PRINTED: 08/29/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL045115  NAME OF PROVIDER OR SUPPLIER		The state of the s		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAI 045115				COMPLETED	
		B. WNG			08/28/2018		
			ADDRESS, CITY, STATI				
CHERRY	SPRINGS VILLAGE		EAR CREEK ROAD RSONVILLE, NC 2:				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	Cochean	**************************************	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X COMP DA	
(D 000)	Initial Comments		{D 000}				
	The Adult Care Licens follow up survey on Ad	sure Section completed a ugust 28, 2018.					
(D 358)	10A NCAC 13F .1004 Administration	(a) Medication	(D 358)				
	<ul> <li>(a) An adult care hom preparation and admin prescription and non-p by staff are in accordar</li> <li>(1) orders by a license which are maintained in</li> </ul>	Medication Administration e shall assure that the istration of medications, rescription, and treatments nce with: nd prescribing practitioner in the resident's record; and and the facility's policies					
fi a c	Pptive Advanced 0,5%-	d record reviews, the medications were d for 2 of 5 sampled with orders for Refresh 1% eye drops and tamin, and (Resident #5)			i		
T	he findings are:				; <b>,</b>		
- C	Review of Resident #. 4/03/18 revealed: Diagnoses Included Alz rohn's disease, and hy Resident #2 was interm	heimer's disease, pertension					
Re re: -T	aview of physician orde vealed: here was an order for I ivanced 0.5%-1% eye	ers dated 06/08/18 Refresh Optive					

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STATEM	in of Health Service Reguent of Deficiencies an of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		HAL045115	B. WNG			R
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE. ZIP CODE	1 08.	/28/2018
CHERR	Y SPRINGS VILLAGE		AR CREEK ROA			
	···········		RSONVILLE, NC	28792		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
(D 358	Continued From page	1	(D 358)			
	lubrication) give one diday.  -There was an order for (vitamin used to preve 250mg-200unit give on Review of Resident #2 electronic Medication A (eMAR) revealed: -Refresh Optive Advan listed on the July and A-PreserVision AREDs viand August 2018 eMAR Telephone interview on the facility's contracted had not received the on Advanced eye drops and from the facility.  Interview on 08/28/18 at Resident Care Coordina-She was responsible for and faxing them to the part of the preservibed for dry expension of the preservibed for dry expension of the preservision without the The Preservision ARED as a preventative measure degeneration.	or PreserVision AREDS Int macular degeneration) The tablet by mouth daily.  It's July and August 2018 Indiministration Record  Ced eye drops was not august 2018 eMAR.  It's a not listed on the July R.  O8/28/18 at 11:30am with pharmacy revealed they ders for Refresh Optive and PreserVision AREDS  It 11:40am with the lator (RCC) revealed:  In reviewing new orders othermacy.  In reviewing new orders othermacy.  In the got missed."  1:00pm with the laurse revealed:  In reviewing new orders othermacy.  It isk for eye irritation and the eye drops.  It has for eye irritation and the eye drops.  It has for eye irritation and the eye drops.  It has been prescribed are against macular		Medication cart and based on current of will be completed monthly by nursing staff. Resident's charts will be an monthly by nursing staff to assure current medication and to mailable in facility and medication are aware of nursing re aware of nursing results and nursing results and nursing results aware of nursing results aware of nursing results and nursing results aware of nursing results aware results aware results aware results aware results aware results aware r	ng udited ion ued utrik us udis	
	Interview on 08/28/18 at : revealed:	2:45pm with Resident #2	$ \iota $	redication and or	der.	

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Division	of Health Service Reg	ulation			FORM APPROVE
STATEMEN	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	****	HAL045115	B. WNG		R
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZID GODE	08/28/2018
CUEDDY	Approximation and a second		AR CREEK RO		
	SPRINGS VILLAGE	HENDE	RSONVILLE, NO		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	RE COLUMN
(D 358)	Continued From page	3 2	/D 3581	DEFICIENCY)	2771
in e sea	crusty."  -Resident #2 had receglasses.  Refer to the interview 3:15pm with the Adminus.  2. Review of Resident 08/14/18 revealed: -Diagnoses included hypertension, hypothyridementia.  -There was an order for D2) 5,000 units by more prevealed ergocalciferolemar.  Telephone interview on the facility's contracted. The pharmacy had been the dose of ergocalcifer informal" dose of evas 50,000 units.  The pharmacy had no interview on 08/28/18 at evealed: All FL2's were faxed to The pharmacy entered into the eMAR.  The medications were devening.	entity received new eye  on 08/28/18 at 2:30pm and histrator.  #5's current FL2 dated  ypokalemia, diabetes, roidism, depression, and er ergocalciferol (vitamin of the every Thursday.  Is August 2018 eMAR was not listed on the  08/28/18 at 10:15am with pharmacy revealed: en waiting on clarification iferol. ergocalciferol given weekly response from the facility.  It 10:25am with the RCC the pharmacy, all the medication orders delivered the same with the medications to were in the facility.		Letter sent to community family and responsible to inform of correspondence for del new orders or procedure for del new orders or proper follow up will be completed.  All new medication to be reviewed during stand up medication and a minimal of or a week to assure follow up	10/10/18
i	I don't remember why I	didn't call the		,	1-11-11-

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MH TIDI ∈ A	CONSTRUCTION	·····T	·	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY IPLETED	
		HAL045116	B. WING		0	R 08/28/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		3/ EU/ EU   O	
CHERRY.	SPRINGS VILLAGE		EAR CREEK ROAD				
	·	HENDE	RSONVILLE, NC 28	3792			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OLIOBE	(X5) COMPLET DATE	
(D 358)	Continued From pag	De 3	(D 358)	periodition)			
į	pharmacy."		(D 330)			1	
		get it (the dose) clarified."					
1	Telephone interview	on 08/28/18 at 10:40am with				:	
1	revealed:	ician's medical assistant					
	-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.	ANOTHER HOSE WAS					
	The "normal" weekly dose of ergocalciferol was					:	
	50,000 units. The medical assistar	of tales was account					
	Resident #5's current	vitamin D level.					
1	nterview on 08/28/18	at 10:55am with Resident					
į į	#5 revealed the residence was deficient in vitam	ent was not aware if she				j ; ;	
F	Refer to the interview	on 08/28/18 at 2:30pm and				<u> </u>	
	3:15pm with the Admi	nistrator.		•			
Į.	nterview on 08/28/18 ne Administrator reve	at 2:30pm and 3:15pm with					
1	The RCC was respon	aled: sible for reviewing all FL2's					
Įa	na new physician ord	ers.		. *			
-	The medication carts	were audited weekly for					
_F	ew and discontinued Resident records were	medications, a audited monthly for new			,		
0	rders,	•			ļ		
-1"	It's a lot for one perso	on to review all orders for	ļ		į		
51	xty people."		}				
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OMHQ12

## **Cherry Springs Village Assisted Living**

358 Clear Creek Road, Hendersonville, NC 28792





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!

familton, ED

Have a wonderful fall!

Sincerely,

**Executive Director**