

RECEIVED

PRINTED: 04/18/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ ADULT CARE LICENSURE SECTION RALEIGH	(X3) DATE SURVEY COMPLETED R 04/09/2019
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NAME OF PROVIDER OR SUPPLIER
CHASE SAMARITAN ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**30 DALEA DRIVE
ASHEVILLE, NC 28805**

(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 a follow up survey on 04/09/19.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 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. This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 13 residents (#6) observed during the medication pass related to an antibiotic.	{D 358}	Facility will ensure that all medications are administered in accordance with the orders by a licensed prescriber & by the facility's policies and procedures. This was an isolated incident due to the circumstance of the med pass. Facility has not had any other incidents documented. RCC & Lead MT to continue to monitor.	RP 04/15/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

G6PB12

If continuation sheet 1 of 4

Reviewed and accepted with revisions 05/17/19

RP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/09/2019
NAME OF PROVIDER OR SUPPLIER CHASE SAMARITAN ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805		
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{D 358}	<p>Continued From page 1</p> <p>The findings are:</p> <p>The medication administration error rate was 5% evidenced by the observation of 1 error out of 18 opportunities during the 12:00pm medication pass on 04/09/19.</p> <p>Review of Resident #6's current FL2 dated 12/03/18 revealed diagnoses included schizophrenia, obsessive compulsive disorder, diabetes, and intellectual disability.</p> <p>Review of signed physician's orders for Resident #6 revealed a medication order dated 04/08/19 to begin clindamycin (an antibiotic used to treat various types of infections) 150mg oral capsule take 2 capsules by mouth four times a day for 5 days.</p> <p>Observation of the 12:00pm medication pass on 04/09/19 at 11:26am revealed the medication aide (MA) administered one clindamycin HCL 150mg capsule (used to treat skin infection) to Resident #6.</p> <p>Review of Resident #6's April 2019 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for clindamycin 150mg two capsules by mouth four times a day for 5 days scheduled for administration at 8:00am, 12:00pm, 4:00pm, and 8:00pm. -There was documentation to begin clindamycin 150mg, 2 capsules by mouth four times a day for 5 days beginning 04/09/19. -There was documentation the two 150mg capsules of clindamycin were administered for the 12:00pm medication pass dated 04/09/19. <p>Observation of Resident #6's medications on hand on 04/09/19 at 11:29am revealed:</p>	{D 358}			

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{D 358}	<p>Continued From page 2</p> <ul style="list-style-type: none"> -A bubble pack with 40 capsules of clindamycin 150mg with a dispense date of 04/08/19. -Review of the label for clindamycin 150mg capsules, take 2 capsules by mouth four times a day for 5 days. -There were 37 capsules of clindamycin remaining in the bubble pack after the MA administered her 12:00pm dose on 04/09/19. <p>Telephone interview with the facility's contracted pharmacy on 04/09/19 at 3:40pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy dispensed 40 capsules of clindamycin HCL 150mg on 04/08/19 for Resident #6. -The clindamycin for Resident #6 was delivered by the pharmacy to the facility on 04/08/19 after 6:30pm. <p>Interview with the first shift MA on 04/09/19 at 2:50pm revealed:</p> <ul style="list-style-type: none"> -She administered 1 capsule of clindamycin instead of 2 capsules during the 12:00pm medication pass. -She knew that she was supposed to administer 2 capsules of clindamycin to Resident #6 at 12:00pm. -She "just got nervous from being watched" during medication pass. <p>Interview with the Executive Director on 04/09/19 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -Resident #6's medication orders had changed since he was discharged from the hospital and returned to the facility on 04/08/19. -Resident #6 had a previous order for clindamycin 300mg capsule, take 1 capsule by mouth four times a day for 7 days. -The MA was nervous and made a mistake. <p>Observation of the Executive Director on</p>	{D 358}			

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{D 358}	<p>Continued From page 3</p> <p>04/19/19 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -She checked the clindamycin pills remaining in the bubble pack on the medication cart for Resident #6. -She popped one clindamycin 150mg capsule into a medication cup and administered it to Resident #6 at 2:55pm. <p>Telephone interview with Resident #6's Nurse Practitioner on 04/09/19 at 3:26pm revealed:</p> <ul style="list-style-type: none"> -Resident #6 had a mental health disorder that caused him to constantly pick at his skin. -Resident #6 had frequent skin infections and excoriated skin from picking. -Clindamycin had been prescribed multiple times to Resident #6 for skin infection. -Resident #6 had been sent to the emergency room multiple times for skin infection. 	{D 358}			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /
IDENTIFICATION NUMBER
HAL011133

MULTIPLE CONSTRUCTION
A. Building
B. Wing

DATE OF REVISIT

4/9/2019

NAME OF FACILITY

CHASE SAMARITAN ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

30 DALEA DRIVE

ASHEVILLE, NC 28805

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0105	Correction	ID Prefix D0283	Correction	ID Prefix D0371	Correction
Reg. # 10A NCAC 13F .0311(a)	Completed	Reg. # 10A NCAC 13F .0904(a)	Completed	Reg. # 10A NCAC 13F .1004(n)	Completed
LSC	12/14/2018	LSC	01/09/2019	LSC	01/09/2019
ID Prefix D912	Correction	ID Prefix D935	Correction	ID Prefix	Correction
Reg. # G.S. 131D-21(2)	Completed	Reg. # G.S. 131D-4.5B(b)	Completed	Reg. #	Completed
LSC	01/09/2019	LSC	01/09/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY
STATE AGENCY

☐

REVIEWED BY
(INITIALS)

DATE

SIGNATURE OF SURVEYOR

Kerati Pacheco

DATE

4/18/19

REVIEWED BY
CMS RO

☐

REVIEWED BY
(INITIALS)

DATE

TITLE

DATE

FOLLOWUP TO SURVEY COMPLETED ON
12/14/2018

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF
UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO