PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938-0391

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
NAME OF PR	ROVIDER OR SUPPLIER	l	1	STREE	T ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2010
ASHEVILL	E NURSING & REHABIL	ITATION CENTER			TORIA ROAD VILLE, NC 28801		
(X4) ID PREFIX TAG			ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	Resident #96 smoked roommate used conticoncentrator. Thought transferred to another materials were allowed Resident #96 up throof from the facility on 03 Jeopardy was remove when the facility provacceptable credible a The facility remains of scope and severity of harm with potential for that is not immediate education and to ensint oplace are effective smoking. 483.75 (F490) at K Immediate Jeopardy Resident #96 smoked roommate used conticoncentrator. Thought transferred to another materials were allowed Resident #96 up throof from the facility on 03 Jeopardy was remove when the facility provacceptable credible at The facility remains of scope and severity of harm with potential for that is not immediate	r room on 02/05/15, smoking ed to be maintained by ugh the time of discharge 1/09/15. Immediate ed on 03/28/15 at 7:45 PM ided and implemented an illegation of compliance. Ut of compliance at a lower EE (a pattern, no actual or more than minimal harm, jeopardy) to complete ure monitoring systems put e related to resident began on 02/05/15 when in his room while the nuous oxygen via an oxygen in Resident #96 was room on 02/05/15, smoking ed to be maintained by ugh the time of discharge					
ADODATODY	DIDECTORIS OF PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNATUR))		TITI F		(X6) DATE

Electronically Signed 04/22/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C 03/28/2015	
	ROVIDER OR SUPPLIER E NURSING & REHABIL	ITATION CENTER	•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	Resident #96 smoked roommate used conticoncentrator. Thoughtransferred to another materials were allowed Resident #96 up throof from the facility on 03 Jeopardy was remove when the facility provacceptable credible at The facility remains of scope and severity of harm with potential for that is not immediate	began on 02/05/15 when d in his room while the nuous oxygen via an oxygen h Resident #96 was room on 02/05/15, smoking ed to be maintained by ugh the time of discharge 16/09/15. Immediate ed on 03/28/15 at 7:45 PM ided and implemented an illegation of compliance. Fe (a pattern, no actual or more than minimal harm, jeopardy) to complete ure monitoring systems put	F	0000			
F 159 SS=B	provided to the facility citation F-279, was as report. Event ID# OT. 483.10(c)(2)-(5) FACI PERSONAL FUNDS Upon written authoriz facility must hold, safe account for the perso deposited with the faci paragraphs (c)(3)-(8)	ation of a resident, the eguard, manage, and nal funds of the resident cility, as specified in	F	159			4/17/15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER LE NURSING & REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EAC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 159	funds in excess of \$ account (or accounts the facility's operatinal interest earned or account. (In pooled separate accounting) The facility must ma funds that do not except that do not except that assures a full araccounting, accordinaccounting, accordinaccounting principles funds entrusted to the behalf. The system must provide the individual finance through quarterly state the resident or his or the facility must not Medicaid benefits where it is account in the soll in the account in the acc	the 2 50 in an interest bearing s) that is separate from any of g accounts, and that credits n resident's funds to that accounts, there must be a for each resident's personal ceed \$50 in a non-interest crest-bearing account, or tablish and maintain a system and complete and separate ag to generally accepted as, of each resident's personal are facility on the resident's ceclude any commingling of acility funds or with the funds than another resident. The legal representative. The legal representative. The legal representative in the acches \$200 less than the are one person, specified in and) of the Act; and that, if the ant, in addition to the value of anonexempt resources, accurace limit for one person, the agibility for Medicaid or SSI.	F1	59				

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		345174	B. WING			C 03/28/2015	
NAME OF P	ROVIDER OR SUPPLIER	040174		STREET ADDRESS, CITY, STATE, ZIP CODE	03	0/28/2015	
NAME OF T	TOVIDER OR SOLT EIER			91 VICTORIA ROAD			
ASHEVILL	E NURSING & REHABIL	LITATION CENTER		ASHEVILLE, NC 28801			
(V4) ID	QI IMMADV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRE	CTION	(YE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 159	Continued From page	e 3	F 15	9			
	This REQUIREMENT by:	is not met as evidenced					
	Based on record rev Business Office Mana	iew and interview with the ager the facility failed to esident with greater than rust account.		"This plan of correction is the factoredible allegation of compliance Preparation and executive of this correction does not constitute addressed or agreement by the provider of the factored by the provider of the factored by the factored	plan of mission he truth		
	The findings included	l:	of the facts alleged or conclusions se forth in the Statement of Deficiencies The plan of correction is prepared or		cies.		
	Record review revealed Resident #52 had a balance greater than \$2000.00 in the resident trust account for the past 3 months. 01/31/15 end of month balance for Resident #52=\$2027.51 02/28/15 end of month balance for Resident #52=\$2081.51 03/28/15 end of month balance for Resident #52=\$2130.51			executed solely because it is required provisions of federal and state law	uired by		
				The facility wtth written authoriza resident will hold, safeguard, mar account for the personal funds. Fexcess of \$50 will be held in an in bearing account that is seperate	nage and Funds in nterest from any		
	Manager (BOM) state trust account the end business office employed with the facility. The were problems with the The BOM verified the Resident #52 was Me	edicaid. The BOM stated		facility operating accounts. The facility operating accounts. The facility as seperate interest bearin account. Quarterly statements will given to the resident or his or her designee. The facility will notify earesident when they are witin \$200 allowed limit if they are a Medical reciepient.	funds by g II be ach O of the		
	in his resident trust a being made to addres stated she was not a greater than \$2000 ir in the resident trust a and was aware the co	palance greater than \$2000 ccount and efforts were as the concern. The BOM ware Resident #52 had a the end of month balance ccount the past 3 months balance and the should be addressed bonsible party. The BOM		Resident #52 balance is \$1679.0 All resident balances were check ensure that no resident is over th limit or within \$200 of the allowed Quarterly statements were mailed 15, 2015.	ed to e allowed l limit.		
	stated she usually no			The BOM and Administrator will r	eview 2		

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F 161 SS=B	PERSONAL FUNDS	\$1500-\$1700.	F 15	times per month the balances in each resident trust account to ensure that no account is over the allowed limit or with \$200 of the allowed limit which could affect their Medicaid or SSI eligibility. resident or responsible party will be notified by the BOM or Social Worker or a phone call and documented on the account if the account is nearing the limit that would affect Medicaid or SSI eligibility. Efforts will be made to work with the resident or responsible party to educate them on items that the resider may need purchased. The BOM will present to the QA committee the results of the audits each month to the QAPI committee for a per of 3 months.	nin The with mit o nt	
	otherwise provide ass Secretary, to assure to funds of residents dep This REQUIREMENT by: Based on interview we Manager and review of record review the facila adequate coverage in	the surety bond for 3 of 4 er 2014-February 2015.		The facility will maintain a surety bond all personal funds of residents deposite in the facility. The bond was increased from \$30,000 \$50,000 on 4/1/2015. The CFO will be notified monthly by en	ed I to	

		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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F 161 F 253 SS=D	Business Office Mana 2:34 PM covered \$30 Review of the end of resident trust accoun 2014-February 2015 follows: November balance=\$ December balance=\$ January balance=\$ January balance=\$ On 03/28/15 at 2:34 Itaken over the reside January when a form terminated employme BOM stated she knew the resident trust acc surety bond did not p amount of monies in 3 of the past 4 month 483.15(h)(2) HOUSE MAINTENANCE SEF	arety bond provided by the ager (BOM) on 03/28/15 at 0,000. month balance in the ts from November noted the balance as 333,804.39 34,013.90 4,919.98 19,835.33 PM the BOM stated she had nt trust account the end of er business office employee ent with the facility. The v there were problems with ount but was not aware the rovide full coverage for the the resident trust account for s. KEEPING & RVICES	F1	correspondent in the surety by The BOM will balances in earthat it does not amount. The E Administrator resident trust. The Administrator reviewed and month. The Administrator to the QAPI confor a period of	review monthly the ach resident trust to ensure to ensure to ensure the ach resident trust to ensure the ensure that the ensure the ensure that the end CFO the balance in eversus the bond amount. The ensure that it has being in compliance each ensure that the ensure that the ensure that it has being in compliance each ensure that the ensure that th	ee. Its assis	4/17/15	
	by: Based on observation facility failed to secur sampled bathrooms a tiles for 1 of 5 sample. The findings included			maintenance s maintain a sar comfortable in	ill provide housekeeping services necessary to nitary, orderly, and nterior. 2 has been scraped,	and		

OLIVILIY	OT OIL MEDIO, IILE &	WEDIO/ ND OLIVIOLO				<u> </u>	7. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE	SURVEY
			71. 501251	_		1	С
		345174	B. WING				28/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2010
				9.	1 VICTORIA ROAD		
ASHEVILL	E NURSING & REHABIL	ITATION CENTER		А	SHEVILLE, NC 28801		
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F 253	Continued From page	e 6	F	253			
	at 4:00 PM. The follo		'	200	prepped, and painted. The toilet has b	neen	
	concerns were obser	_			secured to the floor. The moist black	CCII	
		2 on the 100 hall, paint was			debris has been removed at the base	of	
		ed, peeled, and chipped in			the toilet and it has been recaulked.		
		coilet was observed to be					
	,	chment to the floor and			Shower room 6 has been fully converte	ed	
	easily moveable 2 to	4 inches to the left and to			to a storage room.		
	,	, there was moist, black					
	debris around the base of the toilet.				Room 211 toilet has been secured to t	Э	
		on the 200 hall, the toilet			floor.		
		posened from its attachment					
		moveable 2 to 4 inches to			Room 212 ceiling tiles have been insta	illed	
	the left and to the righ	nt. om in room 211, the toilet			and no cords are visible or exposed.		
		posened from its attachment			Room 212 bathroom exhaust fan work		
		moveable 2 to 4 inches to			has been completed.		
	the left and to the righ				ndo been completed.		
	_	om in room 212, a ceiling tile			All staff were re-educated by the DON	and	
		ceiling and a black cord			RN Supervisor from March 28, 2015 to		
	with a plug was obse	rved to be hanging down			April 16, 2015 on reporting items in ne	ed	
	from the ceiling 10 to	12 inches.			of repair by entering them in the		
	An interview was con	ducted with the Maintenance			maintenance work order book at each		
		at 4:20 PM. He stated he			nursing station. The education has bee	en	
		loose toilets or the bubbled,			added to the orientation process.		
		paint. He explained he was			The Maintenance Discrete and Assista	4	
	replacing a bathroom				The Maintenance Director and Assista		
		t yet completed the project. ector stated the facility was			are completing an audit tool 1-2 times week in all rooms and shower rooms	ρ σ ι	
		pleting upgrades as quickly			ensure that toilets remain secure, vent	9	
	-	d immediately secure the			and ceiling tiles are in place, escheute		
		e explained staff were to put			plates, call lights are operational, A/C		
		nance book located at the			covers in place, wall in good repair, do	or	
	200 hall nurses' station	on.			closes and latches, there are no door		
	An interview was con	ducted with the			obstructions preventing closure, and		
		7/15 at 4:52 PM. She			oxygen signs are in place.		
		a plan to update the building,					
	and the plan was bein				The facility has a room painting sched		
	Maintenance Director				that includes rooms, door jambs, show	er	
	Maintenance Director. The Administrator				rooms, halls, and corridors.		

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	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	, 00.20.20.10
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F 253		cluded new paint and new ated the toilets would be	F 25	The audit tool is reviewed weekly by Adminsrator and Director of Maintent to ensure compliance. The Maintenance Director will report monthly the results of the audit to the	ance
F 279 SS=E	COMPREHENSIVE A facility must use th	CARE PLANS e results of the assessment nd revise the resident's	F 27	QAPI committee for a period of 3 mo	4/17/15
	plan for each resider objectives and timeta medical, nursing, and	elop a comprehensive care at that includes measurable ables to meet a resident's dimental and psychosocial fied in the comprehensive			
	to be furnished to att highest practicable p psychosocial well-be §483.25; and any se be required under §4 due to the resident's	ing as required under rvices that would otherwise .83.25 but are not provided exercise of rights under e right to refuse treatment			
	by: Based on observation resident and staff into	Γ is not met as evidenced ons, record review, and erviews, the facility failed to at care plans for 10 of 17		The facility will use the results of the assessment to develop, review and rethe residents comprehensive plan of	evise

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345174	B. WING				28/2015
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F 279	#36, #44, #47, #73, # #131). The findings included The facility Smoking administrator on 03/2 admission packet) wi and 01/08/15 include -All residents that decassessed upon adminication as needed), for level determine if the resident restrictions, if any, wi resident's smoking properties of the determination as Based upon the smore resident may be requisively apron and the reside Information regarding including restrictions, resident's care plan. 1. Resident #96 was 04/16/14 with diagnoral and tobaccos Minimum Data Set (Nassessed Resident #1 impairment. The Smoking Policy states of the service of	no smoked. (Residents #23, #86, #91, #96, #126 and EPolicy (provided by the #5/15 from the facility th revisions dated 01/01/13 d the following: sire to smoke will be ssion, quarterly, and PRN el of safety awareness to ent is responsible, and what II need to be placed on the rivileges. plinary team will then make to the above. Oking assessment, the lired to wear a smoking int care plan will be updated. In g smoking privileges, will be documented in the admitted to the facility on ses which included history of abuse. The most recent MDS) dated 01/21/15 96 with no cognitive	F	279	Our care plans will include measureable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that have beet identified in a comprehensive care plant. The DON and RN Supervisor/Clincal Coordinator educated the staff on the smoking policy from March 28, 2015 to April 16, 2015. The smoking policy has been added to the orientation of new st No one was allowd to work untilt they have completed the education on the smoking policy. Resident #96 no longer resides at the facility. Resident #73 has had a safe smoking data collection tool completed and has been deemed a "safe smoker". Her caplan is reflective of the safe smoker designation. The resident is able to ke cigarettes in her room and is not require to lock them in any box or area of the room. The resident has signed the safe smoking policy and is aware of the guidelines to safe smoking. The resider is not allowed to keep any lighting materials in the room including lighter, butane, matches or other lighting materials.	re ep ed	
	available on the resid				Resident #86 has had a safe smoking data collection tool completed and is deemed an "unsafe smoker". His care		

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				91	1 VICTORIA ROAD			
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F 279	Continued From page	e 9	F:	279				
		On 03/25/15 at 12:43 PM			plan reflects the "unsafe smoker"			
		d smoking assessments			designation. The resident is not able to)		
		dmission, quarterly and as			keep cigarettes, lighter or any other			
	needed. MDS Nurse	# 1 checked the resident's			smoking items in the room or on his			
	closed medical record	d and electronic medical			persons. The resident has signed the			
	record on 03/26/15 at	t 10:35 AM and confirmed a			"unsafe smoker" policy. The resident is			
	_	had not been done on			supervised by assigned staff members	at		
		Nurse #1 did not know why a			designated smoking times and in the			
	smoking assessment had not been done designated smoking area in the front throughout his stay at the facility. designated smoking area in the front courtyard of the facility. The resident is							
	throughout his stay a	t the facility.			courtyard of the facility. The resident is			
	A care plan for Decid	ant #06 datad 09/06/14 and			supervised by facility staff when rolling own cigarettes with the machine and	nis		
	-	ent #96 dated 08/06/14 and 9/15 did not address the			loose tobacco. The items needed to re	JI		
		nd/or smoking cessation.			his own cigarettes is kept in the locked			
	_	Plan conferences completed			office of the Activty Department. All			
		28/15 both indicated Resident			cigarettes that are rolled are then put in	ı		
		vised. On 03/27/15 at 5:13			the secure smoking storage container			
		ated she could not explain			the 200 hall med room.			
	why the care plan for	Resident #96 did not						
	address smoking.				Resident #131 had a safe smoking dat	а		
					collection tool completed and is deeme	d		
		s admitted to the facility on			an "unsafe smoker". His care plan			
		ses which included chronic			reflects the "unsafe smoker" designation	n.		
		y disease. The admission			The resident is not able to keep			
		MDS) assessment dated			cigarettes, lighter or any other smoking			
	03/10/15 assessed R	and indicated Resident			items in the room or on his persons. T resident has signed the "unsafe smoke			
	#126 used tobacco.	and indicated Nesident			policy. The resident is supervised by	1		
	#120 docu tobacco.				assigned staff members at designated			
	A "Safe Smoking Nee	eds Assessment" completed			smoking times and in the designated			
	_	ndicate any needs or issues			smoking area in the front courtyard of t	he		
	with Resident #126 re				facility. The smoking supervisor assists			
		-			this resident with smoking since he is			
		signed on admission by			unable to hold his cigarette. The resident	ent		
		/03/15 noted smoking			does request to wear a smoking apron			
	material would not be	e kept in the resident's room.			eventhough not required to since he is			
					supervised by staff. The care plan			
		ent #126 dated 03/14/15			reflects the resident choice to wear a	1		
	included a problem a	rea that stated: "I am safe		- 1	smoking apron at this time. The care r	lian	1	

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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ACHEVII I	E MUDEING & DELIAD	ILITATION CENTER		91	1 VICTORIA ROAD			
ASHEVILL	E NURSING & REHAB	ILITATION CENTER		Α	SHEVILLE, NC 28801			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (
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F 279	Continued From page	ge 10	F 2	279				
	-	proaches to this problem area			will be revised based on the resident			
		ny visitors about the smoking			choice regarding wearing a smoking			
		Safe Smoking Assessment to			apron.			
		eeds while smoking, Ensure			aprom.			
		e party understand the facility			Resident #23 had a safe smoking data			
	Smoking Policy.	o party arraorotanta ano raomity			collection tool completed and is deeme			
					an "unsafe smoker". His care plan			
	On 03/25/15 at 11:4	4 AM an interview with			reflects the "unsafe smoker" designation	n.		
	Resident #126 in he	er room revealed she kept her			The resident is not able to keep			
	cigarettes and lighte	er in an unlocked drawer in			cigarettes, lighter or any other smoking			
	her nightstand. Res	ident #126 opened the drawer			items in the room or on his persons. T	he		
	of the nightstand and showed the surveyor her				resident has signed the "unsafe smoke	r"		
	cigarettes and lighter. The roommate of Resident				policy. The resident is supervised by			
		with continuous oxygen in			assigned staff members at designated			
		lla which was attached to an			smoking times and in the designated			
	oxygen concentrato				smoking area in the front courtyard of t facility.	he		
		PM the Director of Nursing						
		or and MDS Nurse #1 stated			Resident #36 has had a safe smoking			
	-	the Smoking Policy signed by			data collection tool completed and has			
		ission 03/03/15 included			been deemed a "safe smoker". Her ca	re		
	•	ould not be kept in the			plan is reflective of the safe smoker			
		OS Nurse #1 stated the care			designation. The resident is able to ke			
	•	esident was a safe or unsafe			cigarettes in her room and is not requir	ea		
		histrator and DON stated they			to lock them in any box or area of the			
		oking materials unsecured in nd the expectation was for			room. The resident has signed the safe smoking policy and is aware of the	;		
		eir smoking material in a			guidelines to safe smoking. The reside	nt		
	secure area of their	——————————————————————————————————————			is not allowed to keep any lighting	ill		
	Scould area of tileli	TOOTH.			materials in the room including lighter,	ĺ		
	3 Resident #73 was	s admitted to the facility on			butane, matches or other lighting mate	rial		
		oses which included chronic			Satario, matorios or otrior lighting mate	idi.		
	_	ary disease and depressive.			Resident #44 has had a safe smoking	ĺ		
		num Data Set (MDS)			data collection tool completed and has			
		03/03/15 assessed Resident			been deemed a "safe smoker". His car			
		re impairment. The MDS			plan is reflective of the safe smoker	ĺ		
	indicated Resident				designation. The resident is able to ke	ep		
		,5			cigarettes in his room and is not require			
	A "Safe Smoking Ne	eeds Assessment" completed			to lock them in any box or area of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C 03/28/2015	
NAME OF PE	ROVIDER OR SUPPLIER	0.0.7.1	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO	•	J3/20/2015	
TVAINE OF T	COVIDEIX OIX OOI I EIEIX			91 VICTORIA ROAD	,DL		
ASHEVILL	E NURSING & REHABIL	ITATION CENTER		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE	(X5) COMPLETION DATE	
IAO			ino	DEFICIENCY			
F 279	Continued From page		F 2	79			
	on 02/25/15 did not in with Resident #73 rel	ndicate any needs or issues ated to smoking.		room. The resident has sign smoking policy and is aware guidelines to safe smoking.	e of the		
	The Smoking Policy s Resident #73 on 02/2	signed on admission by		is not allowed to keep any lighter materials in the room including	ghting		
		kept in the resident's room.		butane, matches or other lig			
	revealed an order dat	73's physician's orders ted 02/24/15 for oxygen at 1 to keep oxygen saturation		Resident #91 has had a safe data collection tool complete been deemed a "safe smoke plan is reflective of the safe designation. The resident is	ed and has er". His care smoker		
	included a problem a "Resident is at risk fo activity due to potenti	ent #73 dated 03/08/15 rea that stated: r injury related to smoking al for seizure." Approaches ncluded: Resident must		cigarettes in his room and is to lock them in any box or a room. The resident has sign smoking policy and is aware guidelines to safe smoking.	not required rea of the led the safe of the		
	smoke in designated designated times, Re apron while smoking			is not allowed to keep any lig materials in the room including butane, matches or other lig	ghting ing lighter,		
	for poor safety and re	king habits and behaviors eport, document and assess.		Resident #47 had a safe sm collection tool completed an an "unsafe smoker". His ca	d is deemed re plan		
	observed sitting outsi smoking area with oth	ner residents. Resident #73		reflects the "unsafe smoker" The resident is not able to k cigarettes, lighter or any oth	eep er smoking		
	the observation and hand. No staff member	noking apron at the time of nad a lit cigarette in her er was present with the		items in the room or on his president has signed the "uns policy. The resident is super	safe smoker" rvised by		
		with Resident #73 on I about the smoking apron, she had been assessed as		assigned staff members at c smoking times and in the de smoking area in the front co facility.	esignated		
	safe for smoking and smoking apron.	didn't need to wear a		Supervised residents will no to wear a smoking apron du supervised smoking.	•		
	On 03/25/15 at 11:40	AM Resident #73 stated					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	0.40114		STREET ADDRESS, CITY, STATE, ZIP O		/28/2015	
NAME OF FI	ROVIDER OR SUFFLIER				JODE		
ASHEVILL	E NURSING & REHABII	LITATION CENTER		91 VICTORIA ROAD ASHEVILLE, NC 28801			
				·		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 279	Continued From pag	e 12	F 27	79			
	nightstand or in her ja stated: "We have a lo I figure if they can't s	es and lighter locked in her acket pocket. Resident #73 ot of people who wander and ee them they won't bother		Care plans for all residents updated at least quarterly l frequently if there is a sign	but more		
	them." An oxygen co cannula attached wa and Resident # 73 st except when she wer was getting ready to An interview with Nur PM revealed she was provide care for Resi Resident #73 used the she was in her room room was to go smole On 03/25/15 at 6:39 (DON), Administrator they were unaware the the resident on admis smoking material wo resident's room. MD	oncentrator with nasal is observed beside the bed ated she used it all the time intoutside to smoke and she go outside to smoke. The set of th		Resident smoking care plat brought to the morning deprenanager meeting for reviet basis or more frequently if The MDS/Care Plan Nurse the smoking compliance beto be reviewed at the morning manager meeting. The Administrator and DOI with the MDS nurse on a wand more frequently if necessident care smoking care. The MDS/Care Plan team monthly calendar with the residents that will have upoincluding care plans.	partment w on a weekly necessary. e will maintain inder that will g department N will review weekly basis essary all e plans. will put out a names of all the dates due		
	smoker. The adminishad never seen smolaresident's room and residents to keep the secure area of their roon 03/27/15 at 6:30 she was unaware the included an intervent was unclear if the smale. Resident #86 was 06/21/14 with diagno	PM MDS Nurse #1 stated e care plan for Resident #73 ion for a smoking apron and noking apron was indicated. s admitted to the facility on uses including tobacco use. led a physician's order dated as needed (PRN) for		The MDS/Care Plan nurse monthly for a period of 3 m plans that are associated wresidents.	onths all care		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345174	B. WING			C	
	ROVIDER OR SUPPLIER LE NURSING & REHAE		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801			03/28/2015	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY 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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 279	Continued From pa	ge 13	F 27	79			
	The Smoking Policy Resident #86 on 06 material would not 1 The most recent M 03/23/15 coded Rewith no mood or be used tobacco. A care plan dated of Resident #86 api unauthorized areas and complaints fror visitors. This care pto continue the prot was updated becaus in the building. App Resident #86 to sm with verbal reminder apron. Review of a "Safe Sfor Resident #86 da Resident #86 had of the intervention ind a smoking apron. On 03/25/15 at 9:50 observed seated in The resident said hobservation of his oplastic bag of loose rolling cigarettes. In his own cigarettes a lighter in his room. Smoke he wears an On 03/25/15 at 12:4 staff who assess reand watch resident safe smoker based their cigarette, extir they dropped ashes	y signed on admission by 1/21/14 noted smoking be kept in the resident's room. Inimum Data Set (MDS)dated sident #86 as cognitively intact havior problems and that he 1/0/19/14 identified a problem at to smoke cigarettes in secondary to disorientation on other residents, staff and olan was updated on 01/07/15 olem and again on 02/16/15 it use Resident #86 had smoked proaches included to allow oke in designated areas only one in the secondary to put on a smoking secondary to put on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345174	B. WING			1	C 28/2015
	ROVIDER OR SUPPLIER			91 VI	ET ADDRESS, CITY, STATE, ZIP CODE CTORIA ROAD EVILLE, NC 28801	1 03/	20/2013
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 279	there had been any mental status, med physical changes a resident's ability to On 03/25/15 at 1:2: observed to go out When he arrived at observed to pick up back of the chair ne material side out ar material out. Obse directly supervising assist Resident #86 with the retardant s On 03/25/15 at 6:1-0 observed coming doutside to return to had his smoking manswered yes and cigarettes and light pack was empty be cigarettes. On 03/25/15 at 6:3-10 (DON), Administrat they were unaware the resident on administration of the resident of	quarterly and done again if a change in the resident's ication changes, reports of and unsafe behaviors affecting smoke. 3 PM Resident #86 was to the courtyard to smoke. the table to smoke he was a smoking apron lying on the ext to him and put it on with the and not the shiny retardant revation revealed no staff the smokers or available to to to put the smoking apron on ide out. 4 PM Resident #86 was own the hall from smoking his room. He was asked if he aterials with him and he showed his empty pack of er. He stated that his cigarette excause he needed to roll more. 9 PM the Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by mission 06/21/14 included rould not be kept in the DS Nurse #1 stated the care esident was a safe or unsafe nistrator and DON stated they oking materials unsecured in and the expectation was for neir smoking material in a	F	279			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 33/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 279	Resident #86 had hi that she was not aw Resident #86 not put MDS Nurse #1 state February 2015 where the facility he was stated because he could light his cigarette and wo prevent a burn from Nurse #1 stated Resertain smoking mater On 03/26/15 at 10:4 tobacco was observed a box, and his rolling the over bed table we table from the mach not have a locking distated he had not as 5. Resident #131 we 03/13/15 with diagnous visually impaired and The smoking policy Resident #131 on 03 material would not be 15 most recent Mir 03/20/15 coded Resident #131 at smoking activity to it must have direct sup most recent with must have direct sup m	n. MDS Nurse #1 stated sown personal apron and are of any instances of titing his apron on correctly. It after the incident in a Resident #86 smoked inside ill considered a safe smoker ght his cigarette, extinguish are a smoking apron to ashes. For this reason, MDS sident #86 was allowed to trial in his room. 5 AM Resident #86's loose and stored in a plastic bag, in a machine was observed on with tobacco spilled out on the line. The bedside dresser did rawer and Resident #86 sked for a lock for the drawer. as admitted to the facility on oses including quadriplegia,	F 279			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		345174	B. WING				C
NAME OF D	DOVIDED OD CUIDDUED	345174	D. WING		ATDEET ADDRESS CITY STATE ZID CODE	03/	28/2015
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHEVILL	E NURSING & REHA	BILITATION CENTER			11 VICTORIA ROAD		
				,	ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	Continued From pa	age 16	F	279			
	and behaviors for p	poor safety and report,					
		ess his ability to maintain					
		ing, ensure he smokes in					
		only and wears a smoking					
	apron and resident	's smoking materials were to					
	be maintained by fa	acility staff at all times.					
		Smoking Needs Assessment"					
		dated 03/25/15 noted resident					
		range of motion in arms and					
		fine motor skills needed to					
		ops ashes on self and unable					
	· ·	xtinguish cigarette. The					
		Resident #131 required use of					
	cigarette.	nd for staff to extinguish his					
		05 AM Resident #131 was					
	_	sisted by staff out to resident					
		g area. Staff was observed to					
		's cigarette, place the cigarette					
		ve the cigarette from the flick the ashtray,					
		rette back in Resident #131's					
	mouth.	ette back in Nesident #1515					
		5 PM Resident #131 was					
		his wheel chair, in his room,					
		to a doctor's appointment. He					
	_	ave a pack of cigarettes lying					
		lighter located in the					
	cellophane cover o	f the cigarette pack. He stated					
	he would put his cig	garettes and lighter in his top					
		de table before he left for the					
		nt. Observations of Resident					
		sser revealed there was no					
		An oxygen sign was on the					
		t #131's room and the					
		ent #131 was wearing a nasal					
		en being provided via an					
	oxygen concentrate						
	On 03/25/15 at 5:0	5 PM a cigarette pack and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801			
(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 (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 279	Continued From pag	e 17	F 2	279		
	table of Resident #1: splints on both hand wearing a nasal can provided via an oxyg On 03/25/15 at 6:39	d stored on the over bed 31. Resident #131 had s and his roommate was hula with oxygen being ten concentrator. PM the Director of Nursing or and MDS Nurse #1 stated				
	they were unaware the resident on admission material working material woresident's room. ME plan indicated if a re	he Smoking Policy signed by ssion 03/13/15 included ould not be kept in the S Nurse #1 stated the care sident was a safe or unsafe				
	had never seen smo a resident's room an	strator and DON stated they king materials unsecured in d the expectation was for eir smoking material in a room.				
	conducted with the A had recently been hi over the Smoking Posmoke at the end of said all residents sig reported residents hinurse will complete a determine if they car	n keep their smoking				
	On 03/27/15 at 5:13 conducted with MDS explain why Resider and lighter in his roo supervised smoker a what was in his care 6. Resident #23 was 09/01/03 with diagnoand history of tobacc	and it was inconsistent with plan. s admitted to the facility on under the second control of the second contro				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \ \	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	343174		STREET ADDRESS, CITY, STATE, ZIP CO		3/28/2015	
TO WILL OF T	TO VIDEN ON OUT FEET			91 VICTORIA ROAD	<i>5</i> 2		
ASHEVILI	E NURSING & REHABI	LITATION CENTER		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 279 Continued From page		e 18	F 2	79			
	04/29/13 noted smoke kept in the resident r	ring material would not be oom.					
	03/02/15 assessed Fintact with moderated annual MDS dated 1 tobacco. Review of a "Safe Sidated 05/24/13 for Ridiminished fine motohold his cigarette, he and he must wear a the "Safe Smoking Night dated 03/25/15 revea A care plan dated 12 03/02/15 identified a risk for injury related Approaches included smoking apron, educ of smoking, evaluate level per policy to desmoker or unsafe smon 03/25/15 at 1:06 observed seated in hand he had a pack of was holding his lighted stated he kept his cig room because he was Resident #23 also in smoking apron. On 03/25/15 at 1:22 observed outside un area. He was smoking apron on. On 03/25/15 at 6:15 observed coming do outside in the design	/08/14 and updated on problem of Resident #23 at to cigarette smoking. It supervision and use of a cation on the danger/hazards the resident for smoking termine if he was a safe					

C 3/28/2015
3/20/2010
(X5) COMPLETION DATE

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY PLETED
		345174	B. WING _				C 28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA ROAD ASHEVILLE, NC 28801	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 279	o2/09/15 coded Resi with no mood or beh tobacco. A care plan dated 11 02/24/15 identified a at risk for injury relat Approaches included smoke in designated encourage her to we smoke breaks becaus moking and has a hresidents cigarettes. approach included thand lighter must be locart. Review of the "Safe Assessment" dated or revealed no problem On 03/25/15 at 10:56 observed seated in hocourtyard with several smoke break with no #36 was observed si apron on. Interview time revealed she ke in her locked dresser On 03/25/15 at 11:52 observed going to he smoked. Resident #cigarette and lighter during waking hours.	imum Data Set (MDS) dated dent #36 as cognitively intact avior problems and use of //24/14 and reviewed problem Resident #36 was ed to cigarette smoking. If to allow Resident #36 to smoking areas only, to ar a smoking apron during use she nods off while history of lighting other. In addition, another hat Resident #36's cigarettes tocked up on the smoking. Smoking Needs 03/25/15 for Resident #36 s. AM Resident #36 was her wheel chair out in the east other residents during the east staff supervision. Resident moking with no smoking with Resident #36 during this ept her cigarettes and lighter of drawer in her room. PM Resident #36 was her room after she had as room after she had as reported she kept her in a case on her wheelchair. Resident #36 stated she and lighter in the drawer on	F 2	279			
		PM the Director of Nursing rand MDS Nurse #1 stated					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDIN		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA ROAD ASHEVILLE, NC 28801	DE	00/20/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 279	the resident on admismoking material wo resident's room. MD plan indicated if a resident. The adminishad never seen smoda resident's room and residents to keep the secure area of their residents.	ne Smoking Policy signed by ssion 04/29/13 included uld not be kept in the S Nurse #1 stated the care sident was a safe or unsafe strator and DON stated they king materials unsecured in d the expectation was for ir smoking material in a oom.	F2	279			
	conducted with MDS did not realize the ca included an approach be locked in the smo apron. 8. Resident #44 was 11/06/14. Diagnoses pulmonary disease, i spinal cord injury. An annual Minimum 10/10/14 indicated R quarterly MDS dated resident was cognitive. The Smoking Policy 11/07/14 noted smok kept in the resident's A review of the care 03/12/15 identified a #44 wishing to smok to keep the resident supervision while sme cigarettes and lighter a smoking schedule. identify a need for Resmoking apron.	signed by Resident #44 on ing material would not be room. Dan revised 09/03/14 and problem area of Resident e cigarettes. The goal was safe through the next review. d providing one-on-one oking, nursing to keep in a safe area, and to create The care plan did not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C 03/28/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO. 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	3/20/2015	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 279	and no nursing interaction to wear a smoking at 2.44 observed smoking of smoking area. He wapron and was not be member. Resident #44 was in 12:49 PM. He stated whenever he wanted cigarettes and lighted the right side of his word the bag revealed alighter were clearly was 100 (DON), Administrated the resident on admission material was resident's room. ME plan indicated if a resmoker. The adminishad never seen smodal resident's room and resident's room and resident to keep the secure area of their. On 03/27/15 at 5:13 she could not explain Resident #44 indicated and lighter in a safe 9. Resident #91 was 12/25/14. Diagnose coronary atherosclet An annual Minimum	or isk factors for smoking ventions related to smoking. ed the need for Resident #44 pron while smoking. 9 PM, Resident #44 was utside in the designated vas not wearing a smoking reing supervised by a staff terviewed on 03/25/15 at do he went outside to smoke do. He explained he kept his rin a small bag attached to wheelchair seat. Observation a pack of cigarettes and a visible. PM the Director of Nursing rin and MDS Nurse #1 stated the Smoking Policy signed by its in 11/07/14 included bould not be kept in the DS Nurse #1 stated the care sident was a safe or unsafe distrator and DON stated they oking materials unsecured in dothe expectation was for the sident was a safe or unsafe in the expectation was for the expec	F 2	79			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		345174	B. WING		C 03/28/2015	,	
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	, 33.23.23.3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLET	TION	
F 279	02/11/14 noted smokkept in the resident's A "Safe Smoking Need on 12/25/14 for Resident's factors for smoking a to be implemented re Smoking Needs Asse 03/25/15 for Resident related to smoking but Resident #91 to wear cigarette holder where A review of Resident 03/25/15 revealed a purchase The goal was to keep the next review. The resident wear a smoke periodic supervision of wear the smoking appropriate the was not wearing a smoking was being supervision of Resid PM revealed the resident wear of Resident wear the smoking appropriate was not wearing a smoking was being supervision of Resid PM revealed the resident was not wearing a smoking was being supervision. On 03/26/15 at 8:54 of facility reviewed the swhen he was admitted the only place for him courtyard. He further cigarettes and lighter his pocket. On 03/25/15 at 6:39 for (DON), Administrator they were unaware the sident supervision of the supervision o	gnitively intact. signed by Resident #91 on ing material would not be room. eds Assessment" completed dent #91 documented no risk and no nursing interventions lated to smoking. A "Safe essment" completed to #91 noted no risk factors at indicated the need of an apron and have an amoking. #91's care plan revised problem area of smoking. #91's care plan revised problem area of smoking. Interventions included the sing apron and to provide when resident refused to ron. ent #91 on 03/25/15 at 5:14 dent was outside smoking. In smoking apron. His upervised by the elector of Nursing, and the elector of Nursing, and the explained he knew in to smoke was the explained he could keep his on him, and he kept them in elector 02/11/14 included	F 27	79			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 279	plan indicated if a resmoker. The adminhad never seen smora resident's room an residents to keep the secure area of their 10. Resident #47 w. 12/18/13 and readmin which included para history of traumatic lenging and depriment. The sign assessed Resident impairment. The sign assessment complex Resident #47 with use the side of t	OS Nurse #1 stated the care sident was a safe or unsafe istrator and DON stated they oking materials unsecured in a did the expectation was for eir smoking material in a room. as admitted to the facility on itted 02/05/15 with diagnoses lysis, acute respiratory failure, orain injury, late effect ression. The current MDS) dated 02/10/15 #47 with no cognitive prificant change MDS ted 07/04/14 assessed se of tobacco. signed on admission by 18/13 noted smoking e kept in the resident room. reds Assessment" completed 16/15 did not indicate any a Resident #47 related to moking Needs Assessment" Resident #47 noted issues arm while sitting or standing", for skills needed to securely drop ashes on self".	F2	279		
	Interventions to prot was to "apply smoki The care plans for R following problem ar A problem area date 02/25/15 noted, "I ar	ect the resident from injury ng apron". Resident #47 included the reas and approaches:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED		
		345174	B. WING		03/28/2015	
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE COMPLETION	
F 279	p o o o o o o o o o o o o o o o o o o o	-	F 27	79		
	Safe Smoking Asser needs while smoking responsible party of Policy. A problem area dat 03/24/15 noted, "R non-compliance be 07/23/14 and upda has episodes of yerefusing/resisting of policies with period of the conserved outside, sarea designated for observed outside, sarea designated for observation, Residicigarette and lighter pocket or in a locked 03/25/15 at 11:06 At the dresser, in the door of the room we eyesight on the dresser, in the door of the observation	le I am smoking, Complete a ressment to identify my safety and and Ensure that I/my inderstand the facility Smoking seed 12/21/13 and updated resident is exhibiting and cursing: A care plan dated red 02/25/15 noted, "Resident are and following facility is of agitation/angry outbursts". 20 AM Resident #47 was remoking independently in the remoking. At the time of the remoking. At the time of the remoking in the room of Resident #47. The remoking in the room at the remoking in the remoking material in the room at the remoking material in the room at the remoking policy signed by remoking in the room in the room at the remoking Policy signed by remoking policy signed by remoking policy signed by remoking round in the room in the room room of Resident remoking Policy signed by remoking round my stated the round round not be kept in the room room of Resident remoking Policy signed by remoking round ro				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 33/25/23 13	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	O BE COMPLETION	
F 279 F 281 SS=D	plan indicated if a resumoker. The adminishad never seen smosa resident's room an residents to keep the secure area of their residents to keep the secure area of their residents following the findings included Resident #78 was actived in the services of the services provided must meet profession. This REQUIREMENT by: Based on record residential failed to obtain administer medicated post-operative dischares idents reviewed for medications following. The findings included Resident #78 was active findings included Resident #78 was active following at a physician ophthalmologist date Resident #78 was sefollowing cataract su 02/20/15. There was documentation on Resident #78 was documentation on Resident #78 was documentation on Resident #78 was documentation on Residential for the service was documentation on the service was documentation	sident was a safe or unsafe strator and DON stated they king materials unsecured in d the expectation was for sir smoking material in a room. VICES PROVIDED MEET TANDARDS Indicate of a standards of quality. It is not met as evidenced friew and staff interview the physician's orders to deye drops as directed in large instructions for 1 of 1 or administration of eye greye surgery (Resident #78). It is mitted to the facility on sees including hypertension, psychotic features and	F 28		der to he were is s 2015. al ff 5, on rders de one	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
	245474 P. WING			С			
		345174	B. WING _			3/28/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE		
V & HE //II I	E NI IDSING & DELLA	BILITATION CENTER		91 VICTORIA ROAD			
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F 281	Continued From p	age 27	F 2	81			
	Prolensa 0.07% every day after su written in above "control of the control o	ch 2015 MAR were: instill one drop in operated eye rgery (stop date?) with "L" operated eye" - the medication as given 03/06 - 03/14/15.		physicians with the residents facility physician. All orders are being copied b Records.			
	2. Prednisolone A operated eye thre surgery with "L" w the medication wa -03/13/15. 3. Prednisolone A right eye every da crossed out and "I medication was do 03/28/15. 4. Besivance 0.6% surgery instill one times a day with "eye" - the medication	cetate 1% instill one drop in e times a daystart after ritten in above "operated eye" - is documented as given 03/06 cetate 1% instill one drop in the y for ten days with "right" eft" written in above it - the ocumented as given 03/01 - 6 - starting 2 days before drop in operated eye three L" written in above "operated cion was documented as started given three times a day through		All orders are being audited to Supervisor/ Clinical Coordinate Monday-Friday with weekend checked on Monday. The audited the transport of the MAR for accuracy. The DON or RN Supervisor/C Coordinator are reviewing all morning clinical meeting Morning Coordinator will report the resuludits to the QAPI committee monthly basis for 3 months.	tors I orders being dits includes escription Clinical orders in the eday-Friday. Clinical sults of the		
	Resident #78's ey had cataract surge Nurse #6 was una drops to the left ey stated they might Upon request, the checked for any u #78 and located a the ophthalmologi the progress note medications listed post-operatively: 1. Timolol 0.5% 1	Nurse #6 on 03/28/15 about e drops revealed Resident #78 ery on her left eye on 03/06/15. ible to locate orders for eye ye on the resident's chart and be in Medical Records. Medical Records coordinator ifiled documents for Resident physician's progress note from st dated 03/13/15. Review of revealed the following to be administered drop to left eye every day of 1 drop every day as directed in after surgery					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING				C 28/2015	
	ROVIDER OR SUPPLIER	ITATION CENTER		91	TREET ADDRESS, CITY, STATE, ZIP CODE I VICTORIA ROAD SHEVILLE, NC 28801	1 03/	20/2013	
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F 281	day as directed in the 4. Besivance 0.6% 1 eye - discontinue 03/28 Director of Nursing (E #78's medical record physician's orders for that clarified the med progress note. The D ophthalmologist alwa with specific instructic she expected the nur medication list to writtelephone order and MAR. 483.25 PROVIDE CAHIGHEST WELL BEI Each resident must reprovide the necessar or maintain the higher mental, and psychosolaccordance with the cand plan of care.	ate 1% 1 drop three times a coperative eye after surgery drop three times a day in left 13/15. B/15 at 7:40 PM with the DON) revealed Resident should have included eye drops to the left eye ications listed on the ON stated the ys sent a list of medications ons for administration and se who received the ethe medications on a center it on the resident's IRE/SERVICES FOR NG Receive and the facility must y care and services to attain st practicable physical, ocial well-being, in comprehensive assessment		281			4/17/15	
	by: Based on medical re interviews the facility	n lab work as ordered by the ampled residents with I.			The facility will provide the necessary care and services to attain or maintain hightest practicable physical, mental, a psychosocial well-being in accordance with their comprehensive assessment a plan of care.	nd		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345174	B. WING _			03/28/2015	
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
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ASITEVILL	L NORSING & KLIIAD	ENATION CENTER		AS	HEVILLE, NC 28801		
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F 309	Continued From pag	F 3	809				
F 309	The findings included 1. Resident #47 was 12/18/13 and readmy which included gast respiratory failure, hinjury, late effect he hypertension. Review of physician medical record of R note dated 02/23/15 a Complete Blood C revealed hemoglobin history of anemia, mematemesis." The noted by the physician unspecified-get stocand start protein pure deficiency, will need work and if not iron Folate." An order was writter for CBC, Basic Metairon. A review of late of Resident #47 not the CBC, BMP and lab results was a nound 3/02/15 to, "Start Feday for 2 months the CBC." Review of March 20 March 2015 Medical	s admitted to the facility sitted 02/05/15 with diagnoses rostomy, paralysis, acute istory of traumatic brain miplegia, depression and progress notes in the esident #47 noted a progress which included, "Patient had count (CBC) done which in 10, hematocrit 29.4 with no helena, no abdominal pain or diagnosis and assessment an included, "Anemia, of for hemocult, total iron level	F3	609	Resident #47 The Ferrous Sulfate was started on 3/27/2015 and ordered received to draw CBC on 3/30/2015. The property of the p	ally all i. II and an o of ON	
	, ,	n for the Ferrous Sulfate or			All lab orders received by a physician must be placed on the the log in the La Log Book. Lab sheets will be complete		

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	345174	B. WING				/28/2015	
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HADILITA	ATION CENTER		Α	SHEVILLE, NC 28801			
ICIENCY M	IUST BE PRECEDED BY FULL	1		,		(X5) COMPLETION DATE	
10:50 All receive laced in the physician responsible work of physician for Ferrissed. 7:00 PM was doing or allable to ated an efferous Sinot explants of the staff in physician for interphysician for interphysician receives the staff in physician physician physician receives Sinot explants of the staff in the	M Nurse #1 stated when d, unless it was critical, the residents chart and sician's book. Nurse #1 de rounds with the doctor en on a residents lab insibility of the nurse the physician's orders. The February there was bounds with the physician orders of Resident #47 as well as an orders and MAR and rous Sulfate and repeat. If the administrator stated grounds with the nould have processed the of Resident #47 but failed ator stated the nurse that inger worked at the facility of be interviewed. The order should have been sulfate and repeat lab ain what happened. If the Director of Nursing member that was making an in February recently with the facility and review. The DON stated ulfate and repeat lab worken and could not explain.	F	309	and placed under the date tag when due to the RN Supervisor/Clinical Coordinate will receive a copy of all orders and will verify that lab slips were filled out and I sheet was filled out in the lab book. A daily audit sheet is in each lab book each day. The audit sheet will be brout to the clinical meeting Monday-Friday a reviewed by the DON or RN Supervisor/Clinical Coordinator and Administrator. All weekend orders will audited and the copies of the orders ar the audit will be brought to the DON for review on Monday. The RN Supervisor/Clinical Coordinate	r og for ght and be ad		
	m page 3 10:50 Ale receive blaced in the phy urse mack that in making rows no low that it making rows no low to physicial for for Ferrinissed. 7:00 Pl was doing bruary slab work administrated an administrated an administrated an administrated and receive staff in the physicial physicial physicial physicial and explain the for integer for i	EHABILITATION CENTER JARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL RRY OR LSC IDENTIFYING INFORMATION) In page 30 10:50 AM Nurse #1 stated when be received, unless it was critical, colaced in the residents chart and in the physician's book. Nurse #1 turse made rounds with the doctor were written on a residents lab the responsibility of the nurse to write the physician's orders. Bed that in February there was making rounds with the physician was no longer working at the #1 reviewed the physician orders ab work of Resident #47 as well as 50 physician orders and MAR and r for Ferrous Sulfate and repeat	EHABILITATION CENTER STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL IRRY OR LSC IDENTIFYING INFORMATION) In page 30 10:50 AM Nurse #1 stated when the received, unless it was critical, placed in the residents chart and the physician's book. Nurse #1 turse made rounds with the doctor were written on a residents lab the responsibility of the nurse to write the physician's orders. The work of Resident #47 as well as 50 physician orders and MAR and or for Ferrous Sulfate and repeat hissed. 7:00 PM the administrator stated was doing rounds with the bruary should have processed the lab work of Resident #47 but failed administrator stated the nurse that dids no longer worked at the facility railable to be interviewed. The tated an order should have been ferrous Sulfate and repeat lab in not explain what happened. 7:05 PM the Director of Nursing the staff member that was making aphysician in February recently belowment with the facility and the for interview. The DON stated the procession, the physician dorders were written for Ferrous.	ER SHABILITATION CENTER SHABILITATION CENTER SALEY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL PREFIX TAG In page 30 10:50 AM Nurse #1 stated when the received, unless it was critical, placed in the residents chart and in the physician's book. Nurse #1 turse made rounds with the doctor were written on a residents lab the responsibility of the nurse to write the physician's orders. The physician orders are working at the state of the physician orders and MAR and in for Ferrous Sulfate and repeat hissed. 7:00 PM the administrator stated was doing rounds with the bruary should have processed the lab work of Resident #47 but failed administrator stated the nurse that add no longer worked at the facility railable to be interviewed. The tated an order should have been recrous Sulfate and repeat lab in the explain what happened. 7:05 PM the Director of Nursing the staff member that was making to physician in February recently ployment with the facility and the for interview. The DON stated the order worked after she of the omission, the physician directions or the physician directions, the physician directions or the physician directions, the physician directions or the physician directions, the physician directions or the physician directions or the physician directions, the physician directions or the precedence of the physician directions or the precedence of the physician directions or the precedence of the precedence of the physician directions or the precedence of the precedence or the precedence of the precedence of the precedence of the precedence o	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801 INTERPRETATION CENTER 10 PROVIDER'S PLAN OF CORRECTION INTERPRETATION OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION INTERPRETATION OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION INTERPRETATION OF LESS. 10 PROVIDER'S PLAN OF CORRECTION INTERPRETATION OF LESS. 10 PROVIDER'S PLAN OF CORRECTION INTERPROPRIATION 10:50 AM Nurse #1 stated when 10:50 AM Surse #1 stated when 10:50 AM Supervisor/Clinical Coordinator 10:50 AM Surse #1 stated when 10:50 AM Surse #1 state	STREET ADDRESS. CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801 ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE DEFICIENCY) IN page 30 In page 4 page	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345174		1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHAB	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/20/2013	
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F 309	Continued From pa	nge 31	F 30	9		
	11/19/12 with diagr mellitus type II, hyp debility. A quarterly assessment indicat	as admitted to the facility on noses which included: diabetes pertension, mood disorder and Minimum Data Set (MDS) and Resident #60 had and cognitive skills for daily				
	revealed a physicia 03/18/15 which ind seen at the reques had been gradually	t #60's medical record an's progress note dated icated Resident #60 was being t of nursing staff because he declining, looked frail and requiring increased help with ring.				
	revealed an order of following laboratory (CBC), comprehensi	t #60's physician's orders dated 03/18/15 to obtain the vtests: complete blood count sive metabolic panel (CMP), I thyroid stimulating hormone				
	results revealed res	t #60's medical record for lab sults dated 03/20/15 for a pakote level but not a TSH				
	on 03/28/15 at 7:23 process for obtaining receiving the order lab book with the distribution of the night before the	ne Director of Nursing (DON) B PM revealed the facility's ng labs was for the nurse for the lab test to write it in the ate it was to be done. The 11:00 PM to 7:00 AM shift on a lab was scheduled was npleting a lab requisition form.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ITATION CENTER		91	REET ADDRESS, CITY, STATE, ZIP CODE I VICTORIA ROAD SHEVILLE, NC 28801	, 00,	20/2010
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F 309 F 312 SS=D	outside laboratory profacility between 5:00 morning to draw any DON stated either sh (QA) nurse compared with the lab book everordered labs were obeither she or the QA results as they came DON stated the QA ndiscovered the TSH locompared the lab required book on 03/18/15 or viback on 03/20/15. 483.25(a)(3) ADL CADEPENDENT RESIDENT RE	racility had a contract with an ovider who came to the AM and 7:00 AM every labs that were ordered. The e or the Quality Assurance of the lab requisition forms ry day to verify that all tained. The DON stated nurse also compared the lab in with the lab book. The urse should have evel wasn't done when she ruisition forms with the lab when the other labs came		3312			4/17/15
	by: Based on observation interview, the facility of 4 residents reviews (ADL). (Resident #5). The findings included Resident #5 was adm 10/19/99 with diagnos joint contracture of th dementia without beh	is not met as evidenced n, record review and staff failed to trim fingernails for 1 ed for activities of daily living : hitted to the facility on ses including hemiplegia, e hands, aphasia, and havior disturbance. The h Data Set (MDS) dated			All residents that are unable to carry or activities of daily living will receive the necessary services to maintain good nutrition, grooming, personal and oral hygiene. Resident #5 nails have been trimmed a filed and the nails are not jagged. The DON and RN Supervisor/Clinical Coordinator re-educated nursing staff		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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		343174	B. WING -			03/	/28/2015	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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				Α	SHEVILLE, NC 28801			
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					DEFICIENCY)			
F 312	Continued From page	÷ 33	F S	312				
F 312	03/05/15 indicated Reintact with no mood of unclear speech, some usually understands. resident required exteassist of 1 for personal A care plan for ADL of 03/15/15 indicated Recare at least every moderare recorded as comminclude full body skin Review of a shower set with that show care should be compliantly trimmed, teeth be shower sheet dated 0 #5 had his hair washed his nails had been trimmed.	esident #5 was cognitively r behavior problems, etimes understood and The MDS specified the ensive assistance with staff al hygiene. ated 12/26/12 and reviewed esident #5 required AM/PM orning and evening and the expleted, and with bathing to checks and record findings. chedule revealed Resident duled Tuesdays and Fridays ared what personal hygiene eted such as hair washed, etc. Review of the 13/03/15 revealed resident ed with no documentation mmed. No other shower efor this resident for the rest	F	312	from March 30, 2015 to April 15, 2015 ADL care which included nails being trimmed and cleaned at the time ADL's are done. The RN Supervisor/Clinical Coordinato auditing nails for each resident 1-2 time per week and if nails need to be trimmed the nurse, RN Supervisor/Clinical Coordinator or C.N.A will trim the nails and clean them at that time. The DON or RN Supervisor/Clinical Coordintor will review the audit sheets morning clinical meeting for compliance Monday-Friday. The results of the audit are reviewed we the Administrator 1 time per week.	r is es ed at		
	Resident #5's fingerr extended approximate the finger tips and the and rested slightly on Continued observation and on 03/27/15 at 8: revealed Resident #5 remained long beyonfinger tips with a jagg On 03/27/15 at 6:00 Feworked 2nd shift on the on, was observed prohim at the supper meafter Resident #5 finis NA # 2 stated nurse as	ely ¼ inch beyond the end of e left thumb nail was jagged the left index finger. ns on 03/26/15 at 8:45 AM 25 AM and 6:16 PM 's fingernails on both hands d the end of the resident's ed left thumb nail. PM Nurse Aide (NA) #2, who he hall Resident #5 resided eviding feeding assistance to al. She was interviewed shed eating about ADL care. sides do showers because team. She stated residents			audit to the QAPI committee on a mont basis for a period of 3 months.	thly		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		C 03/28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	ITATION CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 01 VICTORIA ROAD ASHEVILLE, NC 28801	33/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE.
F 312	and Saturday. She is showers they can red the shower NA #2 sa to check residents sk nails need trimmed (it shaves need done ar revealed nurse aides nurse and the nurse shower room and trestated the nurse sign completed. NA # 2 w nails and she said sh were long while provihe should have had ton 03/27/15 at 6:16 ld (DON) was shown Renoted they were long jagged. In an intervie she revealed she expshould have been trir 483.25(h) FREE OF HAZARDS/SUPERVITHE facility must ensienvironment remains as is possible; and eadequate supervision prevent accidents.	aid if residents request more relive more showers. During id nurse aides are supposed in for any skin conditions, if oe nails and finger nails), and hair washed. NA #2 report any problems to the will check the resident in the part the problem. NA # 2 se the shower sheet when was shown Resident #5's are had not noticed his nails ding feeding assistance and hem trimmed. PM the Director of Nursing resident #5's fingernails and and the left thumb nail was are with the DON at this time rected Resident #5's nails named. ACCIDENT SION/DEVICES ure that the resident as free of accident hazards ach resident receives and assistance devices to	F 312		4/17/15
	by: Based on observation resident and staff into	ns, record review, and erviews, the facility failed to be smoking rules for 13 of 17		The facility will ensure that the resident environment remains as free as possible of accident hazards and each resident	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	. ,	(X3) DATE SURVEY COMPLETED	
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		345174	B. WING _		•	/28/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE		
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ASITEVIEL	L NORSING & KLIIADIL	ITATION CENTER		ASHEVILLE, NC 28801			
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F 323	Continued From page	e 35	F 3	23			
	sampled residents. T	Three of the 13 residents		receives adequate supervs	sion and		
		and #133) were allowed to		assistive devices to preven			
		ial in their room after staff		·			
	_	king within the facility.		On March 26, 2015 the Inte	erdisciplinary		
		#44, #47, #73, #86, #91,		Team developed a new sm			
	#96, #126, #129, #13			which includes a safe smol			
				unsafe smoking policy, sta	ff responsibility		
	Immediate Jeopardy	began on 02/05/15 when		and a Safe Smoking Data	Collection Tool.		
	Resident #96 smoked	d in his room while the					
		nuous oxygen via an oxygen		Facility staff were educated			
	concentrator. Thoug			smoking policy from 3/26/2			
		r room on 02/05/15, smoking		3/28/2015 and no staff was			
	materials were allowed to be maintained by			work until they had been e			
		ugh the time of discharge		policy. The smoking policy			
	from the facility on 03			added to the orientation pro			
		ed on 03/28/15 at 7:45 PM		done by the Staff Developr	ment		
		ided and implemented an		Coordinator.			
		Illegation of compliance. out of compliance at a lower		The smoking guidelines cle	party state that		
	_	f E (a pattern, no actual		the designated smoking ar			
		or more than minimal harm,		front courtyard of the buildi			
		jeopardy) to complete		monitors it on a regular bas			
		ure monitoring systems put		residents are only smoking			
	into place are effective smoking.	• .		designated area.	,		
	-			The Administrator and Adm	nission Director		
	The findings included	l:		added the new smoking po	olicy to the		
				admission packet as an ad	ldendum. The		
	The facility Smoking	Policy (provided by the		resident, responsible party	are required to		
	administrator on 03/2			sign the smoking policy sta			
		th revisions dated 01/01/13		understand the policy and	•		
	and 01/08/15 include	•		by the policy. A resident or			
	-The facility Administr			party that does not agree to			
	Supervisor have eval	<u>-</u>		policy will not be admitted	to the facility.		
		oriate area as the designated					
	smoking area.			Residents being admitted t			
	-All residents that des			give their cigarettes and lig			
		ssion, quarterly, and PRN		Admissions person or Cha			
	(as needed), for leve	el of safety awareness to		their "safe smoker data col	llection tool"		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING			,	C	
NAME OF D	ROVIDER OR SUPPLIER	343174	1 2:	CT	REET ADDRESS, CITY, STATE, ZIP CODE	1 (03/28/2015	
NAIVIE OF PI	ROVIDER OR SUPPLIER				, , ,			
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				AS	SHEVILLE, NC 28801			
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F 323	Continued From p	page 36	F3	323				
	determine if the re restrictions, if any resident's smoking. The facility interd the determination -Based upon the serident may be resident may be rapron and the research y resident who will not be permitt supervision of a re or volunteer. Direct throughout the enemand the residents as to smoke.	esident is responsible, and what , will need to be placed on the g privileges. isciplinary team will then make			has been completed and evaluated an signed by the Interdisciplinary Team. To cigarettes and lighting materials will marked with the resident name by the charge nurse or staff member receiving the smoking materials. The Director of Social Services will material the resident aware of the designation of "safe" or "unsafe". The resident or responsible party will sign the correct smoking policy including if they are deemed "safe" or "unsafe". A safe smoker will be allowed to keep their cigarettes in their room and they are no required to lock them up. There are to no lighters in any resident room.	The g uke as		
	including restriction resident's care plater Residents who has a feather and responsionally be provided to bacco by the small be provided and matter fluids and matter sident as assession or living for those resident aides. -The facility may redetermine if resides smoking equipments.	ave been assessed as being ble to smoke independently their cigarettes, pipes, and noking aide. tane gas, any other forms of gas thes will not be retained by the			The Administrator is auditing new admission packets 2-5 times per week to ensure that the policy is in the file and signed by the resident or responsible party. The res of the audits will be brought to the QA/QAPI committee on a monthly bas for a period of 3 months. No resident that has portable oxygen tanks are allowed in the designated smoking area. The portable tank or he will have a "no smoking, oxygen in use sign attached to the bag, tank or wheelchair. The Administrator and Smoking Supervisors are monitoring to designated smoking area to ensure the no residents are in the designated smoking area with portable oxygen tank a resident that comes to the designated	old e" ne at		

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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		345174	B. WING _			03	3/28/2015
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A CLIEVILL	E NUIDOING & DELLA	DILITATION CENTED		91 V	ICTORIA ROAD		
ASHEVILL	LE NURSING & REHA	ABILITATION CENTER		ASH	EVILLE, NC 28801		
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F 323	Continued From p	age 37	f F	323			
	non-responsible in their possession. conducted by two resident/responsit given the opporture of the resident who the resident who the resident who the equipment with the side of the resident with the equipment with the equ	These checks will be staff members, and the ole party will be notified and nity to be present. ment is found, staff will explain y the articles must be removed. Il then be given to the charge dinator/Social Services will review the Resident ith the resident/responsible oon admission and as needed		rr tr tr cr tr cr tr tr cr tr tr cr tr tr cr tr	removed from the area, and the Administrator and DON are notified. resident is put on q15 minute check the resident is educated on the haza going into a smoking area with oxygong into a smoking area monitoring on the weekend concerns or problems experienced by weekend smoking supervisors must called to the Administrator and DON weekend manager report is turned in the Administrator on Monday morning review in the morning department manager meeting.	s and ards of gen. ed to udit ession I. Any by the to be I.The nto	
	orientation, annual On 03/25/15 a sep provided by the accommodate interview on 03/25 administrator state a new policy book the corporate official administrator state were two separate of the policies or the policies or the each other. The seach other. The seach other including: -Prior to, or upon a informed about arrincluding designate extent to which the smoking or non-seexample, in making	carate smoking policy was dministrator. During an 6/15 at 6:39 PM the ed the second policy came from a provided to administration by the December of 2014. The ed she was not aware there es smoking policies, the specifics that the two policies contradicted second policy from the olicy book included the eddmission, residents shall be all limitations on smoking, ted smoking areas, and the effacility can accommodate their moking preferences; for agroom assignments.		ff cc tt ff aa y T r r s s t	The resident audit tool is being comfor a period of 4 weeks with two adoquestions and 2 additional observat. The answer of "yes" to any of the questions must immediately report the Administrator and Director of Nufor immediate follow up. The questions are as follows: 1) do you smoke, 2) you ever smoked, and if so how long those residents identified as smoking month ago or less will have the "safesmoking data collection tool" complete regardless of whether they are curresmoking or not and the care plan will updated according to our revised smoolicy. The additional observations as part resident audit are as follows: 1) Dogenated and 2) Do you see a lighter in the roand 2) Do you see a lighter in the roand 2.	ditional ions. that to price in the ions in the ions ions ions ions ions ions ions ions	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDI			(C
		345174	B. WING			03/	28/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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				Α	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page -The staff shall consuphysician and the Dir determine any restrict smoking privilegesAny smoking related concerns (for example monitoring) shall be reall personnel caring for all persons developed for support and caring monitoring supervision of a staff visitor or volunteer work smokingThe staff will review smoking privileges pensoking articles for smoking privileges: a. Residents who has privileges shall be persons persons by Residents may on lighters. All other formatches, shall be processed to the possession by the persons persons persons persons designed for all persons	It with the attending ector of Nursing Services to tions on a resident's privileges, restrictions, and e, need for close toted on the care plan, and or the resident shall be so the services and the safety with the available supervision. Stricted smoking privileges shall have the direct member, family member, orker at all times while the status of a resident's eriodically, and consult as cor of Nursing Services and and the supervision of the status of a resident with independent the status of a resident such and the status of a resident such a		323		he cyclad	
	e. Smoking shall not time, except under di	be permitted in bed, at any rect supervision.			will report the results of the following audits: resident audit tool, supervised		

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDIN		MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			03	C 5/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER		91	TREET ADDRESS, CITY, STATE, ZIP CODE VICTORIA ROAD SHEVILLE, NC 28801	1 00	72072010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		3E	(X5) COMPLETION DATE	
F 323	privileges may not h smoking articles, incetc., except when the supervision. b. Smoking shall not direct supervision. c. Anyone who proveresidents shall be acrestrictions/concerns to smoking. This facility may cheif residents have any of our smoking police any such articles, an nurse/unit manager 1. Resident #96 was 04/16/14 with diagnoral cohol and tobacco Minimum Data Set (assessed Resident simpairment. The Smoking Policy Resident #96 on 04/material would not be available on the resithroughout his admit 04/16/14 - 03/09/15.	r residents without g privileges: It independent smoking ave or keep any types of cluding cigarettes, tobacco, ey are under direct It be permitted in bed without	F3	323	smoking audit, proper storage of smoker material audit, residents with infraction the smoking policy audit, and admissic packet review audits to the QA/QAPI committee on a monthly basis for a per of 3 months.	is of on		
	needed. MDS Nurse closed medical reco	admission, quarterly and as e # 1 checked the resident's rd and electronic medical at 10:35 AM and confirmed a						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345174	B. WING			C 03/28/2015		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2015		
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F 323	Resident #96. MDS smoking assessme throughout his stay. A care plan for Resident's smoking Summaries of Care on 10/29/14 and 01 #96 smoked unsup PM MDS Nurse #1 why the care plan faddress smoking. Review of Resident revealed a nurse's AM as a late entry an order was received in the hallway locate the source of the nurse entered the admitted to smodasked the nurse not didn't want to get in the stay.	nt had not been done on S Nurse #1 did not know why a nt had not been done	F3					
	understanding. A n 1:34 PM indicated informed the reside his room the previo Resident #96 he w current room and p checks per the dire Director of Nursing	racility and the resident voiced curse's note dated 02/05/15 at the Social Worker (SW) was ent had admitted to smoking in cus night. The SW informed culd be moved out of his laced on every 15 minute ctive of the Administrator and (DON). The note also could pursue placement to						

I v /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	10:34 AM indicated I from the facility at 8: Further review of Re revealed documenta began on 02/05/15 at through 02/08/15 at checks were docume AM which continued PM. Additional safety on 02/14/15 at 7:00 AREVIEW of a facility of "Incident/Accident R AM indicated NA not smelled smoke. The room and he admitted cigarette. Resident and oriented X 3. The physician was not not On 03/25/15 at 6:39 (DON), Administrato they were unaware to	se's note dated 03/09/15 at Resident #96 was discharged 45 AM on 03/09/15. sident #96's medical record tion of 15 minute checks that to 1:45 PM. No other safety ented until 02/12/15 at 12:00 through 02/13/15 at 10:30 or checks were documented AM through 12:00 PM. ocument titled eport" dated 02/05/15 at 5:30 iffied the nurse that she nurse entered the resident's do smoking part of a 496 was assessed as alert ne form indicated the	F3				
	resident's room. The they received a policy management comparthe manual on 03/25 policy was in direct of by residents on administrator stated employment with the were allowed to main their room. The DOI	uld not be kept in the ey stated in December 2014 y manual from the new ny and, when they reviewed /15, they noted the smoking onflict with the policy signed ssion. The DON and when they began company in 2014 residents ntain smoking materials in N and administrator stated ts to maintain smoking					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	.	00/20/2010	
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F 323	the smoking assess stated residents dec smoke unsupervised designated smoking. Nurse #1 stated if a to independently smould be locked in the Nurse #1 stated if a intact, could light an independently and rethey were considered. Nurse #1 stated the resident was a safe administrator and Dissensmoking mater room and the expect keep their smoking their room. The DO system in place to material from the system in place to material from the system in place to material from the system in the system in the system in the system in place to material from the system in the system in place to material from the system in the system in the system in place to material from the system in the syste	munless contraindicated in ment or care plan. The DON emed safe smokers could d, at any time, in the parea for residents. MDS resident was deemed unsafe toke their smoking material the medication room. MDS resident was cognitively d extinguish their cigarette not drop ashes on themselves at a safe smoker. MDS care plan indicated if a or unsafe smoker. The ON stated they had never rials unsecured in a resident's station was for residents to material in a secure area of N stated there was not a monitor smoking material rooms. 2 PM the DON stated as a 5 incident, Resident #96 was soom, placed on 15 minute ge plans were initiated. The ain why the 15 minute checks at 5 PM on 02/05/15 (when the smoking at 7:27AM) and were formed on Resident #96 discharge on 03/09/15. The explanation why removal of the mesident #96 was not 02/05/15 incident.	F3	23			
		o provide care to Resident #7 esident #96 on 02/05/15) and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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	ROVIDER OR SUPPLIER LE NURSING & REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	,		
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F 323	on continuous oxygweek. During an interview Nurse #4 she stated to Resident #7 and oxygen and she did without oxygen in u An interview on 03/3 Staff Development is she worked from 11 AM on 02/05/15. The notified by a NA that went to investigate the smoke smell. The determined the smoof Resident #96. She his room he was lying his oxygen. The SD cigarette in his hand check the bathroom put the cigarette outhat for sure. The Shis roommate, Resioxygen in use at the SDC stated she did lighter from Resident DON of the incident incident report.	on 03/27/15 at 11:52 AM with dishe regularly provided care revealed he always wore his not recall ever seeing him se. 27/15 at 12:21 PM with the Coordinator (SDC) revealed :00 PM on 02/04/15 until 7:00 re SDC stated she was the smelled smoke so she and determine the location of	F 323	,			
	material from Resid incident was not con assessed a safe sm cognitively intact, co	ent #96 after the the 02/05/15 nsidered because he was loker because he was ould light and extinguish a op ashes on himself. MDS					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING _		0:	C 3/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 91 VICTORIA ROAD ASHEVILLE, NC 28801		0/20/2010	
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F 323	assessed safe to sar retain their smoking On 03/27/15 at 6:27 with the administrati incident involving Rt the decision was machecks and pursue Resident #96 was not in because his room continuous oxygen. discussed removing Resident #96 so he his room through discussed removing Resident #96 so he his room through discussed removing Resident #96 so he his room through discussed removing Resident #96 so he his room through discussed removing Resident #96 so he his room through discussed removing Resident #96 so he his room through discussed removing specifics of where to their room was not or a resident wanted to in their nightstand the from the maintenantif staff saw any smoor oom that was not secured. 2. Resident #126 was not secured. 2. Resident #126 was not secured. 3/10/15 assessed cognitive impairmer #126 used tobacco. A "Safe Smoking Net and secured in their safe same and secured in the	long as a resident was noke they were allowed to material in their room. PM the SW stated she spoke or after the 02/05/15 smoking esident #96. The SW stated ade to initiate 15 minute discharge. The SW stated noved from the room he was imate (Resident #7) was on The SW stated staff had not smoking material from retained smoking material in scharge on 03/09/15. 1 PM the DON stated ed were informed not to en but, other than that, o store smoking material in discussed. The DON stated if o lock their smoking material in discussed. The DON stated king material in a resident ecurely stored it should be as admitted to the facility on onese which included chronic and discussed. The admission MDS) assessment dated Resident #126 with no at and indicated Resident eeds Assessment" completed indicate any needs or issues	F	323			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER LE NURSING & REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	03/20/2013	
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F 323	Continued From pag	ge 45	F 3	23			
	Resident #126 on 0	signed on admission by 3/03/15 noted smoking be kept in the resident's room.					
	included a problem while smoking." App included: Educate n policy, Complete a S identify my safety no	dent #126 dated 03/14/15 area that stated: "I am safe broaches to this problem area by visitors about the smoking Safe Smoking Assessment to beeds while smoking, Ensure be party understand the facility					
	observed coming in	5 AM Resident #126 was from the facility's designated ea and was not observed with or a lighter.					
	Resident #126 in he cigarettes and lighte her nightstand. Res of the nightstand an cigarettes and lighter #126 was observed	4 AM an interview with er room revealed she kept her er in an unlocked drawer in ident #126 opened the drawer d showed the surveyor her er. The roommate of Resident with continuous oxygen in la which was attached to an r.					
		PM Resident #126 was moking independently in the smoking.					
	(DON), Administrate they were unaware the resident on adm smoking material we resident's room. Th	PM the Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by ission 03/03/15 included ould not be kept in the ey stated in December 2014 cy manual from the new					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345174	B. WING				28/2015
NAME OF PI	ROVIDER OR SUPPLIER	L		s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	20/2013
				9	1 VICTORIA ROAD		
ASHEVILL	LE NURSING & REHABIL	LITATION CENTER		Δ	ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From page	- 46	F	323			
. 020				J2J			
		ny and, when they reviewed /15, they noted the smoking					
		onflict with the policy signed					
	by residents on admis						
	administrator stated v						
		company in 2014 residents					
		tain smoking materials in					
	their room. The DON	l and administrator stated					
	they allowed resident	ts to maintain smoking					
		unless contraindicated in					
		nent or care plan. The DON					
		ned safe smokers could					
	smoke unsupervised,	· · · · · · · · · · · · · · · · · · ·					
		area for residents. MDS esident was deemed unsafe					
		oke their smoking material					
		e medication room. MDS					
		esident was cognitively					
		extinguish their cigarette					
	_	ot drop ashes on themselves					
	they were considered	a safe smoker. MDS					
	Nurse #1 stated the o	care plan indicated if a					
		or unsafe smoker. The					
		N stated they had never					
	_	als unsecured in a resident's					
		ation was for residents to					
		naterial in a secure area of					
		I stated there was not a					
	storage in resident ro	onitor smoking material					
	_	5 at 12:21 PM the DON					
		smoked were informed not					
		gen but, other than that,					
		store smoking material in					
		scussed. The DON stated if					
	a resident wanted to	lock their smoking material					
		ey needed to request a lock					
		e director. The DON stated					
	if staff saw any smok	ing material in a resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345174	B. WING			1	28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	ITATION CENTER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD ASHEVILLE, NC 28801	1 03/	20/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	3. Resident #73 was 02/24/15 with diagnos obstructive pulmonary. An admission Minimulassessment dated 03 #73 with no cognitive indicated Resident #7 A "Safe Smoking Nee on 02/25/15 did not in with Resident #73 rel. The Smoking Policy's Resident #73 on 02/2 material would not be Review of Resident # revealed an order dat to 5 liters per minute levels above 90%. A care plan for Resident # revealed a problem an "Resident is at risk for activity due to potentiate to this problem area is smoke in designated designated times, Reapron while smoking physically assist resigneeded, Monitor smofor poor safety and resident is at 10:05 observed sitting outsi	admitted to the facility on ses which included chronic y disease and depressive. Im Data Set (MDS) (MOS) (MO	F	323			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	CONSTRUCTION (X3) DATE COMI	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	the observation and hand. No staff membresidents. During an interview of 03/25/15 at 10:05 Al Resident #73 stated safe for smoking and smoking apron. On 03/25/15 at 11:40 she kept her cigarett nightstand or in her stated: "We have a lifigure if they can't stem." An oxygen of cannula attached was and Resident #73 sexcept when she we was getting ready to An interview with Number 1.	moking apron at the time of had a lit cigarette in her per was present with the with Resident #73 on what was a didn't need to wear a a didn't need to	F3	<u> </u>		
	provide care for Res Resident #73 used to she was in her room room was to go smo On 03/25/15 at 6:39 (DON), Administrated they were unaware to the resident on admission material working material working material working resident's room. The they received a policy management comparts the manual on 03/25	s regularly assigned to ident #73. Nurse #5 stated he oxygen continuously when and the only time she left the ke. PM the Director of Nursing r and MDS Nurse #1 stated he Smoking Policy signed by sision 02/24/15 included ould not be kept in the ey stated in December 2014 by manual from the new any and, when they reviewed 16/15, they noted the smoking conflict with the policy signed				

		` ′	(3) DATE SURVEY COMPLETED				
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		345174	B. WING				28/2015
NAME OF P	ROVIDER OR SUPPLIER	-		5	STREET ADDRESS, CITY, STATE, ZIP CODE	, , ,	
A CLIEVILL	E NUIDOINO & DELIAI	DILITATION CENTED		8	91 VICTORIA ROAD		
ASHEVILL	E NURSING & REHA	BILITATION CENTER		/	ASHEVILLE, NC 28801		
(X4) ID		STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From pa	age 49	F	323			
	·	mission. The DON and					
	administrator state						
		ne company in 2014 residents					
		aintain smoking materials in					
	their room. The DO	ON and administrator stated					
	they allowed reside	ents to maintain smoking					
	material in their roo	om unless contraindicated in					
	_	sment or care plan. The DON					
		emed safe smokers could					
		ed, at any time, in the					
		g area for residents. The DON					
		ot a staff member present to					
		assessed as safe smokers to					
		apron was in place when the ing. MDS Nurse #1 stated if a					
		ed unsafe to independently					
		ng material would be locked in					
		m. MDS Nurse #1 stated if a					
		tively intact, could light and					
	_	arette independently and not					
		nselves they were considered					
		OS Nurse #1 stated the care					
	plan indicated if a r	esident was a safe or unsafe					
	smoker. The admir	nistrator and DON stated they					
		oking materials unsecured in					
	a resident's room a	ind the expectation was for					
		neir smoking material in a					
		r room. The DON stated there					
		n place to monitor smoking					
	_	resident rooms. In a follow-up				ſ	
		15 at 12:21 PM the DON				ſ	
		at smoked were informed not					
		xygen but, other than that, to store smoking material in					
	•	discussed. The DON stated if					
		to lock their smoking material				ĺ	
		they needed to request a lock				ĺ	
	_	nce director. The DON stated					
		oking material in a resident				I	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345174	B. WING		03/28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHAB	SILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 00/20/2010
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION
F 323	Continued From page	-	F 323	3	
	secured.	securely stored it should be			
		AM Resident #73 was ner room with oxygen in use			
	observed sitting out designated resident residents and a staf	5 AM Resident #73 was side in the facility's sismoking area with other ff member, who was providing ent #73 had a lit cigarette in			
	she was unaware the included an interver	PM MDS Nurse #1 stated ne care plan for Resident #73 ntion for a smoking apron and moking apron was indicated.			
	06/21/14 with diagn Record review reve 06/25/14 for oxyger shortness of breath The Smoking Policy Resident #86 on 06 material would not be 15 most recent M 03/23/15 coded Reswith no mood or belused tobacco. A care plan dated 16 of Resident #86 apt unauthorized areas and complaints from visitors. This care p	as admitted to the facility on oses including tobacco use. aled a physician's order dated as needed (PRN) for and wheezing. y signed on admission by (21/14 noted smoking be kept in the resident's room. inimum Data Set (MDS) dated sident #86 as cognitively intact havior problems and that he are to smoke cigarettes in secondary to disorientation on other residents, staff and olan was updated on 01/07/15 olem and again on 02/16/15 it			

AND PLAN OF CORRECTION	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCT		(X3) DATE SURVEY COMPLETED		
	345174	B. WING		C 03/28/2015	
NAME OF PROVIDER OR SUPPLIER ASHEVILLE NURSING & REHABILIT	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 00/20/2010	
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 323 Continued From page	51	F 32	3		
in the building. Approar Resident #86 to smoke with verbal reminders frapron. Review of a "Safe Smot for Resident #86 dated concerns identified reg Review of another "Safe Assessment" dated 03. revealed he falls aslee activities and an interverequired application of 03/25/15 another "Safe Assessment" was com Resident #86 had drop the intervention indicate a smoking apron. Record review of a nurindicated that at approximate nurse's desk, and out of rooms where upper 100 hall and not nurse checked the actic Resident #86 leaned bhis eyes closed at the esmoke area. The nurse that he should lie down Ambien (a medication resident told her he wo smoked. According to propelled himself out the cigarette was observed (with ash attached) on resident thad been sittir resident the cigarette as	ches included to allow in designated areas only for him to put on a smoking obking Needs Assessment" 1 06/30/14 revealed no arding safe smoking. If e Smoking Needs (11/15 for Resident #86 preasily during tasks or ention indicated her a smoking apron. On the estated and revealed sped ashes on himself and the ention indicated to require the sets of the hallway, and the nurse walked in the smoke was noted. The with district with door going out to the estated to the resident in the rest because he had an for insomnia) and the stated down after her the note, as Resident #86 and burned down to the butt				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X A. BUILDING			X3) DATE SURVEY COMPLETED		
		345174	B. WING _			C 3/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	3/20/2013
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F 323	informed of the incid On 03/25/15 at 9:54 observed seated in hand the observation of his or plastic bag of loose the rolling cigarettes. Realisment in his room. It is own cigarettes and lighter in his room. It is make he wears an analyse had ever smoked in the bathroom or some of resident stated he had acility in February be courtyard to smoke the reported after the 02 by the administrator facility because of find he was able to keep and lighter in his post on 03/25/15 at 10:05 observed seated in his courtyard smoking word on 03/25/15 at 12:43 staff who assess resund watch residents safe smoker based of their cigarette, exting they dropped ashes smoking. MDS Nursed done on admission, there had been any of mental status, mediciphysical changes and resident's ability to so on 03/25/15 at 1:23 observed to go out to	and (DON) was called and ent. AM Resident #86 was as is wheel chair in his room. Was going out to smoke, wer bed table revealed a subacco with a machine for esident #86 stated he rolled and kept the tobacco and he said when he goes out to apron. He was asked if he the facility, either in the ther part of the facility. The ad lit up a cigarette inside the efore he went out to the because it was cold. He /16/15 incident he was told he could not smoke in the elaws. Resident #86 stated his rolling machine, tobacco is session. 5 AM Resident #86 was as wheel chair out in the with a smoking apron on. 8 PM MDS Nurse #1 stated idents to smoke go outside and determine if they are a son a residents ability to light guish their cigarette and if on themselves when the #1 stated assessments are quarterly and done again if change in the resident's eation changes, reports of dunsafe behaviors affecting	F3	323		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION		` '	(X3) DATE SURVEY COMPLETED	
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		345174	B. WING			03/	28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	ITATION CENTER		STREET ADDRESS, CIT 91 VICTORIA ROAD ASHEVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CC	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 323	observed to pick up a back of the chair next material side out and material out. Observed directly supervising the assist Resident #86 to with the retardant side On 03/25/15 at 6:14 Fobserved coming down outside to return to his had his smoking material would be supposed to the pack was empty becauting answered yes and shocigarettes and lighter pack was empty becauting are the resident on admission smoking material would resident's room. The they were unaware the the resident on admission management compart the manual on 03/25/policy was in direct compart to by residents on admission administrator stated the maintain smoking material would be sime, in the designate residents. MDS Nursideemed unsafe to incompare the manual on on the care plan. The DON safe smokers could stime, in the designate residents. MDS Nursideemed unsafe to incompare the manual on on the care plan. The DON safe smokers could stime, in the designate residents. MDS Nursideemed unsafe to incompare the manual on on the care plan. The DON safe smokers could stime, in the designate residents. MDS Nursideemed unsafe to incomplete the care plan the care plan the care plan the care plan the designate residents was cognitive extinguish their cigare	smoking apron lying on the to him and put it on with the not the shiny retardant ation revealed no staff le smokers or available to put the smoking apron on e out. PM Resident #86 was on the hall from smoking is room. He was asked if he erials with him and he lowed his empty pack of the stated that his cigarette lause he needed to roll more. PM the Director of Nursing and MDS Nurse #1 stated le Smoking Policy signed by sion 06/21/14 included ald not be kept in the lay stated in December 2014 or manual from the new lay and, when they reviewed 15, they noted the smoking ponflict with the policy signed lesion. The DON and they allowed residents to terial in their room unless smoking assessment or stated residents deemed moke unsupervised, at any dismoking area for eleit atted if a resident was lependently smoke their	F	23				

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		345174	B. WING _			03/28/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
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ASHEVILI	LE NURSING & REHA	BILITATION CENTER		ASHEVILLE, NC 28801		
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F 323	plan indicated if a smoker. The adminated never seen so a resident's room a residents to keep the secure area of the was not a system in material storage in On 03/25/15 at 7:1 MDS Nurse #1 state supervision while shis smoking aprone Resident #86 had that she was not a Resident #86 not pm MDS Nurse #1 state to retain smoking rought 10/2/16/15 because smoker due to the extinguish his cigal aprone to contain an #1 stated as long a safe to smoke they smoking material in On 03/26/15 at 100 tobacco was observed a box, and his rollicated he had not a An interview was comply material in On 02/16/15. Nurse pm with Nurse #7 on 02/16/15. Nurse night shift on 02/16 smoke in the hall in the nurse stated seen seen seen seen seen seen seen se	DS Nurse #1 stated the care resident was a safe or unsafe inistrator and DON stated they noking materials unsecured in and the expectation was for heir smoking material in a ir room. The DON stated there in place to monitor smoking a resident rooms. 4 PM in a follow-up interview, ted Resident #86 required smoking to make sure he had on. MDS Nurse #1 stated his own personal apron and ware of any instances of outting his apron on correctly. Ited Resident #86 was allowed material in his room (after the he was considered a safe fact he could light his cigarette, rette and wore a smoking my dropped ashes. MDS Nurse as a resident was assessed of were allowed to retain their	F3			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345174	B. WING				28/2015
NAME OF PR	ROVIDER OR SUPPLIER		I	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 007	20/2010
				9	1 VICTORIA ROAD		
ASHEVILL	E NURSING & REHABIL	LITATION CENTER		Δ	ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
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					DEFICIENCY)		
F 323	Continued From page	- FE		202			
F 323	Continued From page		F	323			
	entered the activity di						
	_	n front of the door going out					
		re residents smoke. The					
		ved a cigarette with ashes					
		esident #86's wheel chair on					
		eported she had asked the					
	resident if he had sm						
	_	told the resident that a nurse					
	•	had smoked and she said dmit it. Nurse #7 revealed					
		Il nurse and the DON. The					
		it #86 on 15 minute checks					
		recall how long he remained					
	on 15 minute checks.	•					
		nto the facility and she told					
		out the smoking incident and					
		Nurse #7 said Resident #86					
		gain, he was not to smoke in					
		it was not safe for other					
		f. Nurse #7 stated that to					
		as not aware of any other					
	_	Resident #86 and he had					
	kept his loose tobacc						
	machine and lighter v						
	Record review reveal	led 15 minute check sheets					
	dated 02/16/15 and 0	02/17/15 were initiated to					
	observe Resident #86	6 outside and inside the					
	facility for any further	smoking violations. He had					
	no further smoking vi	olations.					
	On 03/28/15 at 12:21					ĺ	
		d were informed not to				ĺ	
	smoke around oxyge	n but, other than that,				ĺ	
		store smoking material in				ĺ	
		scussed. The DON stated if				ĺ	
		lock their smoking material				ĺ	
	_	ey needed to request a lock					
		e director. The DON stated					
		ing material in a resident					
	room that was not se	curely stored it should be				ĺ	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		PLETED
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	ROVIDER OR SUPPLIER LE NURSING & REHABII	I		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/	28/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 323	secured. The DON of why 15 minute check or why consideration smoking materials fro after he was found sr 02/16/15. 5. Resident #131 wa 03/13/15 with diagno visually impaired and The smoking policy so Resident #131 on 03 material would not be The most recent Mini 03/20/15 coded Resident with no mood of that he used tobacco order dated 06/25/14 liters per minute per of chronic obstructive The care plan dated of Resident #131 at r smoking activity to in must have direct supentire smoking period and behaviors for podocument and assessafety during smoking designated areas onlapron and resident's be maintained by face Review of a "Safe Sr for Resident #131 da with total or limited rahands, diminished finhold a cigarette, drop to use ashtray to extiassessment noted Review of extension of the control of the cont	could offer no explanation is were only done for 2 days was not given to remove on the room of Resident #86 moking in the facility on its sadmitted to the facility on its ses including quadriplegia, tobacco use. igned on admission by (13/15 noted smoking to kept in the resident's room. It is roommate had an its roommate had	F 32	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G	· ,	(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C 3/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHAB	ILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		3/20/2013		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	observed being ass designated smoking light Resident #131' in his mouth, remove Resident's mouth, fland place the cigare mouth. On 03/25/15 at 1:35 observed seated in waiting to be taken was observed to ha on his lap with the licellophane cover of he would put his cig drawer of his bedsid doctor's appointmer #131's bedside dreslock on the drawer. outside of Resident roommate of Reside cannula with oxygen oxygen concentrato On 03/25/15 at 5:05 lighter were observed table of Resident #1 splints on both hand wearing a nasal car provided via an oxygen concentration on 03/25/15 at 6:39 (DON), Administrated they were unaware the resident on admismoking material weresident's room. The	isted by staff out to resident area. Staff was observed to se cigarette, place the cigarette et the cigarette from the ick the ashes in the ashtray, ette back in Resident #131's IPM Resident #131 was his wheel chair, in his room, to a doctor's appointment. He we a pack of cigarettes lying ghter located in the the cigarette pack. He stated arettes and lighter in his top let table before he left for the lat. Observations of Resident are revealed there was no an oxygen sign was on the #131's room and the ent #131 was wearing a nasal in being provided via an recommendation. IPM a cigarette pack and end stored on the over bed and his roommate was anula with oxygen being gen concentrator. IPM the Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by ission 03/13/15 included ould not be kept in the ey stated in December 2014	F 3.	23			
	management compathe manual on 03/2	cy manual from the new any and, when they reviewed 5/15, they noted the smoking conflict with the policy signed					

			(X3) DATE SURVEY COMPLETED			
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		345174	B. WING _			03/28/2015
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE,	ZIP CODE	
				91 VICTORIA ROAD		
ASHEVILL	E NURSING & REHA	BILITATION CENTER		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLA	N OF CORRECTION	(X5)
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI) TAG	CROSS-REFERENCED	E ACTION SHOULD BE O TO THE APPROPRIA CIENCY)	
F 323	Continued From pa	age 58	F3	23		
	by residents on ad	mission. The DON and				
	•	d they allowed residents to				
		material in their room unless				
		the smoking assessment or				
		N stated residents deemed				
		d smoke unsupervised, at any				
		ated smoking area for				
	_	urse #1 stated if a resident was				
	deemed unsafe to	independently smoke their				
	smoking material v	vould be locked in the				
	medication room.	MDS Nurse #1 stated if a				
	resident was cogni	tively intact, could light and				
		arette independently and not				
	•	nselves they were considered				
		OS Nurse #1 stated the care				
		esident was a safe or unsafe				
		nistrator and DON stated they				
		noking materials unsecured in				
		and the expectation was for				
		heir smoking material in a				
		r room. The DON stated there				
	•	n place to monitor smoking				
	material storage in					
		0 PM an interview was				
		Admission Coordinator who				
	•	hired. She stated she goes				
		Policy with residents who				
		of the admission process. She				
		ign the Smoking Policy. She have been informed that the				
	•	e an assessment and				
		an keep their smoking				
	-	ke without supervision.				
		3 PM an interview was				
		OS Nurse #1. She could not				
		ent #131 would have cigarettes				
		oom noting he was a				
	_	and it was inconsistent with				
	what was in his car					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345174	B. WING				28/2015
	ROVIDER OR SUPPLIER E NURSING & REHABIL	LITATION CENTER	•	91	TREET ADDRESS, CITY, STATE, ZIP CODE I VICTORIA ROAD SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	conducted with the D residents that smoke smoke around oxyge specifics of where to their room was not di a resident wanted to in their night stand th from the Maintenance if staff saw any smok room that was not se secured. The DON h smoking material was Resident #131. 6. Resident #23 was 09/01/03 with diagnorand history of tobacco. The Smoking Policy s 04/29/13 noted smok kept in the resident room that with moderately annual MDS dated 12 tobacco. Review of a "Safe Smoking N dated 03/25/15 reveal A care plan dated 12 03/02/15 identified a risk for injury related Approaches included smoking apron, educ	PM an interview was ON. She stated that d were informed not to n but, other than that, store smoking materials in scussed. The DON stated if lock their smoking material ey needed to request a lock e Director. The DON stated ing material in a resident curely stored it should be had no explanation why es retained in the room of admitted to the facility on ses including depression to use. Signed by Resident #23 on ing material would not be boom. Important Park (MDS) dated desident #23 as cognitively ty impaired vision. His 2/02/14 revealed he used Inoking Needs Assessment" desident #23 revealed he had to skills, needed to securely dropped ashes on himself smoking apron. Review of eeds Assessment" form alled no problems. Indicate the resident #23 at Indicate the	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER'SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 323	'		F3	23			
	smoker or unsafe son 03/25/15 at 1:00 observed seated in and he had a pack was holding his light stated he kept his croom because he was moking apron. On 03/25/15 at 1:20 observed outside u area. He was smosking apron on. On 03/25/15 at 6:10 observed coming doutside in the desig smoke. Resident # smoking materials returning to his room on 03/25/15 at 6:30 (DON), Administrating the resident on 04/material would not They stated in Decopolicy manual from company and, whe 03/25/15, they noted direct conflict with ton admission. The they allowed residem material in their room the smoking assess stated residents designated smoking stated there was not stated the stated there was not stated the stated there was not stated the stated the stated the stated the stated the stated there was not stated the stated the stated the stated the stated the	6 PM Resident #23 was his wheelchair in his room of cigarettes on his lap and her in his hand. Resident #23 cigarettes and lighter in the vas considered a safe smoker. Indicated he did not need a 2 PM Resident #23 was Insupervised in the smoking king and did not have a 5 PM Resident #23 was own the hall from smoking mated area for residents to 123 reported he had his and lighter with him and was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	((X3) DATE SURVEY COMPLETED	
		0.45474				С	
		345174	B. WING_			03/28/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
V SHE//II I	LE NURSING & REHA	RII ITATION CENTER		91 VICTORIA ROAD			
ASHEVILI	LE NURSING & REHA	BILITATION CENTER		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES SNCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		
F 323	resident was smok resident was deem smoke their smoking the medication roomesident was cognificated was cognificated in the medication roomesident was cognificated in their cig drop ashes on their a safe smoker. Mit plan indicated if a smoker. The admit had never seen smokers are sident's room a resident's room a resident's room a resident to keep the secure area of their was not a system if material storage in On 03/26/15 at 1:0 conducted with Mit with the safe smoker but ma pron. MDS Nurse was a safe smoker own ashes, light his cigarette out of the his mouth. MDS Not Resident #23's cloknow if the holes in cigarettes because around the holes. Resident #23 was and that staff super should know if a reapron or not. On 03/26/15 at 1:1 had his own smoking forget to bring it outsmoke.	apron was in place when the ing. MDS Nurse #1 stated if a ned unsafe to independently ing material would be locked in im. MDS Nurse #1 stated if a litively intact, could light and larette independently and not imselves they were considered DS Nurse #1 stated the care resident was a safe or unsafe inistrator and DON stated they noking materials unsecured in and the expectation was for heir smoking material in a ir room. The DON stated there in place to monitor smoking	F3	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	<u>'</u>	30,20,20	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 323	She stated residents not to smoke around specifics of where to their room was not of a resident wanted to in their night stand their night saw and secured. 7. Resident #36 was 12/11/07 and readmed diagnoses including The Smoking Policy 04/29/13 noted smokept in the resident of the most recent Min 02/09/15 coded Reswith no mood or behalt to be with no mood or behalt to be compared to the smoke in designated encourage her to we smoke in designated encourage her to we smoke breaks because moking and has a residents cigarettes. approach included the and lighter must be cart. Review of the "Safe Assessment" dated revealed no problem On 03/25/15 at 10:5	Director of Nursing (DON). It is that smoked were informed to a toxygen but, other than that, is store smoking materials in discussed. The DON stated if it lock their smoking material mey needed to request a lock the Director. The DON stated king material in a resident ecurely stored it should be as admitted to the facility on itted on 08/17/12 with chronic airway obstruction. Signed by Resident #36 on king material would not be room. Inimum Data Set (MDS) dated ident #36 as cognitively intact leavior problems and use of 1/24/14 and reviewed a problem Resident #36 was ted to cigarette smoking. It is making areas only, to the sar a smoking apron during use she nods off while inistory of lighting other In addition, another mat Resident #36's cigarettes locked up on the smoking 1/25/15 for Resident #36	F3	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
		345174	B. WING				C	
NAME OF DE	ROVIDER OR SUPPLIER	343174	B: 111110 -		TREET ADDRESS, CITY, STATE, ZIP CODE	03/	28/2015	
NAIVIE OF PI	ROVIDER OR SUPPLIER							
ASHEVILL	E NURSING & REHA	ABILITATION CENTER			1 VICTORIA ROAD			
				P	ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 323	Continued From p	page 63	F:	323				
	•	veral other residents during the						
		no staff supervision. Resident						
		smoking with no smoking						
		ew with Resident #36 during this						
	•	kept her cigarettes and lighter						
		ser drawer in her room.						
		:52 PM Resident #36 was						
		her room after she had						
		at #36 reported she kept her						
		er in a case on her wheelchair						
		ırs. Resident #36 stated she						
	locked her cigaret							
	the bedside table							
		39 PM the Director of Nursing						
		ator and MDS Nurse #1 stated						
	they were unawar	e the Smoking Policy signed by						
	the resident on 04	4/29/13 included smoking						
	material would no	t be kept in the resident's room.						
	They stated in De	cember 2014 they received a						
	policy manual fror	m the new management						
	company and, wh	en they reviewed the manual on						
	03/25/15, they not	ted the smoking policy was in						
	direct conflict with	the policy signed by residents						
	on admission. Th	e DON and administrator stated						
		lents to maintain smoking						
		oom unless contraindicated in						
	_	ssment or care plan. The DON						
		eemed safe smokers could						
	•	sed, at any time, in the						
		ng area for residents. The DON						
		not a staff member present to						
		assessed as safe smokers to						
		apron was in place when the						
		king. MDS Nurse #1 stated if a						
		ned unsafe to independently						
		ing material would be locked in						
		om. MDS Nurse #1 stated if a						
		nitively intact, could light and						
	extinguish their cig	garette independently and not						

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 323	a safe smoker. MDS plan indicated if a resmoker. The admin had never seen smot a resident's room ar residents to keep the secure area of their was not a system in material storage in a On 03/27/15 at 5:13 conducted with MDS did not realize the caincluded an approach be locked in the smot apron. On 03/28/15 at 12:2 conducted with the IShe stated residents not to smoke around specifics of where to their room was not of a resident wanted to in their night stand to from the Maintenanci if staff saw any smot room that was not secured. 8. Resident #133 w 03/05/15. Diagnose and vertebral fractur A 5-Day Minimum Dindicated Resident #A review of the care revealed an Interim which did not address The Smoking Policy	selves they were considered S Nurse #1 stated the care sident was a safe or unsafe istrator and DON stated they oking materials unsecured in the expectation was for each of the expectation was expected to monitor smoking a resident rooms. PM a follow up interview was expected was expected was expected with the expectation of the expectation was expected with the ex	F 32			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345174	B. WING		03/28/2015	
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
F 323	A "Safe Smoking N 03/06/15 document and no nursing interelated to smoking. Review of Resident revealed a nurses of PM and detailed as note read, Entered strong odor of cigal resident if he smok confirmed that he he knew this was a and he denied know educated on policy smoking area and of A social work note with a social work note indicated unaware of the facility and review of the fifte Resident #133 was minutes beginning ending 03/08/15 at Further review of the social worker note described the Social worker note described the Social worker note of the facility and return the facility and return smelled like he had behavior was a little smelled like he	eeds Assessment" completed and no risk factors for smoking reventions to be implemented at #133's medical record note dated 03/06/15 at 3:59 at a late entry for 8:00 AM. The resident's room and noted rette smoke. Nurse asked and in his room and resident if gainst the rules of the facility wing it was. Resident was and the location of the resident stated understanding. It was a cigarette in at 8:00 AM and subsequently minute checks. The social I Resident #133 stated he was lity's smoking policy and would oving forward. en-minute checks revealed observed every fifteen on 03/06/15 at 6:00 PM and 2:30 PM. He medical record revealed a dated 03/06/15. The note all Worker speaking with ut the rule against smoking in eresident voiced	F 32	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	Continued From pag	ge 66	F3	323		
	in his room. When restated, you cannot se immediately extingue apologized. The restabout some issues was a cigarette without the Another social service described the Social Resident #133 about Social Worker docur discharge with the rether rules about smood A social services not documented Reside home. On 03/25/15 at 6:39 (DON), Administrated they were unawared the resident on admissmoking material working material working material working was in direct of by residents on administrator stated maintain smoking montraindicated in the care plan. The DON safe smokers could time, in the designative residents. MDS Nurdeemed unsafe to insmoking material working in the designative was cognitive xinguish their cigal	nurse entered the room and moke in the room, he ished the cigarette and sident stated he was worried with his living situation and lit ninking. Des note on 03/09/15 Worker speaking again with the smoking in the room. The mented she discussed esident due to failure to follow king in the facility. The dated 03/12/15 The Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by ission 03/05/15 included build not be kept in the ey stated in December 2014 by manual from the new any and, when they reviewed sixion. The DON and they allowed residents to aterial in their room unless e smoking assessment or stated residents deemed smoke unsupervised, at any led smoking area for the sixion was adependently smoke their				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _		0	C 3/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		3/20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 323	plan indicated if a resonoker. The administration had never seen smoota resident's room an residents to keep the secure area of their is was not a system in material storage in a An interview was core 03/26/15 at 10:12 AN who observed Resider room on 03/06/15 at she caught Resident the first time, she infollowed the residency of the could not explain checks were not stare 03/06/15 nor why the documented after 2:3 however verified who done the fifteen-minuted of the completed from the stare of the completed from the completed from the completed from the completed after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected to be completed from the completed after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected to be completed after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the completed she expected the completed after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the complete after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the complete after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the complete after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the complete after 2:3 not provide any furth fifteen-minute checks resident #133 retain room through dischala further verified she expected the complete after 2:3 not provide any furth fifteen-minute checks retain the complete after 2:3 not provide any furth fifteen and the complete after 2:3 not provide any furth fifteen and the complete after 2:3 not provide any furth fifteen and the complete after 2:3 not provide any furth fifteen and the complete af	S Nurse #1 stated the care sident was a safe or unsafe strator and DON stated they king materials unsecured in d the expectation was for sir smoking material in a room. The DON stated there place to monitor smoking resident rooms. Inducted with Nurse #1 on M. Nurse #1 was the nurse ent #133 smoking in his and 03/08/15. She stated after in #133 smoking in the room formed the Director of ial Worker. She explained ent on fifteen-minute checks. In why the fifteen-minute thed until 6:00 PM on exchecks were not as PM on 03/08/15. She en she was on duty she had ute checks after 2:30 PM on as how she observed king at 3:50 PM. Inducted with the Director of 63/26/15 at 10:29 AM. She atted the fifteen-minute checks in the first moment Resident facility up until the resident in the facility. She could not en-minute checks were not 30 PM on 03/08/15 and could	F3				

	(X3) DATE SURVEY COMPLETED	
345174 B. WING	03/28/2015	
NAME OF PROVIDER OR SUPPLIER ASHEVILLE NURSING & REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 00/20/2010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 323 Continued From page 68 F 323		
resident smoked in his room on 03/06/15, but she had concerns of the resident being able to fully understand the reason for not smoking inside the building. An interview was conducted with MDS Nurse #1 on 03/27/15 at 5:13 PM. She stated residents who wished to smoke were observed smoking a cigarette, and they would be deemed safe if they could independently light, hold, and extinguish the cigarette without dropping ashes on themselves. MDS Nurse #1 stated Resident #133 was allowed to retain smoking material in his room (after 03/06/15 and 03/08/15) because he was considered a safe smoker due to the fact he could light his cigarette, extinguish his cigarette and not drop ashes on himself. MDS Nurse #1 stated as long as a resident was assessed safe to smoke they were allowed to retain their smoking material in their room. She could not explain why Resident #133's Interim Care Plan did not address a problem area of smoking. On 03/28/15 at 12:21 PM an interview was conducted with the Director of Nursing (DON). She stated residents that smoked were informed not to smoke around oxygen but, other than that, specifics of where to store smoking materials in their room was not discussed. The DON stated if a resident wanted to lock their smoking material in their night stand they needed to request a lock from the Maintenance Director. The DON stated if staff saw any smoking material in a resident room that was not securely stored it should be secured. 9. Resident #44 was readmitted to the facility on 11/06/14. Diagnoses included chronic obstructive pulmonary disease, incomplete quadriplegia, and		

PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		345174	B. WING			03/:	28/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
V SPIE//II I	E NURSING & REHABIL	ITATION CENTER		9	1 VICTORIA ROAD		
ASHEVILL	E NURSING & REHABIL	HATION CENTER		Α	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	quarterly MDS dated resident was cognitive The Smoking Policy's 11/07/14 noted smoking kept in the resident's A review of the care production of the care produc	esident #44 used tobacco. A 01/09/15 indicated the ely intact. Signed by Resident #44 on ing material would not be room. Olan revised 09/03/14 and problem area of Resident e cigarettes. The goal was safe through the next review. It is providing one-on-one oking, nursing to keep in a safe area, and to create The care plan did not esident #44 to wear a eds Assessment" completed or risk factors for smoking entions related to smoking. It is the need for Resident #44 from while smoking. It is a the while in bed for shortness ent #44 on 03/25/15 at 11:43 dent was sleeping in his nocentrator was on and paraphernalia was diately or easily accessible. PM, Resident #44 was tiside in the designated as not wearing a smoking eing supervised by a staff erviewed on 03/25/15 at he went outside to smoke	F	323			
	whenever he wanted.	He explained he kept his in a small bag attached to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		Ι,	2
		345174	B. WING				28/2015
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				91 VICTORIA ROAD			
ASHEVILL	LE NURSING & REHA	BILITATION CENTER		4	ASHEVILLE, NC 28801		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 323	Continued From p	age 70	F	323			
	-	s wheelchair seat. Observation					
		d a pack of cigarettes and a					
	lighter were clearly						
		39 PM the Director of Nursing					
		tor and MDS Nurse #1 stated					
		the Smoking Policy signed by					
	the resident on 11						
	material would not						
	They stated in Ded						
	policy manual fron						
	company and, whe						
	03/25/15, they not						
	direct conflict with	the policy signed by residents					
	on admission. The	e DON and administrator stated					
	they allowed resid	ents to maintain smoking					
	material in their ro	om unless contraindicated in					
	the smoking asses	ssment or care plan. The DON					
	stated residents de	eemed safe smokers could					
	smoke unsupervis	ed, at any time, in the					
	designated smokir	ng area for residents. MDS					
		a resident was deemed unsafe					
		moke their smoking material					
		the medication room. MDS					
		a resident was cognitively					
		and extinguish their cigarette					
		not drop ashes on themselves					
		red a safe smoker. MDS					
		e care plan indicated if a					
		e or unsafe smoker. The					
		DON stated they had never					
		erials unsecured in a resident's					
	·	ectation was for residents to					
		g material in a secure area of					
		ON stated there was not a					
		monitor smoking material					
	storage in a reside						
		88 AM Resident #44 stated the					
	l -	e smoking policy with him itted. He stated the designated					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` /	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	0.20.20.10	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 323	further explained he cigarettes and lighter During the interview lighter were observe his wheelchair seat. An interview was co on 03/27/15 at 5:13 nurses were responsursing admission a Safe Smoking Need residents who wishes smoking a cigarette, safe if they could incextinguish the cigare on themselves. MD assumed the Admission at the Admission assumed the Admission and the Admission and the Admission assumed the Admission assumed the Admission and the Admission assumed the Admission assumed the Admission and the Staff supervision as a safe stated staff supervision and lighter in a safe stated staff supervision and lighter as moking and follow-up interview DON on 03/28/15 at the floor nurse, or the staff discussed with the staff discussed with smoking paraphernal all lighters and cigar She further explaine notify the Maintenan lock to be placed on 10. Resident #91 was	the courtyard. The resident was allowed to keep his rewhen he was admitted. The properties and a din the small bag attached to a pack of cigarettes and a din the small bag attached to a pack of cigarettes and a din the small bag attached to a pack of cigarettes and a din the small bag attached to a pack of cigarettes and its pack of completing the seessments, including the seessments, included his earth admitted to the facility on sees a pack of cigarette of the seessments, included his number of cigarettes and they would be deemed and they would be packed on the seessments and included his packed on the seessments an	F3	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER	ILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		1 00.20.2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
F 323	indicated that Resid products and was concentrated the resident's A "Safe Smoking New on 12/25/14 for Resident's A "Safe Smoking New on 12/25/14 for Resident's The smoking Needs Asson 03/25/15 for Resident Help 1 to weak cigarette holder when A review of Resident Help 1 to weak cigarette holder when A review of Resident O3/25/15 revealed a The goal was to keek the next review. The resident wear a smooperiodic supervision wear the smoking all Observation of Resident was not wearing smoking was being Administrator, the Discoil Worker. On 03/26/15 at 8:54 facility reviewed the when he was admitted the only place for his courtyard. He further	Data Set dated 03/17/15 ent #91 used tobacco ognitively intact. signed by Resident #91 on king material would not be s room. eds Assessment" completed ident #91 documented no risk and no nursing interventions elated to smoking. A "Safe ressment" completed int #91 noted no risk factors but indicated the need of ar an apron and have a en smoking. It #91's care plan revised problem area of smoking. In the resident safe through the interventions included the biking apron and to provide when resident refused to oron. In the sident was outside smoking. It is supervised by the irector of Nursing, and the AM Resident #91 stated the smoking policy with him ed. He explained he knew	F 32:			
	(DON), Administrate they were unaware	PM the Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by 1/14 included smoking				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345174	B. WING			1	C
NAME OF D	ROVIDER OR SUPPLIER	343174	12	STREET ADDR	RESS, CITY, STATE, ZIP CODE	03	3/28/2015
NAIVIE OF FI	ROVIDER OR SUFFLIER			91 VICTORIA			
ASHEVILL	LE NURSING & REHA	BILITATION CENTER		ASHEVILLE			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 323	Continued From p	age 73	F:	323			
F 323	They stated in Depolicy manual from company and, who 03/25/15, they not direct conflict with on admission. The they allowed reside material in their routhe smoking assess tated residents dismoke unsupervision designated smoking. DON stated there present to monitor smokers to ensure when the resident stated if a resident independently smowned by the considering would be locked in Nurse #1 stated if intact, could light a independently and they were considered Nurse #1 stated they were considered Nurse #1 stated they were smoking manual they were smoking manual they were their smoking manual they were smoking manual they were smoking manual they were their smoking manual their room. The Disystem in place to storage in a residered An interview was a safety of the control of the policy of the control of the policy of the	to be kept in the resident's room. Comber 2014 they received a in the new management en they reviewed the manual on red the smoking policy was in the policy signed by residents in sement or care plan. The DON resemed safe smokers could red, at any time, in the lang area for residents. The language was not a staff member of residents assessed as safe as a smoking apron was in place was smoking. MDS Nurse #1 the was deemed unsafe to looke their smoking material in the medication room. MDS are resident was cognitively and extinguish their cigarette of not drop ashes on themselves are a safe smoker. MDS are care plan indicated if a few or unsafe smoker. The DON stated they had never the terials unsecured in a resident's rectation was for residents to go material in a secure area of residents and the monitor smoking material.	F	323			
	nursing admission Smoking Safety N	onsible for completing the assessments, including the eeds Data Collection tool. She who wished to smoke were					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING			1	0
NAME OF D	ROVIDER OR SUPPLIER	343174	B. W			03/	28/2015
NAIVIE OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHEVILL	E NURSING & REHA	BILITATION CENTER			91 VICTORIA ROAD		
				-	ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From pa	age 74	F:	323	3		
	-	a cigarette, and they would be					
		y could independently light,					
		sh the cigarette without					
		themselves. MDS Nurse #1					
		umed the Admissions					
		ewly admitted residents their					
		ters had to be locked up.					
	-	ew was conducted with the					
		at 12:21 PM. She stated she,					
	the floor nurse, or	the nurse Supervisor would					
	make sure the resi	dent knew not to smoke					
	around oxygen cor	ncentrators; however, none of					
	the staff discussed	with residents where to store					
	smoking parapherr	nalia. She stated she expected					
	all lighters and ciga	arettes to be stored out of sight.					
		ned she would notify the					
	Maintenance Direc	ctor when a resident requested					
	a lock to be placed	l on a nightstand.					
		was admitted to the facility on					
		mitted 02/05/15 with diagnoses					
		alysis, acute respiratory failure,					
	· -	c brain injury, late effect					
		pression. The current					
		(MDS) dated 02/10/15					
		t #47 with no cognitive					
		significant change MDS					
		leted 07/04/14 assessed					
	Resident #47 with	use of tobacco.					
	The Constitute D. II.	or single day admiration by					
		by signed on admission by					
		2/18/13 noted smoking					
	materiai would not	be kept in the resident room.					
	Δ "Safe Smoking N	Needs Assessment" completed					
		/06/15 did not indicate any					
		ith Resident #47 related to					
		Smoking Needs Assessment"					
	_	Resident #47 noted issues					
		lem while sitting or standing",					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345174	B. WING				28/2015
	ROVIDER OR SUPPLIER E NURSING & REHABIL	LITATION CENTER	•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	hold cigarette" and "o Interventions to prote was to "apply smokin" The care plans for Refollowing problem area dated 02/25/15 noted, "I am Approaches to this proposed while Safe Smoking Assessineeds while smoking responsible party understood of the problem area dated 03/24/15 noted, "Resonon-compliance behad 07/23/14 and updated has episodes of yellir refusing/resisting campolicies with periods of the observed outside, smarea designated for sobserved outside, smarea designated for sobservation, Resident cigarette and lighter in pocket or in a locked 03/25/15 at 11:06 AM the dresser, in the rodoor of the room was eyesight on the dresser, in the	or skills needed to securely throp ashes on self". oct the resident from injury g apron". esident #47 included the eas and approaches: d 09/16/14 and updated in safe while smoking". roblem area included: Apply I am smoking, Complete a sment to identify my safety and Ensure that I/my derstand the facility Smoking id 12/21/13 and updated ident is exhibiting eavior". A care plan dated id 02/25/15 noted, "Residenting, screaming and cursing: e and following facility of agitation/angry outbursts". AM Resident #47 was anoking independently in the smoking. At the time of the it #47 stated he kept his in his room either in his	F	323			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		C
NAME OF DE	ROVIDER OR SUPPLIER	343174	1 5:	STREET ADDRESS, CITY, STATE, ZIP CODE	03/28/2015
IVAIVIL OI III	TO VIDER OR OUT LIER			91 VICTORIA ROAD	
ASHEVILL	E NURSING & REHABIL	ITATION CENTER		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 323	#47 indicated he alwa	on the dresser. Resident ays kept smoking material in	F 32	23	
	(DON), administrator they were unaware the the resident on admission smoking material working material working material working material working management compart the manual on 03/25/policy was in direct copy residents on admission administrator stated wemployment with the were allowed to main their room. The DON they allowed resident material in their room the smoking assessm stated residents deen smoke unsupervised, designated smoking a Nurse #1 stated if a roto independently smowould be locked in the Nurse #1 stated if a roto independently and not they were considered Nurse #1 stated the considered was a safe of administrator and DO seen smoking material working material services.	and MDS Nurse #1 stated the Smoking Policy signed by the sign 12/18/13 included and not be kept in the stated in December 2014 or manual from the new the new that it is not to be a sign of the smoking porflict with the policy signed assion. The DON and when they began company in 2014 residents that is moking materials in a land administrator stated as to maintain smoking unless contraindicated in the safe smokers could			
	room and the expecta keep their smoking m				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 91 VICTORIA ROAD ASHEVILLE, NC 28801		00/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	storage in resident residents that to smoke around oxy specifics of where to their room was not do a resident wanted to in their nightstand the from the maintenance if staff saw any smol room that was not secured. The DON any instances of Resunattended in his room to the secured in his room to the secured in his room that was not secured. The DON any instances of Resunattended in his room to the secured in his room to the secured in his room to the secured in the resident was to the secured in the resident's Review of the Minimal Assessment dated to skills for daily decision independence-some only. Resident # 129 to bacco use. Review of an interimal revealed smoking was for Resident # 129. Review of the "Safe Assessment" 03/22/had no concerns idea smoking.	aronitor smoking material coms. In a follow-up 5 at 12:21 PM the DON smoked were informed not agen but, other than that, a store smoking material in iscussed. The DON stated if lock their smoking material ey needed to request a lock their smoking material ey needed to request a lock their decured in a resident stated she was not aware of sident #47 leaving a lighter om. I was admitted to the facility on oneses of muscle weakness ing. I signed by Resident #129 on king material would not be a room. I was admitted to the facility on oneses of muscle weakness ing. I signed by Resident #129 on king material would not be a room. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing. I was admitted to the facility on oneses of muscle weakness ing.	F3	323			
		aled she was outside,					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG		OATE SURVEY COMPLETED
		345174	B. WING _			C
	ROVIDER OR SUPPLIER LE NURSING & REHABI			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	<u> </u>	03/28/2015
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 323	were shaking and shall blouse. Resident # 129 reversions in the facility finished her cigarette room. She had her chand, and sat down on 03/25/15 at 1:10 Resident # 129 reversions. She had her chand, and sat down on 03/25/15 at 1:10 Resident # 129 reversions her bed, with her explications were on the control of the bed linens, and lighters were on the on 03/25/15 at 6:39 (DON), Administrated the resident on admissions material were sident's room. The they were unaware the resident on admissions material were sident's room. The they received a policy was in direct of by residents on administrator stated maintain smoking micontraindicated in the care plan. The DON	ng. Resident # 129's hands he dropped ashes on her 29 was unaware of ashes on ted out by a surveyor. O AM an observation of aled she was outside y courtyard. Resident # 129 e and ambulated back to her digarettes and lighter in her on the bed. PM an observation of aled she was leaning back in es closed. Her cigarettes and ver bed table. PM an observation of aled she was sleeping on top d a pack of cigarettes, and 2 bedside table. PM the Director of Nursing r and MDS Nurse #1 stated the Smoking Policy signed by sision 03/22/15 included held not be kept in the easy stated in December 2014 by manual from the new any and, when they reviewed 1/15, they noted the smoking conflict with the policy signed ission. The DON and they allowed residents to aterial in their room unless the smoking assessment or stated residents deemed smoke unsupervised, at any	F3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345174	B. WING		C 03/28/2015
	ROVIDER OR SUPPLIER	SILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1 33/26/23 13
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 323	residents. MDS Nowas deemed unsafe smoking material with medication room. Moresident was cognitive extinguish their cigardrop ashes on them a safe smoker. MD plan indicated if a resmoker. The admir had never seen smal resident's room a resident's room a resident's room a resident to keep the secure area of their was not a system in material storage in the stated she went over residents who smoking policy. She been informed that assessment and desmoking materials a supervision. On 03/26/15 at 9:30 conducted with Residents who smoking materials a supervision. On 03/26/15 at 9:30 conducted with Residents was admitted she was told whenever she want on any dresser in himaterials.	arse #1 stated if a resident the to independently smoke their could be locked in the MDS Nurse #1 stated if a sively intact, could light and the arette independently and not the selves they were considered as Nurse #1 stated the care the esident was a safe or unsafe the sistrator and DON stated they tooking materials unsecured in the expectation was for their smoking material in a the noom. The DON stated there the place to monitor smoking the aresident rooms. The DON stated there the place to monitor smoking the resident rooms. The place to monitor smoking the resident rooms was Admissions Coordinator. She therefore the smoking policy with any the at the end of the admission the all residents sign the the reported residents have the nurse will complete an termine if they can keep their	F 32:	3	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD			(С
		345174	B. WING			03/	28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHA	BILITATION CENTER		91	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	could be kept in rein the locked drawe the admitting nurse smoking assessment was nesidents were safe care plan was specificate plan was specificate the care plan approach for a resident state approach for a resident wanted in their nightstand from the maintenant approach for the resident wanted in their nightstand from the maintenant approach for the resident wanted in their nightstand from the maintenant approach for the maintenant approach	and that cigarettes and lighters sident's room in the night stand er. MDS Nurse #1 revealed was responsible for doing the ent. She stated the smoking of clear as to whether er or unsafe to smoke but the cific if a resident should be apervised when smoking. She for smokers provided an dent to be supervised or S Nurse #1 reported the care nediately after the smoking een completed. She stated as admitted on the weekend, ald have indicated whether she eafe smoker when she oking assessment, and put it on an under the falls and safety en had assumed that the nator had told residents that had to be locked up. She said our er and thought maintenance	F	323			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345174	B. WING				C 28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABII	LITATION CENTER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD SHEVILLE, NC 28801	1 001	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	pulmonary disease, of surgery. Review of the Minima Assessment dated 03 skills for daily decision decisions consistent/ was identified for cur. The Smoking Policy: 03/21/15 noted smok kept in the resident's Review of the "Safe Sasessment" dated 0132 had no concerns smoking. Review of an interim revealed smoking was for Resident # 132. On 03/25/15 at 11:40 Resident # 132 reveas smoking in the facility finished her cigarette to her room in a where cigarettes and lighter observation revealed concentrator in her room on 03/25/15 at 1:16 Resident # 132 reveas and lighter with her, a from smoking, she hill on 03/25/15 at 6:25 Resident # 132 reveas and lighter with her, a from smoking, she hill on 03/25/15 at 6:25 Resident # 132 reveas bed. Her oxygen con	ses of chronic obstructive chronic back pain, and arm um Data Set (MDS) 5 day 3/28/15 revealed cognitive on making: Independent freasonable. Resident # 132 rent tobacco use. signed by Resident #132 on sing material would not be room. Smoking Needs 03/21/15 revealed Resident # sidentified regarding safe care plan dated 03/22/15 as not identified as a problem 0 AM an observation of aled she was outside y courtyard. Resident # 132 and propelled herself back elchair. She had her with her. Further she had an oxygen oom, and it was on.	F	3323			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION IG			LETED
		345174	B. WING _			1	28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, 91 VICTORIA ROAI ASHEVILLE, NC		1 03/	20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From pag	ge 82	F3	23			
	hand. She was mov stated she could not looking for her lighte	of unopened cigarettes in her ing about in her bed and find her lighter and was er in her bed. No locks were daide dresser to secure					
	(DON), Administrator they were unaware the resident on adm smoking material woresident's room. The they received a policy management compathe manual on 03/25 policy was in direct oby residents on administrator stated maintain smoking montraindicated in the care plan. The DON	PM the Director of Nursing or and MDS Nurse #1 stated the Smoking Policy signed by ission 03/21/15 included ould not be kept in the ey stated in December 2014 by manual from the new any and, when they reviewed 5/15, they noted the smoking conflict with the policy signed dission. The DON and they allowed residents to aterial in their room unless e smoking assessment or I stated residents deemed smoke unsupervised, at any					
	time, in the designat residents. MDS Nur deemed unsafe to ir smoking material wo medication room. M resident was cognitive extinguish their ciga drop ashes on them a safe smoker. MDS plan indicated if a resmoker. The adminishad never seen smoar resident's room ar residents to keep the secure area of their	ed smoking area for se #1 stated if a resident was idependently smoke their					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON CROSS-REFERENCED TO THE APPROPRIES OF T	JLD BE COMPLETION	
F 323	conducted with the A stated she went overesidents who smok process. She stated smoking policy. She been informed that the assessment and det smoking materials a supervision. On 03/26/15 at 9:15 she had her cigarett no one told her she further revealed she told her she would be safety and could smassessment, outside On 03/27/15 at 5:13 she knew residents designated areas and could be kept in resigning the locked drawer admitting nurse was smoking assessment was not were safe or unsafe was specific if a resignated areas and were safe or unsafe was specific if a resignated to be super Nurse #1 reported the immediately after the been completed. Mil # 132 was admitted nurse should have in	PM an interview was Admissions Coordinator. She of the smoking policy with any exact the end of the admission all residents sign the reported residents have the nurse will complete an ermine if they can keep their and smoke without AM Resident # 132 stated the exact the exac	F 3:	23		

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHAB	SILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	I	00/20/2010
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 323	care plan. She state admissions coordin smoking materials have did not make sutheir bedside drawer provided locks for recommendation. On 03/28/15 at 12:2 residents that smoke around oxygospecifics of where their room was not a resident wanted to in their nightstand their nightstand their saw any smoroom that was not so secured. On 03/26/15 at 6:40 DON were notified of facility provided and	ement, and put it on the initial sed she had assumed that the ator had told residents that had to be locked up. She said to be locked up a lock on the said thought maintenance	F3			
	On March 26, 2015 developed a new sr Smoking policy, the Staff Smoking Resp Data Collection For smoking materials (kept in a plastic cor room, however resis smokers are allowe room. The Director safe and unsafe sm					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER LE NURSING & REHABI		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/28/2015 E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	Collection form will be and readmissions to completed by the ad the information will be interdisciplinary team considered a safe or resident upon admissionable if they are a safe resident will be consinter-disciplinary team Data Collection Form Residents will be informed and in the information of Social Services. It is assessments are conquarterly, change of residents request. Smoking for resident designated area whith using portable oxygotidentified with a noise out in the designated and cigarettes have resident room. The The resident has sig On 3/27/15, letters with members and/or RP by the Director of Sciol3/27/2015	e Safe Smoking Data the used on all new, existing the facility. The form will be mission Charge Nurse, and the submitted to the facility that to determine if resident is the unsafe smoker. The sion will need to surrender tighter until a determination is tafe or unsafe smoker. The tidered unsafe until the the more reviews the Safe Smoking the and make a decision. The ormed of the decision to safe smoking by the Director the smoking that the that is to only take place in the the chair the wheelchair must be the moking sign and cannot be the smoking area. In the smoking area. In the smoking area. In the smoking area that the smoking policy the unsafe smoker. Lighters the the new smoking policy the smoking policy the smoking policy the sent to the family the treatment of the smoking policy the sent to the family the unsafe smoking policy the smoking policy the smoking policy the smoking policy	F3	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIF A. BUILDING		PLE CONSTRUCTION G		DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	and is determined a and cigarettes have room. The care plate resident has signed 3/27/15, letters were and/or RP regarding Director of Social S 03/27/2015 Resident #3 (Resid been reassessed upon and is determined a and cigarettes have resident room. The The resident has signed on 3/27/15, letters members and/or RF by the Director of S 03/27/2015 Resident #4 (Resid been reassessed upon and determined to be lighter has been reresident care plan has signed 3/27/15, letters were and/or RP regarding Director of Social S 03/27/2015 Resident #5 (Resid been reassessed upon and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident care plan has signed and determined to be lighter has been reresident has signed and determined to be lighter has been reresident has signed and determined to be lighter has been remarked and determined and determined and determined and determi	an "unsafe smoker". Lighters to been removed from this in has been updated. The left the new smoking policy. On the sent to the family members go the smoking policy by the ervices. The smoking policy by the ervices. The smoking policy by the ervices. The smoker is a policy by the ervices. The smoking policy by the ervices. The smoker is a policy by the ervices. The smoker is a policy by the ervices. The smoker is a policy by the ervice is a policy by the ervices. The smoker is a policy by the ervices is a policy by the ervices. The smoker is a policy by the ervices is a policy by the erv	F 3.	23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ILITATION CENTER		91 VI	EET ADDRESS, CITY, STATE, ZIP CODE ICTORIA ROAD IEVILLE, NC 28801	1 00	20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 323	by the Director of Sci 03/27/2015 Resident #6 (Reside been reassessed ur and determined to be lighter has been ren resident care plan has signed 3/27/15, letters were and/or RP regarding Director of Social Sci 03/27/2015 Resident #7 (Reside been reassessed ur and determined to be lighter has been ren resident care plan has signed 3/27/2015, letters were	P regarding the smoking policy ocial Services. ent #44 on the 2567)-Has ader the new smoking policy are a "safe smoker". The moved from the room. The as been updated. The the new smoking policy. On a sent to the family members at the smoking policy by the ervices. ent #36 on the 2567)-Has ader the new smoking policy are a "safe smoker". The moved from the room. The as been updated. The the new smoking policy. On ere sent to the family pregarding the smoking policy	F	323				
	been reassessed ur and determined to be lighter has been ren resident care plan h resident has signed 03/27/2015, letters of members and/or RF by the Director of Sc 03/27/2015	ent #132 on the 2567)-Has adder the new smoking policy be a "safe smoker". The moved from the room. The as been updated. The the new smoking policy. On were sent to the family pregarding the smoking policy pocial Services.						

	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER LE NURSING & REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 323	and cigarettes have resident room. The The resident has sig On 3/27/2015, letter members and/or RP by the Director of Sc 3/27/2015 Resident #10 (Resident #11 (Resident #11 (Resident #11 (Resident #11 (Resident #11 (Resident #11 (Resident #12 (Resident #	n "unsafe smoker". Lighters been removed from this care plan has been updated. In the new smoking policy is were sent to the family regarding the smoking policy ocial Services. Ident #131 on the 2567)-Has after the new smoking policy in "unsafe smoker." Lighters been removed from this care plan has been updated. In the new smoking policy is were sent to the family regarding the smoking policy ocial Services. Ident #91 on the 2567)-Has after the new smoking policy is a "safe smoker". The noved from the room. The last been updated. The the new smoking policy ocial Services. Ident #133 on the was discharged from the was discharged from the smoking policy ocial Services.	F 32	23		
	Resident #13 (Resident #13 facility on March 9, 2	was discharged from the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		OATE SURVEY OMPLETED
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ASHEVILLE NURSING & REHABILITATION CENTER (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 89 Nurse 1 and Nurse 2 were re-educated on recording and performing of the 15 minute checks by the Director of Nursing. 3/27/2015 New residents admissions and/or their family or RP are educated on the new smoking policy by the Director of Admissions. All current residents were educated on the new smoking policy by the Director of Social Services and have signed the "safe" or "unsafe" smoking policy depending on the outcome of their "Safe Smoking Data Collection Form". 3/27/2015			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	•	1 00/20/20 10	
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	Continued From page	ge 89	F 3	23		
	recording and performance checks by the Direct	ming of the 15 minute				
	RP are educated on the Director of Admi were educated on the Director of Social Se "safe" or "unsafe" sr the outcome of their Collection Form".	the new smoking policy by ssions. All current residents the new smoking policy by the ervices and have signed the moking policy depending on				
	on a weekly basis redignity, choice, preferences, has had the smoke?". Every resinterviewed every we team member design Champion. The reserviewed by the Adrifor the inter-discipling concern are addressed epartment. Those immediate attention that they smoke work known to the Director 3/27/2015	eek by the Inter-Disciplinary nated to be their Resident ults on the interviews are ninistrator and summarized ary team and areas of sed by the appropriate concerns that require such as a resident indicating uld immediately be made or of Nursing or Administrator.				
	additional residents addressed on the in conducted on 3/26/2	wed comprehensive last 30 days to identify any that smoke and were not itial list. An audit was 2015 and 3/27/2015 by the in in person to identify any				

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	LITATION CENTER	9	STREET ADDRESS, CITY, STATE, ZIP CODE OF VICTORIA ROAD ASHEVILLE, NC 28801	1 03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 323	other potential smok identified in previous 3/27/2015 The new assessment 26, 2015 by the faciliadded the following in Does the resident kindesignated areas for get there independently light stoes the resident extitution an appropriate recidispose of ashes or appropriately, has the incidents with smoking visible burns on the Interdisciplinary team determine if resident require an able kept at nursing strestrictions, family or restrictions, smoking signatures of all interestrictions and for those and smoking materiate to the Social Worker "safe smokers" are at their room. Lighters obtained from the No.	ers that may not have been audits. It tool developed on March ity inter-disciplinary team information: It took the location of the smoking, can the resident intly, can the resident moking materials safely, we tremors while smoking, inguish the smoking materials reptacle, can the resident other tobacco related residue in the resident pother tobacco related residue in the resident content accommendations, in recommendations, in recommendations, in recommendations, in resident notified of the POA notified, staff notified of the resident in place, and the redisciplinary team members. In removed from resident deemed "unsafe" cigarettes als were removed and given in however residents deemed allowed to keep cigarettes in for "safe smokers" must be ause and returned to the station when smoking has	F 323		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 323	individually by the Diexplain the new smorth assessment results in "unsafe". The resident the "safe" or "unsafe on their assessment 3/27/2015 C. The facility inter-discussife smoking data coresidents that wish to smoke have been as updated by the MDS "unsafe" smoker. 3/27/2015 The facility has main smoking area which Various departments supervised smoking A.M., 1:30 P.M., 4:00 P.M. Residents assessmoke as preferred. 3/27/2015 Facility in-service is conducted by the Diexployment Coordiction Coordinator with all spolicy, staff responsitive policy is not followed.	rector of Social Services to king policy and what their were whether "safe" or ents were requested to sign "smoking policy depending "smoking policy depending diplinary team developed a collection form to assess to smoke. All residents that issessed and care plans were nurse to reflect "safe" or tained the current designated is the front center courtyard. It have been assigned times being at 8 A.M, 10 D.P.M., 7:00 P.M. and 9:00 essed as safe smokers may are for progress and being rector of Nursing, Staff nator and the Clinical staff on the new smoking bility and disciplinary action if wed with regard to resident not allowed to work until they	F 32	3	
	The smoking policy orientation program immediately.	will be added to the for new staff effective			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER LE NURSING & REHABIL	ABUILDING 345174 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801 DEMONTOR PRECIDENCIES JUST BE PRECEDED BY FULL TAG PREFIX TAG F 323 F	03/20/2013		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	
F 323	7:45 PM when interviresidents confirmed to training on the facility procedures and the earesident was found policy. Record review residents who smoke assessments and carconfirmed that all sm smokers were secure possession of safe sidesignated as safe sidesignat	was removed on 03/28/15 at ews with nursing staff and hey had received inservice 's new smoking policy and expected action to take when to not follow the smoking ws confirmed that all current had updated smoking e plans. Observations oking materials for unsafe ad with only cigarettes in the mokers. Residents mokers were observed to ap policy in obtaining and ated resident smoking area. It as unsafe smokers were th staff supervision in the	F 323	3	
F 333 SS=D	SIGNIFICANT MED I	ERRORS ure that residents are free of	F 33:	3	4/17/15
	by: Based on record rev facility failed to admir solutions (eye drops)			free from any significant med errors. The DON and RN Supervisor/Clinical	taff

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345174	B. WING		ا ا	3/28/2015	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COI			
				91 VICTORIA ROAD			
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F 333	Continued From p	page 93	F 33	3			
	included:			medication administration.			
	Prednisolone Ace solution revealed ophthalmic solution short period of time week unless the parties is because it eye when used for the eye when eye was sessed the resignation of the eye was following cataract the eye was followed the eye was follo	acturer's guidelines for use of tate (a corticosteroid) opthalmic the following: "Prednisolone on is only meant to be used for a ne. Do not use for longer than 1 obysician advises otherwise. can cause problems within the r longer than recommended." acturer's guidelines for use of tibiotic opthalmic solution) only be given for 7 days. admitted to the facility on gnoses including hypertension, with psychotic features and see. The most recent Minimum assessment dated 02/13/15 at #78 had no cognitive ily decision making. The MDS dent with impaired vision and lid see large print but not regular a magazines. The MDS indicated are lenses. Resident #78's medical record ian's progress note by an ated 02/27/15 which indicated as seen for a post-operative visit surgery to the right eye on was not a progress note or any a Resident #78's medical record resident had cataract surgery		Resident #78 orders have be with the physician and the mare being administered accorphysician orders and manufarecommendations. The ordet transcribed to the MAR by the verified by the RN/Clinical Co. The verification has been give DON. The Medical Records Clerk was copy of all the telephone ordes Supervisor/Clinical Coordinal all orders against the MARS ensure they have accurately transcribed. The RN Supervice Coordinator will initial them at All copies and the audit tool of brought to the DON with verifinitials for each physician orders ongoing process. These audits are done 3-5x puthe RN Supervisor/Clinical Co. The DON or RN Supervisor/Clinical Co. The DON or RN Supervisor/Clordinator will report the results.	edications rding to the acturers or has been e nurse and cordinator. en to the vill make a ers. The RN tor will check and TARS to been isor/Clinical as verification. will be fication ler. s will be an oer week by coordinator. Coordinator Adminstrator		
	on her left eye. Review of Reside	nt #78's physician's orders		audits to the QAPI committee of 3 months.			

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED
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Prednisolone acetat times a day for 10 d two times a day for eye once a day for eye once a day for to right eye every mon the medical recoeye. Review of Resident 2015 Medication Acrevealed documents and Timolol eye dro February to the righ March MAR indicate 1% 1 drop two times completed on 03/12 1 drop to right eye of March MAR to be gentry had been cross medication was not 0.5% 1 drop in right on the March MAR out and "left written" March MAR Reside Prednisolone for 10 eye from 03/13 - 03 not given the Timolo right eye after 02/28 Listed on the March 1. Prednisolone Accoperated eye three surgery with "L" written medication was times a day 03/06 - 0	the 1% 1 drop to right eye three lays, then 1 drop to right eye 10 days then 1 drop to right 10 days; Timolol 0.5% 1 drop norning. There were no orders and for eye drops to the left "#78's February and March Iministration Records (MARs) ation that the Prednisolone are given as ordered in the eye. Documentation on the eye the Prednisolone acetate is a day to the right eye was 2/15. Prednisolone acetate 1% once daily was listed on the iven 03/13 - 03/22/15 but the seed through and the signed as given. Timolol if eye every morning was listed but "right" had been crossed "in above it. According to the ent #78 was not given the end days once daily in the right ent #78 was not given the end and was old once daily as ordered in the 3/15. In 2015 MAR were: etate 1% instill one drop in times a daystart after then in above "operated eye" - documented as given three 03/13/15.	F 333			
	CORRECTION ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF The Prednisolone acetator times a day for 10 of two times a day for to right eye every mon the medical record eye. Review of Resident 2015 Medication Acrevealed document and Timolol eye drow the right March MAR indicated 1% 1 drop two time completed on 03/12 1 drop to right eye of March MAR to be gentry had been cross medication was not 0.5% 1 drop in right on the March MAR out and "left written" March MAR Reside Prednisolone for 10 eye from 03/13 - 03 not given the Timolor right eye after 02/28 Listed on the March 1. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with "L" written medication was times a day 03/06 - 12. Prednisolone Acetoperated eye three surgery with	A 345174 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 94 Prednisolone acetate 1% 1 drop to right eye times a day for 10 days, then 1 drop to right eye two times a day for 10 days; Timolol 0.5% 1 drop to right eye every morning. There were no orders on the medical record for eye drops to the left	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 94 Prednisolone acetate 1% 1 drop to right eye three times a day for 10 days, then 1 drop to right eye two times a day for 10 days; Timolol 0.5% 1 drop to right eye every morning. There were no orders on the medical record for eye drops to the left eye. Review of Resident #78's February and March 2015 Medication Administration Records (MARs) revealed documentation that the Prednisolone and Timolol eye drops were given as ordered in February to the right eye. Documentation on the March MAR indicated the Prednisolone acetate 1% 1 drop two times a day to the right eye was completed on 03/12/15. Prednisolone acetate 1% 1 drop two times a day to the right eye was completed on 03/13/15. Prednisolone acetate 10.0.5% 1 drop in right eye every morning was listed on the March MAR to be given 03/13 - 03/22/15 but the entry had been crossed through and the medication was not signed as given. Timolol 0.5% 1 drop in right eye every morning was listed on the March MAR but "right" had been crossed out and "left written" in above it. According to the March MAR Resident #78 was not given the Prednisolone for 10 days once daily in the right eye from 03/13 - 03/22/15 as ordered and was not given the Timolol once daily as ordered in the right eye after 02/28/15. Listed on the March 2015 MAR were: 1. Prednisolone Acetate 1% instill one drop in operated eye three times a daystart after surgery with "L" written in above "operated eye" - the medication was documented as given three times a day 03/06 -03/13/15. 2. Prednisolone Acetate 1% instill one drop in the right eye every day for ten days with "right"	ROWIDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 94 Prednisolone acetate 1% 1 drop to right eye three times a day for 10 days, then 1 drop to right eye two times a day for 10 days; Timolol 0.5% 1 drop to right eye every morning. There were no orders on the medical record for eye drops to the left eye. Review of Resident #78's February and March 2015 Medication Administration Records (MARs) revealed documentation that the Prednisolone acetate 1% 1 drop to right eye was completed on 03/12/15. Prednisolone acetate 1% 1 drop to right eye was completed on 03/12/15. Prednisolone acetate 1% 1 drop to right eye every morning. Timolol 0.5% 1 drop to right eye every morning was listed on the March MAR to be given 03/13 - 03/22/15 but the entry had been crossed through and the medication was not signed as given. Timolol 0.5% 1 drop in right eye every morning was listed on the March MAR Nex Uright' had been crossed out and "left written" in above it. According to the March MAR Resident #78 was not given the Prednisolone acetate 1% 1 drop to right eye every morning was listed on the March MAR Dut "right" had been crossed out and "left written" in above it. According to the March MAR Resident #78 was not given the Prednisolone for 10 days, once daily in the right eye from 03/13 - 03/22/15 as ordered and was not given the Timolol once daily as ordered in the right eye three times a day—start after surgery with "L" written in above "operated eye" - the medication was documented as given three times a day 03/106-03/13/15. Listed on the March 2015 MAR were: 1. Prednisolone Acetate 1% instill one drop in operated eye three times a day-313/15. 2. Prednisolone Acetate 1% instill one drop in the	A BUILDING SUPPLIER ### A BUILDING SUPPLIER

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OVIDER OR SUPPLIER E NURSING & REHAE	BILITATION CENTER	9	91 VICTORIA ROAD		
(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE COMPLETIC	
03/01 - 03/28/15. 3. Besivance 0.6% surgery instill one of times a day with "L' eye" - the medication 03/04/15 and given 03/28/15 at 2:00 PM. An interview with N. Resident #78's eye had cataract surger Nurse #6 was unab drops to the left eye stated they might be the ophthalmologist the progress note of the ophthalmologist the progress note of medications listed the post-operatively: 1. Timolol 0.5% 1 did Discontinue Timolo 03/06/15. 2. Prolensa 0.07% the operative eye a 3. Prednisolone Act day as directed in the day as	- starting 2 days before frop in operated eye three "written in above "operated on was documented as started oven three times a day through of." urse # 6 on 03/28/15 about drops revealed Resident #78 by on her left eye on 03/06/15. The left to locate orders for eye on the resident's chart and e in Medical Records. Medical Records coordinator filed documents for Resident orbysician's progress note from the dated 03/13/15. Review of evealed the following of the beautiful to be administered from the top of the eye every day. If 0.5% to right eye on the operative eye after surgery etate 1% 1 drop three times a the operative eye after surgery 1 drop three times a day in left 3/13/15. 28/15 at 7:40 PM with the (DON) revealed Resident	F 333	,		
	CORRECTION OVIDER OR SUPPLIER E NURSING & REHAE SUMMARY (EACH DEFICIET REGULATORY OF CONTINUED FROM PARTY OF CONTINUED FROM	OVIDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 95 03/01 - 03/28/15. 3. Besivance 0.6% - starting 2 days before surgery instill one drop in operated eye three times a day with "L" written in above "operated eye" - the medication was documented as started on 03/04/15 and given three times a day through 03/28/15 at 2:00 PM. An interview with Nurse # 6 on 03/28/15 about Resident #78's eye drops revealed Resident #78 had cataract surgery on her left eye on 03/06/15. Nurse #6 was unable to locate orders for eye drops to the left eye on the resident's chart and stated they might be in Medical Records. Upon request, the Medical Records coordinator checked for any unfilled documents for Resident #78 and located a physician's progress note from the ophthalmologist dated 03/13/15. Review of the progress note revealed the following medications listed to be administered post-operatively: 1. Timolol 0.5% 1 drop to left eye every day. Discontinue Timolol 0.5% to right eye on 03/06/15. 2. Prolensa 0.07% 1 drop every day as directed in the operative eye after surgery 3. Prednisolone Acetate 1% 1 drop three times a day as directed in the operative eye after surgery 4. Besivance 0.6% 1 drop three times a day in left eye - discontinue 03/13/15. An interview on 03/28/15 at 7:40 PM with the Director of Nursing (DON) revealed Resident #78's ophthalmologist always sent post-operative instructions for the eye drops with specific details	OVIDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 95 03/01 - 03/28/15. 3. Besivance 0.6% - starting 2 days before surgery instill one drop in operated eye three times a day with "L" written in above "operated eye" - the medication was documented as started on 03/04/15 and given three times a day through 03/28/15 at 2:00 PM. An interview with Nurse # 6 on 03/28/15 about Resident #78's eye drops revealed Resident #78 had cataract surgery on her left eye on 03/06/15. Nurse #6 was unable to locate orders for eye drops to the left eye on the resident's chart and stated they might be in Medical Records. Upon request, the Medical Records coordinator checked for any unfiled documents for Resident #78 and located a physician's progress note from the ophthalmologist dated 03/13/15. Review of the progress note revealed the following medications listed to be administered post-operatively: 1. Timolol 0.5% 1 drop to left eye every day. Discontinue Timolol 0.5% to right eye on 03/06/15. 2. Prolensa 0.07% 1 drop every day as directed in the operative eye after surgery 3. Prednisolone Acetate 1% 1 drop three times a day as directed in the operative eye after surgery 4. Besivance 0.6% 1 drop three times a day in left eye - discontinue 03/13/15. An interview on 03/28/15 at 7:40 PM with the Director of Nursing (DON) revealed Resident #78's ophthalmologist always sent post-operative instructions for the eye drops with specific details	OVIDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 95 3/01 - 03/28/15. 3. Besivance 0.6% - starting 2 days before surgery instill one drop in operated eye three times a day with "L" written in above "operated eye" - the medication was documented as started on 03/04/15 and given three times a day through 03/28/15 at 2:00 PM. An interview with Nurse # 6 on 03/28/15 about Resident #78's eye drops revealed Resident #78 had cataract surgery on her left eye on 03/06/15. Nurse #6 was unable to locate orders for eye drops to the left eye on the resident's chart and stated they might be in Medical Records. Upon request, the Medical Records coordinator checked for any unfilled documents for Resident #78 and located a physician's progress note from the ophthalmologist dated 03/13/15. Review of the progress note revealed the following medications listed to be administered post-operatively: 1. Timolol 0.5% to right eye on 03/06/15. 2. Prolensa 0.07% 1 drop every day as directed in the operative eye after surgery 3. Prednisolone Acetate 1% 1 drop three times a day as directed in the operative eye after surgery 4. Besivance 0.6% 1 drop three times a day in left eye - discontinue 03/13/15. An interview on 03/28/15 at 7-40 PM with the Director of Nursing (DON) revealed Resident #78's ophthalmologist always sent post-operative	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345174	B. WING		C 03/28/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 371 SS=E	were not administered as ordered and state. The DON was unable Prednisolone Acetat administered to Restimes a day from 03/01 - 03/28/1 the Prednisolone drediscontinued. The Dwhy the Besivance where the state of the production of the production of the prednisolone drediscontinued on 03/2 the prednisolone drediscontinued on	olol and Prednisolone Acetate ed to Resident #78's right eye ed it was a medication error. e to explain why the e 1% 1 drop was ident #78's left eye three /06 - 03/13/15 and once daily 5. The DON stated usually ops are tapered down and ON was unable to explain was administered to Resident 3/04/15 - 03/28/15 when the inote indicated it was to be 13/15. OCURE, SERVE - SANITARY m sources approved or ory by Federal, State or local istribute and serve food	F 33		4/17/15
	by: Based on observati facility failed to keep clean and food servi from moisture; failed in the kitchen refrige containers of condin container for clean	T is not met as evidenced ons and staff interviews the food preparation equipment ce pans ready for use free I to label and date food stored rator; failed to keep plastic nents, thickner, and a plastic wear free from easy residue and failed to		The facility will procure food from sour approved or considered satisfactory by Federal, State or local authorities and store, prepeare, distribute and serve founder sanitary condition.s The dietary staff was re-educated on 3/25/2015 by the Registeed Dietician a	/ will pod

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
							С
		345174	B. WING _			03/	28/2015
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
V & ME //II I	E NI IDRING & DELL	ABILITATION CENTER		91	VICTORIA ROAD		
ASHEVILI	LE NURSING & REFIA	ABILITATION CENTER		A:	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
	•						
F 371	Continued From p	page 97	F	371			
	remove dented ca addition, the facilities anitary condition. foods for 10 of 10 meals. (Residents #17, # #59, #130 and #1. The findings incluid 1. During the initious concerns were idea. At 9:36 AM 2 laready for use in clowere stacked on to footh pans was at 9:36 AM the Asstated service parstored wet with missions. At 9:47 AM the spills and food destored inside the range of the AM the ADM states been cleaned and stored in the microc. At 9:41 AM bol was observed stollabel and date. Ostated food items and discarded if the d. At 9:51 AM two observed in the record of the record of the part o	this stored ready for use. In the failed to serve food under as by not touching ready-to-eat residents observed during 21, #24, #31, #36, #45, #47, 35) ded: all tour of the facility kitchen on 6 AM-10:05 AM the following entified: arge metal pans were observed ean storage. The metal pans op of each other and the interior wet with moisture. On 03/23/15 sistant Dietary Manager, (ADM) as should be air dried and not oisture. e interior of the microwave had bris and a bowl of soup was microwave. On 03/23/15 at 9:47 at the microwave should have I food should not have been			Dietary Manager on microwave cleaning labeling and storing foods, removal and no use of dented cans, cleaning of iter in the dietary department to prevent a build up of sticky and greasy residue, a all items are to be air dried and not storal storal well of the property of the Registered Dietician Dietary Manager. Facility staff was re-educated from Ma 28, 2015 to April 16, 2015 on the property way to serve trays to a resident. All foods without a label and date have been discarded. The interior of the microwave is being cleaned at the end of each night. An at tool is completed and signed by the stamember closing the dietary department every evening. The Dietary Manager is verifying that the equipment is clean warriving in the morning. The audit tool reviewed with the Administrator 1 times week. Any dented cans have been removed placed in the appropriate area for return back to the food supplier for credit. All spices containers and other storage containers have been cleaned and do have a build up of sticky, greasy residuents 17, 21, 24, 31, 36, 45, 47, 55.	d ms and ored as and arch er e udit aff at is per and rn e not ue.	
	clean plastic ware of sticky greasy re	was observed with a build-up esidue on the top and sides of food debris on the inside of the			130, 135 are being served meals by the staff according to sanitary conditions be not touching ready to eat food.	ne	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BOILDI			c	
		345174	B. WING				28/2015
NAME OF P	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
ASHEVII	LE NURSING & REHAE	RII ITATION CENTER			I VICTORIA ROAD		
ASITEVIE	LE NONSING & REHAL	SEITATION CENTER		A	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	stated the containe inside and out before f. At 10:01 AM 2, 1 peaches were observed to storage. On 03 stated the two dent shelving in dry storage for dent food service compag. At 10:20 AM a containers of sticky, greasy record on 3/23/15 at 10:20 containers should here.	3/15 at 9:59 AM the ADM r should have been cleaned re storing clean plastic ware 6 ounce dented cans of erved stored ready for use in 1/23/15 at 10:01 AM the ADM ed cans of peaches on age should have been d on the designated area in ted cans to be returned to the	F	371	An audit tool was developed by the Registered Dietician and Dietary Mana and is done 4-7x per week by the Dieta Manager and 1x per week by the Administrator to ensure that the microwave is clean, food is dated and labeled, no dented cans are being used and they are removed and placed on a rack for return to the food supplier for credit, plastic spice and silverware containers are clean, and dishes, pots and pans are allowed to air dry before storage. An audit tool was developed by the Administrator and DON and is done 2 per week to monitor the delivery and set up of resident trays to ensure staff are following sanitation guidelines for meal service.	d -3x et	
	on the 200 hall on (PM. revealed the formal a. Nurse Aide (NA) lunch tray for Reside touch a piece of brown appearance of the piece of bread with from a paper bag. c. NA #1 was obser Resident #36. She piece of bread with from a paper bag. d. NA #1 was obser d.	#1 was observed to set up a lent #21. She was observed to ead with her hands as she			The facility is currently in contract negotiations with Healthcare Services Group to provide dietary services beginning May 1, 2015. The results of the audits are discussed with the Administrator on a weekly basis. The Dietary Manager will report month to the QAPI committee for a period of 3 months regarding kitchen compliance. The Administrator will report monthly to the QAPI committee for a period of 3 months the delivery of meals to resider and observing senitation guidelines.	is. ly 3	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345174	B. WING			C / 28/2015	
	ROVIDER OR SUPPLIER	ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 371	from a paper bag. e. NA #1 was observed. Resident #24. She was piece of bread with he from a paper bag. f. NA #1 was observed. Resident #45. She was piece of bread with he from a paper bag. g. NA #1 was observed. Resident #47. She was piece of bread with he from a paper bag. Another observation of conducted on the 200 at 12:47 PM. h. NA #1 was observed. Resident #47. She was dinner roll with her has a paper bag. i. NA #1 was observed. Resident #135. She dinner roll her hands paper bag. j. NA #1 was observed. Resident #130. She dinner roll with her has a paper bag. An interview was continued in the paper bag.	er hands as she removed it ed to set up a lunch tray for eas observed to touch a er hands as she removed it ed to set up a lunch tray for eas observed to touch a er hands as she removed it ed to set up a lunch tray for eas observed to touch a er hands as she removed it ed to set up a lunch tray for eas observed to touch a er hands as she removed it ed to set up a lunch tray for eas observed to touch a ends as she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from a ed to set up a lunch tray for eas observed to touch a eas she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from ed to set up a lunch tray for eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas she removed it from eas observed to touch a eas obser		371			
F 441 SS=D	SPREAD, LINENS The facility must esta	CONTROL, PREVENT blish and maintain an gram designed to provide a	F,	441		4/17/15	

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345174	B. WING _		,	C 03/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801			03/20/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 441	to help prevent the dof disease and infect of disease and infect (a) Infection Control The facility must esta Program under which (1) Investigates, continuthe facility; (2) Decides what proshould be applied to (3) Maintains a record actions related to infect (b) Preventing Spread (1) When the Infection determines that a resprevent the spread of isolate the resident. (2) The facility must communicable disease from direct contact will tradically must hands after each direct and washing is indisprofessional practices (c) Linens Personnel must hand transport linens so as infection. This REQUIREMENT by:	emfortable environment and evelopment and transmission ion. Program ablish an Infection Control in it - trols, and prevents infections ecdures, such as isolation, an individual resident; and dof incidents and corrective ections. In the control Program sident needs isolation to finfection, the facility must prohibit employees with a see or infected skin lesions with residents or their food, if insmit the disease. The require staff to wash their ect resident contact for which cated by accepted	F	The facility will maintain an Ir	of ection.		
		medication administration to		Control Program designed to			

OLIVILIV	OT OIL MEDIO TILE A	WEDIO/ ND OLITATOLO				<u> </u>	7. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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		345174	B. WING			03/	28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	LITATION CENTER		91	TREET ADDRESS, CITY, STATE, ZIP CODE 1 VICTORIA ROAD SHEVILLE, NC 28801		
					, , , , , , , , , , , , , , , , , , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 441	Continued From page 2 of 4 residents (Res staff failed to wash of between residents. T On 03/24/15 at 4:00 of during medication ad entered the room of and checked the residents of the medication cart. Where hands, Nurse #5 cart and removed semedication from the continuous of the surveyor, beformedications, and ask was for washing or side doing a BG. Nurse #5 sanitize her hands, by proceeded to prepare medications, which in eye drops and insuling Resident #41's room cup containing her or gloves and administere Resident #41's eyes. resident #41's eyes. resident #41's room, remodiscarded them in the medication cart, discarded them in the medication cart, discarded the sharps container,	e 101 idents #41 and #30), facility r sanitize their hands he findings included: PM Nurse #5 was observed ministration. Nurse #5 Resident #41, donned gloves dent's blood glucose (BG). ent's room, removed the I them in the trash can on Without washing or sanitizing unlocked the medication veral bubble packs of cart. PM Nurse #5 was interrupted are she prepared the led what the facility protocol anitizing her hands after 5 stated she should wash or let did not do either, and let Resident #41's included oral medications, let Nurse #5 entered and gave the resident the let all medication, then donned let an insulin injection in the Wearing the same gloves, d eye drops to both of Nurse #5 exited the loved her gloves and		441		on nd s use nts and ss	DATE
		PM without washing or Nurse #5 removed Resident			period of 3 months.		

AND DLAN OF COPPECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	1	00/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 441	that time Nurse #5 v surveyor, before she and asked again wh washing or sanitizing procedure that requiresponded: "Do you medicine or wash m summoned to assist observed sanitizing the medication cart is medication. An interview with the on 03/28/15 at 6:38 protocol for washing doing a procedure in revealed the staff shand after the procedurese should changuse hand sanitizer beinjection and giving her expectation was after performing a B expected the nurse the BG and before pasked what her expenditure administration injection, the DON storemove the glove resident's room, who insulin, before leaving preparing medication DON stated every necession in the sanitizer of the surveyor in the surveyor	om the medication cart. At was interrupted by the prepared the medication, at the facility protocol was for g her hands after doing a red wearing gloves. Nurse #5 want me to give this	F 4	41		
F 490 SS=K	provided during orie 483.75 EFFECTIVE	ntation.	F4	90		4/17/15

AND PLAN OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345174	B. WING		C 03/28/2015	
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	03/28/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 490	Continued From page	e 103	F 49	90		
	enables it to use its refficiently to attain or	mental, and psychosocial				
	by: Based on observation resident and staff into administration failed policies in conjunction place in the facility to residents that smoke sampled residents. (Residents #23, #36, #96, #126, #129, #13) Immediate Jeopardy Resident #96 smoked roommate used conticuted concentrator. Thought transferred to another materials were allowed Resident #96 up through from the facility on 03 Jeopardy was remove when the facility provided acceptable credible at the facility remains of scope and severity or harm with potential for that is not immediate	to review the smoking in with smoking practices in effectively manage id which affected 13 of 17 wh44, #47, #73, #86, #91, 81, #132, #133). began on 02/05/15 when id in his room while the inuous oxygen via an oxygen in Resident #96 was in room on 02/05/15, smoking ed to be maintained by ugh the time of discharge 8/09/15. Immediate ed on 03/28/14 at 7:45 PM rided and implemented an allegation of compliance. Out of compliance at a lower of E (a pattern, no actual or more than minimal harm, jeopardy) to complete ure monitoring systems put		The facility is being administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highesst practic physical, mental, and psychosocial well-being of each resident. The interdisciplinary team met and developed a new smoking policy. The Administrator was involved in the development of the new smoking policy and will be involved in the enforcement the policy with periodic reviews for compliance which will presented to the QA/QAPI committee on a monthly based or more frequently if necessary. The Administrator and Director of Admissions updated the admission periodicy. The summary explains that a resident is not allowed to smoke until "safe smoking collection tool has bee completed" by a licensed nurse. The resident is considered an "unsafe smeather the IDT meets on the next working day to review all the data. The resident	e cy nt of e sis acket a n oker"	

CENTER	3 FOR WEDICARE 8	RIVIEDICAID SERVICES			OND NO. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. MINIO		С	
		345174	B. WING		03/28/2015	
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
V SHE//II I	LE NURSING & REHABI	I ITATION CENTER	9	1 VICTORIA ROAD		
ASITEVILL	LE NORSING & REHADI	ENATION CENTER	Δ	SHEVILLE, NC 28801		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	` '	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DATE	
F 490	Continued From pag	ge 104	F 490			
	The findings include			and lighter upon arrival into the faci	litv	
	The imanige molade	u.		No lighters, butane, matches or any	1	
	Cross refer F323. T	he facility failed to implement		lighting material is able to be kept b		
		g rules for 13 of 17 sampled		resident. The resident/responsible		
		the 13 sampled residents		will sign that they understand and a		
		in smoking material in their		abide by the facility smoking policy.	_	
		overed them smoking within		Admninistrator will review 1-2 times		
	the facility.	C		week admission packets to ensure	·	
	,			the new smoking policy has been si	gned	
	On 03/26/15 at 6:40	PM the Administrator and		by the resident, family or RP.		
	Director of Nursing v	vere notified of immediate				
	jeopardy. The facilit	y provided an acceptable		A review of the "safe smoking data		
	credible allegation of	f compliance on 03/28/2015		collection tool" was completed by the	ne IDT	
	at 11:59 AM.			team including the Administrator on		
				3/28/2015, 4/7/2015, 4/15/2015 to e	ensure	
	Credible Allegation of	of Compliance		that it is an effective tool. No revision		
				were made to the Safe Smoker Dat	a	
	A.			Collection Tool at that time.		
	1	sidents #23, #36, #44, #47,				
	I .	#126, #129, #131, #132,		All smoking materials will be kept in	I	
	1	ad smoking materials in their		plastic container in the 200 hall med		
	room and or in their	possession.		however residents that are deemed		
	В.			smokers" can keep their cigaretts in rooms. The Administrator will audit		
		team met to develop a new		per week that the smoking materials		
		e Administrator was involved		be stored properly in the 200 hall m		
		of the new smoking policy		room.		
	1	in the enforcement of the				
		eviews for compliance which		The Administrator will be auditing th	ne	
		the monthly QA meeting. All		Weekend Smokng Observation tool		
	smoking materials w			completed by the Weekend Manage	I	
		00 hall med rom, however		Duty to ensure compliance with the		
		eemed "safe" smokers can		smoking policy on the weekends. A	I	
	keep their cigarettes	in their rooms.		weekend manager reports are turne	I	
	03/25/2015			on Monday morning during the mor		
				Department Manager Meeting.		
	On 03/25/15, the Dir	rector of Admissions updated				
		et to include the revised		The Administrator will review and re		
	smoking policy and	will explain that no smoking is		1x per week for 4 weeks the results	s of	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF D	ROVIDER OR SUPPLIER	040174	1	67	TREET ADDRESS, CITY, STATE, ZIP CODE	03/	28/2015
NAIVIE OF PI	ROVIDER OR SUPPLIER						
ASHEVILL	E NURSING & REHABIL	LITATION CENTER			1 VICTORIA ROAD SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	Continued From page	e 105	F.	490			
	permitted by the resid	dent until the new smoking			the resident audit tool to ensure that all		
		as been completed by a			smokers have been identified. Any		
		evaluating nurse will inform			resident indicating that they have smok	ed	
		eam of the evaluation. The			in the last month will have a Safe Smok		
		nformation and make a			Data Collection Tool completed regardl		
	determination based	on the information whether			of whether they are smoking at that tim		
		or "unsafe." The Director of			or not. The results of the Safe Smoker		
	Social Services will in	nform the resident of the			Data Collection Tool will be signed by the	ne	
	parameters in which	they are allowed to smoke			IDT members, the care plan will be		
	while a resident in thi	s facility. The resident will			updated, and they will be added to the		
	need to sign off that t	hey and their family			appropriate smoker list (safe or unsafe))	
	understand this policy	y. The Administrator will			even if they are not smoking at that		
	review 1-2 times per	week admission packets to			particular time.		
	verify that the resider	nt and or family/RP signed					
	the new smoking poli	icy.			The Administrator will review 1x per we	ek	
	03/25/2015				any new residents that have been		
					admitted to ensure that their care plan	is	
	A review of the Safe was completed on Ma	Smoking Data Collection tool arch 25, 2015 by the			completed with regards to smoking.		
	· ·	n including the Administrator			The DON or RN Supervisor/Clinical		
	with revisions that no	_			Coordinator will audit any 15 minute		
	Does the resident know	ow the location of the			checks for residents that have not		
	designated areas for	smoking, can the resident			followed the safe smoker policy or had	an	
	get there independen				infraction of the policy. This can be do		
	independently light si	moking materials safely,			through AHT nursng notes indicating 1	5	
	does the resident have	ve tremors while smoking,			minute checks have been completed for	r	
	can the resident extir	nguish the smoking materials			thier shift or 15 minute log sheet. The		
	in an appropriate rec	eptacle, can the resident			DON will review with the Administrator		
	•	other tobacco related residue			that all of the 15 minute monitoring		
	appropriately, has the	e resident had accidents or			checks have been completed as they		
		ng materials, are there any			arise.		
	visible burns on the r						
	Interdisciplinary team				The Adminstrator is responsible for		
		needs supervision. All			auditing the following or reviewing with	the	
	-	Il be kept in a plastic box at			individuals assigned: Resident Fund		
		m, however residents that			balances and bond audit 1x per month	or	
	have been deemed "				more often if there is an increase in		
	allowed to keep cigar				admissions and this will include audit		
	Residents were notifi	ed of restrictions, family or			review with BOM.		

OF DEFICIENCIES CORRECTION	L IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
	345174	B. WING _			C 03/28/2015	
ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIF			
E NUIDEING & DELIADI	LITATION CENTED		91 VICTORIA ROAD			
E NURSING & REHADI	LITATION CENTER		ASHEVILLE, NC 28801			
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
Continued From pag	e 106	F 4	90			
policy and they were Social Services. Sta smoking care plan in all interdisciplinary to 03/27/2015 The MDS Nurse or lithe safe smoking dawere informed of the smoking data collect Social Services and	sent out by the Director of off notified of restrictions, a place, and the signatures of earn members. censed nurse will complete ta collection tool. Residents outcome of the safe ion tool by the Director of signed the appropriate		Director weekly for comp review with the DON or F Supervisor/Clinical Coord week F281 the profession quality, F309 Monday-Fri reviews with the Director Administrator, F312 revieweek, F333 will be review Director of Nursing or Ad 1x per week audit by the and review weekly with the	liance with F253, RN dinator 1x per nal standards of iday audit result of Nursing or ewed 1x per wed daily with the ministrator, F371 Administrator ne Dietary		
Administrator through the policy including sobservation of reside considered "safe smoof smoking materials resident rooms. Fail policy will require return the policy and its bell 03/27/2015, the Direct Coordinator or the Staff began in-service policies and will requisheet and in some in actual policy. Staff the policies of this facility re-educated and the progressive disciplin Staff will not be allow	h audit tools appropriate to supervised smoking audits, ents determined to be okers", audit of the storage is not allowed to be kept in ure to meet the goals of the view and changes to enhance nefit to the resident. On ctor of Nursing, the Clinical taff Development Coordinator ing staff on changes to uire signature of in-service instances signature of the hat fails to carry out the y and company will be in if the problem persist, ary action may be involved.		Smoking Compliance Progresults of any aduits done will be discussed at the nidepartment manager memoral Monday-Friday. The Administrator is respimplementing new compartmenting new policies develop approval will be approved within 1 week of the Medical Director of Confice. Policies that are confident and require revision will be facility and present to the approval with approval and received within 2 weeks of presented. New policies or procedure.	ogram F323. The e in this program norning eting consible for any policies as and with the porate approval, bed and seeking d, denied or being presented or Corporate currently in effect perevised by the e Corporate for nticipated to be of the date		
	CORRECTION ROVIDER OR SUPPLIER SUMMARY S' (EACH DEFICIENC REGULATORY OR Continued From page POA were notified by policy and they were Social Services. State smoking care plan in all interdisciplinary to 03/27/2015 The MDS Nurse or lithe safe smoking date collect Social Services and document to ensure new policy. 03/27/2015 C. Enforcement of the page observation of reside considered "safe smoof smoking materials resident rooms. Fail policy will require reverthe policy and its beread of the staff began in-service policies and will require the policy and its beread of the staff began in-service policies of this facility re-educated and the progressive disciplin Staff will not be allow been in-serviced on	ASSISTANCE OF THE PROPERS OF THE PROPESS OF THE PRO	A BUILDIN 345174 B. WING_ ROVIDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 106 POA were notified by letters outlining the new policy and they were sent out by the Director of Social Services. Staff notified of restrictions, smoking care plan in place, and the signatures of all interdisciplinary team members. 03/27/2015 The MDS Nurse or licensed nurse will complete the safe smoking data collection tool. Residents were informed of the outcome of the safe smoking data collection tool by the Director of Social Services and signed the appropriate document to ensure their understanding of the new policy. 03/27/2015 C. Enforcement of the policies will be done by the Administrator through audit tools appropriate to the policy including supervised smoking audits, observation of residents determined to be considered "safe smokers", audit of the storage of smoking materials not allowed to be kept in resident rooms. Failure to meet the goals of the policy will require review and changes to enhance the policy will require review and changes to enhance the policy and its benefit to the resident. On 03/27/2015, the Director of Nursing, the Clinical Coordinator or the Staff Development Coordinator staff began in-servicing staff on changes to policies and will require signature of in-service sheet and in some instances signature of the actual policy. Staff that fails to carry out the policies of this facility and company will be re-educated and then if the problem persist, progressive disciplinary action may be involved. Staff will not be allowed to work until they have been in-serviced on the new policy.	ROWDER OR SUPPLIER E NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) Continued From page 106 POA were notified by letters outlining the new policy and they were sent out by the Director of Social Services. Staff notified of restrictions, smoking care plan in place, and the signatures of all interdisciplinary team members. 03/277/2015 The MDS Nurse or licensed nurse will complete the safe smoking data collection tool. Residents were informed of the outcome of the safe smoking data collection tool by the Director of Social Services and signed the appropriate document to ensure their understanding of the new policy. 03/277/2015 The Administrator through audit tools appropriate to the policy including supervised smoking audits, observation of residents determined to be considered "safe smokers", audit of the storage of smoking materials not allowed to be kept in resident rooms. Failure to meet the goals of the policy will require review and changes to enhance the policy and its benefit to the resident. On 30/277/2015, the Director of Nursing, the Clinical Coordinator or the Staff Development Coordinator staff began in-servicing staff on changes to policies and will require signature of in-service sheet and in some instances signature of the scutual policy. Staff that fails to carry out the policies of this facility and company will be re-educated and then if the problem persist, progressive disciplinary action may be involved. Staff will not be allowed to work until they have been in-serviced on the new policy. New policies or procedure.	A BUILDING 345174 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFIDENCIES (EACH DEFICIENCY) Continued From page 106 POA were notified by letters outlining the new policy and they were sent out by the Director of Social Services. Staff motified of restrictions, smoking care plan in place, and the signatures of all interdisciplinary team members. 03/27/2015 The MDS Nurse or licensed nurse will complete the safe smoking data collection tool. Residents were informed of the outcome of the safe smoking data collection tool by the Director of Social Services and signed the appropriate to the new policy. 03/27/2015 C. Entert additional coordinator 1x per week F281 the professional standards of quality, F399 Monday-Friday audit result reviews with the Director of Nursing or Administrator, F371 reviewed 1x per week, F333 will be reviewed daily with the Director of Nursing or Administrator, F371 to previewed daily with the Director of Nursing or Administrator weekly. The Administrator weekly. The Administrator is responsible for the Smoking Compliance Program F323. The results of any adults done in this program will be discussed at the morning department manager meeting Monday-Friday. The Administrator is responsible for implementing new company policies as any will require signature of the sortes of smoking materials not allowed to be kept in resident rooms. Failure to meet the goals of the policy will require review and changes to enhance the policy and its benefit to the resident. On 3027/2015, the Director of Nursing, the Clinical Coordinator or the Staff Development Coordinator staff began in servicing staff on changes to policies and will require signature of the sortes of the policy will require review and changes to enhance the policy will require review and changes to enhance the policy and its benefit to the resident. On 3027/2015, the Director of Nursing or Administrator is responsible for implementing new company policies as appropriate to	

		DATE SURVEY COMPLETED				
		345174	B. WING			C 03/28/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 91 VICTORIA ROAD ASHEVILLE, NC 28801	IP CODE	03/20/2013
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F 520 SS=K	Beginning on 03/27/2 policies will be done from the Heaton Mar a similar resource to meet the needs of the resources effectively well being of the resipolicies will be kept in recommendations will upon, if appropriate a discussed the policy. 03/27/2015 and ongood Immediate Jeopardy 7:45 PM when interviresidents confirmed the training on the facility procedures and the earesident was found policy. Record review residents who smoke assessments and calconfirmed that all sm smokers were secured possession of safes and calconfirmed that all sm smokers were secured possession of safes and calconfirmed that all sm smokers were secured possession of safes and calconfirmed that all sm smokers were secured possession of safes and designated as safes follow the new smoking teturning lighters to the smoked in the designated observed smoking with designated times and secured by staff. 483.75(o)(1) QAA	2015 and ongoing a review of by the inter-disciplinary team ual, Healthtique Policies, or ensure that the policies e residents and utilizes the and efficiently for the utmost dent. A list of reviewed in the QA book and il be discussed and acted after the QA committee has bring was removed on 03/28/15 at ews with nursing staff and hey had received inservice it's new smoking policy and expected action to take when to not follow the smoking was confirmed that all current in had updated smoking are plans. Observations oking materials for unsafe and with only cigarettes in the mokers. Residents mokers were observed to no policy in obtaining and the charge nurse and that all current in the smoking area, at the it with smoking material.	F 4	approval by the facility I not be presented until C has been received. All specific Ftags will be in the QA/QAPI meeting designated for period of	reported monthly by the person	6/1/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015	
	ROVIDER OR SUPPLIER LE NURSING & REHABII			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/28/2015	
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F 520	Continued From pag	e 108	F 5	20			
	assurance committee nursing services; a p facility; and at least 3 facility's staff.	ain a quality assessment and e consisting of the director of hysician designated by the tother members of the					
	issues with respect to and assurance activi develops and implem	ent and assurance east quarterly to identify by which quality assessment ties are necessary; and nents appropriate plans of tified quality deficiencies.					
		ords of such committee ch disclosure is related to the committee with the					
		by the committee to identify eficiencies will not be used as					
	by: Based on observation resident and staff into implement and enforms ampled residents and inconsistencies with implement measures residents smoking with sampled residents (Fig. 4133) were allowed to their room after staff within the facility.	r is not met as evidenced ons, record review and erviews, the facility failed to ce smoking rules for 13 of 17 and failed to identify the smoking policies and to prevent reoccurrence of thin the facility. Three of 13 desidents #86, #96 and o retain smoking material in discovered them smoking #44, #47, #73, #86, #91,		The facility is working on a di of correction through CMS inst We are currently under contrated University of North Carolina-C who will be conducting a root analysis with followup for the months and written reports successed CMS and the State to ensure changes made at the facility songoing performance rather the performances of the past.	struction. act with Chapel Hill cause next 6 ubmitted to that the standardize		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345174	B. WING_				C /28/2015	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STE	REET ADDRESS, CITY, STATE, ZIP CODE	03/	20/2013	
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ASHEVILL	E NURSING & REHA	BILITATION CENTER			SHEVILLE, NC 28801			
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F 520	Continued From p	age 109	F.F	520				
	·	#131, #132, #133).		,20	The facility has a QA committee that includes at a minimum the Director of			
	Resident #96 smo	dy began on 02/05/15 when ked in his room while the ontinuous oxygen via an oxygen			Nursing, a Physician, and 3 other staff members.			
	concentrator. The transferred to ano materials were alle	their room on 02/05/15, smoking by the tobe maintained by hough the time of discharge			The Administrator and Director of Nurs are the facilitators of the QA/QAPI meeting.	ing		
	from the facility on Jeopardy was rem	in 03/09/15. Immediate noved on 03/28/14 at 7:45 PM rovided and implemented an			The facility QA/QAPI committee meets a monthly basis to identify concerns wi respect to quality assurance and to			
	acceptable credibl The facility remain scope and severity harm with potentia	e allegation of compliance. s out of compliance at a lower y of E (a pattern, no actual l for more than minimal harm,			assess the operations of the facility an implement interventions required to correct concerns and meet the needs of the residents.			
	education and to	ate jeopardy) to complete ensure monitoring systems put ctive related to resident			The QA/QAPI committee met on March 25, 2015 to discuss the smoking policy and then on March 30, 2015 to reviewe the policy and it's effectiveness of the	',		
	The findings include	ded:			newly revised policy.			
	implement and en sampled residents residents were allo in their room after within the facility.	23. The facility failed to force smoking rules for 13 of 17 s. Three of the 13 sampled based to retain smoking material staff discovered them smoking			Areas that are identified as concerns we have the policy reviewed to ensure that the facility is following the policy and the there are changes that need to be made they are revised and implemented alor with the necessary monitoring tools to ensure continued compliance.	t at if le		
	Director of Nursing smoking had never Quality Assessme The administrator residents smoking	g (DON) stated issues with been addressed through the nt and Assurance committee. and DON stated they dealt with inside the facility on an addidn't feel the issue was			The incident/event log is brought to ear QA/QAPI meeting for reveiw to identify any additional patters, trends, concern: A summary of incidents/events will be presented during the meeting from the weekly review done by the Adminstrate All areas of concerns will be addressed immediately by the Administrator.	s. or.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING			(X3) DATE COMF	SURVEY PLETED
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		345174	B. WING _			03/	/28/2015
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
401151411	E MUDOINO A DELLADI	LITATION OFNITED		91	VICTORIA ROAD		
ASHEVILL	E NURSING & REHABI	LITATION CENTER		AS	SHEVILLE, NC 28801		
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F 520	The administrator sta Smoking Policy in the same as the Smokin policy manual sent Dadministrator stated instructed her to info discrepancies in the manual and existing reviewed. The administrator the Smoking Police 2014 manual prior to of the discrepancies. On 03/26/15 at 6:40 Director of Nursing will jeopardy. The facility credible allegation of 11:59 AM. Credible Allegation of A. Residents 1-13 (Res	ated she assumed the e admission packet was the g Policy in the new corporate December of 2014. The the corporate office had rm them of any December 2014 policy policies so they could be nistrator stated because she admission Smoking Policy by manual in the December 1003/25/15 she was not aware 1009. PM the Administrator and the provided an acceptable of compliance on 03/28/15 at	F 5	520	The resident audit tool was updated or 3/27/2015 to include two questions to assist in the identification of other residents that smoke that previously dinot indicate that they smoked. The questions are 1) have you ever smoke and 2) if you have smoked in the past, how long ago? This resident audit tool cumulative information will be prsented at each QA/QAPI meeting by the Adminisrator. The Administrator will present information Safe Smoking Compliance including any problems, concerns, changes and challenges. The Administrator will present policies procedures that are currently at the Corporate Office for review or pending approval for implementation. The facilit Administrator will review at least 2 policies per momth from the Healtique Policy a	d d, ion g and ty cies	
	room and or in their put the Interdisciplinary	ad smoking materials in their possession. team met to develop a new Administrator was involved			Procedure Manual, the Heaton Manua other similiar resources to ensure that are following the policy, make recommendations for changes, and implemention goals for new programs.	we	
	in the development of and will be involved if policy with periodic re will be present in the smoking materials we on the 200 hall med	of the new smoking policy in the enforcement of the eviews for compliance which monthly QA meeting. All ill be kept in plastic container room, however residents that mokers can keep their			The DON,RN Supervisor/Clinical Coordinator audit results for F312 and other nursing items to the QA/QAPI committee regarding all nursing compliance programs. The Maintenance Director will present audits results for F253 to the QA/QAPI	all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
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ASHEVILL	LE NURSING & REHA	ABILITATION CENTER		A	SHEVILLE, NC 28801			
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F =00								
F 520	Continued From p	page 111	F 5	520				
					committee that are related to			
	On 03/25/15, the	Director of Admissions updated			maintenance, environment, or life safe	ty.		
		cket to include the revised						
		nd will explain that no smoking is			The Dietary Manager will present all a	udit		
		esident until the new smoking			results for F371 to the QA/QAPI			
		ol has been completed by a			committee with regard to the dietary			
		he evaluating nurse will inform			department complaince, sanitation,			
		ry team of the evaluation. The			infrection control and food preparation			
		he information and make a						
		sed on the information whether			The BOM will present all audits and w	ork		
		ife" or "unsafe." The Director of			done on the Resident Trust, Bond			
		ill inform the resident of the			Verificiaton, Deceased Resident Fund	3		
	-	ich they are allowed to smoke			returned to the State, any overages			
		this facility. The resident will			anticipated in the Resident Trust, any	od		
	_	nat they and their family			balances within \$200 limit of the allow amount which could affect Medicaid	J u		
		olicy. The Administrator will per week admission packets to			eligibility or SSI to the QA/QAPI			
		ident and or family/RP signed			committee.			
	the new smoking				committee.			
	03/25/2015	policy.			The Admission Coordinator will report	on		
	00/20/2010				all new admissions, how many of them			
	Enforcement of th	e policies will be done by the			smoke, and verify that all the proper	•		
		ough audit tools appropriate to			documents were signed during the			
		ig supervised smoking audits,			admission process such as understand	dina		
	1	sidents determined to be			the facility smoking policy to the QA/Q	-		
	considered "safe	smokers", audit of the storage			committee.			
		ials not allowed to be kept in						
	resident rooms. F	Failure to meet the goals of the			The Social Services Director will repor	t		
		review and changes to enhance			any situations of residents refused to			
	the policy and its	benefit to the resident.			the smoking policy or they are having	-		
	Beginning on 03/2	27/15, the Director of Nursing,			problems with the smoking policy to th	е		
	the Clinical Coord	linator or the Staff Development			QA/QAPI committee.			
	Coordinator staff	will be in-serviced on changes						
	1 -	I require signature of in-service			The MDS/Care Plan staff will report ar	-		
		e instances signature of the			changes to the Care Plans of resident			
		ff that fails to carry out the			The audit will be discussed where care			
	-	cility and company will be			plans are verified as accurate and time	∍ly		
		then if the problem persist,			on each resident to ensure continued			
	progressive discip	olinary action may be involved.			compliance to the QA/QAPI committee	. د		

AND DI AN OF COPPECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA ROAD ASHEVILLE, NC 28801	ODE	03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 520	used by the facility to the potential to be an was updated. On 03 added to the audit to 1. Do you smoke? immediately do a sa form and updated the 2. Have you ever srift they have smoked admission a safe sm will be completed or nurse. The resident audit to question for a period residents to ensure potential smokers the smoking habits, if ar information will be be on a monthly basis if someone is identified resident interview with Administrator immediately and the concerns regarding would pose a safety resident assessment and any other smokers.	esident Audit Tool has been to identify residents that have a sidentify residents that have a sidentify residents that have a sidentify resident practices a sidentify the proof of the tool which are: If so, the MDS staff was to see smoking data collection to be care plan accordingly, moked? If so, how long ago? In the last month prior to booking data collection form the resident by the MDS and was updated to ask the sidentify in the facility is identifying at did not disclose their prior and the results of that rought to the QA committee for review however if did, the person conducting the sidentify the DON and	F 5	The cross referenced items under F253, F312, and F37 also referenced in this partisee above. The QA/QAPI process is or	71. They are cular F tag,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED
		345174	B. WING				28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABIL	LITATION CENTER		91 V	EET ADDRESS, CITY, STATE, ZIP CODE ICTORIA ROAD HEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	with the Administrator physician, and at least Quarterly QA meeting least the Administrator physician, 3 other states and the Administrator physician, 3 other states are and lab will also certified nurse aide or invited to attend each direct care to resident identify any potential safety. 03/27/2015 Staff will not be allow this in-service training Clinical Coordinator began in beginning their shift of policy, QA, and their all residents are mon concerns are to be read Administrator or DON 03/28/2015 Audit tools will provid patterns and will be domeetings with interver they are working and residents to ensure the reside in the facility, meeting the safety reto meet the needs by 03/27/2015 Audits will be done of	e place on a monthly basis r, DON, designated st 3 other staff members. gs will take place with at or, DON, designated aff members, and pharmacy, o be invited to attend. One r licensed nurse will be n QA meeting that provides ts to help the committee concerns regarding resident ed to work until they receive g, so on 03/27/15, the DON, and Staff Development -servicing all staff before on the revised smoking responsibility to ensure that itored for safety and any eported immediately to the a for appropriate follow up. e a synopsis of trends or discussed at monthly QA entions that should have roughout the month, so a nations will be done to ensure meeting the needs of the ne safety of all residents that Interventions that are not quirements will be modified	F	520			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG		X3) DATE SURVEY COMPLETED
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER LE NURSING & REHABI	LITATION CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CO 91 VICTORIA ROAD ASHEVILLE, NC 28801	ODE	33/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATI	(X5) COMPLETION DATE
F 520	results of the audits meeting. A line item department manager about QA items. 03/27/2015 Monthly QA summar to review and make enhance the safety of show trends or patter 03/27/2015 The next monthly QA 03/27/2015 The next monthly QA 03/27/2015 Immediate Jeopardy 7:45 PM when intervivesidents confirmed training on the facility procedures and the a resident was found policy. Record revier residents who smoke assessments and carconfirmed that all sm smokers were secure possession of safe's designated as safe's follow the new smok returning lighters to the smoked in the designated observed smoking with designated times and secured by staff.	ent manager meetings with discussed at the monthly QA will be added to the morning resheet to include questions dies will be posted for the staff suggestions on how to of every resident in areas that rns. A meeting is March 30, 2015. Was removed on 03/28/15 at diews with nursing staff and they had received inservice ye's new smoking policy and expected action to take when I to not follow the smoking was confirmed that all current to had updated smoking re plans. Observations aloking materials for unsafe end with only cigarettes in the mokers. Residents smokers were observed to ing policy in obtaining and the charge nurse and mated resident smokers were ith staff supervision in the	F 5	20		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		OMPLETED
		345174	B. WING _			C 03/28/2015
	ROVIDER OR SUPPLIER	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		03/20/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 520	Assurance Committed implemented proced interventions that the September of 2014 deficiencies which we September of 2014 complaint follow-up were in the areas of maintenance services kitchen sanitation. It is a pattern of the facility during two fea pattern of the facility during two fea pattern of the facility during includes Cross refer to: a. F253: Hous Services. Based on interviews, the facility the floor for 3 of 5 sto secure ceiling tiles bathrooms. During a recertion observations, medical interviews the failed of 4 sampled definite puring a recertion of 12/14 the facility failing to provide assecure.	es Quality Assessment and be failed to maintain dures and monitor these be committee put into place in This was for three recited overe originally cited in on a recertification and survey. The deficiencies housekeeping and bes, activities of daily living and The continued failure of the deral surveys of record show ity's inability to sustain an surance Program. d: ekeeping and Maintenance observations and staff by failed to secure toilets to sampled bathrooms and failed as for 1 of 5 sampled fication/complaint survey of was cited for F253 for maintain wall unit air ties of Daily Living: Based on al record reivew and failed to provide nail care to 1 ependent residents. fication/complaint survey of was cited for F253 for sistance with eating and nail	F	520		
	interviews, the facilit the floor for 3 of 5 sto secure ceiling tile bathrooms. During a recerti 09/12/14 the facility failing to secure and conditioners. b. F312: Activity observations, medicinterviews the failed of 4 sampled definiterviews the facility failing to provide assecare. c. F371: Kitcher observations and states.	ry failed to secure toilets to sampled bathrooms and failed is for 1 of 5 sampled fication/complaint survey of was cited for F253 for maintain wall unit air ties of Daily Living: Based on al record reivew and failed to provide nail care to 1 ependent residents. fication/complaint survey of was cited for F253 for sistance with eating and nail en Sanitation: Based on				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	l ^{(×}	(3) DATE SURVEY COMPLETED
		345174	B. WING			C
	ROVIDER OR SUPPLIER LE NURSING & REHABII			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801	_	03/28/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 520	and food service from moisture; failed stored in the kitchen plastic containers of and a container for control build-up of stick remove dented cans addition, the facility from the facility from the facility from the facility of the facili	pans ready for use free to label and date food refrigerator; failed to keep condiments, thickner, lean plastic wear free from y greasy residue and failed to stored ready for use. In ailed to serve food under ons by not touching r 10 of 10 residents meals. Ideation/complaint survey of was cited for F371 for and change gloves prior to to PM the Administrator and tated the areas of aintenance services, g and kitchen santiation had the ongoing monthly Quality turance Committee instrator explained after the onservices, and weekly at care but that it was a work ministrator stated the focus 2014 aint survey had been on the	F5	520		

CENTERSTOR	MEDICINE & MEDICIND SERVICES	1	-	TI TORKI			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH O	NLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:			
FOR SNFs AND NF	S						
	•	345174	B. WING	3/28/2015			
NAME OF PROVID	ER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE					
		91 VICTORIA ROAD					
ASHEVILLE N	URSING & REHABILITATION CENTER	ASHEVILLE, NC					
ID							
PREFIX	CUDA (A DV CTATE) (EVIT OF DEFICIENCIES						
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
E 1 (0	402 10(-)(C) CONVEYANCE OF BEDGONA	I FUNDO LIBONI E	AT ATH				
F 160	483.10(c)(6) CONVEYANCE OF PERSONA	LL FUNDS UPON L	DEATH				
	Upon the death of a resident with a personal f	fund deposited with	he facility, the facility must convey withi	in			
	30 days the resident's funds, and a final accou	inting of those funds	to the individual or probate jurisdiction				
	administering the resident's estate.	C					
	dammistering the resident's estate.						
	This REQUIREMENT is not met as evidence	-					
	Based on record review and interview with the	e Business Office M	anager the facility failed to disburse mon	ies			
	within 30 days of expiration for 1 of 3 residen	its that expired.					
	(Residents #49)	•					
	(
	The findings included:						
	The findings included.						
		esident #49 had a balance of \$762 as of 03/28/15. Record review					
	revealed Resident #49 expired on 02/06/15.						
	On 03/28/15 at 2:34 PM the Business Office M	Manager (BOM) stat	ed she took over the resident trust accour	nt			
	the end of January after a former business offi						
	BOM stated she knew there were problems with			iles			
	were supposed to be disbursed within 30 days	of expiration and co	ould not explain why the monies for				
	Resident #49 had not been disbursed.						
F 514	483.75(I)(1) RES RECORDS-COMPLETE/A	CCUR ATE/ACCES	SIRI E				
r 314	+65.75(1)(1) KES KECOKDS-COMI EETE/A	ICCURATE/ACCE.	SIBLE				
	The facility must maintain clinical records on						
	standards and practices that are complete; acc	urately documented	; readily accessible; and systematically				
	organized.						
	The clinical record must contain sufficient inf	formation to identify	the resident: a record of the resident's				
	assessments; the plan of care and services pro	•	•	**			
	1	wided, the results of	any preadmission screening conducted by	у			
	the State; and progress notes.						
	This REQUIREMENT is not met as evidence	ed by:					
	Based on observation, record review, and staff	-	ity failed to transcribe a Physician order	for			
	oxygen to the Medication Administration Reco		-	-01			
	1	oru ioi i oi 3 sampi	ed residents reviewed for oxygen use				
	(Resident # 132).						
	Findings included:						
	Resident # 132 was admitted to the facility on	03/21/15 with diag	noses of chronic obstructive pulmonary				
	disease, gastric ulcers, chronic back pain, and	arm surgery.					

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

The above isolated deficiencies pose no actual harm to the residents

JEITTERO I C	SK WEDICTIKE & WEDICTID BEKVICES			A TORW			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:			
FOR SNFs AND				COMI LETE.			
I OK BIALS WIND	1110	345174	B. WING	3/28/2015			
NAME OF PRO	VIDER OR SUPPLIER		CITY, STATE, ZIP CODE				
		91 VICTORIA RO	OAD				
ASHEVILLI	E NURSING & REHABILITATION CENTER	ASHEVILLE, NO					
ID		<u> </u>					
ID PREFIX							
TAG	SUMMARY STATEMENT OF DEFICIENCIE	CIES					
1710							
F 514	Continued From Page 1						
	Review of the Minimum Data Set (MDS) 5	day Assessment date	ed 03/28/15 revealed cognitive skills for da	ily			
	decision making: Independent decisions con		S				
	decision making. Independent decisions con	iisisteitä Teasoitaoie.					
	Review of a care plan dated 03/22/15 revea	led a problem identif	ied for Resident # 132 of				
	respiratory/tracheostomy care. Intervention						
	oxygen per physician order, and medication						
	oxygen per physician order, and medication	i per physician order.					
	O 02/25/15 / 1 20 PM P : 1 / 1/122		1 4 4 12				
	On 03/25/15 at 1:30 PM Resident # 132 wa	s in ner room. An ox	ygen concentrator was on and set at 4 liters	•			
	per minute.						
	Review of the Admission Physician's orders	s dated 03/21/15 reve	ealed oxygen was not observed to be on the				
	orders.						
	Review of the Medication Administration R	Record (MAR) dated	03/21/15 through 03/31/15 revealed an				
	oxygen order was not on the MAR.						
	On 03/28/15 at 2:00 PM an interview was c	conducted with Nurse # 6. She stated she was the nurse on duty the					
	day Resident # 132 was admitted. She state	d Resident # 132 had	an order for Oxygen on the hospital				
	discharge order sheets, she verified the order						
	Physician's orders, or the MAR. She stated						
	information along in shift report.		F				
	On 03/28/15 at 2:05 PM an interview was c	onducted with the D	irector of Nursing (DON). She stated it was				
	her expectation that nursing staff transcribe		- , ,				
	with the physician, to the Admission Physic		-	cu			
	with the physician, to the Admission i hysic	hall's orders and with	K.				