

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/28/2018
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NAME OF PROVIDER OR SUPPLIER CHERRY SPRINGS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792
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(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
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(D 000)	Initial Comments The Adult Care Licensure Section completed a follow up survey on August 28, 2018.	(D 000)		
(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: (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.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 5 sampled residents (Resident #2) with orders for Refresh Optive Advanced 0.5%-1% eye drops and PreserVision AREDS vitamin, and (Resident #5) with an order for Ergocalciferol 5,000 units.</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL2 dated 04/03/18 revealed: -Diagnoses Included Alzheimer's disease, Crohn's disease, and hypertension. -Resident #2 was intermittently disoriented.</p> <p>Review of physician orders dated 06/08/18 revealed: -There was an order for Refresh Optive Advanced 0.5%-1% eye drops (used for</p>	(D 358)		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Amy Hamilton, ED</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>9/19/18</i>
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STATE FORM 6898 OMHO12 continuation sheet 1 of 4

Reviewed and accepted. rm 09/24/18

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(D 358)	<p>Continued From page 1</p> <p>lubrication) give one drop in both eyes twice a day.</p> <p>-There was an order for PreserVision AREDS (vitamin used to prevent macular degeneration) 250mg-200unit give one tablet by mouth daily.</p> <p>Review of Resident #2's July and August 2018 electronic Medication Administration Record (eMAR) revealed:</p> <p>-Refresh Optive Advanced eye drops was not listed on the July and August 2018 eMAR.</p> <p>-PreserVision AREDS was not listed on the July and August 2018 eMAR.</p> <p>Telephone interview on 08/28/18 at 11:30am with the facility's contracted pharmacy revealed they had not received the orders for Refresh Optive Advanced eye drops and PreserVision AREDS from the facility.</p> <p>Interview on 08/28/18 at 11:40am with the Resident Care Coordinator (RCC) revealed:</p> <p>-She was responsible for reviewing new orders and faxing them to the pharmacy.</p> <p>-All new orders from physicians are "put in my box".</p> <p>-"I don't know how that one got missed."</p> <p>Interview of 08/28/18 at 1:00pm with the prescribing physician's nurse revealed:</p> <p>-The Refresh Optive Advanced eye drops had been prescribed for dry eyes.</p> <p>-Resident #2 would be at risk for eye irritation and blurred vision without the eye drops.</p> <p>-The PreserVision AREDS had been prescribed as a preventative measure against macular degeneration.</p> <p>Interview on 08/28/18 at 2:45pm with Resident #2 revealed:</p>	(D 358)	<p>Medication cart audits based on current orders will be completed monthly by nursing staff. Resident's charts will be audited monthly by nursing staff to assure current medication orders are followed</p> <p>Rem to monitor all new orders on Matrix until medication is available in facility and medication aids are aware of new medication and order.</p>	<p>(AA) 10/10/18</p> <p>(AA) 10/10/18</p>
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NAME OF PROVIDER OR SUPPLIER CHERRY SPRINGS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 368 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792
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{D 358}	<p>Continued From page 3</p> <p>pharmacy." -"I will call now and get it (the dose) clarified."</p> <p>Telephone interview on 08/28/18 at 10:40am with the prescribing physician's medical assistant revealed: -The ergocalciferol was prescribed for a vitamin D deficiency. -The facility had notified the physician's office on 08/28/18 that clarification of the dose was needed. -The "normal" weekly dose of ergocalciferol was 50,000 units. -The medical assistant was not aware of Resident #5's current vitamin D level.</p> <p>Interview on 08/28/18 at 10:55am with Resident #5 revealed the resident was not aware if she was deficient in vitamin D.</p> <p>Refer to the interview on 08/28/18 at 2:30pm and 3:15pm with the Administrator.</p> <p>Interview on 08/28/18 at 2:30pm and 3:15pm with the Administrator revealed: -The RCC was responsible for reviewing all FL2's and new physician orders. -The medication carts were audited weekly for new and discontinued medications. -Resident records were audited monthly for new orders. -"It's a lot for one person to review all orders for sixty people."</p>	{D 358}		

Cherry Springs Village Assisted Living
358 Clear Creek Road, Hendersonville, NC 28792
828-698-6501 Phone 828-698-6504 Fax



September 19, 2018

Re: Medical appointments

Dear Friends and Families,

Thank you so much for entrusting your loved one to reside with us here at Cherry Springs Village.

I need to remind responsible parties that when you take your loved ones to a medical appointment, we must have the paperwork so we can make sure we follow all physicians' orders and recommendations.

We want to take the best care possible of our residents, and while we appreciate your help with appointments, it is imperative that our nursing staff is aware of the results of the appointment.

Please place all paperwork from your appointment in the file holder on the wall outside of the RCM's office.

Any questions or concerns please give us a call!

Have a wonderful fall!

Sincerely,

A handwritten signature in black ink that reads "Amy Hamilton, ED". The signature is written in a cursive style.

Amy Hamilton

Executive Director