STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011361	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT REYNOLDS MOUNTAIN	41 COBBLERS WAY ASHEVILLE, NC 28804

(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	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on June 5, 2018 and June 6, 2018.	D 000		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 2 sampled medication aides were competency validated by a registered nurse with return demonstration prior to performing Licensed Health Professional Support tasks, related to applying and removing thrombo-embolic-deterrent (TED) hose, oxygen use, and transfers (Staff A and B). The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired as a medication aide (MA) on 03/20/18.	D 161		

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D 161	Continued From page 1	D 161		

-There was a medication clinical skills checklist completed and dated 05/11/18.
-There was no documentation of competency validation for Licensed Health Professional Support (LHPS) tasks.

Telephone interview on 06/06/18 at 3:20pm with Staff A revealed:
-Staff A had been hired in March 2018 as a MA.
-A nurse had "gone over" tasks with Staff A.
-Staff A assisted residents with transfers, applying TED hose, dressing changes, toileting, and oral care.
-Staff A felt comfortable performing these tasks.

Refer to the interview on 06/06/18 at 2:05pm with the Registered Nurse.

Refer to the interview on 06/06/18 at 2:30pm with the Administrator.

Refer to the interview on 06/06/18 at 2:45pm with the Business Office Manager.

2. Review of Staff B's personnel record revealed:
-Staff B was hired as a personal care assistant (PCA) on 06/12/17.
-There was no documentation of competency validation for LHPS tasks.

Telephone interview on 06/06/18 at 3:34pm with Staff B revealed:
-Staff B was hired as a medication aide 06/21/17.
-A nurse had reviewed tasks with Staff B.
-Staff B assisted residents with transfers, toileting, oral care, applying TED hose, and dressing changes.
-Staff B felt comfortable performing these tasks.

Refer to the interview on 06/06/18 at 2:05pm with

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D 161	Continued From page 2 the Registered Nurse. Refer to the interview on 06/06/18 at 2:30pm with the Administrator. Refer to the interview on 06/06/18 at 2:45pm with the Business Office Manager. _____ Interview on 06/06/18 at 2:05pm with the Registered Nurse (RN) revealed: -She was hired on 05/07/18. -The nurse had been trained by the "corporate nurse". -"I am still in training." Interview on 06/06/18 at 2:30pm with the Administrator revealed: -She did not know why Staff A and B did not have their LHPS check lists completed. -There had been multiple RN's and Business Office Managers (BOM) who had worked at the facility over the past year. -The BOM was responsible for assuring all required paperwork was in the staff files. -The RN at the facility was responsible for completing the LHPS tasks for all staff. -Both the BOM and RN were new to the facility and still being trained. Interview on 06/06/18 at 2:45pm with the Business Office Manager revealed: -She had only worked at the facility for a few months. -She was going through all the staff files and finding things that were not in the files. -"It looks like each of the previous Business Office Managers had a different way of filing". -She had looked for Staff A and B's LHPS check	D 161		

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D 161	Continued From page 3 off sheets, but could not find them. -Both Staff A and B's orientation check off list had been checked that the LHPS sheet had been completed.	D 161		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial	D 278		

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D 278	Continued From page 4 ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of	D 278		

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D 278	Continued From page 5 practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure a Licensed Health Professional Support (LHPS) assessment was accurate for 3 of 7 sampled residents for the identified tasks of transferring semi-ambulatory residents (Resident #2), a resident receiving scheduled insulin injections (Resident #5) and a resident who received as needed oxygen (Resident #3). The findings are: 1. Review of Resident #2's current FL2 dated 02/27/18 revealed the resident was semi-ambulatory and required an assistive device of an electric scooter for ambulation. Review of Resident #2's Resident Register revealed he was admitted to the facility on 01/30/17. Review of Resident #2's record on 06/05/18 revealed there was one LHPS documentation sheet dated 03/06/17 which only documented "wound care" as a task. Review of LHPS documentation for Resident #2 provided by the facility on 06/06/18 revealed: -An assessment date of 05/18/18 which only documented "wound care" as a task. -The follow-up recommendation was "Continue with Care Plan".	D 278		

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Review of Resident #2's current Care Plan dated 01/26/18 documented ambulation as "verbal prompting" and transfer as "limited assistance".

Interview with Resident #2 on 06/06/18 at 10:45am revealed:
-"The staff helps me when I need help to get in my wheel chair".
-He would not call staff to help him get on his electric scooter.
-"The staff do a good job at helping him when he needs help".

Interview on 06/05/18 at 9:40am with the facility Licensed Practical Nurse (LPN) revealed:
-Resident #2 needed help with transfers.
-The staff helped him on a regular basis to transfer to his electric scooter.
-The resident did good at ambulating in his electric scooter, but had trouble with his transfers.
-Resident #2 had to be reminded regularly to call staff for transfer assistance.

Refer to interview on 06/06/18 at 3:25pm with the Health and Wellness Director.

2. Review of Resident #5's current FL2 dated 04/18/18 revealed:
-The resident had a diagnosis of type 2 diabetes mellitus.
-Resident #5 was receiving insulin every day per injection.
-Resident #5 had an order for as needed oxygen.
-Resident #5 did not have an order for fingerstick blood sugars.

Review of Resident #5's Resident Register revealed he was admitted to the facility on 04/23/18.

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Review of the LHPS evaluation dated 06/06/18 revealed there was one LHPS documentation sheet dated 04/30/18 listing physical therapy as the only task.

Review of the LHPS evaluation provided by the facility on 06/06/18 revealed an assessment date of 05/18/18 which documented "oxygen" as the only task.

Interview with Resident #5 on 06/06/18 at 2:50pm revealed:
-He received "shots for his diabetes" everyday.
-"I think staff does a good job giving me my shots".
-He had no concerns about his insulin injections.

Interview on 06/06/18 at 3:15pm with the LPN revealed:
-Resident #5 was not on sliding scale insulin, just scheduled insulin.
-Resident #5 did not get blood sugars checked at the facility.

3. Review of Resident #3's current FL2 dated 12/13/17 revealed:
-The resident had a diagnosis of chronic obstructive pulmonary disease.
-A physician's order for three liters oxygen, via nasal cannula as needed for shortness of breath.

Review of Resident #3's Resident Register revealed he was admitted to the facility on 12/06/17.

Review of Resident #3's current Care Plan dated 12/13/17 did not address resident's oxygen needs.

Review of Resident #3's current LHPS evaluation

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D 278	Continued From page 8 current assessment dated 05/24/18 revealed: -There was no documentation of oxygen administration and monitoring. -The follow-up recommendation was "Continue with Care Plan". -The document had been signed by the regional health care coordinator. Interview with Resident #3 on 06/05/18 at 1:30pm revealed: -He needed oxygen when he felt short of breath. -He had used oxygen once a week and sometimes more often depending on the air quality. -He would call staff to help him with his oxygen when he felt short of breath. -"The staff do a good job at helping me when I need help". Interview on 06/06/18 at 1:40pm with the medication aide (MA) revealed: -She had worked at the facility for two years. -The resident had oxygen ordered as needed for shortness of breath. -Resident #3 needed help with set up and monitoring of his oxygen administration -The staff helped him the last time on 05/18/18 when he was short of breath. -The resident no longer felt short of breath with the use of oxygen. Refer to interview on 06/06/18 at 3:25pm with the Health and Wellness Director. _____ Interview on 06/06/18 at 3:25pm with the Health and Wellness Director revealed: -She had only worked at the facility for several weeks.	D 278		

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D 278	Continued From page 9 -She was still being trained by the Corporate Nurse Director. -She was still getting to know the residents and their needs. -She was responsible for assessing and completing the LHPS documentation for the residents at the facility.	D 278		