Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 conducted an annual survey on 06/04/18, 06/05/18 and 06/06/18.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure the hot water temperatures were maintained between 100 degrees Fahrenheit (F) to 116 degrees F for 4 of 4 water fixtures (sinks) in residents' rooms (#30, #37, #38, and #40) on the East Hall. The findings are: Observations of water temperatures on the East Hall on 06/04/18 from 9:15am to 10:42am revealed: -At 9:25am, the hot water temperature at the sink in the bathroom of room #37 was 132 degrees F. -At 9:45am, the hot water temperature at the sink in the bathroom of room #38 was 126 degrees F. -At 10:30am, the hot water temperature at the	D 113	Facility phone number: 828.698-6501 1) Facility maintenance will check Hot water temps Every week and record. Housekeepers will check Hot water temp Every week and record. Both maintenance and housekeepers will report temps to Executive Director Weekly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy Hamilton, ED — TITLE: Executive Director — (X6) DATE: 7/5/18

Reviewed & accepted with addendum on page 2
by CE 7/16/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 113	Continued From page 1 sink in the bathroom of room #40 was 122 degrees F. -At 10:42am, the hot water temperature at the sink in the bathroom of room #30 was 120 degrees F. Observation of water temperature with the Resident Care Coordinator (RCC) on the East Hall on 06/04/18 at 10:10am revealed the hot water temperature at the sink in the bathroom of room #38 was 126 degrees F. Observation of the RCC on the East Hall on 06/04/18 at 10:10am revealed: -She was going door to door posting signs in the resident's bathroom that read "water temperatures are warmer than usual - please use extra caution while using hot water". -When a resident was present in their room, she verbally informed them of the hot water issue. Interview with a resident who resided in room #37 on 06/04/18 at 9:26am revealed she had washed her hands in the bathroom sink this morning and the water "was not too hot". Interview with a resident who resided in room #38 on 06/04/18 at 9:37am revealed: -She had taken a shower this morning and had no concerns about the water temperature. -Staff adjusted the water temperature for her before she entered the shower. Interview with a resident who resided in room #40 on 06/04/18 at 10:15am revealed: -She was independent with her bathing needs. -She had taken a shower "last Thursday" (05/31/18) and noticed she did have to "turn it down a little bit" (colder). -She had not reported the incident.	D 113	This new action was implemented 6/7/2018 and Executive Director will continue to monitor Hot Water temperature recordings weekly. 6/7/2018 AH Per telephone call with the Executive Director on 7/16/18 At 11:41 AM, the completion date for tag 113 is amended to 7/21/18.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 113	Continued From page 2 Attempted interview with the facility's contracted maintenance staff on 06/04/18, 06/05/18 and 06/06/18 was unsuccessful. Interview with a maintenance staff from the facility's contracted maintenance company on 06/04/18 at 11:20am revealed: -He was a contracted maintenance staff. -He had adjusted the thermostat on the hot water tank to its lowest setting and was monitoring the temperatures in the residents' rooms. Recheck of the hot water temperature at the sink in the bathroom of room #37 with the maintenance staff on 06/04/18 at 11:30am revealed the hot water temperature was 110 degrees F. Review of the facility's East Hall water temperature logs on 06/04/18 revealed from 04/18/18 through 05/21/18, the hot water temperatures on the "E wing" was documented between 109.3 and 111 degrees F. Review of the facility's East Hall water temperature log on from 06/04/18 at 2:00pm through 06/06/18 at 9:00am revealed: -Hot water temperatures had been checked in seven resident rooms (27, 28, 32, 34, 37, 39 and 41). -Hot water temperatures ranged from 106.3 to 111.6 degrees F. Interview with the Administrator on 06/06/18 at 3:30pm revealed: -She was aware of the rule requiring a range between 100-116 degrees (F). -The facility's contracted maintenance staff monitored the hot water temperature on a weekly	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 113	Continued From page 3 basis. -The maintenance staff would adjust the temperatures, as needed. -She was aware of residents reporting the water temperatures were cold in that part of the building and the maintenance staff had been adjusting the hot water temperature. -She had not received any complaints or reports from residents or staff that the water temperatures were too hot. The failure of the facility to assure the hot water temperatures at 4 sinks in 4 resident bathrooms were maintained between 100 and 116 degrees Fahrenheit, the highest hot water temperature was 132 degrees F, was detrimental to the health and safety of the residents in those rooms by placing them at a potential risk for burns and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/04/18 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 21, 2018.	D 113		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 4 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to serve nutritional supplements as ordered to 2 of 3 sampled residents (Residents #5 and #6) with physician's orders for nutritional supplements. The findings are: 1. Review of Resident #5's current FL2 dated 07/24/17 revealed: -Diagnoses included dementia, hypertension, and anxiety. -The resident was intermittently disoriented and weighed 76 lbs. -A physician's order for a regular diet. Review of Resident #5's Care Plan dated 08/08/17 revealed: -The resident was "forgetful and needs reminders." -The resident was independent with eating. Review of a subsequent Nurse Practitioner's order for Resident #5 dated 01/05/18 revealed an order for a nutritional supplement with meals three times a day. Review of Resident #5's signed physician's order sheet dated 02/20/18 revealed an order to continue nutritional supplements with meals three times a day. Review of the facility Nurse Practitioner's Note for Resident #5 for date of service 04/24/18 revealed: -The plan for the resident was "long term care for debility and dementia." -"Patient reports excellent appetite, but remains underweight in spite of supplements."	D 310	2) Audit of physician's orders for nutritional supplements for all residents to be completed by Dietary Manager to insure Compliance with supplement orders. 7/5/18 Dietary supplements ordered 3x a day with meals will be given at meals by Medication Aides and documented on MAR 7/5/18 Resident Care manager to do weekly audit to assure residents with nutritional supplements receive them as ordered. 7/5/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 5 -"Decline expected." -"Stable." Interview with a Medication Aide on 06/05/18 at 7:49am revealed: -She was assigned to administer Resident #5's medications on 06/05/18. -Resident #5 had an order to receive nutritional supplements with meals. -The Medication Aides were responsible for serving nutritional supplements to residents. -Resident #5 was administered her scheduled 8:00am medications at 7:41am however, the Medication Aide would administer Resident #5's nutritional supplement in the dining room at breakfast, because the order for the supplement was written to be given "with meals." Observation of Resident #5 at the breakfast meal service on 06/05/18 from 8:10am to 8:25am revealed: -No nutritional supplement was served to the resident. -At 8:25am, the resident finished breakfast and left the dining room. Observation in the facility kitchen on 06/04/18 at 11:05am revealed there was a box lid full approximately 18 vanilla flavored nutritional 4 oz. shakes, in the refrigerator. Interview with Resident #5 on 06/05/18 at 11:15am revealed: -She did not receive a nutritional supplement with breakfast that morning. -"I didn't get one." -Resident #5 did not remember receiving a nutritional supplement the evening before at dinner on 06/04/18. -She would drink supplements when she received	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 6 them. Observation of Resident #5 on 06/05/18 at 12:16pm revealed the resident was sitting in the dining room and had a small plastic cup of vanilla nutritional supplement at her place setting along with the rest of her lunch. Review of Resident #5's April 2018 electronic Medication Administration Record (eMAR) revealed: -An entry for a nutritional supplement 1 shake three times a day scheduled 8:00am, 12:00pm, and 6:00pm. -The nutritional supplement was documented as administered daily at 8:00am, 12:00pm, and 6:00pm from 04/01/18 to 04/30/18. Review of Resident #5's May 2018 eMAR revealed: -An entry for a nutritional supplement 1 shake three times a day scheduled 8:00am, 12:00pm, and 6:00pm. -The nutritional supplement was documented as administered daily at 8:00am, 12:00pm, and 6:00pm from 05/01/18 to 05/31/18 with one occurrence of late administration on 05/15/18 at 2:33pm. Review of Resident #5's June 2018 eMAR revealed: -An entry for a nutritional supplement 1 shake three times a day scheduled for 8:00am, 12:00pm, and 6:00pm. -The nutritional supplement was documented as administered daily at 8:00am, 12:00pm, and 6:00pm from 06/01/18 to 06/05/18 at 8:00am. Interview with the facility Nurse Practitioner on 06/05/18 at 12:33pm revealed:	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 7 -"She's pretty underweight." -"Ideally she should have the supplement every time it's due." Refer to the interview with the Administrator on 06/06/18 at 3:27pm. Refer to the interview with the Resident Care Coordinator (RCC) on 06/06/18 at 3:50pm. 2. Review of Resident #6's current FL2 dated 02/01/18 revealed: -Diagnoses included congestive heart failure, essential hypertension, peripheral neuropathy, chronic pain, and chronic anemia. -The resident was non-ambulatory. -A physician's order for a regular diet. Review of Resident #6's Care Plan dated 11/14/17 revealed: -The resident was oriented with adequate memory. -The resident was independent with eating. Review of Resident #6's Nurse Practitioner's order dated 05/08/18 revealed an order for a nutritional supplement every day at 8:00am for decreased appetite. Interview with a Medication Aide on 06/05/18 at 7:49am revealed: -She was assigned to administer Resident #6's medications on 06/05/18. -Resident #6 had an order to receive a nutritional supplement daily at 8:00am. -The Medication Aides were responsible for serving nutritional supplements to residents. -The Medication Aide would administer Resident #6's nutritional supplement in the dining room at breakfast.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 8 Observation of Resident #6 at the breakfast meal service on 06/05/18 from 8:10am to 8:25am revealed no nutritional supplement was served to the resident. Interview with Resident #6 on 06/05/18 at 10:52am revealed: -She had not received a nutritional supplement "today." -"But, I have a couple fresh in my refrigerator." -Staff had put several supplements in the resident's refrigerator in her room. -The facility only had vanilla flavored supplements that morning. -"I can't drink vanilla." -"I only like strawberry and chocolate." -"I will drink one of those I have in the fridge." Observation of Resident #6 at the lunch meal service on 06/05/18 at 12:20pm revealed no nutritional supplement was served to the resident. Review of Resident #6's May 2018 eMAR revealed: -There was an entry for a nutritional supplement 1 can every day scheduled for 8:00am. -The nutritional supplement was documented administered daily at 8:00am from 05/01/18 to 05/31/18. Review of Resident #6's June 2018 eMAR revealed: -There was an entry for a nutritional supplement 1 can every day scheduled for 8:00am. -The nutritional supplement was documented administered daily at 8:00am from 06/01/18 to 06/05/18. Interview with the facility Nurse Practitioner on	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 310	Continued From page 9 06/05/18 at 12:33pm revealed: -"Missing supplements once in awhile often defeats the purpose of them." -"It's important for her to get them on a regular basis." Refer to the interview with the Administrator on 06/06/18 at 3:27pm. Refer to the interview with the RCC on 06/06/18 at 3:50pm. _____ Interview with the Administrator on 06/06/18 at 3:27pm revealed: -She would expect staff to give resident's nutritional supplements as it was ordered. -If the order indicated the nutritional supplement should be given with meals, "I would expect it to be given at the meal." -It was the responsibility of the Medication Aides to ensure residents with orders for supplements received them. -The Medication Aides "should prepare" the supplements "from the kitchen." Interview with the RCC on 06/06/18 at 3:50pm revealed: -The nutritional supplements were "usually" served by the Medication Aides. -She served nutritional supplements in the dining room at breakfast and lunch "alot." -"The Medication Aides do it if I'm not here." -"I didn't give any out yesterday (06/05/18)."	D 310		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 10 (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: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to administer medications as ordered for 3 of 6 sampled residents (Residents #1, #2 and #6). The findings are: 1. Review of Resident #1's current FL2 dated 05/22/18 revealed: -Diagnoses included Alzheimer's dementia, diabetes mellitus type 2, metabolic encephalopathy, and renal cysts. -There was an order for risperidone (used to treat delusions and hallucinations) 1.5mg twice daily. Review of Resident #1's Care Plan dated 01/17/18 revealed the resident was ambulatory, sometimes disoriented, and a wanderer. Review of Resident #1's signed physician order sheet dated 2/20/18 revealed: -An order for risperidone 1mg daily in the morning. -An order for risperidone 1.5mg daily at bedtime. Review of Resident #1's Nurse Practitioner's encounter note dated 03/13/18 revealed: -"Advanced disease with behavior disorder."	D 358	3) Resident Care Manager to complete an audit on both med carts to make sure all prescribed medications are correct in the cart as compared to their physician orders. All discontinued medications to be removed from the carts — 6/8/18 and returned to pharmacy.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 11 -"Has had delusions, hallucinations, and paranoia." -"Behavior seems to have improved with Risperdal [brand name for risperidone]." Review of Resident #1's physician's order dated 05/17/18 revealed: -Discontinue risperidone 1mg daily in the morning. -An order for risperidone 1.5mg twice daily. Observation of Resident #1's risperidone available on the medication cart on 06/06/18 at 11:14am revealed: -There was one bubble pack labeled risperidone 1mg take 1 tablet in the morning and take 1.5 tablets (1.5mg) at bedtime with 15 of 30 tablets remaining in the pack, the pack was #3 of 3 packs dispensed 12/25/17, quantity 75. -There was one bubble pack labeled risperidone 1mg take 1.5 tablets (1.5mg) twice daily (morning and bedtime) with 14 of 30 tablets remaining in the pack; the pack was #3 of 4 dispensed 05/17/18, quantity 90. -There was one bubble pack labeled risperidone 1mg take 1.5 tablets (1.5mg) twice daily (morning and bedtime) with 14 half tablets of 30 (0.5mg) tablets remaining in the pack; the pack was #2 of 4 dispensed 05/17/18, quantity 90. Interview with a medication aide (MA) on 06/06/18 at 11:17am revealed: -She was the MA who had administered Resident #1's 8:00am scheduled medications on 06/06/18. -"I gave risperidone 1mg 1 tablet this morning with her other 8:00am medications." -She was unaware the risperidone dosage had changed to 1.5mg in the morning and at bedtime on 05/17/18. -She was going to check the overstock supply to	D 358	Medication aide training to occur with all medication aide staff on medication administration Provided by LHPS nurse 6/6/18 Care manager to complete weekly medication cart audits to assure correct medications are available for administration for 3 months then monthly thereafter. 7/6/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 12 see what other risperidone was available for Resident #1. Observation of Resident #1's medications from overstock on 06/06/18 at 11:22am revealed: -There was one bubble pack of 30 risperidone 1mg tablets with a dispense date of 03/25/18. -There was one bubble pack of 30 risperidone 1mg tablets with a dispense date of 04/24/18. -There were two bubble packs of 30 risperidone 1mg tablets (total 60 tablets) with a dispense date of 05/16/18. -There was one bubble pack with 30 halves of risperidone 1mg tablets (0.5mg) with a dispense date of 05/16/18. -There was one bubble pack with 30 tablets of risperidone 1mg tablets with a dispense date of 05/17/18. -There was one bubble pack with 30 halves of risperidone 1mg tablets (0.5mg) with a dispense date of 05/17/18. Telephone interview with the facility pharmacy on 06/06/18 at 1:30pm revealed: -The start date of the original risperidone order was 11/28/17 1mg every morning and 1.5mg at bedtime until the order changed on 05/17/18. -On 05/17/18 they received an order to change Resident #1's risperidone to 1.5mg twice daily in the morning and at bedtime. -The pharmacy had dispensed 75 risperidone 1mg tablets on 03/25/18, 04/24/18, and 05/16/18 (a 30 day supply). -The pharmacy had dispensed 90 risperidone 1mg tablets on 05/17/18 (a 30 day supply). Review of Resident #1's supply of medications on hand with the dispensing records from the facilty pharmacy revealed: -From 03/26/18 to 05/16/18, Resident #1 would	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 13 have required 130 1mg tablets. -From 5/17/18 to 06/06/18 at 8:00am, Resident #1 would have required 61.5 1mg tablets. -Total tablets required for correct dosage from 03/25/18 to 06/06/18 at 8:00am was 191.5. -Total tablets dispensed from 03/25/18 to 06/06/18 was 315 tablets. -There were 201 tablets still on hand with dispense dates from 03/25/18 to 05/17/18. -The facility should have had 123.5 tablets on hand if given as ordered. Review of Resident #1's March and April 2018 electronic Medication Administration Record (eMARs) revealed risperidone was documented administered as ordered. Review of Resident #1's May 2018 eMAR revealed: -An entry for risperidone 1mg take 1 tablet (1mg) daily in the morning scheduled for 9:00am discontinued 05/18/18. -An entry for risperidone 1mg take 1.5 tablets (1.5mg) daily at bedtime scheduled for 8:00pm discontinued 05/18/18. -An entry for risperidone 1.5mg twice daily scheduled for 8:00am and 8:00pm. -The risperidone was documented as administered correctly from 05/01/18 to 05/31/18. Review of Resident #1's June 2018 eMAR revealed: -An entry for risperidone 1.5mg twice daily scheduled for 8:00am and 8:00pm. -The risperidone was documented as administered correctly from 06/01/18 to 06/06/18. Telephone interview with the facility Nurse Practitioner on 06/06/18 at 4:20pm revealed: -Resident #1 "when she first came in was having	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 14 paranoia and delusions and it was very distressful to her." -"Her cognition has declined since then." -Resident #1's behaviors have increased "but we can't say where they are coming from." -The risperidone dose was increased on 5/17/18 due to increased agitation. -If the risperidone has not been being administered as the order was written, then the resident has "missed an opportunity to benefit from that medication for her own well-being." -The risperidone was increased so the resident "wouldn't feel as frightened and paranoid." Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable. Refer to the interview with the Resident Care Coordinator (RCC) on 06/06/18 at 10:03am. Refer to the interview with the Administrator on 06/06/18 at 3:27pm. 2. Review of Resident #6's current FL2 dated 02/01/18 revealed: -Diagnoses included congestive heart failure, essential hypertension, peripheral neuropathy, chronic pain, and chronic anemia. -A physician's order for pantoprazole (used to block the production of stomach acid) 40mg daily. Review of Resident #6's Nurse Practitioners order dated 05/01/18 revealed decrease pantoprazole to 20mg daily. Review of Resident #6's signed physician order sheet dated 05/08/18 revealed to continue pantoprazole 20mg daily.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 15 Observation of a MA during the 8:00am medication pass on 06/05/18 at 7:50am revealed she administered to Resident #6, pantoprazole 40mg tablet along with her other oral morning medications. Observation of Resident #6's medications available on the medication cart on 06/05/18 at 9:33am revealed there was one bubble pack of pantoprazole 40mg tablets with 27 tablets remaining with a dispense date of 04/24/18. Interview with a MA on 06/05/18 at 9:37am revealed: -She had administered pantoprazole 40mg to Resident #6 that morning. -The pantoprazole 40mg tablets were all that was on the cart for administration for Resident #6. -She had "just" found some pantoprazole 20mg tablets in the overstock storage, but there had been none on the medication cart. -When a medication order changed "whoever's working the cart that day a message pops up on eMAR that there's been an order change." -The MA that receives the message was responsible for removing the discontinued medication from the cart. -The bubble pack of pantoprazole 40mg had not been removed from the cart and the new bubble pack of pantoprazole 20mg tablets had not been put into the medication cart when it had come in from the pharmacy. Observation of Resident #6's medications available for administration on 06/05/18 at 9:40am revealed there was one bubble pack of pantoprazole 20mg tablets with 30 tablets with a dispense date of 05/28/18. Review of Resident #6's May 2018 eMAR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 16 revealed the pantoprazole 20mg was documented as administered correctly from 05/01/18 to 05/31/18. Review of Resident #6's June 2018 eMAR revealed the pantoprazole 20mg was documented administered correctly from 06/01/18 to 06/05/18. Interview with the facility Nurse Practitioner on 06/05/18 at 12:33pm revealed: -Pantoprazole, was a "proton pump inhibitor" and can "decrease magnesium and B12" which "sometimes" caused a deficiency. -"Studies show it can cause dementia and chronic kidney disease." -The pantoprazole was decreased in an effort to wean Resident #6 off the medication. Telephone interview with the facility pharmacy on 06/06/18 at 1:30pm revealed: -The most current order for pantoprazole was dated 05/01/18 for pantoprazole 20mg 1 tablet daily. -They received a discontinue order for pantoprazole 40mg daily on 05/01/18. -The pharmacy dispensed pantoprazole 20mg 30 tablets for Resident #6 on 05/01/18 and an additional 30 tablets on 05/28/18. -The pharmacy last dispensed pantoprazole 40mg 30 tablets on 04/24/18. Refer to the interview with the Resident Care Coordinator (RCC) on 06/06/18 at 10:03am. Refer to the interview with the Administrator on 06/06/18 at 3:27pm. 3. Review of Resident #2's current FL2 dated 02/27/18 revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 17 -Diagnoses included cerebral thrombosis, diabetes, aphasia and dysphasia. -Medications ordered included mirtazapine (used to stimulate appetite) 15mg one tablet at bedtime. Review of Resident #2's subsequent signed physician orders revealed: -An order dated 04/10/18 for mirtazapine 7.5mg one tablet at bedtime. -An order dated 05/07/18 mirtazapine 7.5mg one tablet at bedtime. Review of Resident #2's April 2018 electronic Medication Administration Record (eMAR) revealed: -There was an entry for mirtazapine 15mg one tablet at bedtime. -Mirtazapine 15mg was documented as administered 9 out of 9 times at 8:00pm from 04/01/18 through 04/19/18. -There was an entry for mirtazapine 7.5mg one tablet at bedtime. -Mirtazapine 7.5mg was documented as administered 21 out of 21 times at 8:00pm from 04/10/18 through 04/30/18. Review of Resident #2's May 2018 eMAR revealed: -An entry for mirtazapine 7.5mg one tablet at bedtime with a discontinue date of 05/09/18; the medication was documented as administered from 05/01/18 through 05/08/18. -An entry for mirtazapine 7.5mg one tablet at bedtime with a start date of 05/08/18 and a discontinue date of 05/09/18; the medication was documented as administered on 05/09/18. -An entry for mirtazapine 7.5mg one tablet at bedtime with a start date and a discontinue date of 05/09/18; mirtazapine was documented as not being administered from 05/10/18 through	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 18 05/31/18. Observation of Resident #2's medications available for administration on 06/07/18 at 9:48am revealed there were 22 mirtazapine 7.5mg tablets available for administration with a 05/08/18 dispensed date. Review of Resident #2's June 2018 eMAR revealed there was no entry for mirtazapine 7.5mg one tablet at bedtime. Interview with Resident # 2 on 06/04/18 at 9:15am revealed she knew she took medications but did not know the names of the medications or what the medications treated. Interview with a first shift MA, on 06/05/18 at 10:05am revealed: -When the pharmacy received a medication order they would "discontinue the current order and start a new order" on the MAR. -The pharmacy that entered the start and discontinue dates for a medication. -She "usually audited the East Hall medication cart" at the beginning of the month. -It was 'about a month ago" when she last audited the cart. -She did not know Resident #2's mirtazapine was started and discontinued on 05/09/18. Interview with a second shift MA on 06/06/18 at 4:15pm revealed: -She normally worked second shift and worked on the East Hall medication cart. -She only administered the medications that "popped-up" on the computer screen/eMAR. -She did not administer Resident #2's mirtazapine because it did not appear on the MAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 19 Telephone interview with the facility's contracted pharmacy on 06/06/18 at 1:25pm revealed: -The pharmacist would enter the start and discontinue date. -He was not showing the mirtazapine as being discontinued, it "looks correct on my end". -He did not know the reason the end date was on the facility's MAR. Interview with facility Nurse Practitioner on 06/05/18 at 12:35pm revealed: -Mirtazapine was sometimes used as an appetite stimulant. -The mirtazapine had been prescribed because a family member had been concerned about Resident #2's appetite. -Not having the mirtazapine since 05/09/18 "hasn't impacted her appetite" so she did not need the medication. -She discontinued the medication and "will have the facility monitor [Resident #2's] eating habits and appetite". Interview with Resident #2's Power of Attorney on 06/06/18 at 2:00pm was unsuccessful. Refer to interview with the RCC on 06/06/18 at 10:03am. Refer to interview with the Administrator on 06/06/18 at 3:27pm. --- Interview with the RCC on 06/06/18 at 10:03am revealed: -When new medication orders were written, a day shift MA, "takes the order off." -The day shift MA would then fax the new or changed medication order to the facility pharmacy and then places a copy of the order in the RCC's	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 20 box for review. -"Later in the day the order pops up for verification" in the eMAR. -Another MA and the RCC "both check" the orders that come up for verification in the eMAR. -Then the medication aide who's responsible for the affected medication cart gets a copy of the order. -Then third shift staff are responsible to make sure the medication comes in from the pharmacy. -Third shift staff are also responsible to put a change order stickers on the existing medication bubble pack if it is just a change in the order but will continue to use existing supply of medication. Interview with the Administrator on 06/06/18 at 3:27pm revealed: -The medication aides audited the medication carts "weekly." -The RCC performed a medication cart audit "once a month." -The facility pharmacy sent "too much medicine sometimes." -The medication cart audits consisted of staff ensuring the medications on the cart matched the orders. -Each week, a different resident sample was chosen for the medication audit.	D 358		
D912	G.S. 131D-21(2) Declaration of Residents' Rights 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.	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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 21 This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure each resident received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations as related to hot water temperatures and administering medications as ordered. The findings are: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperatures were maintained between 100 degrees Fahrenheit (F) to 116 degrees F for 4 of 4 water fixtures (sinks) in residents' rooms (#30, #37, #38, and #40) on the East Hall. [Refer to Tag D113, 10A NCAC 13F .0311(d) Other Requirements (Type B Violation)].	D912	4) Water temps will be maintained between 100° -116° F for resident rooms. 7/6/18 Medications will be administered as ordered 7/6/18	
D917	G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure one resident received a reasonable response to a request regarding a replacement key to their room, an air conditioning unit not working for a month, a closet door that was removed, and a disconnected bathroom exhaust fan. The findings are:	D917	5) Executive Director to ensure resident's request are handled in a timely manner. 7/6/18 Residents requested to sign confirmation as documentation of request met in a timely manner. 6/15/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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
D917	Continued From page 22 Interview with one resident during the initial facility tour on 06/04/18 at 9:16am revealed: -She had moved to the facility in December 2017. -Her windows were open in the room because, "I don't have air conditioning." -She did not know how long the air conditioning had been broken. -She discovered the air conditioning did not work "about a month ago" when she tried turning it on for the first time. -The resident reported the broken air conditioning unit to the Administrator and maintenance staff as soon she discovered it did not work. -"I have told [facility maintenance staff and the Administrator], I really do need [the air conditioning] in the afternoons." -Facility maintenance staff had been in to checkout the air conditioning unit, but had not yet been able to repair it. -The resident did not have a key to her room, so she was unable to lock her door. -"There are two Alzheimer's patients who come in the room and take things." -"I've been without a remote for 3 weeks" because it was taken by another resident. -She had made the Administrator and maintenance staff aware in December "when I moved in" she needed a key to her room. -The closet door had been removed from her closet, so she was unable to lock the closet to protect her belongings when she was out of the room. Interview with the same resident on 06/06/18 at 2:45pm revealed: -A maintenance staff from a sister facility came in on Monday afternoon (06/04/18) "and he did the exact same thing to the air conditioning unit" that their maintenance staff did.	D917	Review of Resident Rights with all Community staff - 7/6/2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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
D917	Continued From page 23 -"He turned it on and said it didn't work and said 'I'll have to see about that.'" -She had written the facility Administrator "a note Sunday night (06/03/18)" concerning the items still in need of correction in her room including the air conditioning not working, not having a room key, not having a closet door, and the exhaust fan in the bathroom did not work. -The Administrator had not yet replied to her note. -The exhaust fan made a loud noise after the ceiling had been painted in her bathroom, because "they put the cover back over the newspaper and tape" they had put over the fan to protect it during the painting. -The maintenance staff had removed the newspaper and tape and replaced the cover, but the fan still made a loud noise. -So the maintenance staff disconnected the power to the fan, so the resident could use the light in the bathroom until the fan could be replaced. -The Administrator "knew about the fan for several months. They fixed the fan 2 weeks ago by cutting the [power supply] wire to the fan." -"Maintenance will have to get a quieter fan." -The Administrator had known the resident needed a key to her room since she moved in December 2017. -The resident told the Administrator she needed a key to her room "within the first week of moving in." -The Administrator "had come down a month or so ago with a ring of keys and gave me a key, but it didn't work." -When the resident first moved in she was unable to get in her closet, so the Administrator had the maintenance staff take the closet door off. -The Administrator said they would have to get a door that opens "the other way." -The closet door was removed in December	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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
D917	Continued From page 24 2017. -"I like the view out of the room." -"That's why I haven't asked to move to another room." -The Administrator "told my [family member] the air conditioning was going to be replaced two weeks ago, but it never happened." -She had lived in the facility 6 months as of 06/01/18. Interview with a medication aide on 06/06/18 at 4:08pm revealed: -The resident had told her the air conditioning was out in her room "a couple weeks ago" and the resident had told the Administrator. -The resident had wanted the closet door taken off "when she first came here." -"She did have a key. She probably lost it." -The staff was unaware the exhaust fan in the resident's bathroom was not working. Interview with the Administrator on 06/06/18 at 3:27pm revealed: -The facility had a work order system to manage environmental concerns to be submitted to their contracted maintenance staff. -The work orders, once entered, went directly to facility maintenance. -Before maintenance could make the repairs, corporate had to approve the money to get the repairs done. -Corporate had been made aware of the resident's need for a new air conditioning unit, exhaust fan, and for another closet door. -"Every resident that's asked for a room key, I've given it to them." -"If I don't have one, I have one made." -"I have fifteen exhaust fans on order." -"She has a key for her door and her room locks. She went [out of town] and locked her door."	D917		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045115	A. BUILDING: _____ B. WING _____	06/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY SPRINGS VILLAGE	358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792

(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
D917	Continued From page 25 -"We have already ordered her a new air conditioner. The compressor was bad in hers." -She had placed the order for the compressor at the "end of May." -The air conditioning unit "should be here by Friday" (06/08/18).	D917		