CENTERS FOR NEDICARE & MEDICALD SERVICES OMB NO.0383-0391 SIMPARY OF DEFORMENCES AND PLAN GE CORRECTION (D) PROVIDENT UNIVERSET (D) DOBES (D) CONSTRUCTION ADULING CONSTRUCTION ADULING CENTER - A SHEVILLE (D) CONSTRUCTION CONSTRUCTION CENTER - A SHEVILLE (D) CONSTRUCTION CONSTRUCTION SHEVEL DO CONSTRUCTION CONSTRUCTION CENTER - A SHEVILLE (D) PROVIDENT CENTER - A SHEVILLE SHEWER ADDRESS FLAW OF CORRECTION (EACH DEFICIENCY AND RESPECT OF TAG (D) PROVIDENT CONSTRUCTION CENTER - A SHEVILLE NOT CONSTRUCTION CENTER - A SHEVILLE (D) PROVIDENT CENTER - A SHEVILLE SHEWER ADDRESS FLAW OF CORRECTION (EACH DEFICIENCY AND RESPECT OF TAG (D) PROVIDENT CONSTRUCTION (EACH DEFICIENCY AND RESPECT OF TAG (D) PROVIDENT CENTER - A SHEVILLE DEFICIENCY (D) PROVIDENT CENTER - A SHEVILLE (EACH DEFICIENCY AND RESPECT OF TAG (D) PROVIDENT CENTER - A SHEVILLE DEFICIENCY (D) PROVIDENT CENTER - A SHEVEN CENTER (EACH DEFICIENCY AND RESPECT OF TAG (D) PROVIDENT CENTER - A SHEVEN CENTER -	DEPART	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVE							
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by: Based on record review, resident and staff interviews the facility failed to ensure 1 of 4 sampled residents was treated with dignity and respect (Resident #7).Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal/state laws require it.The annual Minimum Data Set (MDS) dated 08/11/14 indicated that Resident #7 was cognitively intact. The MDS further indicated Resident #7 required assistance from staff with transfers, bed mobility, toileting and bathing. The MDS also stated that personal preferences were very important to the resident.Preparation and/or execution of correction do not constitute admission or agreement by the provider of the truth of the facts and/or executed solely because the provision of federal/state laws require it.During an interview with Nurse Aide (NA) #1 on 09/11/14 at 2:36 pm she stated she had weeks ther monthy for 3 months. Delongings without asking his permission to do so. She further stated Resident #7 was crying and upset over the way the social worker had treated him.Preparation and/or execution op/11/14 atDuring an interview with Nurse #2 on 09/11/14 atCriteria 2- 100% audit of alert		manner and in an envelopment of the manner and in an envelopment of the manner and in an envelopment of the manner and the man	vironment that maintains or ent's dignity and respect in						
Resident #7 was admitted to the facility on 05/06/14 with a diagnosis which included sepsis, pressure ulcer, diabetes and hypertension.forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal/state laws require it. Criteria 1- Executive Director/ Director of Nursing Services/ Assistant Director of Nursing Services will monitor resident #7 required assistance from staff with transfers, bed mobility, toileting and bathing. The MDS also stated that personal preferences were very important to the resident.forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal/state laws require it. Criteria 1- Executive Director/ Director of Nursing Services/ Assistant Director of Nursing Services will monitor resident #7 to ensure residents respect of his individuality is honored weekly for the next 4 weeks and then monthly for 3 months. Executive Director/Director of Nursing/ will ensure that resident #7 has a voice in subsequent cleaning and removal of personal items weekly for 4 weeks then monthly for 3 months.During an interview with Nurse #2 on 09/11/14 atCriteria 2- 100% audit of alert		by: Based on record review, resident and staff interviews the facility failed to ensure 1 of 4 sampled residents was treated with dignity and			of this plan of correction do not constitute admission or agreement by the provider				
Resident #7 required assistance from staff with transfers, bed mobility, toileting and bathing. The MDS also stated that personal preferences were very important to the resident.Director of Nursing Services will monitor resident #7During an interview with Nurse Aide (NA) #1 on 09/11/14 at 2:36 pm she stated she had witnessed the social worker speaking harshly to Resident #7 and began packing up his belongings without asking his permission to do so. She further stated Resident #7 was crying and upset over the way the social worker had treated him.Director of Nursing Services will monitor resident #7During an interview with Nurse #2 on 09/11/14 atDirector of Nursing Services will monitor resident #7Director of Nursing Services will monitor resident #7During an interview with Nurse #2 on 09/11/14 atDirector of Nursing Services will monitor resident #7Director of Nursing Services will monitor resident #7During an interview with Nurse #2 on 09/11/14 atDirector of Nursing Services will monitor resident #7Director of Nursing weeks then monthly for 3 months.During an interview with Nurse #2 on 09/11/14 atCriteria 2- 100% audit of alert		Resident #7 was adm 05/06/14 with a diagn pressure ulcer, diabe The annual Minimum 08/11/14 indicated that	hitted to the facility on hosis which included sepsis, tes and hypertension. Data Set (MDS) dated at Resident #7 was		forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal/state laws require it. Criteria 1- Executive Director/	stant			
witnessed the social worker speaking harshly to Resident #7 and began packing up his belongings without asking his permission to do so. She further stated Resident #7 was crying and upset over the way the social worker had treated him.Assistant Director of Nursing will ensure that resident #7 has a voice in subsequent cleaning and removal of personal items weekly for 4 weeks then monthly for 3 months.During an interview with Nurse #2 on 09/11/14 atCriteria 2- 100% audit of alert		Resident #7 required transfers, bed mobilit MDS also stated that very important to the During an interview w	assistance from staff with y, toileting and bathing. The personal preferences were resident. //ith Nurse Aide (NA) #1 on		Director of Nursing Services will me resident #7 to ensure residents respect of his individuality is honored weekly for the next 4 weeks and then monthly for 3 months.	onitor			
During an interview with Nurse #2 on 09/11/14 at Criteria 2- 100% audit of alert		witnessed the social Resident #7 and bega belongings without as so. She further state and upset over the w	worker speaking harshly to an packing up his sking his permission to do d Resident #7 was crying		Assistant Director of Nursing will ensure that resident #7 has a voice in subsequent cleaning and removal of personal items weekly for 4 weeks then monthly for 3	ing/			
		_			Criteria 2- 100% audit of alert		(X6) DATE		

Electronically Signed

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 disclosable 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 disclosable 14 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.

10/03/2014

		MEDICAID SERVICES				NO. 0938-03
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				· · ·	OATE SURVEY	
		A. BUILDING				
		345010	B WING			C
	ROVIDER OR SUPPLIER	545010		STREET ADDRESS, CITY, STATE, ZIP CO		09/12/2014
NAME OF P	ROVIDER OR SUPPLIER			500 BEAVERDAM ROAD	JDE	
GOLDEN	LIVINGCENTER - ASHE\	/ILLE		ASHEVILLE, NC 28804		
0(0)E				•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPF DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 241	Continued From page	<u>م</u> 1	F 24	11		
		e entered Resident #7 ' s	F 24			
		medication and he was		and oriented residents by Executive Director/Director	of	
	-	sident #7 explained to him		Nursing/Assistant Director o		
		been rude to him and had		to ensure that no other resid	-	
		ngs without his permission.		has concerns regarding digr		
		id not hear the conversation		and respect of individuality		
	but he saw the end re			issues 1 time weekly for 4		
		Journ.		weeks and then monthly for	3	
	During an interview w	/ith Resident #7 on 09/11/14		months. In Addition, Execut		
		the facility social worker		Director/Director of Nursing/		
		raded " when she came into		Director of Nursing will ensu		
		backing his belongings		residents		
		n. He further stated that the		have a voice in		
		le and had a bad attitude		cleaning and removal of		
	when she came into t	the room. It upset him to the		personal items weekly for 4		
	point of making him c	ry and he was not a person		weeks then monthly for 3		
		#7 reported he did not say		months or as deemed neces	ssary by QAPI	
	anything to the social	worker at the time as he nted it to be over and have		Committe.		
	her out of his room.			Criteria 3- Executive Directo	vr/Director of	
				Nursing or Assistant Directo		
	During an interview w	vith the social worker on		perform 100% employee		
		reported she had spoke with		in-service/education on digr	nity and	
		g having to many belongings		respect of		
		s hospitalization. After his		individuality to be completed	d bv	
	return from the hospit	-		10/17/14. Also, Executive	3	
		resident 's room and told		Director/Director of Nursing	Services or	
	· ·	clean out his belongings as		Assistant Director of Nursing		
	it was unsanitary and unsafe. Social Worker			provide	-	
	further reported she had placed resident 's			education to Social Worker	on resident	
	belongings in a blue tote box and had called resident 's family to come and pick it up. She further reported that she did throw some of			rights, dignity, and respect of	of	
				individuality by 10/17/14 via		
				Learning Center and/or outs	-	
	Resident #7 's belongings away. The Social			-		
		went and apologized to		Criteria 4- The data gathere	d	
	Resident #7 the next	day because a staff		from the monitoring systems	6	
	member told her Res	ident #7 had been upset.		mentioned above will be bro	ought	
	She further revealed	she told Resident #7 she		to the monthly QAPI meeting	gs	
	was not upset with him but was upset with staff			through December 2014 or	until	

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Facility ID: 922979

If continuation sheet Page 2 of 3

		D HUMAN SERVICES MEDICAID SERVICES	-			FORM): 01/06/2015 1 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345010		B. WING			C 09/12/2014		
NAME OF PR	OVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN L	IVINGCENTER - ASHEV	ILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ASHEVILLE, NC 28804 ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) F 241 the QAPI Committee determines necessary. The QAPI Committee determines necessary. The QAPI Committee consists of: Executive Director, Director of Nursing Services, Assistant Director of Nursing Services, Medical Director, MDS Director, Business Office Manager, Director of Social Service, Director of Activities,		The QAPI Committee determines necessary. The QAPI Committee consists of: Executive Director, Director of Nursing Services, Assistant Director of Nursing Services, Medical Director, MDS Director, Business Office Manager, Director of Social Service, Director of Activities, Director of Maintenance, Director of Dietary Services, Director of Admissions, and Director of	LD BE COMPLETI	

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 3 of 3