

PRINTED: 06/05/2023 FORM APPROVED

| STATEMENT | of Health Service Regu For Deficiencies | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | | | |
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| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A BUILDING: | | COMPLETED | | | | |
| | | HAL011133 | B. WING | | R 05/10/2023 | | | |
| NAME OF PI | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
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| D 000 | Initial Comments | | D 000 | | | | | |
| | Buncombe County D conducted an annual | survey, follow-up and | | Facility will hire/appoint an a | etivities director to | | | |
| Buncombe County Department of Social Services conducted an annual survey, follow-up and complaint investigation from 05/09/23 - 05/10/23. D 129 10A NCAC 13f .0404 (2) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director Adult care homes shall have an activity director who meets the following qualifications: (2) The activity director hired after September 30, 2022 shall complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. An activity director shall be exempt from the required basic activity course if one or more of the following applies: (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C; (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting; (c) be a licensed occupational therapist or licensed occupational therapy assistant in accordance with G.S. 90, Article 18D; or (d) be certified as an Activity Director by the | | D 129 | Facility will hire/appoint an a be qualified within 9 months Facility Director to place adattempt to hire staff member credentialed. Director will hi will appoint a current staff memoritored by Facility Directors. | of hire/appointment. on indeed com to who is currently ire within 90 days or ember. To be | | | | |
| | Professionals. | | | <u> </u> | | | | |
| | ealth Service Regulation | R/SUPPLIED REPRESENTATIVE'S SIGNATU | RF | TITLE | (X6) DATE | | | |
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Revieweel & acknowledged 06/14/23

Division of Health Service Regulation

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

| STATE FORM | | | 6899 H | IZW511 | If continuation sheet 1 or | |
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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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PRINTED: 05/12/2023 FORM APPROVED Division of Health Service Regulation D 129 D 129 Continued From page 1 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to have a qualified activity director (AD). The findings are: Interviews with 4 residents during the initial tour on 05/09/23 from 9:05am to 9:39am revealed: -There were no activities for the men. -There was nothing to do at the facility. -A resident requested several times to go the store but had never been taken. -A resident would "like to play cards and do group activities." -They do not have any activities for the residents. Review of the posted May 2023 activity calendar in the hallway revealed: -Activities for May 9, 2023 included walk 9:00am -10:00am and Bingo 1:00pm - 3:00pm. -Activities for May 10, 2023 included walk 9:00am - 10:00am and Coffee Social 1:00pm - 3:00pm. Interview with residents sitting outside the facility on 05/09/23 at 9:40am revealed: -There was no walking activity for the residents. -No one had asked any of the residents if they wanted to go for a walk on 05/09/23. Observation of dining room on 05/09/23 at 2:00pm revealed there was no Bingo or any other activity occurring. Interview with a personal care aide (PCA) on 05/10/23 at 1:55pm revealed: -The staff tried to do what was on the monthly

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: | A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
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PRINTED: 05/12/2023 FORM APPROVED Division of Health Service Regulation D 129 D 129 Continued From page 2 activity calendar, but it was not always possible because they were short staffed. -They did not have an Activity Director or anyone else to lead activities. -Staff did what the facility Director told them to do for activities. Interview with the facility Director on 05/10/23 at 11:04am revealed: -The last time the facility had an Activity Director was in the summer of 2022. -The personal care aides (PCAs) do activities with the residents. -Resident participation was often challenging. -Staff walked with residents at different times throughout the day. -Bingo was played with the residents on 05/09/23 but it was after 2:00pm and only 2 residents showed up. -Most residents did not want to play Bingo because she had no prizes to give them if they won. Facility to ensure that residents do not have medications in 6/14/2023 D 375 D 375 their rooms without self administer orders from the PCP. RCC 10A NCAC 13F .1005(a) Self-Administration Of and Lead MT to monitor residents rooms during am med passes M-F. Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to selfadminister their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: | CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED R 05/10/2023 | |
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PRINTED: 05/12/2023 FORM APPROVED Division of Health Service Regulation D 375 D 375 Continued From page 3 This Rule is not met as evidenced by: Based on observations, record review, and interviews the facility failed to ensure 1 of 1 resident (Resident #5) had physician's orders to self-administer an inhaled medication, a liquid medication for digestive upset, a chewable table for digestive upset and a powdered medication for constipation. The findings are: Observation of Resident #5's private room on 05/09/23 at 9:17am revealed: -An open, partially used 8.3 ounce container of Miralax (a powdered medication used to treat constipation) was on his bedside table. -An open, partially used 12-ounce container of liquid antacid (used to treat digestive upset) was on his bedside table. -Ventolin HFA inhaler (used to treat breathing problems) with 145 sprays left and an expiration date of 04/20/22 was on his bedside table. -An open, partially used container of Alka-Seltzer (used to treat digestive upset) 750mg chewable tablets was on his bedside table. Interview with Resident #5 on 05/09/23 at 9:17am revealed: -He purchased the Miralax, liquid antacid and Alka-Seltzer at a local store. -The Ventolin HFA inhaler was an old prescription he had before he moved into the facility. -The facility staff knew he took all four of those medications. -He kept all four medications on top of his bedside table. (X3) DATE SURVEY PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED

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| D 375 | | | D 375 | | | |
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| | Continued From page | 4 | | | | |
| | He took a capful of Mi or twice a week. -He took an Alka-Seltz week. | tacid once or twice a day iralax with a beverage once zer chewable tablet once a tolin HFA inhaler when he | | | | |
| | | od his Ventolin HFA inhaler o. | | · | | |
| | | 5's current FL2 dated orders for Miralax, liquid inhaler or Alka-Seltzer. | | | | |
| | 03/01/23 revealed no | 5's physician orders dated orders for Miralax, Liquid inhaler or Alka-Seltzer. | | | | |
| | (MARs) for March, Ap there were no schedu | tion administration records iril and May 2023 revealed iled or as needed orders 5's Miralax, liquid antacid, or Alka-Seltzer. | | | | |
| | 05/09/23 at 2:20pm re -Miralax remained on -Liquid antacid remair Ventolin HFA inhaler r | | | | | |
| · | | evealed: nave an order to self- ns. | i | | | - |
| | 05/09/22. | | | | | |
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| , | | HAL011133 | B. WING | | | R 10/2023 |
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SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

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ASHEVILLE, NC 28805

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

| D 375 | Continued From page 5 | D 375 | |
|-------|---|----------|--|
| | -She entered Resident #5's room and found the Miralax, liquid antacid, Ventolin HFA inhaler and the Alka-Seltzer on his bedside tableShe explained to Resident #5 that he had to remove all those medications but would call the physician to get orders for him to take them Resident #5 stated he could not understand why he could not keep medications in his room since they were not narcotics. | | |
| | Attempted telephone interview with Resident #5's primary care provider on 05/10/23 at 2:47pm was unsuccessful. | | |
| | Interview with the facility Director on 05/10/23 at 2:54pm revealed: -She had removed medication from Resident #5's room beforeShe thought Resident #5 went to the store with his family and purchased these | | |
| | medicationsIf staff observed medications in Resident #5's room, they should remove the medicationsResident # 5 did not have an order to self-administer medications. | ; | |
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