Received via email 08/18/23 JG

PRINTED: 08/15/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011282	A. BUILDING: _____ B. WING _____	R 07/26/2023

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 07/25/23 through 07/26/23.	D 000		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to serve therapeutic diets as ordered for 2 of 2 sampled residents related to nectar thickened liquids (Resident #2 and #3). The findings are: 1. Review of Resident #3's current FL2 dated 3/20/23 revealed diagnoses included depression, hemiplegia following cerebral infraction affecting right dominant side, traumatic brain injury, senile osteomalacia. -Diet was listed as puree nectar thickened liquids. -There was an order for a restorative feeding program -There was an order for speech therapy (ST). Review of Resident #3's Resident Register	D 310	The facility corporate chef will be ordering thickener packets from our food vendor to measure the liquid or drink for proper thickness. Training has been provided immediately by the chef for dietary staff and additional training will be provided on 08/01/2023. Training will be provided by RN to all staff on 08/22/2023 for measuring the liquid or drink for proper thickness. The facility corporate chef will continue to order thickening packets from our food vendor for the residents that have difficulty with swallowing and /or diagnosed with dysphagia. All new staff will be trained immediately in measuring the liquid or drink for proper thickness. Completion date: 08/22/2023 The Administrator will monitor quarterly.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 08/18/23

STATE FORM 6899 7K6K11 If continuation sheet 1 of 8

Reviewed and acknowledged with revisions per telephone call with the Administrator on 08/22/23
Julie Grooms, RN
08/22/23

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 07/26/2023

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 310	Continued From page 1	D 310		

revealed an admission date of 10/25/22.

Review of Resident #3's Care Plan dated 10/25/22 revealed:
-Additional diagnoses included traumatic brain injury, frontal temporal dementia, right hip fracture, hemiplegia of the right side.
-Resident #3 was on a puree diet with nectar thick liquids.

Review of Resident #3's physician orders dated 6/2/23 revealed:
-There was a referral for ST, physical therapy (PT), and occupational therapy (OT) for strengthening, transfers, balance, cognition, and swallowing.

Review of Resident #3's physician's order dated 5/15/23 and signed by the facility's contracted Nurse Practitioner (NP) on 5/20/23 revealed additional diagnoses included aphasia (the loss of ability to understand or express speech, caused by brain damage), and dysphasia- oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat).

Review of ST Plan of Care dated 1/20/23 revealed:
-Resident #3 was referred to ST services due to recent significant decline in verbal expression and swallowing abilities.
-The Resident was choking and coughing during meals and the primary care provider (PCP) ordered pureed solids and nectar thickened liquids.
-Without therapy for dysphagia, Resident #3 was at risk for aspiration (when something enters your airway or lungs by accident), weight loss, dehydration, pneumonia, and hospitalization.

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 07/26/2023

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 310	Continued From page 2	D 310		

Review of ST Progress and Discharge Summary dated 3/3/23 revealed:
-Resident #3 had difficulty chewing, had moderately impaired swallowing, and required thickened liquids.
-Resident #3 was at risk of aspiration and may need cueing and intermittent supervision during meals.
-Without therapy for dysphagia, Resident #3 was at risk for aspiration, weight loss, dehydration, pneumonia, and hospitalization.

Review of the facility's therapeutic diet list dated 7/11/23 posted on the kitchen wall revealed Resident #3 should be served nectar thick liquids.

Observation of the breakfast meal service on 7/26/23 at 8:06am revealed:
-The personal care aide (PCA) served 8 ounces of regular consistency orange juice to Resident #3 then walked away.
-When prompted by the surveyor, the PCA returned with a container of thickening powder and added two scoops with the small scoop [2 teaspoons (tsp)] of the powder in the cup and stirred it.

Observations of the container of thickening powder on 7/26/23 at 8:10am revealed:
-A 36-ounce container of thickening powder was on a table near the door in the dining room.
-The directions on the label for nectar thickened liquids were to mix 3 to 3 ½ tsp per 4 ounces of orange juice (8 ounces would have required 6-7 tsp).
-There was a double-sided scooper in the container.
-The small end of the scoop was the labeled 5cc (1 tsp) and the large end of the scoop labeled 14.8cc (1 tablespoon).

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 07/26/2023

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 310	Continued From page 3	D 310		

Interview with the PCA on 7/26/23 at 8:08am revealed:
-She knew Resident #3 was to be served nectar thick liquids and she had walked away to retrieve the thickening powder.
-She only put 2 scoops of thickening powder in the orange juice because if she put in any more it was too thick, and the resident would choke.
-She stated they always served 2 scoops to thicken the liquids.
-She was trained to thicken liquids for the resident by another PCA.

Interview with the speech therapist on 7/26/23 at 9:52am revealed:
-Resident #3 was ordered nectar thickened liquids because he was at risk for aspiration.
-He could aspirate if not given thickened liquids and it could develop into pneumonia resulting in hospitalization.

Interview with facility's contracted NP on 7/26/23 at 10:38am revealed if Resident #3 not given thickened liquids, he could aspirate, get pneumonia and require hospitalization.

Interview with the Administrator on 07/26/23 at 9:42am revealed:
-Staff were trained upon hire on the process to thicken thin liquids.
-The staff were supposed to follow the directions on the container of thickening powder.
-The orange juice should not have been served to the residents before thickening it.
-She had instructed staff to use the big scoop which would have been 6 teaspoons.

Based on observations, interviews, and record review, Resident #3 was not interviewable.

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 07/26/2023

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 310	Continued From page 4	D 310		

2. Review of Resident #2's current FL2 dated 03/13/23 revealed:
-Diagnoses included primary progressive aphasia (inability to comprehend or formulate language).
-Regular diet.

Review of Resident #2's Resident Register revealed an admission date of 04/01/22.

Review of Resident #2's Swallowing Assessment and Treatment Swallow Study dated 06/07/23 revealed:
-It was signed by a Speech-Language Pathologist and initialed by the facility's contracted Primary Care Provider (PCP).
-Resident #2 had a history of esophageal stricture (abnormal narrowing of the esophagus) and dementia.
-Resident #2 had moderate-severe dysphagia (difficulty swallowing), swallowing safety was impaired evidenced by silent aspiration observed with thin liquids via a cup.
-Resident #2 was at high risk for aspiration pneumonia (infection of the air sacs in the lungs which may fill with fluid).
-Resident #2 was at a moderate risk for malnutrition and dehydration.
-Diet to consist of nectar thick liquids.

Review of Resident #2's Recommendations for Safe Swallowing form dated 06/07/23 revealed:
-Nectar thick liquids was circled on the form.
-Handwritten on the form was "Aspiration Precautions! She silently aspirates thin liquids!".
-It was signed by a Speech-Language Pathologist (SLP) and initialed by the facility's contracted Primary Care Provider (PCP).

Review of the facility's therapeutic diet list posted

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 07/26/2023

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 310	Continued From page 5	D 310		

on a kitchen wall dated 07/11/23 revealed nectar thick liquids for Resident #2.

Observation of the morning meal on 07/26/23 at 8:06am revealed:
-The personal care aide (PCA) served 8 ounces of thin orange juice to Resident #2 then walked away.
-When prompted by the surveyor, the PCA returned with a container of thickening powder and put two scoops with the small scoop (2 teaspoons) of the powder in the cup and stirred it.

Observations of the container of thickening powder on 07/26/23 at 8:10am revealed:
-A 36 ounce container of thickening powder was on a table near the door in the dining room.
-The directions on the label for nectar thick liquids were to mix 3 to 3 ½ teaspoons per 4 ounces of orange juice (8 ounces would have required 6 - 7 teaspoons).
-There was a double sided scoop in the container.
-On the bottom of the small scoop was the measurement of 5cc (1 teaspoon) and 14.8 cc (1 tablespoon) was written on the bottom of the larger scoop.

Interview with the PCA on 07/26/23 at 8:08am revealed:
-She knew Resident #2 was to be served nectar thick liquids and she had walked away after putting the cup of thin orange juice on the table next to the resident to retrieve the thickening powder.
-She put 2 scoops of thickening powder in the orange juice because if she put in any more it was too thick and the resident would choke.
-That was the way the liquids were always served.

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 07/26/2023

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 310	Continued From page 6	D 310		

-She had received her training from another PCA.

Telephone interview with the facility's contracted PCP on 07/26/23 at 10:36am revealed:
-He could not recall why Resident #2 was ordered nectar thick liquids.
-Drinking thin liquids put Resident #2 at risk of aspiration pneumonia possibly leading to hospitalization.
-The staff should be following all orders whether from the PCP or SLP.

Interview with the Administrator on 07/26/23 at 9:42am revealed:
-Staff were trained upon hire on the process to thicken thin liquids.
-The staff were supposed to follow the directions on the container of thickening powder.
-The orange juice should not have been served to the residents before thickening it.
-She had instructed staff to use the big scoop which would have been 6 teaspoons.
-It would be easier if the facility had individual packets of thickener to put on each meal tray.

Based on observations, interviews, and record review, Resident #2 was not interviewable.

Attempted telephone interview with the SLP on 07/26/23 at 8:50am was unsuccessful.

The facility failed to serve therapeutic diets as ordered to Resident #2 and #3 related to nectar thick liquids, which increased the risk of aspiration pneumonia and hospitalization. This failure was detrimental to the residents' health and welfare and constitutes a Type B Violation.

The facility provided a plan of protection on

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 07/26/2023

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 310	Continued From page 7	D 310		

07/26/23 for this violation in accordance with G.S. 131D-34.