PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

CENTERS STATEMENT OF AND PLAN OF C	DEFICIENCIES	MEDICAID SERVICES  (X1)-PROVIDER/SUPPLIER/GLIA- IDENTIFICATION NUMBER:	-(X2) MULT	IPLE-CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		06/27/2013	<b>.</b>
	VIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SH	OULD BE COMPLE	HON

F 221 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS SS=D

> The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

This REQUIREMENT is not met as evidenced by:

Based on observations, medical record review, and staff interviews the facility failed to provide ongoing assessment for use of restraints and failed to assess for the least restrictive restraint or make attempts at reduction of restraints for 2 of 2 sampled residents, (Resident's #1 and #15).

1. Resident # 15 was admitted to the facility on 12/13/04 with diagnoses which included cerebral palsy, seizure disorder and intellect disability. The Annual Minimum Data Set (MDS) dated 08/20/12 indicated that the resident had short and long term memory problems, had unclear speech, sometimes makes self understood and sometimes understood. In addition, the resident required assistance from staff for bed mobility, transfer and all activities of daily living (ADL) and uses a wheelchair. The resident was assessed as having a limited range of motion of upper and lower extremity on both sides of his body. The section for Physical Restraints documented that the resident had no physical restraints. The Care Area Trigger (CAT) for this MDS documented under the problem area of falls: "Potential risk for falls due to Cerebral Palsy, Intellect disability, seizure disorder, use of psychotropic medications, and gait instability. Resident continues with bed in low position, floor mat, and

F 221

1. Corrective actions for those affected:

08/02/2013

#1 On 7-24-13\_ the physician will assess Residents #1 and 15 for positioning needs when out the bed to the chair. The IDT will follow MD order for positioning.

# 2 Any Resident requiring a restraint will have MD order, consent form, and a Pre restraining Evaluation prior to the use of restraint.

The IDT will complete a quarterly re-assessment of any resident with a restraint to determine appropriate reduction of the restraint.

#3 On 7-22-13 the IDT will be in serviced by the regional clinical Nurse regarding the process of restraint initiation and on going assessment requirements.

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

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disposible 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are viscos and viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos are viscos and viscos and viscos are viscos and viscos and viscos are viscos and viscos and viscos and viscos are viscos and viscos and viscos and viscos are viscos and viscos are viscos and viscos and viscos are viscos and viscos and viscos are viscos and viscos are viscos and viscos and viscos are viscos and viscos are viscos are viscos and viscos are viscos are viscos

days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

Event ID: DQ6T11

Facility ID 923265

JUL 2 5 2013 If continuation sheet Page by:

SIC

PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

DEPART	MENT OF HEALTH	AND HOME				OIVIB NO. 0936-039	÷
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	-(X-2) MUL	TIPLE-G	ONSTRUCTION—	(X3) DATE SURVEY COMPLETED	_
TATEMENT (	OF DEFICIENCIES  GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A-BUILD			COMPLETED	MA
HBT EIN O		345174	B. WING			06/27/2013	
	OVIDER OR SUPPLIER			91 V	ET ADDRESS, CITY, STATE, ZIP CODE VICTORIA RD		
ASHEVILL	E NURSING & REHA	BILITATION CENTER		ASI	HEVILLE, NC 28801		-
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAC	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETION ATE DATE		
F 221	Continued From p	page 1	F	221			
sensor alarms. Table top continues while in w/c related to Cerebral Palsy, Poor posture and trunk control - Released for ADLs, activities, repositioning and as needed."  A review of the facility document titled "Restraints; Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables; seat belts with velcro, or easy snap seat belts. If a		3		#4 The DON will complete audit restraints for timely completion the initial and/or ongoing reassessments monthly x3. Result audits will be presented to QAPI committee by the DON monthly x 3 months.	It of	9	
	self-release, then restraint." Number "Requirements: a Pre-restraining as	nentally and physically the device is considered a er13 in the document read: a) Consent Form b) esessment c) Quarterly restraint con change of condition."					
	problem area: "F	rrent care plan included the Potential for fall and fall-related history of fall, limited ROM ontinence, seizure disorder, gait					

problem area: "Potential for fall and fall-related injury related to history of fall, limited ROM hemiparesis, incontinence, seizure disorder, gait instability, dementia, use of psychotropic medication and restraint. "with the approach listed: "Tabletop to wheelchair as ordered, release for ADLs, repositioning and prn."

Review of the medical record revealed no physician order for a secured lap buddy, no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the secured lap buddy. Further review revealed no observation had been made of Resident #15 being able to remove the secured lap buddy since 12/17/2012.

DEPART	MENT OF HEALTH AI	ND HUMAN SERVICES				FORM APPROVED OMB NO. 0938-0391
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			ozavotlo)	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	TX1) PROVIDER/SUPPLIER/CEIA	3 6		STRUCTION	COMPLETED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING		
		~				06/27/2013
		345174	B. WING			OOILIILOTO
WAVE OF DE	OVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	
				91 VIC	TORIA RD	
ASHEVILL	E NURSING & REHABIL	ITATION CENTER		ASHE	VILLE, NC 28801	
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ΞIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE . COMPLETION
TAG	NEGOLITICAL					
		2	F	221		
F 221	Continued From page	e 2				
	contract of the Contract of th					
	Resident #15 was fire	st observed on 06/24/2013 at				
	12:19 PM in his bedr	oom silling upright in his				
	wheelchair with his la	ap buddy in place.				a
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the 4 days of the survey				
	Observations through	hout the 4 days of the survey				1
	revealed Resident #	15 independently mobile in				280
	his wheelchair the m	ajority of the day sitting				
	upright in his wheeld	hair to include mealtimes in		ī		
	the assisted dining it	oom (ADR). Resident #15 re his secured lap buddy on				
	was observed to hav	was up in his wheelchair to				
	at all times when he include mealtimes in	the ADP These				10
	observations include	the following:				
	observations include	the following.		8		
	00/04/2012 at 1:04 E	PM Resident #15 was				
	observed citting in th	ne ADR in his wheelchair with				į
	opserved sitting in the	place, being served lunch			•	
	by a nurse aide.	, biase, a said				
	by a nuise dide.			17		* 1
	06/24/2013 at 3:50	PM Resident #15 was				
	observed in the hall	near the facility front door,				
	independently ambu	lating around the halls sitting				
	upright in his wheeld	chair with his secured lap		20		#
	buddy in place.					
	Company Company (Company)					
	06/25/2013 at 9:15 /	AM Resident #15 was				1
	observed in the hall	outside his room sitting in his				8
	wheelchair with his :	secured lap buddy in place.				
	On 06/25/2013 at 11	1:30 AM Resident #15 was				58 56
	observed in the ADF	R, independently ambulating				8
	around the room sitt	ting upright in his wheelchair				<b>`</b>
	with his secured lap	buddy in place.				

On 06/25/2013 at 4:15 PM Resident #15 was observed in the hallway next to the 100 hall nursing station sitting in his wheelchair with his

PRINTED: 07/12/2013 91/ FORM APPROVED OMB NO. 0938-0391

CENTERS	S FOR MEDICARE &	MEDICAID SERVICES	AND MILL	TIPLE CON	STRUCTION		E SURVEY	
STATEMENT-	OF DEFICIENCIES	(X1)_PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDI	Sections		GOW	I-CO CO	
AND PLAN OF	CORRECTION	IDENTIFICATION NOMBERS	A. BUILD					
			B. WING			06	3/27/2013	
		345174	B. WINO		OTATE ZID CODE			
	ON TOP OF SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			
	OVIDER OR SUPPLIER				TORIA RD			
ASHEVILL	E NURSING & REHABI	ILITATION CENTER		ASHE	EVILLE, NC 28801		, (X5)	1
,,,,,,			ID		PROV:DER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION SHOULD BE	COMPLETION	
(X4) ID	- A OULD CELCICAL	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL AND DEFITIENT INFORMATION	PREF	IX	CROSS-REFERENCED TO THE	APPROPRIATE	DATE	
PREFIX	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAC	3	DEFICIENCY)			-
TAG	NEGO POR PORTO DE LA CONTRACTOR DE LA CO	\$1800 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ĺ	1
							ì	
	- " I From page	ao 3	F	221 -				
F 221	Continued From page			İ			i	
	secured lap buddy i	n place.					1	1
	D. School Hall Happy and was all	a ac AM Davident #15 Was		-	·		1	1
	On 06/26/2013 at 1	0:20 AM Resident #15 was		1				1
	observed in the hall	Iway outside the conference					į	
	room independently	y ambulating around the					- [	
	hallways sitting upr	ight in his wheelchair with his		2			I	
	secured lap buddy	in place.						DIF
		10 DM Besident #15 Was						
	On 06/26/2013 at 1	:40 PM Resident #15 was		鉄			1	
	observed in the AD	PR, sitting upright in his					(*	
	wheelchair at the ta	able with his secured lap buddy						
	in place.						4	
		45 AM Decident #15 Was						1
	On 06/27/2013 at 9	9:15 AM Resident #15 was						1
	observed in the 20	0 hallway independently						
	ambulating around	the hallways sitting upright in					i i	
	his wheelchair with	his secured lap buddy in						
	place.			36				
		10:50 AM Resident #15 was		-			ļ	
1	On 06/2//2013 at	ing independently outside the		ä			1	
	observed ambulati	sitting upright in his wheelchair	á					
	conference room s	stilling upright in the time						1
	with his secured la	ap buddy iii piado.	10					
		the Director of Nurses (DON) on		Ĭ				1
		O DM revealed no residente in		ii.				1
	06/26/2013 at 2.00	estrained and Resident #15 was					1	1
					18		i	
2	using the lap buot	chair. The DON confirmed the					į	
	hold him up in the	ponsible for completing the MDS					į.	
1	statt member rest	ald do any needed quarterly					× [	
	assessments wou	ing his regular MDS paperwork						
	assessments duri	cupational Therapists who also					į.	414
1	along with the Oc	nt on Resident #15 every six						
	did an assessmer	his positioning. The DON also						
1	months to look at	15 was known to be able to		li li			1	
	noted Resident #	dy if he wanted to although she					-2	
- 40	undo his lan niliti	14 11 110 11011110						1

had not seen him take it off.

CENTERS FOR MEDICARE & MEDICAID SERVICES		(X3) MII	TIPLE	CONSTRUCTION		(X3) DATE SURVEY		
-STATEMENT-C	OF DEFICIENCIES	(X1)-PRØVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A_BUILE			COM	PLETED	-
ANDFLANO	JOHNEO HOLL	345174	B. WING			06	3/27/2013	
	OVIDER OR SUPPLIER	ULITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD					
ASHEVILL	E NURSING & REHAB	ILITATION OF THE C		1	SHEVILLE, NC 28801  PROVIDER'S PLAN OF CORRECTION	N	(X5)	O16
(X4) ID PREFIX TAG	YEACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PRE TA	FIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETION DATE	
				•				
F 221	Continued From pa	ge 4	F	221			5 5 8	
	worked regularly wi 06/26/2013 at 11:30 could not get the se is used to protect h him positioned upri #5 stated the lap bu sitting upright in the being served meals An interview on 06/ Physical Therapist secured lap buddy function, positionin #1 reported the mo- completed by the ti	th Resident #15, on O AM revealed Resident #15 cured lap buddy off and that it im from falling and to keep ght in the wheelchair. Nurse addy also helped to keep him wheelchair while he was as a wheelchair while he was used for Resident #15 for g, and to prevent falls. The PT ast recent restraint screen the herapy department for from 2010 and involved a lap	No. 10 Complete and the					244
	Coordinator #1 rev available to her for include a restraint could be printed or confirmed the MDS were used on Reside buddy and would of without it. The MD had not seen Reside On 06/27/2013 at Aide #4 (NA#4) re Resident #15 take #4 stated she only resident when he of	ealed the facility documents assessment use did not form on her computer or that at. The MDS Coordinator #1 documented no restraints ident #15 however she int #15 was restricted by the lap come out of his wheelchair is Coordinator #1 noted she dent #15 take his lap buddy off.  9:55 AM interview with Nurse wealed she had never seen his secured lap buddy off. NA took the lap buddy from the came out of the wheelchair to ed. NA#4 also stated Resident				-		

CENTER	S FOR MEDICARE  OF DEFICIENCIES	& MEDICAID SERVICES (X.1)-PROVIDER/SUPPLIER/GLIA			ONSTRUCTION		(X3) DATE	SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	B. WING				06	27/2013
	OVIDER OR SUPPLIER	BILITATION CENTER		STREE 91 V ASI	, ZIP CODE	,		
(X4) ID PREFIX TAG	SUMMARY	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)		D EFIX AG	(EACH CORRECT	PLAN OF CORRECTION TIVE ACTION SHOULD DED TO THE APPROPR EFICIENCY)	BF.	(X5) COMPLETION DATE
F 221	On 06/27/2013 at to ask Resident # lap buddy, however follow directions at On 06/27/2013 at DON confirmed the	lide out of the wheelchair if staff	To the state of th	F 221	- 4*	ĸ		
	06/26/97 with dia palsy, seizure dis The Annual Minir 01/23/2013 indica and long term me speech, sometim rarely understand totally dependent ransfer and all a non ambulatory. having a limited lower extremity disection for Physisthe resident had Area Trigger (C/Funder the proble seizure disorder Velcro belt on he from falling out the seizure; howeverisk of falling."	ras admitted to the facility on gnoses which included cerebral order and intellect disability.  num Data Set (MDS) dated ated that the resident had short emory problems, had unclear less makes self understood but ds. In addition, the resident was ton staff for bed mobility, ctivities of daily living (ADL) and The resident was assessed as range of motion of upper and on one side of her body. The cal Restraints documented that no physical restraints. The Care AT) for this MDS documented m area of falls: "Resident has a and is unable to walk. She has a ter wheelchair if she has a the falls section of the MDS did nat any falls had occurred.	CLASCAC STATEMENT			and it		

STATEMENT OF DEPICENCES OF SUPPLIER  345174  10. VARIS		CENTERS FOR MEDICARE & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/GLIA		(X2)-MU	LTIPLE CONS	STRUCTION.	(X3) DATE SURVEY COMPLETED	
INAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITATION CENTER  DIAJID PREFIX EXAMPLES CONTROLLED TO SEPERIPAGES  DIAJID PREFIX FACIORES SUMMARY STATEMENT OF DEPERIPAGES  DIAJID PREFIX TAG  REQUIATORY ORLS SE PRICE DEPORT FULL TAG  TAG  PROVIDER STATEMENT OF DEPERIPAGES  TAG  PREFIX	STATEMENT	OF DEFICIENCIES	IDENTIFICATION NUMBER:	100 500			COMPLETED	
INNE OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITATION CENTER  (24) In SUMMARY STATEMENT OF DEFICIENCES PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (24) In PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (24) IN PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (24) IN PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (25) IN PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (26) IN PRETEX (PAGE REFIGENCY MUST IN PRECEDED BY PLUE 1ACC)  (27) IN PRETEX (PAGE REFIGENCE TO THE APPROPRIATE DEPOSITE OF THE APPROPRIATE DEPOSITE DEPOSITE OF THE APPROPRIATE DEPOSITE OF THE APP	ANDPLANCE	-CORRECTION			i		06/27/2013	
PROVIDERS NAME OF CORRECTION OF DEFICIENCES   PROVIDERS NAME OF CORRECTION AND OF DEFICIENCES	400-3000 300 100		DU ITATION CENTED		91 VICT	TORIA RD		011
SUMMARY STATEMENT OF DETICENDED BY ALL PREFIX   FACTORISETIVE ACTION SHOULD BE CROSS REFERENCE TO THE APPROXIMATE   PREFIX   TAG      F 221   Continued From page 6   F 221     A review of the facility document titled   "Restraints, Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and orginitive yable to self-release devices such as veloro lap trays or tables; seat belts with veloro, or easy snap seat belts. If a resident cannot mentally and physically and experience in the device is considered a restraint." Number 15 in the document read: "Requirements: a) Consent Form b)   Pro-restraining assessment of Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated   O4/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelphair for prevention of injury secondary, soizure activity, release for ADLs, tolleting, repositioning & whenever necessary (PRN)."   Also: "Risk for falls: "with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for provention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, por-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Veloro/buckle belt. Further review of the medical record revealed no documentation.	ASHEVILL	_E NURSING & REHA	BILITATION CENTER		ASHE		ON (X5)	$\neg$
A review of the facility document titled "Restraints; Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velor top trays or tables; seat belts with veloro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan Isat updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)," Also: "Risk for falls" with the approach listed: "Velcro belt on white in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012; "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcrobuckle belt. Further review of the medical record revealed no documentation	PREFIX	ACYCH DEELCIE	NCY MUST BE PRECEDED BY FULL	PRE	FIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROPERTY OF THE APPROPROPERTY OF THE APPROPRIES OF THE APPRO	DBE	
A review of the facility document titled "Restraints; Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velor top trays or tables; seat belts with veloro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan Isat updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)," Also: "Risk for falls" with the approach listed: "Velcro belt on white in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012; "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcrobuckle belt. Further review of the medical record revealed no documentation					- 004 :			
"Restraints; Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velore lap trays or tables; seat belts with veloro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, tolleting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro beit on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/1/3/2012: "Velcro beit as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	F 221	Continued From pa	age 6	1	- 221			
"Restraints; Physical, General Guidelines for the Use of", undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velore lap trays or tables; seat belts with veloro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, tolleting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro beit on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/1/3/2012: "Velcro beit as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		A review of the fac	cility document titled					
Use of', undated and provided by the Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velore lap trays or tables; seat belts with velor, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number 13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment of Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated O4/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on white in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the medical record revealed no documentation of the medical record revealed on documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation.	ľ	"Restraints: Physic	cal, General Guidelines for the		*		ŕ	
Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables; seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Forn b) Pre-restraining assessment of Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated O4/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls " with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of		Use of undated a	and provided by the					
be physically and cognitively able to self-release devices such as velcro lap trays or tables; seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b)  Pre-restraining assessment of Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated O4/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, tolleting, repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt on while in wheelchair." Propositioning a secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the medical record revealed no documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of the medica		Administrator iden	tified that: "The resident must	Ú.	i			
devices such as velcro lap trays or tables; seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcrobuckle belt. Further review of the medical record revealed no documentation	80	he physically and	cognitively able to self-release		-1-	# £ =		
belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, tolleting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		devices such as V	elcro lap trays or tables; seat	i i	1			1
self-release, then the device is considered a restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated O4/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pire-restraining assessment; quarterity restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		belts with velcro, o	or easy snap seat belts. If a					
restraint." Number13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro bell on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint, assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		resident cannot m	entally and physically					
"Requirements: a) Consent Form b) Pre-restraining assessment c) Quarlerly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		self-release, then	the device is considered a				į	
Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, tolieting, repositioning & whenever necessary (PRN)," Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	İ	restraint." Numbe	er13 in the document read.					
assessment or upon change of condition."  The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	1	"Requirements: a	Consent Form D)		21			
The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		Pre-restraining as	sessment c) Quarterly restraint				1	
O4/20/2013 included the problem area: "Rtsk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		assessment or up	on change of condition.				-	
approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		04/20/2013 includ	led the problem area: "Risk for eizure Disorder" with the					417
repositioning & whenever necessary (PRN)."  Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		approach listed:	"Buckle belt when up in evention of injury secondary,		).			
Also: "Risk for falls " with the approach listed. "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		seizure activity, re	henever necessary (PRN)."					
"Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		Alco: "Rick for fa	alls " with the approach listed.		×			
onset date for both was documented as 10/31/2012.  The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	1	"Velcro belt on wh	nile in wheelchair." The problem					1
The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		onset date for bot	th was documented as				E E	
the following with origination date as 11/13/2012.  "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation								
the following with origination date as 11/13/2012.  "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		a v - we	at abusinian orders included		4			
"Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure."  Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		The resident's cu	rrent physician orders moldada		- 1			
prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	1	the following with	origination date as 17770/2012	8	1/4			
Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		"Velcro beit as to	erated in WC (wheelenan) is					
documentation of a consent form for physical restraint, pre-restraining assessment; quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation	1	prevention of inju	edical record revealed no		II.			
restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		Review of the me	t a consent form for physical	10	1			
restraint assessment or a care plan in place to meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		documentation of	raining assessment; quarterly		Ţ.			
meet the specific needs for the resident due to the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		restraint, pre-rest	pent or a care plan in place to					
the use of the Velcro/buckle belt. Further review of the medical record revealed no documentation		most the specific	needs for the resident due to					
of the medical record revealed no documentation		the use of the Ve	Icro/buckle belt. Further review		50			
of Resident #1' removing the belt.		of the medical re	cord revealed no documentation					
		of Resident #1' re	emoving the belt.					

	OF DEFICIENCIES	(X1)_PROVIDER/SUPPLIER/CLIA	_(X2) MULTIPLE CON	(X3) DATE SURVEY COMPLETED		
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A_BUILDING	,		
		345174	B. WING		06/27/2013	
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER	91 VIC	ADDRESS, CITY, STATE, ZIP CODE TORIA RD VILLE, NC 28801		
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
INO	10.0004 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.0000 (10.00		1	, DETIONATION,		$\dashv$
F 221	Continued From pag	ge 7	F 221			
	12:25 PM in the assisterving herself lunch wheelchair with her 06/25/2013 at 8:30 A	it observed on 06/24/2013 at istive dining room (ARD) in sitting upright in her buckle belt in place. On AM Resident #1 was and without her buckle belt in				4017
	place.					
	revealed Resident # wheelchair the majo in her wheelchair to ARD. Resident #1 buckle belt on at all wheelchair to include	thout the 4 days of the survey independently mobile in her rity of the day sitting upright include mealtimes in the was observed to have her times when she was up in her e mealtimes in the ARD. included the following:	2 10 10 10 10 10 10 10 10 10 10 10 10 10			
	06/25/2013 at 9:30 / observed rolling up buckle belt in place.	the hall in her wheelchair with	1			
	observed in the ARI	0 noon Resident #1 was O serving herself lunch sitting chair with her buckle belt in				OIT
	observed in the hall	AM Resident #1 was outside her room sitting in her buckle belt in place.	:	<i>9</i> 4		
	Director of Nurses (in the facility were rewas using the belt a her up in the chair. member responsible	00 PM interview with the DON) revealed no residents estrained and Resident #1 as a positioning device to hold. The DON confirmed the staff of completing the MDS do any needed quarterly				

		& MEDICAID SERVICES	(X2) MUI	LTIPLE CONSTRUCTION		ATE SURVEY	
-STATEMENT C	OF-DEFIGIENCIES CORRECTION	(X4)-PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A_BUILE			MPLETED	<b>GIT</b>
AND PLAN OF	CONNECTION	345174	B. WING			06/27/2013	
	OVIDER OR SUPPLIER	PILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA RD ASHEVILLE, NC 28801	DDE		
ASHEVILL	E NURSING & REHA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	ALVOIT DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREI TA	FIX (EACH CORRECTIVE AC	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE	
F 221	assessments during along with the Occ	ng her regular MDS paperwork cupational Therapists who also it on Resident #1 every six	F	= 221			
¥	months to look at noted Resident #1 was known to	her positioning. The DON also be able to undo her belt if she h she had not seen her take it					
	Coordinator #1 re available to her for include a restraint could be printed or confirmed the MD were used on Reconfirmed Reside and would come.	4:10 PM interview with MDS vealed the facility documents or assessment use did not if form on her computer or that but. The MDS Coordinator #1 is documented no restraints sident #1 however she ent #1 was restricted by the belt but of her wheelchair without it. nator #1 noted she had seen her belt off but could find no ation in the chart.					wir
(No. 1947)	Aide #2 (NA#2) re Resident #1 take care instructions Resident #1 was noted she was to and trunk stability  On 06/27/2013 at to ask Resident #1 helt however. Resident #1	t 11:00 AM NA#2 was observed t1 several times to remove her esident #1 was unable to follow			a <sup>W</sup>		
	On 06/27/2013 a	d not remove the belt. t 11:15 AM interview with the here were no restraint consent esident #1 since she did not					011

OCNTEDS 5	OR MEDICARE & I	MEDICAID SERVICES					COURTEN
	CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT-OF-DEFIGIENCIES (X4)-PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPL	E.CONSTRUCTION.		SURVEY PLETED
AND PLAN OF COR	RECTION	IDENTIFICATION NUMBER:	A_BUILDI	ING.			
		345174	B. WING			06	/27/2013
MAME OF PROVID	DER OR SUPPLIER			100000000000000000000000000000000000000	REET ADDRESS, CITY, STATE, ZIP CODE		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		ITATION CENTER			91 VICTORIA RD		
ASHEVILLE N	URSING & REHABIL	ITATION CENTER		1	ASHEVILLE, NC 28801	ON	(X5)
(X4) ID PREFIX TAG	YEACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETION DATE
					•		log
F 221 Co	ontinued From page	e 9	F	22	1		91
ha	ve a restraint.		-				/2012
F 250 48	3.15(g)(1) PROVIS	SION OF MEDICALLY	F	250	F250	0	8/02/2013
SS=D RE	ELATED SOCIAL S	SERVICE			#1 On 7-17-2013 Resident #	1105 was	
Th	no facility must prov	vide medically-related social					=4,
SP	rvices to attain or r	maintain the highest			re-evaluated by her medica		1
pra	acticable physical,	mental, and psychosocial			and the resident committed		
we	ell-being of each re	sident.			learning provision of her ov	vn trach.	
					care. The resident has since	e	
					refused to participate in he		
Th	nis REQUIREMEN	T is not met as evidenced					
by		: intonious and			trach. care and refuses trai		
В	ased on statt and t	esident interviews, and cility failed to provide			We are attempting the train		
red	cord review, the la scharge planning s	ervices for 1 of 3 sampled			daily. The physician will be	2	
res	sidents (Resident	±105).			informed of her progress of	n 7/24	
8	200 200 E 120 E 1	***			and further physician		
Th	ne findings included	d:			recommendations will be a	acted up	
R.	esident #105 was a	admitted to the facility on				.0.00	
02	2/26/13 with diagno	ses which included recent			on by the facility staff.		-
re	spiratory failure wi	th insertion of a tracheotomy.			#2 Any resident requesting	1	
Re	esident #105's adn	nission Minimum Data Set			requiring discharge may be		6
(N	ADS) dated 03/05/	13 indicated intact cognition derstand others. The					
l wi	dmission MDS indi	cated an active discharge			by this practice. Therefore		
pl	an was∗in place fo	Resident #105.			7-19-2013the IDT will eval	uate the	
		uancia cara plan dated			status of facility residents		
R	eview of Resident	#105's care plan dated o documentation of a			requesting discharge for		1
	scharge plan.				needs/services within the		
		g 2 W653			community. This informati	on will be	
R	eview of Resident	#105's care plan conference					
SI	ummary dated 05/1	15/13 revealed documentation esident #105 to discuss			documented by the social		
di	ischarge plans. "R	esident states she plans to			the medical record and ac	ted upon	1
re	eturn to local aparti	ment. SW (Social Worker) to			as needed.		

PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF DEALTH A	IND HOME			OIVIE	
CENTERS FOR MEDICARE & STATEMENT OF DEFIGIENCIES AND PLAN OF CORRECTION	MEDICAID SERVICES  (X.1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
ND PLAN OF CORRECTION	345174	B. WING		06	127/2013
NAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHAB	LITATION CENTER	9	EET ADDRESS, CITY, STATE, ZIP CODE  1 VICTORIA RD  .SHEVILLE, NC 28801  PROVIDER'S PLAN OF CORR	FCTION	(X5)
(A4) II)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JONED BE	COMPLETION DATE
F 250 Continued From pa	ge 10	F 250	#3 On 7-22-13 the regio	nal clinical	08/02/2013

get intent to return home letter."

Review of Resident #105's quarterly MDS dated 05/23/13 revealed an assessment of moderately intact cognition with the ability to understand others. The quarterly MDS indicated Resident #105's active discharge plan did not have any referrals to an outside agency.

Interview with Resident #105 on 06/24/13 at 10:24 AM revealed she wanted to return home or to a group setting. Resident #105 explained the required care of the tracheotomy was a problem. Resident #105 reported she was afraid she could not learn to take care of the tracheotomy.

Interview with the facility's Social Worker (SW) on 06/26/13 at 2:18 PM revealed Resident #105 would require resident education in the care of her tracheotomy and home health services. The SW described Resident #105's discharge plans as "iffy" since Resident #105 did not think she could manage the tracheotomy independently. The SW reported she thought a staff member had offered to teach Resident #105 but was not certain. The SW reported she did not refer Resident #105 for resident education since Resident #105 expressed reluctance. The SW reported Resident #105's discharge planning was not included in the care plan and she had not contacted local agencies for assistance.

F 272 483.20(b)(1) COMPREHENSIVE

SS=E ASSESSMENTS

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

director will in-service the IDT regarding timely discharge and securing community resources.

#4 The regional clinical nurse and facility SW will audit resident charts in the active process of discharge planning weekly x 4 weeks then monthly x 3 months to assure timeliness, accuracy, and documentation of the discharge planning process. The social service director will review the result of the audit at the QAPI meeting monthly x 4 months.

F272 F 272

08/08/2013

A) #1 On 7-24-13 the physician will assess residents #1 and #15 for

PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X-1)-PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT-OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION 06/27/2013 B. WING 345174 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 91 VICTORIA RD ASHEVILLE NURSING & REHABILITATION CENTER ASHEVILLE, NC 28801 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG

#### F 272 Continued From page 11

A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:

Identification and demographic information;

Customary routine;

Cognitive patterns;

Communication;

Vision:

Mood and behavior patterns;

Psychosocial well-being;

Physical functioning and structural problems;

Continence;

Disease diagnosis and health conditions;

Dental and nutritional status;

Skin conditions;

Activity pursuit;

Medications;

Special treatments and procedures;

Discharge potential;

Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and

Documentation of participation in assessment.

This REQUIREMENT is not met as evidenced

Based on observations, medical record review, and staff interviews the facility failed to provide

positioning needs when out the bed F 272 to the chair. The IDT will follow MD 08/02/2013 order for positioning.

> # 2 Any resident equiring a restraint \_. will have MD order, consent form, and a pre restraining Evaluation prior to the use of restraint.

The IDT will complete a quarterly re-assessment of the restraint to determine appropriate reduction / maintenance of the restraint.

#3 On 7-22-13 the IDT will be inserviced by the regional clinical Nurse regarding the process of restraint initiation, documentation and on going assessment requirements for restraint use.

#4 The DON will complete a monthly audit for timely completion of the initial or on going restraint assessments weekly x 12 weeks. Result of the audits will be presented to the QAPI committee by the DON monthly x 3 months.

PRINTED: 07/12/2013 FORM APPROVED OF

OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES		-(X2) MULTIPLE-CONSTRUCTION			(X3) DATE SURVEY		
	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA LAN OF CORRECTION IDENTIFICATION NUMBER:		-A-BUILDI			COMPLETED	_
-My Garage	•	345174	B. WING	8.0		06/27/2013	
	OVIDER OR SUPPLIER	BILITATION CENTER	•	91 V	T ADDRESS, CITY, STATE, ZIP CODE VICTORIA RD HEVILLE, NC 28801		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY TOLE		ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
TAG	Continued From paragraph ongoing assessmented to assess for make attempts at residents, assess dental staturesidents, (Resider for community discresidents, (Resider for community discresidents, (Resider The findings included 1. Resident #1 was 06/26/97 with diagraph of the Annual Minimum 01/23/2013 indicate and long term mented transfer and all act non ambulatory. The annual Minimum of the modern of the resident had not a limited ransfer and all act non ambulatory. The annual minimum of the resident had not a limited ransfer and all act non ambulatory. The aving a limited ransfer and all act non ambulatory. The aving a limited ransfer and all act non ambulatory. The aving a limited ransfer and all act non ambulatory in the resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory in the resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory in the resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory in the resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory. The resident had not a transfer and all act non ambulatory. The not document that a review of the fact of the resident had not a transfer and all act non ambulatory. The not document that a review of the fact of the resident had not a transfer and all act non ambulatory. The not document that a review of the fact of the resident had not not a transfer and all act non ambulatory. The not document that a review of the fact not a transfer and all act non ambulatory and a transfer and all act non ambulatory. The not not not not not not not not not not	and the least restrictive restraint or eduction of restraints for 2 of 2 (Resident's #1 and #15); as for 2 of 2 sampled, at #54 and # 57); and assess tharge for 1 of 3 sampled at #105).  The districtive restraint or eduction of restraints for 2 of 2 (Resident's #1 and #15); as for 2 of 2 sampled, at #54 and # 57); and assess tharge for 1 of 3 sampled at #105).  The districtive resident assess which included cerebral refer and intellect disability. The districtive resident had short and the resident had short and the resident was son staff for bed mobility, invities of daily living (ADL) and the resident was assessed as ange of motion of upper and one side of her body. The all Restraints documented that to physical restraints. The Care of this MDS documented area of falls: "Resident has a and is unable to walk. She has a wheelchair to help protect her wheelchair if she has a given her condition she has a defalls section of the MDS did any falls had occurred.	1	272	B) #1 On 7-17-2013 Resident was evaluated by her medical doctor. The MD recommendate will be acted up on by the soworker.  #2 Any resident requesting/requiring discharge may be a by this practice. Therefore, of 2013 the IDT will evaluate the status of facility residents requesting discharge for needs/services with in the community. This information documented by the social wouther medical record.  #3 On 7-22-13 the regional clinical nurse facility SW will audit resident charts in the active process of discharge planning weekly x and weeks then monthly x 3 months.	#105 al 08/02/2013 ation cial  ffected n 7-19- e  will be orker in  inical T nd es. and s ff 4 th to	Olf.
	"Restraints; Physic Use of", undated a	cal, General Guidelines for the		) 11	assure timeliness, accuracy, a documentation of the discha		

PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

	TAR MEDICARI	E & MEDICAID CEDVICES				
STATEMENT OF AND PLAN OF C	DEFICIENCIES	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILDI	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
		345174	B. WING			06/27/2013
A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	VIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801	E	
(X4) ID PREFIX	(FACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL ( OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ADORE DECEDENCED TO TH	ON SHOULD BE IE APPROPRIATE	COMPLETION DATE

#### F 272 Continued From page 13

Administrator identified that: "The resident must be physically and cognitively able to self-release devices such as velcro lap trays or tables; seat belts with velcro, or easy snap seat belts. If a resident cannot mentally and physically self-release, then the device is considered a restraint" Number 12 in the document read: "The need for restraints will be reevaluated at least quarterly to determine if continued restraint use is necessasry to reat the resident's medical symptoms. Every effort will be made to eliminate the use of the restraint. Number 13 in the document read: "Requirements: a) Consent Form b) Pre-restraining assessment c) Quarterly restraint assessment or upon change of condition."

The Residents current care plan last updated 04/20/2013 included the problem area: "Risk for injury related to Seizure Disorder" with the approach listed: "Buckle belt when up in wheelchair for prevention of injury secondary, seizure activity, release for ADLs, toileting, repositioning & whenever necessary (PRN)." Also: "Risk for falls" with the approach listed: "Velcro belt on while in wheelchair." The problem onset date for both was documented as 10/31/2012.

The resident's current physician orders included the following with origination date as 11/13/2012: "Velcro belt as tolerated in WC (wheelchair) for prevention of injury secondary to seizure." Review of the medical record revealed no documentation of a consent form for physical restraint, pre-restraining assessment, quarterly restraint assessment or a care plan in place to meet the specific needs for the resident due to

F 272 planning process. The social service will review the result of the audit at the QAPI committee meeting

monthly x 4.

C) Resident #57 is schedule for dental extraction on 7-29-13 with Longterm Care Associates. Inc and #54 as been submitted to Longterm Care Associates Inc for scheduling of the extraction when a time is available.

On 7-17-2013 the DON audited the medical records to assure appointments for dental services have been completed. Any appointment requiring scheduling will be completed by SW by 7-18-2013. The completed audit will be provided to MDS nurse for updating of the care plan by the DON on 7-18-2013. On 7-22-2013 the regional clinical nurse will in-service IDT on scheduling follow up and documentation of dental need in the care plan.

08/02/2013

PRINTED: 07/12/2013 FORM APPROVED MB NO. 0938-0391

DEFAIL	O FOR MEDICADE	MEDICAID SERVICES		+ 740 (195) **	OWB	NO. 0938-0391	1
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	NSTRUCTION		ATE SURVEY  MPLETED	
AND PLAN.OF	OF DEFICIENCIES  CORRECTION	IDENTIFICATION NUMBER	A BUILDING			WELETILIT	
			SA-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
		345174	B. WING			06/27/2013	1
			STREET	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF PE	ROVIDER OR SUPPLIER			CTORIA RD			
ASHEVILL	E NURSING & REHA	BILITATION CENTER	4 2 3	EVILLE, NC 28801			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PROVIDER'S PLAN OF CORREC	TION	(X5)	1
(X4) ID PREFIX TAG	/EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO) CRUSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE	
TAG	Continued From pathe use of the Velorevealed no documeremoving the belt.  Resident #1 was fif 12:25 PM in the asserving herself lum wheelchair with he 06/25/2013 at 8:30 observed to be in liplace.  Observations throur revealed Resident wheelchair the main her wheelchair the main her wheelchair the buckle belt on at a wheelchair to including the control of 125/2013 at 9:30 observed rolling up buckle belt in place.	age 14 ro/buckle belt. Further review hentation of Resident #1 rst observed on 06/24/2013 atasistive dining room (ARD) ch sitting upright in her r buckle belt in place. On 1 AM Resident #1 was bed without her buckle belt in urghout the 4 days of the survey #1 independently mobile in her point of the day sitting upright of include mealtimes in the 11 was observed to have her 11 times when she was up in her de mealtimes in the ARD. Is include the following:  O AM Resident #1 was the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the hall in her wheelchair with the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	F 272 A a w sr w		dental ( eted g eport	08/02/2013	SIF
	observed in the Al	00 noon Resident #1 was RD serving herself lunch sitting elchair with her buckle belt in	1 3				
	observed in the ha	00 AM Resident #1 was ill outside her room sitting in h her buckle belt in place.					Q1 P
	On 06/26/2013 at Director of Nurses	2:00 PM interview with the (DON) revealed no residents					

in the facility were restrained and Resident #1 was using the belt as a positioning device to hold

PRINTED: 07/12/2013 FORM APPROVED OMB NO. 0938-0391

DEFAITED	CEOR MEDICARE &	MEDICAID SERVICES				(X3) DA	ATE SURVEY	
	CENTERS FOR MEDICARE & MEDICAID SERVICES  ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULT	IPLE CONST	TRUCTION		MPLETED	-
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG				
AND TEAN O.		345174	B. WING _				06/27/2013	-
	OVIDER OR SUPPLIER			91 VICTO	ODRESS, CITY, STATE, ZIP CODE ORIA RD			
ASHEVILL	E NURSING & REHABI	LITATION CENTER		ASHEV	ILLE, NC 28801	TION	(X5)	(H)
(X4) ID PREFIX TAG	AL VOLLDCEICIENO	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD RF	COMPLETION DATE	
F 070	O Haved From pag	10.15	F	272			l l	
F 272	Continued From pag	TO DON confirmed the staff						
	her up in the chair.	The DON confirmed the staff						
	member responsible	for completing the MDS						
	assessments would	do any needed quarterly						
	assessments during	her regular MDS paperwork		9				
	along with the Occu	pational Therapists who also on Resident #1 every six		100.00	A. (45)			
	did an assessment	er positioning. The DON also		1				1
	months to look at he	was known to be able to	1	ĺ				
	noted Resident #1	wanted to although she had						1
	not seen her take it	off		-				
	not seen her take it			1.				
	On 06/26/2013 at 4	:10 PM interview with MDS		1			1	
	Coordinator #1 reve	ealed the facility documents		51				
	cooldinator #1 for	assessment use did not			<b>(8)</b>		Į.	
	include a restraint for	orm on her computer or that					1	
	could be printed ou	t. The MDS Coordinator #1		1				
	confirmed the MDS	documented no restraints						
	word used on Resid	dent #1 however she						10H F
	confirmed Residen	it #1 was restricted by the belt						1 2000
	and would come of	it of her wheelchair without it.					į	
	The MDS Coordina	tor #1 noted she had seen					1	
	Resident #1 take h	er belt off but could find no					1	
	written documentat	ion in the chart.					i	
	o ociozionia at 1	0:55 AM interview with Nurse						
	On Ub/2/12013 at	realed she had never seen						
	Aide #2 (NA#2) fet	er belt off. NA#2 confirmed the						
	Resident care instru	uctions were to take off the belt			1982 -			
	resident care man	was in the bed or the shower.			12			
	Wileli Nesluciii #1	as told it was for positioning,					į	
	balance and trunk	stability.	W U					
				1				
	On 06/27/2013 at	11:00 AM NA#2 was observed						
	to ack Resident #1	several times to remove her						
1	helt however, Res	ident #1 was unable to follow					1	
	directions and did	not remove the belt.						
1	JII OULE							1

On 06/27/2013 at 11:15 AM interview with the

	STATEMENT	OF DEFICIENCIES	(X1)_PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000	ULTIPLE CON	(X3) DATE SURVEY COMPLETED		
1	AND PLAN OF	CORRECTION		B. WIN	DING		06/27/2013	
-		OVIDER OR SUPPLIER	345174  LITATION CENTER	D. WIN	STREET .	ADDRESS, CITY, STATE, ZIP CODE TORIA RD WILLE, NC 28801	,	
	(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
	F 272	documents for Reside have a restraint.  On 06/27/2013 at 2:4  DON revealed there to the hall where Resassessments just we 2. Resident # 57 was 06/23/2011 with diag disease dysphagia, v convulsions.  The Annual Minimum	e were no restraint consent ent #1 since she did not  O PM interview with the had been MDS staff changes sident #1 resided and the ren't done as a result.  admitted to the facility on noses of chronic kidney ascular dementia and		F 272			Olt
		and long term memor speech. In addition, ambulatory and requir for personal hygiene teeth. The MDS door for dental status that problems.  Review of the Care P 06/23/2011) last upda Problem/Need in place	red extensive assisstance which included brushing umented under the section Resident # 57 had no dental rlan (origination date ated 06/19/2013; revealed no be for Oral Hygiene with					
		the page for ADL can hygiene daily and PR undated.  On 06/25/2013 at 10: observed sitting up in in his room. When sp smiled and said "Yes	Observed-at-the bottom of e was handwritten " oral N, Dentist PRN ", it was 04 AM Resident #57 was his wheelchair watching TV oken to Resident #57 "; at that time it was sing and broken teeth.					Olt

NAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITATION CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  FOR THE APPROPRIATE  F 272  Continued From page 17 Review of Resident #57's medical record revealed documentation of the following facility onsite dental care/follow-up:  09/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no treatment wanted." 04/24/2012: "Extract root tops in hospital." 10/23/2012: "Brush and mouthwash." 04/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in furnity fromer the Care Plan to be updated.	ſ		S FOR MEDICARE & DEFICIENCIES	(X1)-PROVIDER/SUPPLIER/GLIA-	1		ISTRUCTION————————————————————————————————————	(X3) DATE SURY COMPLETE		
ASHIVE OF PROVIDER OR SUPPLIER  ASHEVILLE, NURSING & REHABILITATION CENTER  ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVILLE, NO 28801  FROM ASHEVEL AS	-			IDENTIFICATION NUMBER:		NG				
ASHEVILLE NUSSING & REHABILITATION CENTER  ASHEVILLE, NO 28801  BUSINESS REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCES  FROM THE PROPERTY OF THE PROCESSES OF THILL TAG.  REGULATORY OR ISC DESTRIPTING INFORMATIONS)  F. 272  Continued From page 17  Review of Resident #57s medical record revealed documentation of the following facility onsite dental carefollow-up:  09/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no troatment vamed."  04/24/2012: "Extractions needed but must be done in hospital."  10/23/2012: "State and mouthwash."  O4 09/27/2013 at 2:30 PM interview with MDS Coordinator #1 also revealed the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DN confirmed Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DN confirmed MDS coordinator #1 also revealed the hall where there had been several MDS assessments just woren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/25/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admitsion Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.				345174	B. WING		Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o	06/27/2	013	1
PRETIX SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCY AND THE PRECEDED BY FULL REGULATORY OR ISCIDENT FINE OF PRETIX FAC STATEMENT OF DEFICIENCY OR ISCIDENT FINE OF PRETIX FAC STATEMENT OF THE APPROPRIATE  F 272 Continued From page 17  Review of Resident #57's medical record revealed documentation of the following facility onsite dental care/follow-up:  09/14/2011: "Recommend fromoval of broken teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root tops in hospital."  10/23/2012: "Bush and mouthwash"."  04/09/2013: "Extractions needed but must be done in hospital."  10/23/2012: "Bush and mouthwash".  0 n 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 continuency from the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the pr				ITATION CENTER		91 VIC	TORIA RD			or
### SUMMARY STATEMENT OF DEFINITION OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE PRICE OF THE P		ASHEVILL				ASHE		١		1
Review of Resident #57's medical record revealed documentation of the following facility onsite dental carefollow-up:  09/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root lops in hospital."  10/23/2012: "Extract root lops in hospital."  10/23/2012: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105 s admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.		PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE CO		
Review of Resident #57's medical record revealed documentation of the following facility onsite dental carefollow-up:  09/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root lops in hospital."  10/23/2012: "Brush and mouthwash."  04/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn tingger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/06/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.		F 272	Continued From page	e 17	F	272				
revealed documentation of the following facility onsite dental care/follow-up:  09/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root lops in hospital."  10/23/2012: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a trachectomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated infact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.		1 212								
109/14/2011: "Recommend removal of broken teeth and better brushing, no complaints and no treatment wanted."  104/24/2012: "Extract root tops in hospital."  10/23/2012: "Brush and mouthwash."  104/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a trachectomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			revealed documental	tion of the following facility						
teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root tops in hospital."  10/23/2012: "Brush and mouthwash."  04/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			onsite dental care/fol	llow-up:		ř		1		
teeth and better brushing, no complaints and no treatment wanted."  04/24/2012: "Extract root tops in hospital."  10/23/2012: "Brush and mouthwash."  04/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1 confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			00/14/2011: "Recor	mmend removal of broken		i				
no treatment wanted."  04/24/2012: "Extract root tops in hospital."  10/23/2012: "Brush and mouthwash."  04/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 esided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			teeth and better brus	shing, no complaints and						
10/23/2012: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			no treatment wa	inted."						
O4/09/2013: "Extractions needed but must be done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			04/24/2012: "Extrac	et root tops in hospital."						
done in hospital."  On 06/27/2013 at 2:30 PM interview with MDS Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheolomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			10/23/2012: "Brush 04/09/2013: "Extrac	ctions needed but must be	W.					
Coordinator #1confirmed Resident #57 did not have dental care marked on his MDS which would in turn trigger the Care Plan to be updated. The MDS Coordinator #1 also revealed the hall where Resident #57 resided was the hall where there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.										
there had been several MDS staff changes over the last year.  On 06/27/2013 at 2:40 PM interview with the DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			Coordinator #1confir have dental care ma would in turn trigger The MDS Coordinate	med Resident #57 did not orked on his MDS which the Care Plan to be updated. or #1 also revealed the hall						917
DON confirmed MDS assessments just weren't done as a result of MDS Coordinator staff turnover.  3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			there had been seve	eral MDS staff changes over						
3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			DON confirmed MDS	S assessments just weren't				1		
3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			turnover.					1		
3. Resident #105 was admitted to the facility on 02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.						200000 00				
02/26/2013 with diagnoses which included recent respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			: I - I - I - I - I - I - I - I - I	an admitted to the facility on	10					
respiratory failure with insertion of a tracheotomy. Resident #105's admission Minimum Data Set (MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others. The admission MDS indicated an active discharge plan was in place for Resident #105.			02/26/2013 with diag	anoses which included recent				Ì		
(MDS) dated 03/05/2013 indicated intact cognition with the ability to understand others.  The admission MDS indicated an active discharge plan was in place for Resident #105.			respiratory failure w	ith insertion of a tracheotomy.	¥S VI	ĺ				
cognition with the ability to understand others.  The admission MDS indicated an active discharge plan was in place for Resident #105.			Resident #105's add	2013 indicated intact		10				
The admission MDS indicated an active discharge plan was in place for Resident #105.			cognition with the al	bility to understand others.						
			The admission MDS	Sindicated an active				İ		

Г		S FOR WEDICARL &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONS	STRUCTION		MPLETED	
1	STATEMENT C	DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A BUILD					-
1	ANDTEANO		345174	B. WING			(	06/27/2013	
		OVIDER OR SUPPLIER			91 VIC	ADDRESS, CITY, STATE, ZIP CODE TORIA RD VILLE, NC 28801			
١	ASHEVILL	E NURSING & REHADI	ILITATION GENTLES		ASIL	PROVIDER'S PLAN OF CORRECT	ION	(X5)	1
	(X4) ID PREFIX TAG	IEACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAC	IX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE	
				i	ř	W			
	F 272	Continued From pag	ge 18	F	272			ì	
	1 2/2	summary dated 05/2	15/2013 revealed					-	1
		decumentation of a	meeting with Resident #105					1	
		documentation of a	e plans. "Resident states she						4318
		along to return to lo	cal apartment. SW (Social						
		Marker) to get inten	t to return home letter."			0.2 - 4-5			
		There was no document	mentation of an assessment					T.	
		of Resident #105's	requirements for discharge.		Ĭ.				
		Review of Resident	#105's quarterly MDS dated						
		05/23/2013 revealed	d an assessment of						
		moderately intact co	ognition with the ability to					i	
		understand others.	The quarterly MDS indicated						
		Resident #105's ac	tive discharge plan did not						
		have any referrals t	o an outside agency.						
		Interview with Resid	dent #105 on 06/24/2013 at	ł	i				
		10.24 AM revealed	she wanted to return home or						
		to a group setting.	Resident #105 explained the		į				
		required care of the	e tracheotomy was a problem.		Ţ				
	Ì	Resident #105 repo	orted she was afraid she could						
		not learn to take ca	ire of the tracheotomy.		;				
				8					
		Interview with the fa	acility's Social Worker (SW) on			₹//			
		06/26/2013 at 2:18	PM revealed Resident #105						
		required training in	the care of her tracheotomy					- I	
		before discharge co	ould occur. The SW described		i i				
		Resident #105's dis	scharge plans as "iffy" since					1	446
		Resident #105 did	not think she could manage			2.54			
		the tracheotomy in	dependently. The SVV could					*	
		not provide a reaso	on for the lack of a						
		comprehensive as:	sessment of Resident #105's					İ	
		discharge requiren	nents.					ļ	
		4. Resident #54 w 10/17/2006 with di dysphagia and der	ras admitted to the facility on agnoses which included mentia.						
		Review of Resider	nt #54's annual Minimum Data						

STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE NURSING & REHABILITATION CENTER  ASHEVILLE NURSING & REHABILITATION CENTER  (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 272 Continued From page 19 Set (MDS) dated 09/28/2012 revealed no problems with oral or dental problems. The MDS indicated impairment of Resident #54's short and long term memory.  Review of a dental consultation dated 10/23/2012 revealed decayed teeth with the recommendation of teeth extraction in a hospital setting.  Review of Resident #54's speech therapy discharge dated 01/21/2013 revealed Resident #54 was to receive a mechanical soft diet with pureed meat. The speech therapist documented			WEDICATO SERVICES	(X2) MUL	TIPLE CONSTRUCTION	(X	X3) DATE SURVEY COMPLETED	-
NAME OF PROVIDER OR SUPPUER  ASHEVILLE NURSING & REHABILITATION CENTER  ASHEVILLE, NO 28881  CAS) 10  SUMMARY STATEMENT OF DETERANCES.  CAS) 10  SUMMARY STATEMENT OF DETERANCES.  CAS) 10  SUMMARY STATEMENT OF DETERANCES.  CAS) 10  SUMMARY STATEMENT OF DETERANCES.  CAS) 10  SUMMARY STATEMENT OF DETERANCES.  ASHEVILLE, NO 28881  ASHEVILLE, NO 28881  ASHEVILLE, NO 28881  FROM CONSENSE PLAN OF CORRECTION CONSENSE OF TABLE TAG.  CROSS-REPERENCES TO THE APPROPRIANTE  CROSS-REPERENCES TO THE APPROPRIANTE  DESTORATION SHOULD BE CONSENSE.  F 272  Continued From page 19  Set (MDS) dated 09/28/2012 revealed no problems with oral or dental problems. The MDS indicated impairment of Resident #54's short and long term memory.  Review of a dental consultation dated 10/23/2012 revealed dated 01/21/2013 revealed Resident #54's spect therapy discharge dated 01/21/2013 revealed Resident #54's spect therapy discharge dated 01/21/2013 revealed Resident #54's case machanical sold diet with pureal meat. The speech therapist documented Resident #54's test ware brown with black spots and many were broken.  Review of Resident #54's quarterly MDS dated 03/22/2013 revealed Resident #54's had no dental problems.  Review of a dental consult dated 04/09/2013 revealed massessment of missing teeth with a recommendation for teeth extraction in a hospital setting.  Review of a cere plan conference dated 06/19/2013 with Resident #54's care plan dated 06/19/2013 with Resident #54's family member revealed discussions of Resident #54's family member revealed discussions of Resident #54's family member revealed discussions of Resident #54's teeth and retuctance for dental surgery.  Observation on 06/25/13 at 9.05 AM revealed Resident #54's leeth and retuctance for dental surgery.	STATEMENT C	DE DEFICIENCIES	(X1)_PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	-
ASHEVILLE NURSING & REHABILITATION CENTER  ASHEVILLE, NC 28801  ONLY ID SUMMANY STATEMENT OF DEFICIENCIES (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PROTECTION SHOULD BE (PRO	AND PLAN OF	CONNECTION					06/27/2013	OH!
ID PROMISERS AND OF CORRECTION CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON CONTRICT ON			LITATION CENTER		91 VICTORIA RD	re, ZIP CODE		
Set (MDS) dated 09/28/2012 revealed no problems with oral or dental problems. The MDS indicated impairment of Resident #54's short and long term memory.  Review of a dental consultation dated 10/23/2012 revealed decayed teeth with the recommendation of teeth extraction in a hospital setting.  Review of Resident #54's speech therapy discharge dated 01/21/2013 revealed Resident #54 was to receive a mechanical soft diet with pureed meat. The speech therapist documented Resident #54's teeth were brown with black spots and many were broken.  Review of Resident #54's quarterly MDS dated 03/22/2013 revealed Resident #54 had no dental problems.  Review of a dental consult dated 04/09/2013 revealed an assessment of missing teeth with a recommendation for teeth extraction in a hospital setting.  Review of Resident #54's care plan dated 06/19/2013 revealed staff direction to assist with dental care daily.  Review of Resident #54's care plan dated 06/19/2013 revealed staff direction to assist with dental care daily.  Review of Resident #54's tare plan fated 06/19/2013 revealed staff direction to assist with dental care daily.  Review of a care plan conference dated 06/19/2013 with Resident #54's family member revealed discussion of Resident #54's teeth and reluctance for dental surgery.  Observation on 06/25/13 at 9.05 AM revealed Resident #54's teeth were gray and black with	(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL.	PREF	IX (EACH CORRE	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATI	COMPLETION	
		Set (MDS) dated 09, problems with oral of indicated impairment long term memory.  Review of a dental of revealed decayed term of teeth extraction in Review of Resident discharge dated 01/#54 was to receive a pureed meat. The second many were broken work to be pureed meat. The second many were broken work to be problems.  Review of Resident 03/22/2013 revealed problems.  Review of a dental of revealed an assess recommendation for setting.  Review of Resident 06/19/2013 revealed discussion reluctance for dental of the revealed discussion reluctance for dental of the second means of the revealed discussion reluctance for dental of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second means of the second	r dental problems. The MDS it of Resident #54's short and consultation dated 10/23/2012 beth with the recommendation in a hospital setting.  #54's speech therapy 21/2013 revealed Resident as mechanical soft diet with speech therapist documented in were brown with black spots ken.  #54's quarterly MDS dated did Resident #54 had no dental consult dated 04/09/2013 ment of missing teeth with a reteeth extraction in a hospital #54's care plan dated did staff direction to assist with an conference dated is sident #54's family member in of Resident #54's teeth and all surgery.		272			OT*

	Y
NAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITATION CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  F272 Continued From page 20 Interview with Nurse Aide (NA) #1 on 06/26/2013 at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	
ASHEVILLE NURSING & REHABILITATION CENTER    SI VICTORIA RD	13
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 272 Continued From page 20  Interview with Nurse Aide (NA) #1 on 06/26/2013 at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TO THE APPROPRIATE TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)  F 272 Continued From page 20  Interview with Nurse Aide (NA) #1 on 06/26/2013 at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	26)
Interview with Nurse Aide (NA) #1 on 06/26/2013 at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	LETION ATE
Interview with Nurse Aide (NA) #1 on 06/26/2013 at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	
at 10:55 AM revealed Resident #54 required use of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	011
of a soft swab for teeth brushing. NA #1 explained Resident #54 did not open her mouth completely for oral care.	1000
explained Resident #54 did not open her mouth completely for oral care.	
completely for oral care.	
Later in with Nurse #4 on 06/26/2013 at 1:35	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Interview with following the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the first land and the fir	
PM revealed Resident #54 did not appear to have	1
mouth pain and was not aware of any dental plans. Nurse #1 explained the MDS nurse would	1
conduct oral assessments.	
Interview with MDS Coordinator #1 on 06/26/2013	
at 2:41 PM revealed she did not indicate on the	
MDS an assessment of Resident #54's oral and	
dental status. MDS Coordinator #1 explained the	
assessment omission was an error.	
9" *	
Interview with the Director of Nursing on	
06/26/2013 at 3:39 PM revealed she expected	
the MDS Coordinator to perform a complete oral	
and dental assessment.	1
5. Resident #15 was admitted to the facility on	
12/13/2004 with diagnoses which included	
cerebral palsy, seizure disorder and intellect	4014
disability. The Annual Minimum Data Set (MDS)	1
dated 08/20/2012 indicated that the resident had	1
short and long term memory problems, had unclear speech, sometimes made self	
unclear speech, sometimes made some understood and sometimes understood. In	1
addition, the resident required assistance from	1
staff for bed mobility, transfer and all activities of	1
daily living (ADL) and uses a wheelchair. The	
resident was assessed as having a limited range	
of motion of upper and lower extremity on both	
sides of his body. The section for Physical	
Restraints documented that the resident had no	
physical restraints. The Care Area Trigger (CAT)	

STATEMENT	STATEMENT OF BELLOWING	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	345174	B. WING _	NO.		06/27/2013	
	OVIDER OR SUPPLIER LE NURSING & REHAE	SILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 91 VICTORIA RD ASHEVILLE, NC 28801	DE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 272	of falls: "Potential r Palsy, Intellect disa psychotropic medic Resident continues mat, and sensor ala while in w/c related posture and trunk of	ge 2.1 nented under the problem area isk for falls due to Cerebral bility, seizure disorder, use of ations, and gait instability. with bed in low position, floor arms. Table top continues to Cerebral Palsy, Poor ontrol - Released for ADLs, aing and as needed."	F2	272			
	Use of", undated an Administrator idention be physically and condevices such as we belts with velcro, or resident cannot me self-release, then the restraint" Number "The need for restraint least quarterly to do use is necessary to symptoms. Every expensive the use of the restraint document read: "Form by Pre-restraint"	al, General Guidelines for the			v2001		Ser
	problem area: "Poinjury related to his hemiparesis, incominstability, demention medication and reslisted: "Tabletop to	ent care plan included the stential for fall and fall-related tory of fall, limited ROM stinence, seizure disorder, gait a, use of psychotropic traint" with the approach o wheelchair as ordered, epositioning and prn."					011

CENTER	S FOR MEDICARE	& MEDICAID SERVICES	L WOY MILL	-TIDI-E-CC	ONSTRUCTION		DATE SURVEY	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-A-BUILE			C	OMPLETED	-
-AND PEAN OF	GORREOTOR	345174	B. WING				06/27/2013	
35000	OVIDER OR SUPPLIER	BILITATION CENTER		91 V	T ADDRESS, CITY, STATE, ZIP CODE PICTORIA RD HEVILLE, NC 28801			
(X4) ID PREFIX TAG	SUMMARY	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREI TA	FIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	IN SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 272	Continued From p	page 22	F	272			in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	4017
	physician order for documentation of restraint, pre-restring restraint assessment the specific the use of the second revealed no observations that the specific the use of the second revealed no observations that the specific the use of the second revealed no observations that the specific three second revealed no observations that the specific three second restrictions that the specific three second restrictions that the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second restriction of the second re	dical record revealed no or a secured lap buddy, no a consent form for physical raining assessment, quarterly lent or a care plan in place to needs for the resident due to cured lap buddy. Further review rvation had been made of a gable to remove the secured 2/17/2012.  Is first observed on 06/24/2013 at bedroom sitting upright in his ais lap buddy in place.  Sughout the 4 days of the survey on #15 independently mobile in		AND THE RESERVE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON				
	his wheelchair the upright in his whethe assisted dinir was observed to at all times when include mealtime observations include the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer of the observer o	e majority of the day sitting selchair to include mealtimes in any room (ADR). Resident #15 have his secured lap buddy on the was up in his wheelchair to se in the ADR. These lude the following:  04 PM Resident #15 was in the ADR in his wheelchair with			ė.	್ ಗ್ರಾಪಂ	-	Sir
	by a nurse aide.  06/24/2013 at 3 observed in the lindependently arupright in his wh	dy in place, being served lunch  50 PM Resident #15 was hall near the facility front door, mbulating around the halls sitting eelchair with his secured lap	E .	3 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				

STATEMENT-	DE DEFICIENCIES-	- (X1)-PROVIDER/SUPPLIER/GLIA-	W. N. W. W. W. W.		ONSTRUCTION	(X3	) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	— A-BUILD	ING				
	•	345174	B. WING				06/27/2013	4
	OVIDER OR SUPPLIER	LITATION CENTER		91 V	T ADDRESS, CITY, STATE, ZIP CODE ICTORIA RD IEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 272	observed in the hall wheelchair with his so On 06/25/2013 at 11 observed in the ADE around the room sitt with his secured lap On 06/25/2013 at 4: observed in the hall nursing station sittin secured lap buddy in On 06/26/2013 at 10 observed in the hall room independently	outside his room sitting in his secured lap buddy in place.  1:30 AM Resident #15 was R, independently ambulating ing upright in his wheelchair buddy in place.  15 PM Resident #15 was way next to the 100 hall g in his wheelchair with his in place.  2:20 AM Resident #15 was way outside the conference ambulating around the ght in his wheelchair with his	F	272				oir
	On 06/26/2013 at 1: observed in the ADF wheelchair at the tal in place.  On 06/27/2013 at 9: observed in the 200 ambulating around this wheelchair with leplace.  On 06/27/2013 at 10 observed ambulating conference room sit with his secured lap.	40 PM Resident #15 was R, sitting upright in his ble with his secured lap buddy  15 AM Resident #15 was hallway independently he hallways sitting upright in his secured lap buddy in  2:50 AM Resident #15 was g independently outside the ting upright in his wheelchair buddy in place.		1 (2000) (1000) (1000) (1000) (1000) (1000)	an	an e		or
	06/26/2013 at 2:00 l	PM revealed no residents in rained and Resident #15 was					8	

PRINTED: 07/12/2013

FORM APPROVED	
OMB NO 0938-0391	

STATEMENT OF DEFIGIENCIES (X4) AND PLAN OF CORRECTION	-PROVIDER/SUPPLIER/CLIA	-(X2) MULTIPLE-CO	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
IND PEAN OF CONTECTION	345174	B. WING		06/27/2013	
NAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITAT		91 VIC	ADDRESS, CITY, STATE, ZIP CODE CTORIA RD EVILLE, NC 28801		
DREELY (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	91
F 272 Continued From page 24 using the lap buddy as a phold him up in the chair. staff member responsible assessments would do an assessments during his realong with the Occupation did an assessment on Remonths to look at his posinoted Resident #15 was kundo his lap buddy if he whad not seen him take it of An interview with Nurse #worked regularly with Respondent of the could not remove the secit was used to protect him	The DON confirmed the for completing the MDS my needed quarterly egular MDS paperwork and Therapists who also sident #15 every six tioning. The DON also known to be able to wanted to although she off.  5, who reported she sident #15, on revealed Resident #15 ured lap buddy and that from falling and to keep	F 272			
An interview on 06/26/20 <sup>o</sup> Physical Therapist #1 (PT secured lap buddy was us function, positioning, and reported the most recent completed by the therapy Resident #15 was from 20 lap tray and not the soft lawas currently using.  On 06/26/2013 at 4:10 PN Coordinator #1 revealed the available to her for assessing include a restraint form or could be printed out. The confirmed the MDS docur were used on Resident #15 buddy and would come of	the wheelchair.  13 at 3:36 PM with  14) revealed the sed for Resident #15 for to prevent falls. PT #1 restraint screen department for 210 and involved a hard ap buddy Resident #15  M interview with MDS the facility documents sment use did not a her computer or that a MDS Coordinator #1 mented no restraints 15 however she was restricted by the lap				9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE C	ONSTRUCTION	(X3) DATE	
	PLAN-OF-GORRECTION IDENTIFICATION-NUMBER:		7	DING		GOM	PETED
		345174	B. WINC			06/	/27/2013
NAME OF PROVIDER OR SUPPLIER  ASHEVILLE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801					
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 272	had not seen Resiand she stated that remove it when as On 06/27/2013 at Aide #4 (NA#4) remove it when as Aide #4 (NA#4) remove it when the stated she only Resident #15 was wheelchair to toiled stated Resident #1 wheelchair if staff buddy.  On 06/27/2013 at to ask Resident #1 lap buddy, however follow directions and On 06/27/2013 at DON confirmed the	S Coordinator #1 noted she dent #15 take his lap buddy off t he would not be able to	F	272			
F 309 SS=E	DON revealed the on the hall where hassessments just very 483.25 PROVIDE HIGHEST WELL Each resident must provide the necession.	It receive and the facility must sary care and services to attain	F	÷ 309	#1 Residents #64 and #69 are receiving their medications as by the MD, on dialysis days.	order	<sup>/</sup> 02/2013
	mental, and psych	hest practicable physical, osocial well-being, in ne comprehensive assessment			Resident #15 is receiving a sto softener per MD order and ha bowel protocol in place.		

PRINTED: 07/12/2013 FORM APPROVED

	INIENT OF HEALTH A	OMB NO. 0938-0391			
STATEMENT.	RS. FOR MEDICARE &  OF DEFICIENCIES  F CORRECTION	MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/SCLIA IDENTIFICATION NUMBER:	(X2)_MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
, , , , , , , , , , , , , , , , , , , ,		345174	B. WING		06/27/2013
	ROVIDER OR SUPPLIER LE NURSING & REHABII	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION
F 309	Continued From pag	e 26	F	# 2 Any resident that requ	
	by: Based on observation interviews the facility medications as per plays for 2 of 3 hemo	hysician order on dialysis -dialysis residents (Resident led to follow a bowel protocol ampled for		bowel needs can be affected practice. On 7-15-2013 the reviewed the MARS of dialoresidents to assure that the conflict between medication administration time and dialoresident reconstruction that the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between the conflict between th	ed by this EDON ysis ere is no on ialysis

The findings included:

 Resident #64 was re-admitted on 04/05/13 with diagnoses to include end stage renal disease. An Annual Minimum Data Set dated 06/05/13 documented Resident #64 was cognitively intact and received dialysis services. Review of Resident #64 medical record revealed he received dialysis Monday, Wednesday and Friday. •

Review of the plan of care dated 04/24/13 documented he required hemo-dialysis and was at risk for decrease in cardiac output with an intervention to administer medications as ordered.

Review of Resident #64's June 2013 physician order sheet revealed orders for the following medications: Celexa (antidepressant) 10 milligrams (mg) one daily at 9:00 AM Reglan (antiemetic) 5mg one four times a day (qid) before meals and at bedtime (hs) scheduled

at 7:30 AM, 11:30 AM, 4:30 PM and 9:00 PM

queried the resident recor resident not having a BM in 3 days. Any resident requiring interventions had initiation of the bowel protocol.

#3 On 6-28-2013 The Staff Coordinator in-serviced nursing staff regarding the importance of documentation of BMs and the initiation of the bowel protocol.

#4 The BM exception report will be ... pulled 5 times a weeks for 16 weeks by the SDC. Any resident flagging on the exception report will have their MAR evaluated for initiation of the bowel protocol. Any new resident

	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE (	CONSTRUCTION		DATE SURVEY	
	F-CORRECTION	IDENTIFICATION NUMBER.	A BUILDI			0	OMPLETED	
		345174	B. WING				06/27/2013	
	ROVIDER OR SUPPLIER	BILITATION CENTER		91	ET ADDRESS, CITY, STATE, ZIP CODE VICTORIA RD SHEVILLE, NC 28801		2 <b>6</b> 7	
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE	
F 309	Lopressor (antihyp (bid) at 8:00 AM ar Renvela (phosphal three times a day ( 12:00 PM and 5:00 Renvela 800mg tw AM, 1:00 PM and 5 Procardia (antihyp) AM Azopt (glaucoma n AM and 9:00 PM. Review of Residen log for the month of 06/5/13 of 186/90;	pertensive) 100mg twice a day and 9:00 PM te binder) 800mg five tablets (tid) with meals at 8:00 AM, or bilders with snack tid at 9:30	F	309	receiving dialysis will have the medication times and dialysis evaluated to assure delivery croutine medications. The resulthe audit will be presented to QAPI committee by SDC for 5 months.	time of their ult of	08/02/2013	OIV
	revealed the follow either 7:30 AM, 8:0 12:00 PM: Celexa Renvela 800mg 2 Renvela 2 tablets, were initialed and of had an "OOF" (of for the following da 06/07/2013, 06/10/ 06/17, 06/19/2013, During an interview 2:55 PM, she state Resident #64's modays because Res 6:15 AM. Nurse #1 MAR and circle he	nt #64's Medication cord (MAR) for June 2013 ving medications scheduled for 20 AM, 9:00 AM,11:30 AM or 10mg; Lopressor 100mg; tablets; Procardia 30mg, Reglan 5mg and Azopt drops circled as not administered or out of facility) written in the box 29:05/03/2013; 06/052013, 2013, 06/12/2013, 06/14/2013, 06/21/2013, and 06/24/2013.  W with Nurse #1 on 06/26/13 at add she did not administer orning medications on dialysis dident #64 left for dialysis at added she would sign the r initials to indicate the thadministered. Nurse #1						Olf

CENTER	S FOR MEDICARE 8	MEDICAID SERVICES				- (X3)-DATE	SURVEY	1
-STATEMENT-	OF DEFICIENCIES -	(X1) PROVIDER/SUPPLIER/CLIA	11.000000000000000000000000000000000000		ISTRUCTION		PLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING				
		345174	B. WING			06	/27/2013	
NAME OF PR	OVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			4014
1				1,5713 1000	CTORIA RD			SA.
ASHEVILL	E NURSING & REHAB	ILITATION CENTER		ASHE	VILLE, NC 28801			-
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FOLL		ID PREF TAC		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 309	Continued From pag	ge 28	F	309			ì	
× 100,0000		PM to 7:00 AM nurse would						
	report in the morning	g that the medications had		1			1	
	been administered b	out would not sign the MAR.						
	Nurse #1 also adde	d the medication times should		-				
	have been changed							ļ
				1				
	During a telephone	interview with Nurse #2 on	1	į				
	06/26/13 at 4:38 PM	1, Nurse #2 explained she		2				
	sometimes did and	sometimes did not administer						
	Resident #64's sche	eduled morning medications						
	(7:30 AM, 8:00AM a	and 9:00 AM) on his dialysis						
	days during her shif	t. Nurse #2 added she would						
	usually report to the	day nurse whether she had						
	given the scheduled	morning medications or not.				923	1	
	Nurse #2 also expla	nined there were times she						
	would not sign the it	MAR because she had remembered after the fact						4011
	torgotten and it she	norning nurse and inform her.					1	
				15				
	A telephone intervie	w was conducted with the					1	
	Medical Director (M	D) on 06/27/13 at 12:17 PM.					-	
	The MD stated he w	vas unaware Resident #64					į.	1
	was not receiving so	ome of his scheduled						
	medications due to	being out at dialysis. The MD						i i
	expressed he would	I have expected the staff to					i	
	have notified him th	at the Resident was not						
	receiving medicatio	ns on dialysis days. The MD			a see We			1
922-111	also added Resider	nt #64 has a diagnosis of					ĺ	j
	cardiovascular dise	ase and should have been	8					
	receiving his medica	ations to manage his B/P and		4				
	heart rate. The IVID	added he believed no harm						
	was done due to the	e Resident being clinically proughly review Resident						
	stable but would the	d to ensure there had been no						
		a to official this field was a						1
	impact.							
	During an interview	with the Director of Nursing			5			
	(DON) on 06/27/13	at 12:35 PM, the DON stated						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY			
	GORREGTION	IDENTIFIGATION-NUMBER:	A. BUILD	ING		CON	n LL ILD			
	345174		B. WING			00	6/27/2013			
	ROVIDER OR SUPPLIER LE NURSING & REHA	BILITATION CENTER		91 VICT	ODDRESS, CITY, STATE, ZIP CODE TORIA RD VILLE, NC 28801					
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES  (FACH DEFICIENCY MUST BE PRECEDED BY FULL.  PREFIX  (EACH CORRECTIVE ACTION STATEMENT OF DEFICIENCIES)		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE		
contacted the MD in medication times ch	age 29 spected the nurses to have immediately and have the changed to meet Resident DON added Resident #64	F	309	6.	*		OIF.			
	should have never	gone without his medications.			galler in the	nae				
	diagnosis to include quarterly Minimum documented Resident #79's me received dialysis of	vas re-admitted 04/22/13 with de end stage renal disease. A n Data Set dated 04/01/13 dent #79 was receiving dialysis. edical record revealed he on Monday, Wednesday and								
	order sheet reveal medications: Simethicone (gas tablet after meals	nt #79's June 2013 physician led orders for the following relief) 80miiligrams (mg) one at 9:00 AM, 1:00 PM, 6:00 PM			×					
	three times a day 12:00 PM and 5:0 Vistaril (anti-anxie hours at 6:00 AM, AM	tte binder) 800mg two tablets (tid) with meals at 8:00 AM, 0 PM ty) 25mg one capsule every 6 12:00 PM, 6:00 PM and 12:00 or times a day (qid) at 6:00 AM,	1 *	R	The same editions.	8		017		
	12:00 PM, 5:00 Pf Review of Resider administration rec revealed the follow 12:00 PM and 1:0 Renvela 800mg, N were initialed and	M and 10:00 PM.  ht #79's medication ord (MAR) for June 2013 ving medications scheduled for 0 PM: Simethicone 80mg; //istaril 25mg and Deep sea mist circled as not administered on 06//07/2013, 06/10/2013,		*						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	-(X-2) MUL	TIPLE GOI	NSTRUCTION	(X3)-DATE	SURVEY PLETED	Q17
	CORRECTION	IDENTIFICATION NUMBER	-A-BUILD	ING		- John	1,5120	
		345174	B. WING	-		06	/27/2013	
	OVIDER OR SUPPLIER	ILITATION CENTER		91 VIC	ADDRESS, CITY, STATE, ZIP CODE CTORIA RD EVILLE, NC 28801			
/10/12/11				AOTIL		STION	(X5)	-
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMPLETION	
F 309	Continued From page	ge 32	F	309				
Review of the Medication Administration Records for the month of June 2013 revealed Resident #15 had not received any milk of magnesium suspension, dulcolax suppository, or fleets					¥			
	enema. There was the physician had b	x suppository, or needs no documentation revealing een contacted regarding the month of June, 2013.	10 10 10	* • • • • • • • • • • • • • • • • • • •		es est	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	An interview was conducted on 06/27/2013 at 1:01 PM with Nurse Aide #4 (NA #4), who reported she worked regularly with Resident #15. NA #4 stated she sits Resident #15 on the commode every day after lunch and documented						No. of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	011
	on the computer ea stated Resident #15 constipated and had frequently during the	ch day he had a BM. NA #4 i gets very agitated when d shown signs of agitation e month of June. NA #4					A Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of	
	without a BM, the new 45 revealed Reside	esident #15 goes 3 days urse gives him a laxative. NA nt #15's BMs are consistently		3				
	extra large.		8	1				
	PM with Nurse #5, v	onducted on 06/27/13 at 1:03 who reported she worked						
	nurse aides did not #15 in three days, the	ent #15. Nurse #5 stated if document a BM for Resident ne computer would alert		· · ·	n mar en			
	nursing staff that the initiated. Nurse #5 2013 MAR and con-	e bowel protocol must be reviewed Resident #15's June firmed he did not receive any						
	prn medications for nurses and nurse a every bowel movem of a bowel moveme	constipation. She said all ides are told to document nent and if no documentation nt exists, they are to follow ocol for bowel movements.		1				Application from
	Nurse #5 also state	d Resident #15 shows signs onstipated and had shown					K K	our

		MEDICAID SERVICES	- ZYSEMILIT	TIPLE CONSTRUCTION		ATE SURVEY	
STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A. BUILDI			MPLETED.	
-AND PEAN OF	GURREUTON	345174	B. WING			06/27/2013	
_	OVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801	E		
(X4) ID PREFIX TAG	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ODOCC DEFEDENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	011
F 309	June. Nurse #5 had	quently during the month of no explanation for why not been noticed by nurses ot initiated bowel protocol for	; E3	309	reo i	122 Inc. 4 C 220 research 121	
F 412 SS=D	Nursing (DON) on ODON stated she expaides to follow the eall residents without revealed the bowel program of the provided states of Milk of Magne movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a dul bowel movement occurred was to receive a deffective in one shift notified immediately be documented in the administration reconnurse when comple 483.55(b) ROUTINE SERVICES IN NFS  The nursing facility an outside resource §483.75(h) of this provered under the Sential services to mediately must, if ne making appointment transportation to an	d in the computer by the ted.  E/EMERGENCY DENTAL  must provide or obtain from , in accordance with art, routine (to the extent State plan); and emergency neet the needs of each cessary, assist the resident in ts; and by arranging for d from the dentist's office; and residents with lost or	F	Resident #57 is schedule extraction on 7-29-13 value Longterm Care Associa #54 has been submitted Longterm Care Associa scheduling of a dental when a time is available.	with  Ite Inco. and  Ite to  Ites Inc. for  Extraction	08/02/2013	Olf

PRINTED: 07/12/2013 % FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MOLT	PEE CONSTRUCTION		NTE SURVEY
	CORRECTION	IDENTIFICATION NUMBER: 345174	B. WING _	G	(	06/27/2013
	ROVIDER OR SUPPLIER LE NURSING & REHA	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA RD ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
F 412	by: Based on observareview the facility dental care to 1 of #57).  The findings included Resident #57 was 06/23/2011 with disease dysphagistic convulsions.  The Annual Minim 06/20/2012 document long term mespeech. In additional ambulatory and refor personal hygie teeth. The MDS of for dental status the #57 had no dental Review of the Care 06/23/2011) last uproblem/Need in interventions in plus page for ADL.	ation, staff interview and record failed to provide recommended 2 sampled residents (Resident ded:  admitted to the facility on iagnoses of chronic kidney a, vascular dementia and the resident had short mory problems and unclear on, the resident was not equired extensive assisstance and course the which included brushing documented under the section that Resident I problems.  The Plan (origination date updated 06/19/2013; revealed no place for Oral Hygiene with ace. Observed at the bottom of care was handwritten "oral"	F4	On 7-17-2013 the DON au medical records to assure appointments for dental shave been completed. An appointment requiring scl will be completed by SW I 2013. The completed aud provided to MDS nurse for of the care plan by the DC 18-2013. On 7-22-2013 the clinical director will in-ser IDT on scheduling, follow documentation of dental the care plan.  An audit of the needed deappointments will be comweekly x8 weeks by the administrator for on going scheduling as needed. The will be reviewed at the Q committee by the administrator months.	services  y heduling by 7-18- it will be r updating ON on 7- he regional vice the up and needs in ental hpleted g e report API	08/02/2013
	undated.	PRN, Dentist PRN ", it was		1		
	On 06/25/2013 at observed sitting u	10:04 AM Resident #57 was p in his wheelchair watching TV				

in his room. When spoken to Resident #57 smiled and said "Yes"; at that time it was

STATEMENT OF DEFI		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
-AND-PLAN-OF-GORRE		IDENTIFICATION-NUMBER:	A BUILD			COMPLETED	
		345174	B. WING			06/27/2013	
NAME OF PROVIDER		ILITATION CENTER		91 VI	ADDRESS, CITY, STATE, ZIP CODE CTORIA RD EVILLE, NC 28801	2	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	4014	
Revie revea the or facility 09/14 teeth n 04/24 10/23 04/09	wed he had mine we of Resident led the following its Dentist way to Resident #1/2011: "Recoand better bruotreatment will be with the work of treatment will be with the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work of the work o	#57's medical record ing documentation written by then he provided care at the #57 on the following dates: immend removal of broken shing, no complaints and	F	412		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
On 06 Coord have would updat interv  On 06 Trans positit to ma for de she h make had s appoi  On 06 Socia seen for cle basis	dinator #1confidental care main turn have to the include of the entions to be proported from the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ention of the ent	30 PM interview with MDS rmed Resident #57 did not arked on his MDS which riggered the Care Plan to be dental care/oral hygiene out into place.  2:10 AM interview with the revealed she had been in this ears but had never been told 57 an evaluation appointment s. Further interview revealed old today, 06'27/2013, to an appointment and he now uly a dental evaluation  2:15 AM interview with the revealed Resident #57 had tist who came to the facility is admission on a regular popointment in Julý would be ferral to a surgical office that					917

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPLETED	1
	345174		B. WING		06/27/2013	
	OVIDER OR SUPPLIER	BILITATION CENTER	91 VI	ADDRESS, CITY, STATE, ZIP CODE CTORIA RD EVILLE, NC 28801	,	
(X4) ID PREFIX TAG	SUMMARY (FACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	N
E 412	Cartinual From pr	200 36	F 412			
F 412	extractions. On ful	recommended teeth rther interview the SW stated t #57 had mouth problems but		×		
	she had just misse	d sending him out.		op wowen		
	Director of Nurses onsite Dentist leav are collected by the to separate out tho up before they are filed on the charts. confirmed her expe	2:40 PM interview with the (DON) revealed once the es the facility the assessments e SW and she was responsible use that needed further follow given to medical records to be On further interview the DON ectations were the SW would ental recommendation as was				Oif
		3				
			1			
	Sec. 10.00 10.00 40.00		100 11	a ka jikewa nikewa		
					4 C C C C C C C C C C C C C C C C C C C	4317
	÷					