3 was "showered at 9:30am" that morning. - The resident's skin was "a little red and irritated."</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 5</p> <p>- "Her bottom is red." - "I couldn't tell if it was just from her being so soiled or if it was from before. I know it had started healing up some." - Resident #3 had a history of the skin in her perineum being reddened. - Resident #3 was "very combative." - "She likes to refuse showers quite a bit." - "This morning she refused, but she got it because she needed one." - It was reported to her Resident #3 had soiled herself in the middle of the night and "it was a big soil and they cleaned her up." - The resident was soiled when she brought her in for her shower at 9:30am and "it was fresh and she was still going when I got her in there and sat her down." - "We wait until after breakfast to give prn medications and wait 30 minutes to 1 hour after the prn [to shower the resident] so she's less combative and won't refuse as much." - Resident #3 was scheduled to get a shower on Tuesdays and Thursdays. - Last Thursday, Resident #3 had refused to let the Shower Aide give her a shower, but a family member had come in to visit the resident and said they would give her a shower. "I am not 100% sure if it got done or not." - "When I document 'R' it means refused." - "If there's no documentation of a shower, they didn't try to do it or it didn't get done." - "Shower schedules are located in our hall assignment book and there's one hanging in the shower room."</p> <p>Review of Resident #3's Personal Care Records for 6/1/17 to 6/27/17 revealed: - There were 7 documented attempts to give the resident a shower (6/6/17, 6/8/17, 6/15/17, 6/19/17, 6/22/17, 6/23/17, and 6/27/17).</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 6</p> <p>-5 of the 7 attempts were documented as "R" for refused.</p> <p>Interview with the RCC on 6/28/17 at 8:46am revealed she had been unable to locate the April and May 2017 Personal Care Records for Resident #3.</p> <p>Telephone interview with the facility Nurse Practitioner on 6/28/17 at 8:15am revealed: -She had been to the facility that morning to see Resident #3 for a skin tear the resident had sustained on 6/27/17 when the third shift staff had tried to clean her up from an incontinent episode. -"Her bottom is excoriated. It's so bad. It's pitiful." -"There's an order on the chart written 5/16/17, a verbal order from the Home Health Nurse for them to change her every 2 hours." -She and the Resident #3's physician were going to speak with the family about transferring the resident out of the facility.</p> <p>Interview with Resident #3's family member on 6/27/17 at 2:30pm revealed: -Resident #3 frequently had urinary tract infections. -Resident #3 had one kidney. -A recent CT scan (an X-ray used to get detailed pictures of parts of your body) of Resident #3's abdomen had shown her frequent urinary tract infections were caused by constipation. -The physician had ordered medications to help with the constipation and it was "causing her to get messy." -The new bowel management medications were causing "diarrhea" and were "interfering in her quality of life." -Staff were supposed to change Resident #3 "every 2 hours." -The resident currently had "another urinary tract</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 7</p> <p>infection. She's very raw down there." -She had an appointment to see the Urologist on 6/28/17 concerning the current urinary tract infection. -"She fights tooth and nail when they try to clean her up." -Resident #3 had complained recently of pain "for her bottom." -The family member believed Resident #3 "was getting enough attention" with personal care provided by staff.</p> <p>Interview with a first shift Personal Care Aide (PCA) on 6/28/17 at 10:26am revealed: -In regards to incontinent care for Resident #3, "We check her every 2 hours." -"The spots on her bottom are bad and we have to change her and put a cream on her." -"Showers are not fun" as she described the resident did not like to take a shower. -"Bathroom wise she's very easy to take to the bathroom. Just make sure we don't wipe her too hard. We use perineal wash." -The resident had "diarrhea" on 6/27/17. -Resident #3 was taken to the bathroom at 8am. -"We normally take her after breakfast which usually is 9:30 or 10:00am."</p> <p>Based on record review and observation of Resident #3 on 6/27/17, she was determined not to be interviewable.</p> <p>B. Review of Resident #6's current FL-2 date 4/25/17 revealed: -Diagnoses included memory loss, hypertension, vitamin D deficiency. -The resident was assessed as continent of bowel and bladder.</p> <p>Review of Resident #6's current Care Plan dated 4/13/17 revealed:</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 8</p> <p>-The care plan was signed by the physician on 4/13/17.</p> <p>-There was documentation of "Total Dependence in Bathing with her ADLs" (Activities of Daily Living).</p> <p>Review of Resident #6's current Licensed Health Professional Support evaluation dated 7/21/16 revealed:</p> <p>-There was documentation of "She does not like showers."</p> <p>-There was documentation of "She is extensive assist with bathing."</p> <p>Review of Resident #6's Personal Care Record for April, May, and June 2017 revealed:</p> <p>-There was documentation of a shower on 1 (4/1/17) out of 30 days in April.</p> <p>-There was documentation of a shower on 2 (5/23/17, 5/27/17) out of 31 days in May.</p> <p>-There was documentation of a shower on 3 (6/12/17, 6/18/17, 6/26/17) out of 27 days in June.</p> <p>-There was documentation of a refusal on 1 (6/20/17) out of 27 days in June.</p> <p>Review of the facility Resident Shower Schedule revealed the resident was not listed on it.</p> <p>Interview with a 1st shift personal care aide (PCA) on 6/28/17 at 9:02am revealed:</p> <p>"We are supposed to shower her, but she is so combative that she does her own thing."</p> <p>"She is supposed to get a shower two times a week."</p> <p>-A family member usually came in to shower her.</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/28/17 at 9:06am revealed:</p> <p>-It took at least two people to shower her.</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 9</p> <p>-She was "very combative". -"[A family member] came in this past Saturday (6/24/17), and was unsuccessful."</p> <p>Interview with Resident #6's family member on 6/28/17 at 09:15am revealed: -Resident #6 was combative with showers. -"[A family member] and I are coming in to help with the showers. We rotate." -Sometimes we are successful and sometimes not". -The doctor was called yesterday (6/27/17) regarding her combativeness. -A new medication was being ordered. -She was to get a shower two times per week. -"She always looks clean, doesn't smell. -Sometimes her hair looks greasy." -"She doesn't have any skin breakdown."</p> <p>Interview with the Clinical Assistant at Resident #6's physician's office on 6/28/17 at 2:20pm revealed: -They had prescribed a "small dose of Xanax that didn't work". -Risperdal (an antipsychotic medication) 0.5mg to be given before showers, was ordered yesterday (6/27/17). -6/27/17 was the first time the facility had called the physician's office regarding her combativeness.</p> <p>Observation of Resident #6 on 6/28/17 at 9:30am revealed: -She appeared calm, smiled, and made eye contact. -She attempted to speak but was difficult to understand due to a language barrier. -Her clothing was neat with no visible stains. -No odors were present. -Face and hair appeared clean.</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 10</p> <p>Interview with a resident on 6/27/17 at 4:00pm in regards to Resident #6 revealed: -"It takes 4 people to bathe her. She bites, scratches, kicks the staff." -"She smells, oh does she smell. She had a bath yesterday. -It may be 3 or 4 weeks before she has another."</p> <p>Interview with the Shower Aide on 6/28/17 at 10:12am revealed: -"She is extremely combative. She has tried to bite us and push us." -"You can walk by her and she smells." -"You can have one person walk her into the shower room she immediately starts screaming and hitting. She won't let us change her or shower her. She screams and punches us." -Two family members "come in and help." -"If we wear gloves she flips." -Resident #6 "would refuse a lot of people" and staff were "scared" to try to bathe the resident. -"She goes up to the residents after her shower and screams at the residents..." -"No one on second shift will even try" to bathe her. -"When I document 'R' it means refused." -"If there's no documentation of a shower, they didn't try to do it or it didn't get done." -"Shower schedules are located in our hall assignment book and there's one hanging in the shower room."</p> <p>Interview with a personal care aide (PCA) on 6/28/17 at 10:26am revealed: -Resident #6 "doesn't need toileting assistance." -The resident "sometimes doesn't go to the bathroom but goes on her clothes." -"She will wash her clothes after an accident and put them right back on if we don't get them away</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 11</p> <p>from her." -"We stay on her to change her pullup. It's a fight. There's only a few people here that will get beat up to take her to the bathroom or shower."</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/28/17 at 10:40am revealed: -"The entire building knows when [Resident #6's name] is getting a shower." -"She karate kicks and screams." -"The staff come out with battle scars-bleeding scratches on their arms."</p> <p>Interview with the Executive Director on 6/28/17 at 12:28pm revealed: -"We have told the family they will get a translator or she will receive a 30 day discharge." -"She clawed up one of my Medication Aides across the chest and arms...looked like a tiger clawed her." -Staff had done everything they could to "take care of this woman." -"We have been cursed, abused, and bent over backwards for that lady." -"She's been a problem especially the last 30 days." -"I had been about to the point of giving her a 30 day discharge." -She "has really been violent over the last 60 days." -She had not "been that way before." -He had never seen her "go off on another resident." -"We have tried contacting the physician and [the family member]. -[A family member's name] comes a couple times a week to get her in the shower."</p> <p>Based on record review and observation of Resident #6 on 6/27/17 and 6/28/17, she was</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 12</p> <p>determined not to be interviewable.</p> <p>C. Review of Resident #1's current FL-2 dated 7/19/16 revealed: -Diagnoses included dementia, hypertension, peptic ulcer disease, neuropathy, metabolic encephalopathy, anemia, and history of back fracture. -There was no documented personal care assistance.</p> <p>Review of Resident #1's current care plan dated 1/17/17 revealed: -The care plan was signed by the physician on 1/17/17. -There was documentation of "Extensive Assistance in Bathing with her ADLs" (Activities of Daily Living).</p> <p>Review of Resident #1's current Licensed Health Professional Support evaluation dated 4/3/17 revealed documentation of "Extensive assist with bathing, dressing, grooming and personal hygiene."</p> <p>Review of the facility's Resident Shower Schedule revealed resident was scheduled for showers on Tuesdays and Thursdays.</p> <p>Review of Resident #1's Personal Care Record for May and June 2017 revealed: -There was documentation of a shower for 2 (5/4/17, 5/9/17) out of 31 days in May. -There was documentation of a refusal for 5 (5/1/17, 5/2/17, 5/11/17, 5/18/17, 5/25/17) out of 31 days in May. -There was documentation of 1 (6/15/17) shower out of 27 days in June. -There was documentation of a refusal for 3 (6/6/17, 6/8/17, 6/22/17) out of 27 days in June.</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 269	<p>Continued From page 13</p> <p>-There was documentation of "Out of Facility" for 1 (6/27/17) out of 27 days in June.</p> <p>Interview with the Shower Aide on 6/28/17 at 10:12am revealed: -"You can't tell her you are giving her a shower." -"She will grab the walker and put her feet down and push back." -"We've done bed baths for her, they seem to work good." -"She will scream...say not and push herself away and we don't want to injure her." -"When I document 'R' it means refused." -"If there's no documentation of a shower, they didn't try to do it or it didn't get done." -"Shower schedules are located in our hall assignment book and there's one hanging in the shower room."</p> <p>Interview with a personal care aide (PCA) on 6/28/17 at 10:26am revealed: -Resident #1 "was easy to take to the bathroom." -"She doesn't like water. She still straight refuses" showers. -"If we get her in there she will fight us standing up and we don't want to injure her or the staff."</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/28/17 at 10:40am revealed: -"I've never heard anything from staff about [Resident #1's name] refusing showers." -"I don't think she would know enough to say no to anything."</p> <p>Interview with a medication aide (MA) on 6/28/17 at 10:50am revealed "I never heard they were having trouble with [Resident #1's name] or her refusing showers."</p> <p>Based on record review on 6/27/17 it was</p>	D 269		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739		
(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) COMPLETE DATE
D 269	Continued From page 14 determined Resident #1 was not available for an interview due to being "hospitalized". _____ The facility failed to assure personal care assistance was provided for 3 of 6 sampled residents (Residents #1, #3, and #6). This failure to provide personal care assistance exposed these residents to the increased risk of skin breakdown, increased risk of UTIs possibly leading to sepsis, and alienation from other residents due to body, fecal, and urine odors. Therefore, these failures to provide personal care for these residents constitutes a Type B Violation. _____ Review of the Plan of Protection provided by the facility on 6/28/17 revealed: -Facility will establish a dedicated bath aide. -A bath sheet checklist for each resident will be communicated to physician for any abnormal findings. -A registered nurse will inservice all staff on Monday July 3, 2017 on two hour toileting for all cognitively impaired residents and document toileting on an individual toileting checklist. -The Resident Care Coordinator or designee will monitor daily to insure compliance, and a random spot audit will be conducted weekly by department heads. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 12, 2017.	D 269		
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 15</p> <p>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO A TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, record reviews, and interviews, the facility failed to assure 3 of 6 sampled residents received referral and follow-up in the areas of refusal of personal care, (Residents #3 and #6), and failure to administer medications due to unavailability (Resident #5).</p> <p>The findings are:</p> <p>A. Observation of Resident #3 on 6/27/17 at 9:10am on 200 hallway revealed: -The resident was walking along the hallway pushing a rollator walker as she walked along side another resident. -As Resident #3 walked closer a strong odor of feces permeated the hallway. -As the resident, continued walking past and down the hallway, the back of her brown pants was observed to be wet from her sacrum up to few inches from the waistband of the pants. -There was a lopsided lump approximately 4 inches in diameter visible in the back of her pants. -Resident #3 was observed to continue walking into the main living room where multiple residents were seated watching television.</p> <p>Review of Resident #3's current FL2 dated 5/9/17</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 16</p> <p>revealed:</p> <ul style="list-style-type: none"> -Diagnoses included metabolic encephalopathy, dementia, kidney disease, right ankle wound, osteoporosis, pulmonary fibrosis, hypertension, dysphagia, and anxiety disorder. -Resident #3 was documented as intermittently disoriented, semi-ambulatory, and incontinent of bladder and bowel. -A physician's order for lorazepam 0.5mg 1 tablet four times a day as needed for anxiety or agitation. <p>Review of Resident #3's Care Plan dated 1/10/17 revealed:</p> <ul style="list-style-type: none"> -Resident #3 was documented as always disoriented and daily incontinent of bladder and bowel. -The resident used hearing aids. -Resident #3 was totally dependent on staff for bathing. -Resident #3 required extensive staff assistance with toileting, dressing, and grooming/personal hygiene. <p>Interview with the Medication Aide (MA) on 6/27/17 at 9:14am revealed:</p> <ul style="list-style-type: none"> -The Medication Aide was informed Resident #3 needed immediate personal care assistance. -"We are waiting on her prn medication to kick in." -"She gets very agitated when we shower her." -After reviewing Resident #3's Medication Administration Record (MAR) the MA stated she had given Resident #3 lorazepam 0.5mg 1 tablet at 8am. -The resident was scheduled to receive a shower as soon as the Shower Aide finished with the resident she was currently bathing. <p>Interview with the Shower Aide on 6/27/17 at</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 17</p> <p>12:19pm revealed: -The resident's skin was "a little red and irritated." -"Her bottom is red." -Resident #3 had a history of the skin in her perineum being very reddened. -Resident #3 was "very combative." -"She likes to refuse showers quite a bit." -"This morning she refused, but she got it because she needed one." -"We wait until after breakfast to give prn medications and wait 30 minutes to 1 hour after the prn [to shower the resident] so she's less combative and won't refuse as much." -"When I document 'R' it means refused." -"If there's no documentation of a shower, they didn't try to do it or it didn't get done."</p> <p>Review of Resident #3's Personal Care Records for 6/1/17 to 6/27/17 revealed: -There were 7 documented attempts to give the resident a shower (6/6/17, 6/8/17, 6/15/17, 6/19/17, 6/22/17, 6/23/17, and 6/27/17). -5 of the 7 attempts were documented as "R" for refused.</p> <p>Interview with the Resident Care Coordinator on 6/28/17 at 8:46am revealed she had been unable to locate the April and May 2017 Personal Care Records for Resident #3.</p> <p>Interviews with the Resident Care Coordinator (RCC) on 6/27/17 at 2:00pm and 2:57pm revealed: -Resident #3 had recently returned from rehabilitation at a skilled nursing facility on 5/9/17. -The resident had to receive rehabilitation at the skilled facility to regain her strength from a recent hospitalization "because she went septic from a urinary tract infection" (sepsis is a life threatening condition that arises when the body's response to</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 18</p> <p>infection causes injury to its own tissues and organs).</p> <p>-Resident #3 only had one kidney.</p> <p>-Whenever first shift was unsuccessful with getting a resident to take a shower, second shift was supposed to attempt the shower and document it on the Personal Care Record for the resident.</p> <p>Interview with the RCC on 6/28/17 at 10:40am revealed:</p> <p>-She was aware Resident #3 refused showers.</p> <p>-She knew the resident had to be pre-medicated to help keep the resident calm during showers.</p> <p>-"Since, the [Family Member] was able to get her to shower, we didn't need to call the physician."</p> <p>-She had never contacted Resident #3's primary care providers to report the resident's behaviors or refusals of care.</p> <p>Interview with a Medication Aide (MA) on 6/28/17 at 10:50am revealed:</p> <p>-On Saturday 6/24/17, a family member was "successful" in getting Resident #3 showered.</p> <p>-She had never contacted Resident #3's primary care providers to report the resident's behaviors or refusals of care.</p> <p>Telephone interview with Resident #3's Nurse Practitioner on 6/28/17 at 8:15am revealed:</p> <p>-"We had not been notified she had been refusing showers."</p> <p>-"Her bottom is excoriated. It's so bad. It's pitiful."</p> <p>-She and the Resident #3's physician were going to speak with the family about transferring the resident out of the facility.</p> <p>Interview with Resident #3's family member on 6/27/17 at 2:30pm revealed:</p> <p>-Resident #3 frequently had urinary tract</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 19</p> <p>infections. -Resident #3 had one kidney. -"She fights tooth and nail when they try to clean her up."</p> <p>Interview with a first shift personal care aide on 6/28/17 at 10:26am revealed: -In regards to incontinent care for Resident #3, "We check her every 2 hours." -"The spots on her bottom are bad and we have to change her and put a cream on her." -"Shower's are not fun" as she described the resident did not like to take a shower.</p> <p>Based on record review and observation of Resident #3 on 6/27/17, she was determined not to be interviewable. B. Review of Resident #5's current FL2 dated 6/1/17 revealed: -Diagnoses included transient ischemic attack, hypertension, asthma, and ulcerative colitis. -Medication orders included memantine 10mg, ranitidine 150mg, and DuoNeb. (Memantine is a medication used to treat dementia, ranitidine 150mg is a medication used to treat gastric reflux and ulcers, and DuoNeb is an inhaled medication used to treat chronic obstructive pulmonary diseases such as asthma.) -The medications on the FL2 did not have any directions for use, just the name and the strength of the medication.</p> <p>Review of Resident #5's Resident Register revealed an admission date of 6/1/17.</p> <p>Review of an undated physician's order sheet revealed: -A medication order for memantine 10mg, 1 tablet daily with a scheduled administration time of 8am.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARDINAL CARE CENTER-HENDERSONVILLE **1000 WEST ALLEN STREET**
HENDERSONVILLE, NC 28739

(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) COMPLETE DATE
{D 273}	<p>Continued From page 20</p> <p>-A medication order for ranitidine 150mg, 1 tablet twice daily, with scheduled administration times of 8am and 8pm.</p> <p>-A medication order for DuoNeb, inhale 1 vial every 6 hours via neb (nebulizer) as needed.</p> <p>Interview with Resident #5 on 6/27/17 at 9:45am revealed:</p> <p>-He had been at the facility "about 3 weeks."</p> <p>-He believed he had been out of some of his "night time medications," but wasn't sure what they were.</p> <p>Review of Resident #5's medications on hand at 11:50am on 6/27/17 revealed no memantine 10mg, ranitidine 150mg, or DuoNeb vials for inhalation available for administration.</p> <p>Review of Resident #5's Medication Administration Record (MAR) for June 2017 revealed:</p> <p>-An entry for memantine 10mg, 1 tablet by mouth daily, with a scheduled administration time of 8am.</p> <p>-The memantine 10mg had been documented as administered from 6/3/17 through 6/12/17.</p> <p>-The memantine 10mg was initialed and circled as not given from 6/13/17 through 6/27/17.</p> <p>-An entry for ranitidine 150mg, 1 tablet twice daily, with scheduled administration times of 8am and 8pm.</p> <p>-The ranitidine 150mg had been documented as administered at 8pm on 6/2/17 through 6/20/17 at 8pm.</p> <p>-The ranitidine 150mg had been initialed and circled as not given from 6/21/17 at 8am through 6/27/17 at 8am.</p> <p>-An entry for DuoNeb, inhale 1 vial via neb every 6 hours as needed.</p> <p>-No DuoNeb had been documented as</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 21</p> <p>administered on the June 2017 MAR.</p> <p>Review of the back of Resident #5's MAR for June 2017 revealed:</p> <ul style="list-style-type: none"> -An entry dated 6/13 at 8am, memantine, "awaiting pharmacy." -An entry dated 6/21/17 at 8am, ranitidine, "not on cart." -An entry on 6/21/17 at 8pm, ranitidine, "res out, ordered from pharmacy." -An entry on 6/23/17 at 8pm, ranitidine, "not on cart." -Entries on 6/25/17 and 6/26/17 at 8pm, ranitidine, "not on cart." <p>Review of Resident #5's list of medications brought into the facility upon admission revealed:</p> <ul style="list-style-type: none"> -Thirty-seven tablets of ranitidine brought from the previous facility. -Ten tablets of memantine brought from the previous facility. -No DuoNeb vials brought from the previous facility. <p>Interview with the Resident Care Coordinator (RCC) on 6/27/17 at 11:55am revealed:</p> <ul style="list-style-type: none"> -They had been having a hard time getting Resident #5's medications from his provider pharmacy. -The facility's Executive Director had been working with Resident #5's provider pharmacy to obtain his medications. -All of Resident #5's medications were brought from home, "he hasn't gotten any from an outside pharmacy since he has been here." -The facility's provider pharmacy of contract would not dispense medications to Resident #5 because "he doesn't have any insurance." -The supervisor was responsible for checking medications brought in from an outside 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 22</p> <p>pharmacy.</p> <p>Interview with the facility's Executive Director on 6/27/17 at 4:00pm revealed: -He had been working with Resident #5's pharmacy provider in an effort to obtain his medications. -He had left messages with multiple individuals at the resident's primary pharmacy provider, but they would not return his calls. -The Executive Director was not aware Resident #5 was out of any of his medications, only that he was "running low" on some of them.</p> <p>Interview with pharmacy staff at the facility's pharmacy provider of contract on 6/27/17 at 2:15pm revealed: -They had never dispensed any medications for Resident #5. -They had never received any orders for Resident #5 from the facility.</p> <p>Interview with a second shift Medication Aide on 6/27/17 at 2:50pm revealed Resident #5 had been out of his ranitidine "a while."</p> <p>Interview with Resident #5 on 6/27/17 at 2:55pm revealed: -He had no recent shortness of breath, but "a while back I had pneumonia." -He had reflux, "but that was an ongoing problem."</p> <p>Interview with pharmacy staff at the local back-up pharmacy provider on 6/27/17 at 3:19pm revealed: -They had just now dispensed 4 prescriptions for Resident #5. -Those medications were dispensed from new prescriptions from Resident #5's primary care</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 23</p> <p>provider dated today, 6/27/17.</p> <p>Interview with the triage nurse at Resident #5's primary care provider on 6/27/17 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -They had just written four new prescriptions for Resident #5 for DuoNeb, ranitidine, memantine, and lorazepam. (Lorazepam is a medication used to treat anxiety and agitation.) -The facility had not made the physician aware Resident #5 was out of some of his medications until today. <p>C. Review of Resident #6's current FL-2 dated 4/25/17 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included memory loss, hypertension, and vitamin D deficiency. -There was documentation of "intermittently disoriented". -A medication order for Xanax (anti anxiety medication) 0.25mg, 1 tablet by mouth daily as needed (prn) for anxiety and 1 tablet orally on shower days. <p>Review of resident #6's 24 Hour Shift Report revealed:</p> <ul style="list-style-type: none"> -An entry dated 5/5/17, "Resident has repeatedly rung her bedroom and bathroom call bells this evening, and each time gets very agitated when personal care aide (PCA) went to shut off lights". -An entry dated 5/7/17, "Resident showered today. Extremely combative. PRN (as needed Xanax) given. Resident calmed down about an hour after shower. -An entry dated 5/15/17, "Resident very combative this am with RA and Supervisor. Resident was walking around with a broken hanger and clothes. RA attempted to get them but resident kicked RA and was trying to hit her with the broken hanger. The supervisor did get 	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 24</p> <p>broken hanger from resident but just let her keep the clothes".</p> <p>Interview with a resident on 6/27/17 at 4:00pm in regards to Resident #6 revealed "It takes 4 people to bathe her. She bites, scratches, kicks the staff."</p> <p>Interview with a 1st shift personal care aide (PCA) on 6/28/17 at 9:02am revealed, "We are supposed to shower her but she is so combative that she just does her own thing".</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/28/17 at 9:06am revealed: -She was "very combative". -"[Family member] came in this past Saturday (6/24/17), and was unsuccessful (with shower)."</p> <p>Interview with Resident #6's family member on 6/28/17 at 9:15am revealed: -She was combative with showers. -"My [family member] and I are coming in to help with the showers. We rotate. Sometimes we are successful and sometimes not." -The doctor was called yesterday (6/27/17) regarding her combativeness. -A new medication was being ordered.</p> <p>Interview with the Shower Aide on 6/28/17 at 10:12am revealed: -"She is extremely combative. She has tried to bite us and push us." -You can have one person walk her into the shower room she immediately starts screaming and hitting. She won't let us change her or shower her. She screams and punches us." -"If we wear gloves she flips." -She goes up to the residents after her shower and screams at the resident."</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 25</p> <p>Interview with a personal care aide (PCA) on 6/28/17 at 10:26am revealed "We stay on her to change her pullup. It's a fight. There's only a few people here that will get beat up to take her to the bathroom or shower."</p> <p>Interview with the Resident Care Coordinator (RCC) on 6/28/17 at 10:40am revealed: -"The entire building knows when [Resident's #6's name] is getting a shower." -"She karate kicks and screams." -"The staff come out with battle scars-bleeding scratches on their arms."</p> <p>Interview with the Executive Director on 6/28/17 at 12:28pm revealed: -"We have told the family they will get a translator or she will receive a 30 day discharge." -"She clawed up one of my Medication Aides across the chest and arms...looked like a tiger clawed her." -Staff had done everything they could to "take care of this woman". -"We have been cursed, abused, and bent over backwards for that lady." -"She's been a problem especially the last 30 days." -"I had been about to the point of giving her a 30 day discharge." -She "has really been violent over the last 60 days". -She had not "been that way before". -He had never seen her "be off to another resident". -"We have tried contacting the physician and [the family member]. [A family member's name] comes a couple times a week to get her in the shower."</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D 273}	<p>Continued From page 26</p> <p>Interview with the Clinical Assistant at Resident #6's physician's office on 6/28/17 at 2:20pm revealed: -They had prescribed a "small dose of Xanax that didn't work". -Risperdal (an antipsychotic medication) 0.5mg to be given before showers, was ordered yesterday (6/27/17). -The first time the facility had called the physician's office regarding her combativeness was 6/27/17.</p> <p>Observation of Resident #6 on 6/28/17 at 9:30am revealed: -She appeared calm, smiled, and made eye contact. -She attempted to speak but was difficult to understand due to a language barrier.</p> <p>Based on record review and observation of Resident #6 on 6/27/17 and 6/28/17, she was determined not to be interviewable.</p> <hr/> <p>The facility failed to assure 3 of 6 sampled residents (#3, #5, and #6) received referral and follow-up in the areas of refusal of personal care (bathing), changing of soiled incontinence briefs, and failure to administer medications due to unavailability. These failures by the facility exposed these residents to increased risk of skin breakdown, increased risk of UTIs, possibly leading to sepsis, alienation due to body odor, fecal odor and urine odor, reluctance of staff to provide care due to combativeness, worsening of gastric reflux symptoms and increased confusion, and the inability to treat episodes of shortness of breath/wheezing. Therefore, these failures constitute an Unabated Type B Violation.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	Continued From page 27	D 358		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner for 1 of 5 (#5) sampled residents. (Memantine 10mg, ranitidine 150mg, and DuoNeb.)</p> <p>The findings are:</p> <p>Review of Resident #5's current FL2 dated 6/1/17 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included transient ischemic attack, hypertension, asthma, and ulcerative colitis. -Medication orders included memantine 10mg, ranitidine 150mg, and DuoNeb. (Memantine is a medication used to treat dementia, ranitidine 150mg is a medication used to treat gastric reflux and ulcers, and DuoNeb is an inhaled medication used to treat chronic obstructive pulmonary diseases such as asthma.) -The medications on the FL2 did not have any directions for use, just the name and the strength of the medication. 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	<p>Continued From page 28</p> <p>Review of Resident #5's Resident Register revealed an admission date of 6/1/17.</p> <p>Review of an undated physician's order sheet revealed: -A medication order for memantine 10mg, 1 tablet daily with a scheduled administration time of 8am. -A medication order for ranitidine 150mg, 1 tablet twice daily, with scheduled administration times of 8am and 8pm. -A medication order for DuoNeb, inhale 1 vial every 6 hours via neb (nebulizer) as needed.</p> <p>Interview with Resident #5 on 6/27/17 at 9:45am revealed: -He had been at the facility "about 3 weeks." -He had reflux (gastric) and was due to have an endoscopy soon. -He believed he had been out of some of his "night time medications," but wasn't sure what they were.</p> <p>Review of Resident #5's medications on hand at 11:50am on 6/27/17 revealed no memantine 10mg, ranitidine 150mg, or DuoNeb vials for inhalation were available for administration.</p> <p>Observation of Resident #5's room on 6/27/17 at 12:30pm revealed no nebulizer device to administer the DuoNeb nebulizer treatments.</p> <p>Review of Resident #5's Medication Administration Record (MAR) for June 2017 revealed: -An entry for memantine 10mg, 1 tablet by mouth daily, with a scheduled administration time of 8am. -The memantine 10mg had been documented as administered from 6/3/17 through 6/12/17.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	<p>Continued From page 29</p> <ul style="list-style-type: none"> -The memantine 10mg was initialed and circled as not given from 6/13/17 through 6/27/17. -An entry for ranitidine 150mg, 1 tablet twice daily, with scheduled administration times of 8am and 8pm. -The ranitidine 150mg had been documented as administered at 8pm on 6/2/17 through 6/20/17 at 8pm. -The ranitidine 150mg had been initialed and circled as not given from 6/21/17 at 8am through 6/27/17 at 8am. -An entry for DuoNeb, inhale 1 vial via neb every 6 hours as needed. -No DuoNeb had been documented as administered on the June 2017 MAR. <p>Review of the back of Resident #5's MAR for June 2017 revealed:</p> <ul style="list-style-type: none"> -An entry dated 6/13 at 8am, memantine, "awaiting pharmacy." -An entry dated 6/21/17 at 8am, ranitidine, "not on cart." -An entry on 6/21/17 at 8pm, ranitidine, "res out, ordered from pharmacy." -An entry on 6/23/17 at 8pm, ranitidine, "not on cart." -Entries on 6/25/17 and 6/26/17 at 8pm, ranitidine, "not on cart." <p>Review of Resident #5's list of medications brought into the facility upon admission revealed:</p> <ul style="list-style-type: none"> -Thirty-seven tablets of ranitidine brought from the previous facility. -Ten tablets of memantine brought from the previous facility. -No DuoNeb vials brought from the previous facility. <p>Review of an entry dated 6/26/17 on the facility's 24 hour shift report for Resident #5 revealed:</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	<p>Continued From page 30</p> <ul style="list-style-type: none"> -The supervisor and Administrator contacted (named pharmacy provider) about medication refills. -(Named pharmacy provider) "says refills are on their way." <p>Interview with the Resident Care Coordinator (RCC) on 6/27/17 at 11:55am revealed:</p> <ul style="list-style-type: none"> -They had been having a hard time getting Resident #5's medication from his provider pharmacy. -They had tried to use the automated ordering system from the resident's provider pharmacy, but the resident's social security numbers "did not match." -The facility's Executive Director had been calling Resident #5's provider pharmacy to obtain his medications. -All of Resident #5's medications were brought from home, "he hasn't gotten any from an outside pharmacy since he has been here." -"Our policy is to obtain a signed contract from all newly admitted residents with our pharmacy." -The facility's provider pharmacy of contract would not dispense medications to Resident #5 because "he doesn't have any insurance." -The supervisor was responsible for checking medications brought in from an outside pharmacy. <p>Interview with the facility's Executive Director on 6/27/17 at 4:00pm revealed:</p> <ul style="list-style-type: none"> -He had been calling Resident #5's pharmacy provider in an effort to obtain his medications. -He had left messages with multiple individuals at the resident's primary pharmacy provider, but they would not return his calls. -The Executive Director was not aware Resident #5 was out of any of his medications, only that he was "running low" on some of them, and 	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	<p>Continued From page 31</p> <p>therefore did not call the back-up pharmacy. -"We (the facility) try to make sure we have a reliable back-up pharmacy to the (named resident's pharmacy provider) because that particular pharmacy was so hard to deal with."</p> <p>Interview with pharmacy staff at the facility's pharmacy provider of contract on 6/27/17 at 2:15pm revealed: -They had never dispensed any medications for Resident #5. -They did not have Resident #5 profiled in their system or have any medication orders on file. -Even if a resident did not have insurance, they would send a 7 day emergency supply of their medications on admission.</p> <p>Interview with a Medication Aide (MA) on 6/27/17 at 2:50pm revealed: -Resident #5 had been out of his ranitidine. -When a medication needed to be reordered, "they (2nd shift MAs) put the bubble pack in the med room for 1st shift to reorder. -She was not sure what 1st shift did with the bubble pack after that. -She understood Resident #5 was using a local back-up pharmacy and not (resident's named pharmacy provider.)</p> <p>Interview with Resident #5 on 6/27/17 at 2:55pm revealed: -He had no recent shortness of breath, but "a while back I had pneumonia." -He had reflux, "but that was an ongoing problem." -He did not know he as taking ranitidine, and thought he as taking omeprazole. (Omeprazole is a medication used to treat gastric reflux.)</p> <p>Interview with pharmacy staff at the local back-up</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 358	<p>Continued From page 32</p> <p>pharmacy provider on 6/27/17 at 3:19pm revealed: -They had just now dispensed 4 prescriptions for Resident #5. -Those medications were dispensed from new prescriptions from Resident #5's primary care provider dated today, 6/27/17. -The medications dispensed included the 3 medications Resident #5 was out of, in addition to a new prescription for lorazepam 0.5mg, 1 every 8 hours as needed for anxiety. (Lorazepam is a medication used to treat anxiety and agitation.)</p> <p>Interview with the triage nurse at Resident #5's primary care provider on 6/27/17 at 3:45pm revealed: -They had just written four new prescriptions for Resident #5 for DuoNeb, ranitidine, memantine, and lorazepam. -The facility had not made the physician aware Resident #5 was out of some of his medications until today.</p> <p>Interview with staff from Resident #5's pharmacy provider on 6/28/17 at 3:10pm revealed: -The had a note in their system the facility had called on 6/26/17 requesting prescription refills for Resident #5, and those refills had been "released to be refilled" but were not yet filled or ready to be shipped. -The only other notation in the resident's record was on 4/6/17. -If the facility tried to use the automated refill system to order medications, it would not show up on the resident's record.</p>	D 358		
D 392	<p>10A NCAC 13F .1008(a) Controlled Substances</p> <p>10A NCAC 13F .1008 Controlled Substances</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 392	<p>Continued From page 33</p> <p>(a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure readily retrievable records were maintained for controlled substances for 1 of 4 (Resident #5) sampled residents resulting in 30 missing lorazepam 0.5mg tablets.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL2 dated 6/1/17 revealed: -Diagnoses included transient ischemic attack, hypertension, asthma, and ulcerative colitis. -A medication order for lorazepam 0.5mg without directions for use. (Lorazepam is a medication used to treat anxiety and agitation.)</p> <p>Review of Resident #5's Resident Register revealed an admission date of 6/1/17.</p> <p>Review of an undated physician's order sheet revealed a medication order for lorazepam 0.5mg, 1 tablet every 8 hours as needed for anxiety.</p> <p>Interview with Resident #5 on 6/27/17 at 9:45am revealed: -He had been at the facility "about 3 weeks." -He believed he had been out of some of his "night time medications," but wasn't sure what they were.</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
D 392	<p>Continued From page 34</p> <p>Review of a list of medications Resident #5 brought with him on admission included 30 tablets of lorazepam 0.5mg.</p> <p>Review of medication orders in Resident #5's record revealed: -An order dated 6/20/17 to d/c (discontinue) Ativan (brand name lorazepam) 0.5mg prn (as needed.) -A returned drug credit form from the facility's pharmacy provider of contract dated 6/18/17 for Ativan 0.5mg, #30. -The reason for return noted on the drug credit form was "med changed." -No other medication changes for Resident #5's lorazepam were found in the resident's record.</p> <p>Review of Resident #5's Medication Administration Record (MAR) for June 2017 revealed: -An entry for lorazepam 0.5mg, 1 tablet every 8 hours as needed for anxiety. -No lorazepam had been documented as administered.</p> <p>Review of Resident #5's medications on hand on 6/27/17 at 11:50am revealed no lorazepam 0.5mg tablets either in the medication cart or in the medication room, and no narcotic count sheet for the lorazepam.</p> <p>Interview with Resident #5 on 6/27/17 sat 2:55pm revealed: -He hasn't had any anxiety since he was admitted to the facility. -Resident #5 was not aware he had any medication ordered he could request for anxiety.</p> <p>Interview with the facility's Administrator on</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARDINAL CARE CENTER-HENDERSONVILLE **1000 WEST ALLEN STREET**
HENDERSONVILLE, NC 28739

(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) COMPLETE DATE
D 392	<p>Continued From page 35</p> <p>6/27/17 at 4:00pm revealed: -He was unaware of any missing lorazepam tablets for Resident #5. -He would begin an investigation and complete 24 hour and 5 day reports.</p> <p>Interview with staff from the facility's provider pharmacy of contract on 6/28/17 at 10:40am revealed: -They did not have Resident #5 in their computer system and had never dispensed any medications for him. -They had no record of 30 lorazepam 0.5mg tablets returned from the facility. -Even if the resident was not in their computer system, they would still have a record of any medications returned, especially a narcotic like lorazepam.</p> <p>Interview with the Resident Care Coordinator on 6/28/17 at 10:55am revealed: -She was not aware of any missing lorazepam tablets for Resident #5 until the issue was brought up during the survey. -It was the responsibility of the Medication Aide on duty to check in any medications brought from home for a new admission.</p> <p>Interview with the triage nurse at Resident #5's primary care provider on 6/27/17 at 3:45pm revealed: -They had just written four new prescriptions for Resident #5 that included one for lorazepam 0.5mg, 1 every 8 hours as needed for anxiety. -There would be no harm to Resident #5 from missing any of the medications he was out of, including the lorazepam.</p>	D 392		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARDINAL CARE CENTER-HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--	---

(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) COMPLETE DATE
{D912}	Continued From page 36	{D912}		
{D912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules an regulations in the areas of personal care and health care.</p> <p>The findings are:</p> <p>A. Based on observations, interviews, and record reviews, the facility failed to assure personal care assistance was provided concerning incontinent care (Residents #3) and showers (Resident #1, #3, and #6). [Refer to Tag D269 10A NCAC 13F .0901(a) Personal Care (Type B Violation.)]</p> <p>B. Based on observations, record reviews, and interviews, the facility failed to assure 3 of 6 sampled residents received referral and follow-up in the areas of refusal of personal care, (Residents #3 and #6), and failure to administer medications due to unavailability (Resident #5). [Refer to Tag D273, 10A NCAC 13F .0902(b) Health Care (Unabated Type B.)]</p>	{D912}		