DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR BUPPLIER THE LAURELS OF SUMMIT RIDGE SUMMARY STATEMENT OF DEFICIENCIES (PAGE 1) PROVIDER'S PLAN OF CORRECTION (PAGE 1) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (PAGE 1) PROVIDER'S PLAN OF CORRECTION (PAGE 1) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (PAGE 1) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY ON THE PROPERTY OF THE PROVIDER'S PLAN OF CORRECTION (PAGE 1) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY ON THE PREFIX TAG SUMMARY STATEMENT OF THE PREFIX TAG SUMMARY	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE SUMMARY STATEMENT OF DEPOISORS PREFIX TAG PREFIX TAG PREFIX TAG ASHEVILLE, NC 28806 PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG F 309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychoscolal well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to provide a protein supplement as ordered by the physician to one of three sampled residents reviewed for medication administration. (Resident #4) The findings included: Resident #4 was admitted to the facility 07/08/14 for intravenous (IV) antibiotic administration due to an infection from a prior hip replacement. The current care plan dated 07/21/14 included a problem area, At nutritional and dehydration risk due to diagnosis of infected left hip and underweight. Approaches to this problem area included, Obtain lab orders and report abnormal findings to physician. A review of the weight records noted Resident #4 weighed 89 pounds. A review of physician orders in the medical record Nurses will be retrained on proper	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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U//14/14 which included. ProStat (a protein and transcription) of physicians orders by			by: Based on medical re interviews the facility supplement as ordere three sampled reside administration. (Resident The findings included Resident #4 was adm for intravenous (IV) at to an infection from a The current care plan problem area, At nutr due to diagnosis of in underweight. Approa included, Obtain lab of findings to physician. A review of the weigh weighed 98 pounds of 08/04/14, Resident #4 A review of physician of Resident #4 noted	cord review and staff failed to provide a protein and by the physician to one of ints reviewed for medication lent #4) : iitted to the facility 07/08/14 intibiotic administration due prior hip replacement. dated 07/21/14 included a itional and dehydration risk fected left hip and ches to this problem area orders and report abnormal it records noted Resident #4 in admission 07/08/14. On it weighed 88 pounds. orders in the medical record a physician's order dated			of correction does not constitute admission or agreement by the provide 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 it is required by the provisions of Federand State law. Prostat order for resident #4 was clarificated with the physician. Resident #4 refuses Prostat (when the nurse attempted to administer it to him.) Physician notified refusal and order received to discontinue Prostat. The physician did not order another protein supplement at this time 100% chart audit for all residents have been completed to ensure any variance in physician order transciption have been addressed. Nurses will be retrained on proper procedures of monthly MAR changeover.	er of of use ed d l of ue es en	

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

08/26/2014

Electronically Signed 08/26

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 50.125			С	
		345438	B. WING _			08/07/2014	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP			
				100 RICEVILLE ROAD			
THE LAU	RELS OF SUMMIT RID	GE		ASHEVILLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	day. 30 cc of ProS provide 30 grams of A review of labwork Resident #4 noted twice a day handwr 07/14/14 which indimeasure of protein with the normal ran A review of the July Administration Reconted the ProStat was ordered by the part August 2014 MAR on the pre-printed Mut, there was a line entry beside the Pronurse that administ which was circled; been given. There MAR (in the area for the ProStat was not do 08/01/14 through the 08/07/14. There was addressing the Pro07/14/14. Review of electronic medical in no documentation in the side of the prostat was not do 08/01/14. Review of electronic medical in no documentation in the side of the prostat was not do 08/01/14. Review of electronic medical in no documentation in the side of the prostat was not do 08/01/14. Review of electronic medical in no documentation in the province of the prostat was not do 08/01/14. Review of electronic medical in no documentation in the province of	tat taken twice a day would for protein every day. In the medical record of the order for 30 cc of ProStat itten on a lab report dated cated depleted albumin (a stores) with a level of 2.80 ge of 3.4-5.0. In 2014 Medication for (MAR) for Resident #4 was not included on the MAR shysician. Review of the moted the ProStat was listed MAR to be given twice a day, the through the order. The daily postat revealed an initial of the ered medications on 08/01/14 andicating the ProStat had not was no explanation on the for explanation) to explain why the given to Resident #4. The cumented as given from the time of the investigation on the san of a physician's order stat since it was ordered on of nurses notes in the record of Resident #4 revealed telated to the ProStat.	F3	the DON or SDC. Charts will be reviewed da charge njurse for new phy and accuracy of transcript monitoring tool on an ongo auditing tool will be review mornign Cin-ops meeting Administrative nurses daily then weekly x 2 months to compliaance with transcript orders. In addition all new reviewed in ;morning Clin-Administrative nurses on a basis to ensure compliance. Findings will be reviewed in facility's quality assurance the next 3 months for com re-training or additional ed provided for any identified DON or other Administrative Continued compliance will through the monthly review orders by the consulting p through the facility's quality program with any variance addressed by the administration appropriate	aily by the 11-7 siccian orders ions using a QA bing basis. The red in the by the y x 4 weeks and a ensure of orders will be one by the an ongoing see monthly by the committee for opliance with lucation concerns by the ve nurses. I be monitored w of physician harmaccist and y assurance es being		
	Record of Resident 07/14/14 Underweig albumin. 07/24/14 Regular d related to poor app	progress notes in the medical #4 included the following: ght. Lab values noted low iet and is eating very little etite/pain. Does accept					

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		345438	B. WING		C 08/07/2014
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF SUMMIT RIDGE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 RICEVILLE ROAD ASHEVILLE, NC 28805	1 00/01/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETION
F 309	secondary to infected On IV Vancomycin (low 3.0. ProStat 30 to low albumin. Pro supplements, encouveight, skin, labs. 07/31/14 Weight doe 08/01/14 Weight deencouragement. On weekly weights. A review of lab resu Resident #4 noted that after the initial test of 07/14/14 albumin 2. range 07/21/14 albumin 2. range 07/28/14 albumin 2. range 08/04/14 albumin 2. range 08/04/14 albumin 2. range 08/04/14 albumin 2. range 08/04/14 argumin 2. range 08/04/14 albumin 2. range 08/04/14 albumin 2. range 08/04/14 argumin 3. range 07/28/14 argumin	post spacer placed left hip ed left hip hemiarthroplasty. In an antibiotic). Labs: Albumin cc twice a day added related vide preferences, continue trage intake and follow-up wn 89.4 pounds 07/30/14 clining despite MedPass and in ProStat. Will continue lits in the medical record of the following albumin levels on 07/14/14: 8 with 3.4-5.0 the normal 7 with 3.4-5.0 the normal 8 with 3.4-5.0 the normal PM the Director of Nursing ian orders, nurses notes, in progress notes in the esident #4 and could not Stat was not administered as #4. The Director of Nursing ing Unit Manager (over the 1#4 and the Nursing Unit did not know anything about	F 30	9	

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F 309	could not explain why included on the July Nurse #1 stated she ProStat to Resident # it. Nurse #1 stated s physician that Reside the one time it was o On 08/07/14 at 6:00 August 2014 physician orders for I August 2014. Nurse trained on how to recompared the July 20 the August 2014 MA could not speak with but most likely what I not see the ProStat ocrossed it off the August 2014 MA could not speak with but most likely what I not see the ProStat ocrossed it off the August 2014 MAR for omission of the ProS	y the ProStat was not 2014 MAR for Resident #4. remembered offering the #4 and the resident refused he should have informed the ent #4 refused the ProStat	F3	09			