STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 03/26/19 to 03/28/19.	{D 000}		
D 271	10A NCAC 13F .0901(c) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to respond immediately in the case of an incident involving a resident to provide care and intervention according to the facility's policies and procedures for 1 of 1 resident (Resident #5) who experienced difficulty breathing and an oxygen saturation of 73%. The findings are: Interview with Transportation staff on 03/26/19 at 8:45am revealed the census was 58 residents. Review of Resident #5's FL2 dated 03/09/18 revealed: -Diagnoses included dementia, generalized	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 1	D 271		

weakness, insomnia, Parkinsonism, and paranoid schizophrenia.
-The resident was ambulatory and intermittently disoriented.

Review of Resident #5's Care Plan dated 03/20/18 revealed:
-Resident #5 required limited assistance with bathing, dressing, and grooming.
-Resident #5 required supervision with eating and toileting.

Observation of Resident #5 on 03/26/19 at 9:40am revealed:
-The resident was pacing up and down the hallway outside his room.
-The resident repeated over and over "I can't breathe."

Interview with a medication aide (MA) on 03/26/19 at 9:41am revealed:
-She was the only MA on duty in the building.
-She was responsible to administer medications to the residents in the building from 7am to 7pm.
-Resident #5 had complained of not being able to breathe and it was not a normal behavior for him.
-His oxygen saturation had been checked by staff and was 73%.
-"We started him on standing order oxygen."
-Resident #5 would not stay in his room and kept "taking the oxygen on and off."
-Resident #5 did not have breathing treatments ordered and did not have a history of shortness of breath.
-The MA had not contacted Resident #5's physician to report the resident's continued complaints of difficulty breathing, an oxygen saturation of 73%, the resident's continued agitation, and the use of oxygen.
-The MA had let the Administrator know Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 2	D 271		

#5 was having difficulty breathing.
-"We have to let her know first."
-"She will let us know what to do."

According to the National Institute of Health, normal pulse oximeter readings range from 96 to 100 percent.

Review of Resident #5's standing orders dated 10/15/18 revealed:
-For shortness of breath, oxygen 2 liters per min via nasal cannula as needed for shortness of breath or oxygen saturation of less than 90%.
-Notify Administrator and physician immediately.

Review of the facility "SIC/MT Training" document identified by the Administrator as the facility's policies revealed:
-"Anytime you send someone out of the building no matter what it is for; in the event of a true emergency, please call 911 then call me to inform me after resident has been taken care of."
-"Physician also must be called for order to send out."
-"You may call afterwards if the issue is urgent and cannot wait for order."

Observation of Resident #5 and the MA on 03/26/19 from 9:45am to 9:48am in Resident #5's room revealed:
-The MA tried to get Resident #5 to sit on the bed and wear the nasal cannula with oxygen.
-Resident #5 was very agitated and would not lay or sit and continued to stand even with repeated attempts by the MA to get him to sit down and wear the oxygen.
-Resident #5 continued to repeat over and over "I can't breathe."
-As the MA checked the oxygen nasal cannula, she discovered there was no air coming through

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 3	D 271		

the cannula.
-She left the room and returned with a new oxygen tubing and replaced it.
-After replacing the tubing, the MA could feel no air coming through the nasal cannula.
-The MA left the room again and returned and replaced the regulator on the oxygen tank.
-Air began to come through the nasal cannula after she replaced the regulator on the tank.

Observation of the Administrator and Resident #5 on 03/26/19 at 9:55am revealed:
-The Administrator walked with Resident #5 in the hallway and guided the resident to his room.
-She talked to Resident #5 and tried to convince him to wear the oxygen.
-Resident #5 continued to repeat "I can't breathe."
-She tried without success to get Resident #5 to lie down on his bed.
-The Administrator told Resident #5 "I'm gonna call the VA (Veterans Administration)."

Interview with the Administrator on 03/26/19 at 9:57am revealed:
-Resident #5's last oxygen saturation was 87%.
-She was going to contact the facility Nurse Practitioner "to see if he needs to go out or get a chest x-ray."

Observation of a personal care aide (PCA) and Resident #5 on 03/26/19 from 9:58am to 10:17am revealed:
-The PCA began to walk with Resident #5 as he paced in the hallway.
-Resident #5 continued to repeat "I can't breathe" and pace in the hallway outside his room.
-At 10:13am, the PCA checked a blood pressure and pulse for Resident #5 (no oxygen saturation was done).
-The PCA had much difficulty in keeping Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 4 #5 still and the cuff on the resident's arm to obtain a blood pressure. -Resident #5's blood pressure was 128/79 and pulse was 113. Observation of Resident #5 on 03/26/19 at 10:52am revealed the resident continued to pace in the hallway outside his room repeating "I can't breathe." Interview with the same MA on 03/26/19 at 10:53am revealed: -She had given the vital sign results for Resident #5 completed at 10:13am to the Administrator. -"She's supposed to get him sent out today." -Resident #5's primary care provider was through the Veteran's Administration (VA). Interview with Transportation on 03/26/19 at 10:55am revealed: -For VA residents, they had to call the VA and "they tell us what to do." -"Either bring to the VA or take to an emergency room." -"We do our own transport to the VA." Observation of Resident #5 in his room with the same PCA on 03/26/19 at 11:09am revealed: -The PCA took vital signs. -Resident #5's oxygen saturation was 96%, blood pressure 148/70, and pulse 81. Interview with the Administrator on 03/26/19 at 11:02am revealed: -Resident #5's oxygen saturation was "back up to 98% now." -"I've put in a call to the VA." -"I will wait 5-10 minutes" and if the VA doesn't call back I will contact the facility's Nurse Practitioner.	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 5 Review of Resident #5's Nursing Emergency Department Triage Note dated 03/26/19 revealed: -The resident arrived to the emergency department at 12:00pm. -The chief complaint was "I am breathing hard." -The diagnoses were acute bronchitis and urinary tract infection. -The initial nursing assessment was O2 sats were 100% on room air and the resident appeared to be in no distress. -The resident was treated with Duoneb (a breathing treatment used to treat airway narrowing) and reported feeling "much improved afterward." -There was a new order started for Albuterol inhaler 90mcg (used to treat airway narrowing) was ordered to be used as needed for cough or congestion. -There was a new order started for cephalexin 500mg (antibiotic used to treat infection) 1 capsule twice a day for infection take until gone. -The resident was discharged back to the facility on 03/26/19 at 2:43pm. Interview with the same MA on 03/26/19 at 1:15pm revealed: -Resident #5 had been walking in the halls that morning which was normal for him. -Resident #5 stopped and said "I can't breathe." -The MA had sent a PCA to check him and his oxygen saturation was 73%. -The MA sent the PCA to tell the Administrator and she had then started Resident #5 on oxygen. -Once they had started the resident on oxygen the oxygen saturation had come up to 87%. -The resident had been sent out to the hospital for evaluation. Interview with a PCA on 03/26/19 at 1:22pm	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 6	D 271		

revealed:
-Resident #5 had complained he could not breathe on 03/26/19.
-The MA had told her to listen to the resident's lungs with a stethoscope.
-She told the MA that the resident was "struggling a little, but could get air in and out."
-The MA had started Resident #5 on oxygen, but the resident would not sit down and leave the oxygen on.
-Another PCA had taken all the vitals on Resident #5 that morning, so she did not know what the vitals had been.

Interview with a second PCA on 03/26/19 at 1:23pm revealed:
-He had taken three sets of vital signs on the morning of 03/26/19 for Resident #5.
-The first set of vitals had been written on a piece of paper and given to the Administrator.
-He did not remember what the first set of vitals had been.

Interview with the Housekeeper on 03/27/19 at 10:35am revealed:
-On the morning of 03/26/19, she had arrived on Resident #5's hall to begin cleaning at 9:00am.
-She saw Resident #5 paced the hallway and "saying he couldn't breathe and they gave him a tank of oxygen."
-She saw the MA take him to his room and put him on oxygen, but the resident would not sit still and kept taking the oxygen off.

Interview with the same MA who worked in the morning on 03/26/19 on 03/27/19 at 11:00am revealed:
-On the morning of 03/26/19, she had sent a PCA to check Resident #5's oxygen saturation because the resident said he could not breathe.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 7 -The PCA had told her the oxygen saturation was 73%. Interview with the Administrator on 03/27/19 at 11:10am revealed: -Resident #5 was sent out by ambulance on 03/26/19 between 11:20am and 11:30am. -"Someone" from the VA had told her to send the resident to the emergency room. -The facility's Nurse Practitioner had also given an order to send him to the emergency room at 11:30am. Interview with the Administrator on 03/27/19 at 11:55am revealed: -The first time she had been notified Resident #5 was having trouble breathing was when she arrived at 9:55am. -The MA had told her she could not get the regulator to work on the oxygen tank for Resident #5. -She had assisted the MA to find a new regulator for the oxygen tank. -When she had left, she had "immediately" placed a call to the VA and the facility Nurse Practitioner. -She had instructed staff to continue to monitor Resident #5's vital signs. -"I had never heard from staff they got O2 sats in the 70's." -"I only heard an O2 sat of 87% and I wasn't concerned." -"The oxygen saturation of 73% was not reported to me." -"If a resident is having a true emergency, the MA is supposed to call 911." -"If they feel like they are unsure about it and need an RN's (Registered Nurse's) guidance they will call and consult with me." -Resident #5 being unable to sit or lie comfortably	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 8	D 271		

was "very common for him with a UTI (urinary tract infection)."
-Resident #5 was "hyperventilating a little bit when I sat on the bed with him."
-The standing order for oxygen use was for use when the oxygen saturation was less than 90%.
-The Administrator and physician were to be called immediately when the standing order for oxygen was used for a resident.
-She was not immediately notified by staff.
-The first call to notify Resident #5's primary care physician at the VA was made at 11:02am on 03/26/19.
-The MA's were trained to know an oxygen saturation of 73% and 87% were not normal oxygen saturation levels.
-If she had been told Resident #5's oxygen saturation had been 73%, "I would have instructed them to send him to the emergency room."
-"I would have told them to take care of the resident first."

Telephone interview with the facility Nurse Practitioner on 03/27/19 at 1:20pm revealed:
-She had signed the standing orders for Resident #5.
-She had spoken with the Administrator on 03/26/19 concerning Resident #5.
-"I don't take care of him routinely."
-The MA's in the facility were not "allowed to assess."
-"If they thought he was in distress, they could call 911."
-An oxygen saturation of 73% was of concern to her, "if it doesn't come up with oxygen."
-Staff could have sent him out a "little earlier."
-She thought the resident had anxiety "obviously."
-The anxiety "ran his heart rate up."
-"Of course with breathing issues, your anxiety

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 9 will be up." Interview with the Administrator on 03/27/19 at 1:45pm revealed: -She had spoken with the MA who had been responsible for caring for Resident #5 on the morning of 03/26/19. -The MA had admitted she had gotten an oxygen saturation of 73% and had not reported it to the Administrator directly. Telephone interview with the MA who cared for Resident #5 on 03/26/19 on 03/28/19 at 8:55am revealed: -She had experienced trouble getting the regulator to work properly on the oxygen tank for Resident #5 on the morning of 03/26/19. -The oxygen had been working properly when she first placed it on the resident. -When she rechecked the oxygen later "air sprayed from the side" and she had to get a replacement regulator for the oxygen tank. -She had not directly informed the Administrator Resident #5 had an oxygen saturation of 73%. -"I told her he couldn't breathe and we needed to send him to the hospital." -She had sent the PCA who had taken the oxygen saturation of 73% to go tell the Administrator. -When the Administrator had come on the hall at 9:55am, "I thought she knew." -She had been trained to send a resident to the hospital with an oxygen saturation of 73%. -"But normally that's a call to the hospital as soon as possible." -If the Administrator had known, she would have been back to check on the issue "quicker." -"Normally people do get sent out quickly." -"I did everything under my control." Based on observations, interviews, and record	D 271		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 271	Continued From page 10 reviews it was determined Resident #5 was not interviewable. The failure of the facility to respond immediately to provide care and intervention according to the facility's policies and procedures for 1 of 1 resident (Resident #5) who experienced difficulty breathing for two hours was detrimental to the health and safety of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/27/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 12, 2019.	D 271		
{D 306}	10A NCAC 13F .0904(d)(3)(H) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure water was served to residents in 1 of 2 facility dining rooms. The findings are:	{D 306}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 306}	Continued From page 11 Observation on 03/26/19 from 12:00pm to 12:43pm of the lunch meal service in the Laurels dining room revealed: -At 12:05pm, there were two pitchers of ice water on tables in front of the dining room. -At 12:09pm, meal trays were delivered from the kitchen on a metal rolling cart. -Every meal tray had one 8 oz. sized cup turned upside down on the tray. -There was a supply of clean coffee cups stacked on top of the meal cart. -There were extra 8oz. sized cups stacked on top of the meal cart. -As each tray was served to the appropriate resident, staff would fill the 8oz. cup on the tray with iced tea for the resident. -At 12:19pm, staff offered all residents in the dining room coffee in addition to their iced tea. -There were 14 residents in the Laurels dining room who were not served water. Interview with a personal care aide (PCA) on 03/26/19 at 12:30pm revealed: -There was a pitcher of water available in the dining room. -If the residents wanted water, "we give it to them." Interview with second PCA on 03/26/19 at 12:43pm revealed: -She routinely worked on the Laurels Hall of the facility. -She usually served water to the residents at snack time. -"I didn't know we were supposed to serve water at meals until today." -The Administrator had just told her "today" water was to be served to all residents at every meal. -She had just forgotten to serve it at lunch.	{D 306}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 306}	Continued From page 12 Observation on 03/27/19 from 8:05am to 8:36am of the breakfast meal service in the Laurels dining room revealed: -At 8:07am, two staff began to serve residents their trays. -There were no beverage cups or coffee cups on the meal trays as they were served to residents. -There was a supply of clean coffee cups stacked on top of the meal cart. -There were also extra 8oz. sized cups stacked on top of the meal cart. -At 8:13am, staff began to serve orange juice and coffee to every resident in the dining room. -There were seven 8 oz. cups remaining on top of the meal cart after all the residents in the dining room were served orange juice. -Staff offered residents extra juice and coffee throughout the breakfast meal service. -There were 10 residents in the Laurels dining room who were not served water. -At 8:30am, a resident had finished breakfast and was exiting the dining room. -A staff member asked the resident if he would like some water. -The resident was served a cup of water by the staff member. -At 8:36am, six residents remained in the dining room to finish their breakfast. Interview with one resident who routinely ate in the Laurels dining room on 03/26/19 at 3:23pm revealed: -"I prefer water." -"I can't drink a lot of my coffee because it's too hot." Interview with a second resident who routinely ate in the Laurels dining room on 03/26/19 at 3:24pm revealed: -"I like water."	{D 306}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 306}	Continued From page 13 -"I would drink water." Observation in the facility kitchen on 03/27/19 at 9:27am revealed: -There were 104 8 oz. sized beverage cups available in the kitchen. -There were 25 4 oz. sized beverage cups available in the kitchen. Interview with the Kitchen Manager on 03/27/19 at 9:30am revealed: -Most of the beverage cups were now available in the kitchen to be washed. -There may be some beverages cups still out on room trays which had not been returned to the kitchen yet. -"I put water pitchers on the cart for the Laurels dining room at every meal." -"I don't know why they aren't serving it." -The kitchen staff had no problems getting all of the beverage cups washed and ready for use for the next meal. Interview with the Administrator on 03/27/19 at 1:45pm revealed: -All the resident who lived on the Laurel wing were diagnosed with dementia. -"We keep water over there so they can offer water throughout the day." -"We are gonna have to start just putting water in a cup on each tray." -She had trained staff to serve water to every resident at every meal in addition to other beverages.	{D 306}		
{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
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 14 (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. Based on these finding, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 9 residents (#7) observed during the medication pass related to a medication to treat pain, and 4 of 5 sampled residents related to a pain medication (#3), medications to treat constipation and an oral pain gel (#4), a medication to treat memory loss (#2), and an anti anxiety medication (#1). The findings are: 1. Review of Resident #7's current FL2 dated 10/03/18 revealed diagnoses included chronic obstructive pulmonary disease, seizures, renal failure, schizophrenia, kidney disease, and metabolic encephalopathy.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 15 Observation of the morning medication pass on 03/27/19 at 7:43am revealed the Medication Aide (MA) placed one Fentanyl 12 mcg/hr (used to treat severe pain) patch on Resident #7's left lower back. Review of signed physician's orders for Resident #7 revealed: -An order dated 10/18/18 to start Fentanyl 12mcg/hr patch every 72 hours. -An order dated 12/17/18 to stop the Fentanyl 12mcg/hr patch and start Fentanyl 25mcg/hr patch every 72 hours. -An order dated 03/01/19 to stop the Fentanyl 25mcg/hr patch and start Fentanyl 37.5mcg/hr patch every 72 hours. Review of Resident #7's February 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Fentanyl 25mcg/hr patch, apply to skin every 72 hours with an administration time of 8:00am. -There was documentation that the Fentanyl was administered correctly. Review of Resident #7's March 2019 eMAR revealed: -There was an entry for Fentanyl 12 mcg/hr patch, apply 1 patch to skin every 72 hours for pain, apply with 25mcg patch to equal 37mcg with an administration time of 8:00am. -There was documentation the Fentanyl 12mcg/hr patch was administered every 72 hours at 8:00am on 03/03/19, 03/06/19, 03/09/19, 03/12/19, 03/15/19, 03/18/19, 03/21/19, and 03/24/19. -There was no documentation the Fentanyl 12mcg/hr patch was administered on 03/27/19.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 16 -There was an entry for Fentanyl 25mcg/hr patch apply 1 patch to skin every 72 hours for pain, with an administration time of 8:00am. -There was documentation the Fentanyl 25mcg/hr patch was administered every 72 hours at 8:00am on 03/03/19, 03/06/19, 03/09/19, 03/12/19, 03/15/19, 03/18/19, 03/21/19, 03/24/19, and 03/27/19. Observation of Resident #7's medications on hand on 03/27/19 at 9:02am revealed: -There was one box of 5 Fentanyl 12mcg/hr patches with 3 patches remaining, dispensed 03/14/19. -There was one unopened box of 5 Fentanyl 25mcg/hr patches dispensed 03/19/19. -There was one unopened box of 5 Fentanyl 25mcg/hr patches dispensed 01/08/19. Review of a physician's progress note dated 01/28/19 revealed Resident #7 had a diagnosis of end stage breast cancer. Review of a hospice progress note dated 03/01/19 revealed there was an entry that Resident #7 was showing signs and symptoms of pain and the tumor was protruding in the right axillary area. Interview with the MA on 03/27/19 at 9:05am revealed: -The Hospice Nurse had been into see Resident #7 on 03/26/19. -The Hospice Nurse had told the MA on 03/26/19 that Resident #7 only "needed" the Fentanyl 12mcg/hr patch so she had not administered the 25mcg/hr Fentanyl patch on 03/27/19. -The MA did not know if there was a new order for Fentanyl patches. -The Hospice Nurse "takes care of all that (new	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 17 orders)". -She knew to read the eMAR before administering medications. Interview with the Hospice Nurse on 03/27/19 at 9:09am revealed: -She had assessed Resident #7 on 03/26/19 and her pain was controlled. -The Resident had pain in her chest and breast due to cancer. -The Resident would have anxiety and hallucinate when she was in pain. -The Fentanyl 12mcg/hr patch was not adequate to control Resident #7's pain. -The correct Fentanyl dose was 37mcg/hr. Interview with the Administrator on 03/27/19 at 9:25am revealed: -The Medication Aide should have administered the correct Fentanyl doses. -Resident #7 would hallucinate and become anxious when in pain. -Resident #7 had not appeared to be in pain. Observation of Resident #7 on 03/27/19 at 9:29am revealed: -The Resident was sitting in her wheelchair in her room and was calm. -The Resident was awake, alert and able to communicate. -The Administrator raised the Resident's shirt on the lower left side of her back to reveal one 12mcg Fentanyl patch. -The Administrator removed two old Fentanyl patches on the Resident's right lower back. Interview with Resident #7 on 03/27/19 at 9:30am revealed: -Staff changed her Fentanyl patches "regularly". -The pain patch was on her left lower back.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 18 -The Resident was having pain in her right side. -Her pain level was a 10 on the 0-10 pain scale (a tool used to measure the severity of pain) with 10 being the most severe pain. Telephone interview with the MA on 03/28/19 at 8:55am revealed: -She had made an error documenting the administration of medications because she was "under a lot of pressure" during the medication pass. -It was difficult to administer medications to all the residents (58) in the facility. -The facility should have two MAs to administer medications during the day. Refer to the facility's Medication Administration Policy and Procedure. 2. Review of Resident #3's current FL2 dated 04/30/18 revealed diagnoses included epilepsy, asthma, chronic obstructive pulmonary disease, and spinal stenosis. Review of Resident #3's medication orders dated 04/30/18 revealed an order for Voltaren 1% gel (treats pain) to neck and right shoulder twice a day. Review of Resident #3's February 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Voltaren 1% gel apply 1 gram to neck and right shoulder twice a day with administration times of 7:00am to 2:59pm and 3:00pm to 10:59pm. -The Voltaren gel was documented as administered twice daily 02/01/19, 02/03/19, 02/05/19 - 02/12/19, 02/15/19 - 02/25/19, 2/28/19, and documented as administered once daily	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 19 02/02/19, 02/04/19, 02/13/19, 02/14/19, 02/26/19, and 02/27/19. Review of Resident #3's March 2019 eMAR revealed: -There was an entry for Voltaren 1% gel apply 1 gram to neck and right shoulder twice a day with administration times of 7:00am to 2:59pm and 3:00pm to 10:59pm. -The Voltaren gel was documented as administered twice daily 03/01/19 - 03/25/19 and once on 03/26/19 7:00am - 2:59pm. Observation of Resident #3's medications on hand on 03/26/19 at 2:45pm revealed there was not any Voltaren 1% gel available to administer. Interview with the Medication Aide (MA) on 03/26/19 at 2:50pm revealed: -She had not administered any Voltaren gel. -She had been unable to locate the medication but the Administrator had located it later in the day. Telephone interview with a representative from the facility's contracted pharmacy on 03/26/19 at 3:15pm revealed: -The pharmacy had received an initial order for Voltaren 1% gel July 2017. -The Voltaren gel was last dispensed 01/13/19. -There were 100 doses in each tube which would last 50 days. -The Voltaren gel dispensed 01/13/19 would have enough doses until 03/10/19. -The pharmacy had received no refill requests for the Voltaren gel. Interview with the MA on 03/26/19 at 3:45pm revealed: -She had documented she administered the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 20 Voltaren gel in error. -When a medication needed to be refilled the MA would remove the sticker and fax it to the pharmacy. -The MA supervisor was responsible for auditing the medication carts to ensure current medications were in the facility. Telephone interview with a second MA on 03/26/19 at 4:00pm revealed: -She was the MA supervisor on the weekend. -She administered medications on Fridays, Saturdays, and Sundays. -The MA did not remember administering the Voltaren 1% gel. -The MA did not remember documenting she had administered the Voltaren gel to Resident #3 on 03/22/19 -03/24/19. -She had not audited the medication carts for missing medications because she "did not have time". Interview with Resident #3 on 03/26/19 at 4:20pm revealed: -The Voltaren gel was used to treat her pain in the neck and shoulder. -She had not received any of the medication since October 2018. -The pain in her neck was a 9 on a 0-10 pain scale (tool to measure pain severity). -The pain in her neck would decrease to a 6 after the Voltaren was applied. -She had asked staff about the Voltaren gel and was informed by staff the pharmacy was sending it. Interview with the Administrator on 03/26/19 at 4:45pm revealed: -She would review the Medication Administration Records monthly.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 21 -The MAs would request refills from the pharmacy when getting low on medications. -The MA on third shift would receive the medications from the pharmacy delivery. -The MA supervisors would conduct medication cart audits monthly to ensure current medications were in the facility and request refills of medications as needed. -The MAs were being "careless" when documenting medications as administered when they were not. Telephone interview with the Physician's Nurse Practitioner (NP) on 03/26/19 at 4:52pm revealed: -Resident #3 had been admitted to the facility with orders for the Voltaren gel. -The Resident had not complained to the NP about pain, so "I think she is fine". Observation of a tube of Voltaren 1% gel for Resident #3 on 03/28/19 at 9:27am revealed a dispense date of 03/26/19. Telephone interview with the MA on 03/28/19 at 8:55am revealed: -She had made an error documenting the administration of medications because she was "under a lot of pressure" during the medication pass. -It was difficult to administer medications to all the residents (58) in the facility. -The facility should have two MAs to administer medications during the day. Refer to the facility's Medication Administration Policy and Procedure.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 22 2. Review of Resident # 4's current FL2 dated 01/10/19 revealed: -Diagnoses included dementia with behavioral disturbance and schizophrenia. -There was a medication order for rivastigmine (used to treat dementia) 9.5mg every 24 hour, place 1 patch on skin daily. Interview with Resident #4 on 03/26/19 at 9:13am revealed: -"I don't remember getting any medications yesterday." -He did not know if he was out of any of his medications. -The rivastigmine patch was not applied to him on 03/25/19 or 03/26/19. Review of Resident #4's February 2019 electronic medication administration record (eMAR) revealed: -There was a computer generated entry for rivastigmine 9.5mg/24h patch, apply 1 patch topically every day. Remove old patch before applying new. -Rivastigmine was documented as applied from 02/01/19 to 02/03/19, 02/05/19 to 02/09/19, and 02/11/19 to 02/28/19. -Rivastigmine was documented as not applied on 02/04/19 with documentation as resident refused. -There was no documentation that the rivastigmine was applied on 02/10/19 at the scheduled administration time of 8:30am. Review of Resident #4's March 2019 eMAR revealed: -There was a computer generated entry for rivastigmine 9.5mg/24h patch, apply 1 patch	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 23 topically every day. Remove old patch before applying new. -Rivastigmine was documented as applied from 03/01/19 to 03/26/19. Interview with the Medication Aide on 03/26/19 at 3:45pm revealed: -When a medication was needed to be refilled the MA would remove the sticker and fax it to the pharmacy. -The MA supervisor was responsible for auditing the medication cars to ensure current medications were in the facility. Interview with the Administrator on 03/26/19 at 4:45pm revealed: -She would review the Medication Administration Records monthly. -The MAs would request refills from the pharmacy when getting low on medications. -The MA on third shift would receive the medications from the pharmacy delivery. -The MA supervisors would conduct medication cart audits monthly to ensure current medications were in the facility and request refills of medications as needed. Telephone interview with the facility's contracted pharmacy on 03/27/19 at 9:15am revealed: -The pharmacy dispensed a box of rivastigmine patches 9.5mg/24h 30 day supply for Resident #4 on 01/10/19. -The pharmacy received a medication refill request for rivastigmine patches for Resident #4 by the facility on 03/26/19. -The pharmacy dispensed rivastigmine 9.5mg/24h seven patches for Resident #4 and delivered them to the facility on 03/26/19.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 24 Interview with Resident #4 on 03/27/19 at 9:29am revealed: -He had not taken any of his ordered medications today. -He was not wearing a rivastigmine patch. -The rivastigmine patch was "old and it fell off yesterday. I don't know when it was put on last". -The medication aide (MA) told him that she would have to order more rivastigmine patches because he only had 1 left in the box. -He does not think the facility administered his medications and rivastigmine patch as ordered. -He was not administered medications and the rivastigmine patch some days by the facility. Observation of Resident #4's medications on hand on 03/27/19 at 10:25am revealed: -There was a box that contained one rivastigmine 9.5mg/24h patch, 1 patch topically every day with a 30 day supply dispensed by the facility's contracted pharmacy on 01/10/19. -There was a labeled bag that contained seven rivastigmine 9.5mg/24h patches, 1 patch topically every day with a 7 day supply dispensed by the facility's contracted pharmacy on 03/26/19. Interview with the first shift MA on 03/27/19 at 10:30am revealed: -Resident #4's ordered morning medications were administered. -A new rivastigmine patch was applied topically to Resident #4's arm. Interview with Resident #4 on 03/27/19 at 10:55am revealed his pills or rivastigmine patch had not been administered to him this morning by the MA.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 25 Observation of Resident #4 on 03/27/19 at 10:55am revealed he did not have a rivastigmine patch applied topically to skin. Interview with the first shift MA on 03/27/19 at 11:02am revealed: -She placed a rivastigmine patch on Resident #4 this morning. - She does not know why Resident #4 does not have a rivastigmine patch on, "he must have pulled it off then" because "I always give my meds. He has dementia". Telephone interview with the Nurse Practitioner (NP) on 03/27/19 at 1:30pm revealed: -She was not aware that Resident #4 was concerned that he was not being administered all of his ordered medications. -She did not know his level of orientation. -Rivastigmine patches were for memory. Interview with the Administrator on 03/27/19 at 2:40pm revealed: -Rivastigmine patches for Resident #4 should be automatically delivered by the pharmacy. -She did not know how Resident #4 received his ordered doses of rivastigmine patches "maybe he came with some from the other facility". -She did not know why Resident #4 did not have a rivastigmine patch in place. -Resident #4 "probably forgot he took his meds. He does that sometimes when I've given his meds before. He will say he didn't get them". Refer to the interview with the MA on 03/26/19 at 3:45pm. Refer to the telephone interview with a second shift MA on 03/26/19 at 4:00pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 26 Refer to the interview with the Administrator on 03/26/19 at 4:45pm. Refer to the review of the facility's Medication Administration Policy. 3. Review of Resident #2's current FL2 dated 01/09/19 revealed diagnoses included dementia, bipolar, schizophrenia, depression, and seizure disorder. a. There was a medication order for benzocaine 20% cream (used to treat dental pain) apply to mouth every one hour as needed for pain written by the Nurse Practitioner on 02/16/19. -The benzocaine 20% cream was dispensed by the facility's contracted pharmacy on 02/19/19. Review of Resident #2's February 2019 eMAR revealed: -There was a computer generated entry for benzocaine 20% cream apply to mouth every one hour as needed for pain. -Benzocaine cream was documented as administered on 02/26/19 at 11:04pm. Review of Resident #2's March 2019 eMAR revealed there were no documented doses of benzocaine cream administered. Observation of medications on hand for Resident #2 on 03/26/19 at 12:48pm revealed there was no benzocaine gel 20% on the cart. Interview with Resident #2 on 03/26/19 at 3:54pm revealed: -He had a painful tooth in his upper left jaw. -He had asked another first shift MA for the benzocaine gel for his tooth pain several times, and was told that the medication had to be	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 27 ordered. -The NP told him he had a medication ordered for his tooth pain. -He bought himself a tube of oral pain relieving gel at the store and used it when he needed it. -He kept the oral pain relieving gel in his room. Telephone interview with Resident #2's NP on 03/26/19 at 4:58pm revealed: -She did not know that Resident #2 had "issues with his teeth". -She did not know if she had prescribed the benzocaine gel for Resident #2's tooth pain. b. There was a medication order for Miralax 17gm (used to treat constipation) in 8 ounces of fluid daily, hold for diarrhea dated 03/17/19. Review of Resident #2's March 2019 eMAR revealed there was not a computer generated entry for Miralax. Observation of medications on hand for Resident #2 on 03/26/19 at 12:48pm revealed there was no Miralax available on the cart. Interview with Resident #2 on 03/26/19 at 3:54pm revealed: -The NP told him that he had Miralax ordered for constipation. -His last bowel movement was on 03/25/19. -He normally had bowel movements every 2-3 days. -His bowel movements were hard and "it hurts and I have to strain and strain. It hurts my insides". -He had requested Miralax several times from another first shift MA and was told he did not have an order for it.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 28 Telephone interview with a second Medication Aide on 03/26/19 at 4:00pm revealed: -She was the MA supervisor on the weekend. -She administered medications on Fridays, Saturdays, and Sundays. -She had not audited the medication carts for missing medications because she "did not have time". Telephone interview with the NP on 03/26/19 at 4:58pm revealed: -She had ordered Miralax for Resident #2 on 03/17/19. -Resident #2 informed her that he was constipated. -She did not know how long it took for the facility to receive medications from the facility's contracted pharmacy after they were ordered. Interview with the first shift MA on 03/26/19 at 5:05pm revealed: -The Miralax was not available for Resident #2. -The Miralax had just been ordered for Resident #2. -It took about a week for medications to be dispensed by the pharmacy to the facility. Telephone interview with the facility's contracted pharmacy on 03/27/19 at 9:15am revealed: -The pharmacy received an order for Miralax for Resident #2 on 03/26/19 at 5:20pm. -The Miralax is scheduled to be dispensed and delivered to the facility on 03/27/19. Refer to the interview with the MA on 03/26/19 at 3:45pm. Refer to the telephone interview with a second shift MA on 03/26/19 at 4:00pm.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 29 Refer to the interview with the Administrator on 03/26/19 at 4:45pm. Refer to the review of the facility's Medication Administration Policy. c. There was a medication order for Milk of Magnesia (used to treat constipation) 30ml by mouth daily as needed. Review of Resident #2's March 2019 eMAR revealed there was not a computer generated entry for Milk of Magnesia. Observation of medications on hand for Resident #2 on 03/26/19 at 12:48pm revealed there was no Milk of Magnesia available for administration. Interview with Resident #2 on 03/26/19 at 3:54pm revealed: -The NP told him that he had Milk of Magnesia ordered for constipation. -His last bowel movement was on 03/25/19. -He normally had bowel movements every 2-3 days. -His bowel movements were hard and "it hurts and I have to strain and strain. It hurts my insides". -He had requested Milk of Magnesia several times from another first shift MA and was told he did not have an order for it. Telephone interview with a second Medication Aide on 03/26/19 at 4:00pm revealed: -She was the MA supervisor on the weekend. -She administered medications on Fridays, Saturdays, and Sundays. -She had not audited the medication carts for missing medications because she "did not have	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 30 time". Telephone interview with the NP on 03/26/19 at 4:58pm revealed: -She had ordered Milk of Magnesia for Resident #2 on 03/17/19. -Resident #2 informed her that he was constipated. -She did not know how long it took for the facility to receive medications from the facility's contracted pharmacy after they were ordered. Interview with the first shift MA on 03/26/19 at 5:05pm revealed: -The Milk of Magnesia was not available for administration for Resident #2. -The Milk of Magnesia had just been ordered for Resident #2. -It took about a week for medications to be dispensed by the pharmacy to the facility. Telephone interview with the facility's contracted pharmacy on 03/27/19 at 9:15am revealed: -The pharmacy received an order for Milk of Magnesia for Resident #2 on 03/26/19 at 5:20pm. -The Milk of Magnesia is scheduled to be dispensed and delivered to the facility on 03/27/19. Refer to the interview with the MA on 03/26/19 at 3:45pm. Refer to the telephone interview with a second shift MA on 03/26/19 at 4:00pm. Refer to the interview with the Administrator on 03/26/19 at 4:45pm. Refer to the review of the facility's Medication Administration Policy.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 31 5. Review of Resident #1's current FL2 dated 02/28/19 revealed diagnoses included chronic obstructive pulmonary disease (COPD), malignant hypertension and acute respiratory failure. Review of Resident #1's Resident Register revealed an admission date of 02/28/19. Review of Resident #1's physician order dated 03/04/19 revealed Gabapentin (used to treat anxiety) 300mg three times daily for anxiety. Review of the March 2019 electronic Medication Administration Record (eMAR) for Resident #1 revealed there was no entry for Gabapentin 300mg. Observation of the medications on hand for Resident #1 on 03/26/19 at 2:50pm revealed there was no Gabapentin 300mg available for administration. Interview with a medication aide (MA) on 03/26/19 at 3:00pm revealed she was not aware of an order for Gabapentin 300mg for Resident #1. Interview with Resident #1 on 03/26/19 at 3:15pm revealed: -She had met with "someone" at the facility a few weeks ago and thought there was a new order for something to help with her anxiety but she was not sure what the medication was or if they had been giving it to her. -The resident reported she had "lived with anxiety all her life" and being here was not helping her anxiety. -She could not tell if her anxiety had been worse	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 32	{D 358}		

since arriving at the facility, because her level of anxiety has always been "way high."

Interview with the Administrator on 03/26/19 at 3:30pm revealed:
-She would need to check on the Gabapentin 300mg order to see if it was delivered or discontinued, she was not sure.
-She thought the psychiatric nurse practitioner was going to try something other than Xanax (used to treat anxiety) which the resident told them she had been on prior to being admitted to the facility.
-If a medication was not delivered or there was a problem with any medication, the staff should immediately notify the administrator.
-Administrator stated she was not sure what happened to the Gabapentin 300mg order because she did not receive a copy for review from staff and no one had reported any concerns with medications for Resident #1.
-She does complete audits but had not completed an audit for Resident #1.

Telephone interview with the psychiatric nurse practitioner on 03/26/19 at 3:40pm revealed:
-She had evaluated Resident #1 recently and the resident wanted her to prescribe an order for Xanax for her anxiety.
-She had checked the data base for any history of Xanax being prescribed for Resident #1 and did not find a recent history and did not want to prescribe Xanax but wanted to first try a "non-controlled medication."
-She had recently increased Sertraline HCL 50mg to 100mg and was hoping that might help with decreasing the residents' anxiety.
-When she met with the resident recently (not sure of exact date) the resident reported increased anxiety so she decided to try the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 33 Gabapentin 300mg, that has been shown to help with anxiety. -She had spoken with the administrator today and was told the Gabapentin 300mg had not been ordered and she was fine with discontinuing the Gabapentin; especially since she had recently increased the Sertraline to 100mg and would check with facility to see if that was helping with the residents' anxiety. A second interview with the Administrator on 03/26/19 at 4:50pm revealed: -When a new order is written the medication aide (MA) or shift supervisor were to give the order to the administrator. -The MA or shift supervisor were responsible for faxing the new order to the pharmacy for delivery. -MA or shift supervisor should check to assure new medication was delivered and on the medication cart. Refer to the facility's Medication Administration Policy and Procedure. _____ Review of the facility's Medication Administration Policy and Procedure revealed medications will be administered in accordance with the prescribing practioner's orders. _____ The facility failed to administer medications as ordered for 1 of 9 residents (#7) observed during the medication pass related to a medication to treat pain, and 4 of 5 sampled residents related to a pain medication (#3), medications to treat constipation and an oral pain gel (#4), a medication to treat memory loss (#2), and an anti anxiety medication (#1) which was detrimental to the health, safety, and welfare of the residents	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 358}	Continued From page 34 and constitutes an Unabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/26/19 for this violation.	{D 358}		
{D 367}	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 35 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure electronic medication administration records (eMARs) were accurate for 3 of 5 sampled residents (Resident #1, #2, and #5). The findings are: 1. Review of Resident #1's current FL2 dated 02/28/19 revealed: -Diagnoses of chronic obstructive pulmonary disease (COPD), malignant hypertension and acute respiratory failure. -A physician's order for Xanax 1mg, as needed, 3 times daily for anxiety. Review of Resident #1's Resident Register revealed an admission date of 02/28/19. Review of a separate physician order signed by the facility Physician Assistant dated 02/28/19 revealed: -There was a discontinue order for Xanax 1mg. -There was an order for Ativan 1mg 3 times daily as needed for anxiety. Review of the March 2019 electronic Medication Administration Record (eMAR) for Resident #1 revealed: -There was an entry for Ativan 1mg, 3 times a day as needed for anxiety. -The Ativan was documented as administered for 9 doses on the eMAR from 03/02/19 to 03/26/19. Review of Resident #1's Controlled Substance Count Sheet (CSCS) for Ativan 1mg compared to Resident #1's March 2019 eMAR revealed: -There were 33 doses of Ativan 1mg documented as administered on the CSCS from 03/02/19 to	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 36 03/26/19. -There were 9 doses of Ativan 1mg documented as administered on the eMAR, including date, time, reason given, MA administering medication and the effectiveness. -There were 24 doses of Ativan 1mg not documented as administered on Resident #1's March 2019 eMAR. Interview with Resident #1 on 03/26/19 at 9:00am revealed: -She had requested something for anxiety daily since being admitted to the facility. -She used to take Xanax but thought the facility had changed the Xanax to Ativan when she arrived. -Staff always administer the Ativan upon request. Interview with a medication aide (MA) on 03/26/19 at 3:00pm revealed: -Resident #1 request Ativan daily and often 2-3 times daily when she passed medications. -She always documented the CSCS first when she pulled the medication. -She then goes to administer medication and should return to medication cart and sign the eMAR. -"I probably got busy and forgot to sign eMAR, the CSCS is the important thing to remember." -"I always sign the CSCS for all my controlled medications and make sure my count is correct." Interview with the Administrator on 03/26/19 at 3:30pm revealed: -She just checked the Ativan documentation for Resident #1 and the control count was correct. -"More than likely" the MA forgot to sign the eMAR after giving the medication. -MA's were trained to document both CSCS and the eMAR when administering a control	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 37 medication. Interview with a second medication aide on 03/28/19 at 8:20am revealed: -When she administered a controlled medication she had been trained to pull up eMAR for the resident, pull medication, sign the CSCS and then administer the medication. -MA would then go back in an hour to ask the resident how they were feeling and then should go back and sign the eMAR for that medication. -"To be honest, sometimes I probably forget to come back and sign the eMAR, because some days we only have one MA to administer medications for almost 60 residents and it is hard; especially for the morning medications." A second interview with the Administrator on 03/28/18 at 8:45am revealed: -Chart audits are usually completed monthly, which would include review of eMARs and control sheets. -She completed chart audits last week but did not think that Resident #1 was included in the audit. -She will be scheduling training for MA's in these areas. 2. Review of Resident #2's current FL2 dated 01/09/19 revealed: -Diagnoses included dementia, bipolar, schizophrenia, depression, and seizure disorder. -There was a medication order for lidocaine 5% patch (used to treat pain) apply 1 patch transdermally to right lower extremity for pain, on for 12 hours and off for 12 hours. Review of Resident #2's February 2019 electronic medication administration record (eMAR) revealed: -There was a computer generated entry for	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 38 lidocaine 5% patch apply 1 patch transdermally to right lower extremity for pain, on for 12 hours and off for 12 hours. -A comment on the eMAR documented "resident out of facility 19 Jan 2019 to 15 Feb 2019: resident in hosp". -The lidocaine patch was documented as applied on 02/21/19 to 02/25/19 and 02/27/19 to 02/28/19. -The lidocaine patch was documented as removed on 02/19/19 and 02/21/19 to 02/28/19. -The lidocaine patch was documented as not applied on 02/20/19 with documentation resident refused. -The lidocaine patch was documented as not removed on 02/20/19 with documentation resident refused. -The lidocaine patch was documented as not applied on 02/26/19 with documentation out of facility. -There was no documentation that the lidocaine patch was a applied on 02/16/19 to 02/19/19 at the scheduled administration time of 8:00am. Review of Resident #2's March 2019 eMAR revealed: -There was a computer generated entry for Lidocaine 5% patch apply 1 patch transdermally to right lower extremity for pain, on for 12 hours and off for 12 hours. -The lidocaine patch was documented as applied on 03/01/19 to 03/26/19. -The lidocaine patch was documented as removed on 03/01/19 to 03/02/19, 03/04/19 to 03/05/19, 03/07/19 to 03/10/19, 03/12/19 to 03/25/19. -The lidocaine patch was documented as not removed on 03/03/19 and 03/06/19 with documentation resident refused. -The lidocaine patch was documented as not	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 39 removed on 03/11/19 with documentation "physically unable to take." Interview with Resident #2 on 03/26/19 at 3:54pm revealed: -A lidocaine patch was not administered to his right knee. -He did not want a lidocaine patch applied to his right knee today. Interview with the first shift MA on 03/26/19 at 5:05pm revealed: -She did not administer a lidocaine patch to Resident #2, "he didn't want it". -She made a "mistake" when she signed off the lidocaine patch as administered on the eMAR. Interview with the Administrator on 03/27/19 at 2:40pm revealed she does not know why the first shift MA signed off medications as administered if they were not administered. 3. Review of Resident #5's FL2 dated 03/09/18 revealed diagnoses included dementia, generalized weakness, insomnia, Parkinsonism, and paranoid schizophrenia. Review of Resident #5's physician order dated 02/04/19 revealed ciprofloxacin (antibiotic used to treat infection) 500mg at midnight. Review of Resident #5's February 2019 electronic Medication Administration Record (eMAR) revealed: -There was an entry for ciprofloxacin 500mg 1 tablet at midnight with no scheduled date indicated. -There was no documentation the one time dose of ciprofloxacin was administered.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 367}	Continued From page 40 Telephone interview with the contracted facility pharmacy on 03/26/19 at 4:00pm revealed: -Resident #5's ciprofloxacin 500mg 1 tablet to be given at midnight on 02/04/19 was sent out to the facility on 02/04/19. -Resident #5's ciprofloxacin had not been returned to the pharmacy. Interview with the Administrator on 03/27/19 at 9:45am revealed: -The medication aides (MA) were trained to document medications as they administered them. -She did not know why the one time dose of ciprofloxacin scheduled for midnight on 02/04/19 was not documented as administered on the eMAR. -If the medication was not on the medication cart and had not been returned to the pharmacy, she was sure the MA administered the medication. -The MA just "forgot" to document the administration in the eMAR. Telephone interview with a MA on 03/27/19 at 10:15am revealed: -She had documented administering evening medications to Resident #5 for 02/04/19. -She remembered administering the ciprofloxacin to the resident. -She must have just forgotten to document the administration in the eMAR.	{D 367}		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 371	Continued From page 41 and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure proper infection control measures were used for 1 of 9 residents (Resident #6) observed during a morning medication pass related to administering eye drops without wearing gloves and washing hands before and after administration. The findings are: Review of Resident #6's current FL2 dated 05/21/18 revealed: -Diagnosis included schizophrenia, depression, and anxiety. -An order for Restasis 0.05% (treats chronic dry eyes) eye drops, one drop into both eyes two times daily. Observation of the morning medication pass on 03/27/19 at 7:59am revealed: -Resident #6 received one Restasis eye drop into each eye. -The Medication Aide (MA) removed the eye drops from the medication cart and with her bare hands placed one eye drop into each of Resident #6's eyes. -The MA had not washed her hands with soap and water or used an alcohol based sanitizing gel immediately prior to administering the eye drops. -The MA had not washed her hands with soap and water immediately after administering the eye drops. -Gloves were available on the medication cart.	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 371	Continued From page 42 Interview with the Medication Aide (MA) on 03/27/19 at 8:00am revealed: -She had not worn gloves when administering the eye drops because she was going to sanitize her hands after she had finished. -Sometimes she had worn gloves when administering eye drops and sometimes she had not. -She would have worn gloves if she had been touching blood. Interview with the Administrator on 03/27/19 at 8:15am revealed: -The MAs were to wear gloves when administering eye drops. -The Administrator was a Registered Nurse that had trained the MA on infection control and wearing gloves when administering eye drops. -All the MAs had annual infection control training. Interview with the MA on 03/28/19 at 8:55am revealed: -She had been hired in November 2018 as a MA. -She had been rehired "about 2 weeks ago". -She had received infection control training regarding wearing gloves when administering eye drops. -She knew she should wear gloves when administering eye drops. -She had made an "error". Interview with Resident #6's physician's Nurse Practitioner on 03/27/19 at 1:25pm revealed wearing gloves when administering eye drops is an additional precaution taken to prevent the Resident eyes and the eye drop bottle from contamination of bacteria. Based on observations, interviews, and record	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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 371	Continued From page 43 reviews it was determined Resident #6 was not interviewable.	D 371		
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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to personal care and supervision and medication administration. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to respond immediately in the case of an incident involving a resident to provide care and intervention according to the facility's policies and procedures for 1 of 1 resident (Resident #5) who experienced difficulty breathing and an oxygen saturation of 73%. [Refer to Tag 0271, 10A NCAC 13F .0901(c) Personal Care and Supervision (Type B Violation)].	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011262	A. BUILDING: _____ B. WING _____	R-C 03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUNN'S COVE ASSISTED LIVING	67 MOUNTAIN BROOK ROAD 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
D912	Continued From page 44 2. Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 9 residents (#7) observed during the medication pass related to a medication to treat pain, and 4 of 5 sampled residents related to a pain medication (#3), medications to treat constipation and an oral pain gel (#4), a medication to treat memory loss (#2), and an anti anxiety medication (#1). [Refer to Tag 0358, 10A NCAC 13F .1004(a) Medication Administration (Unabated B Violation)].	D912		