

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/02/2017
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803
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{F 282} SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to check placement of a gastrostomy feeding tube (GT) before administering water for 1 of 3 residents observed receiving medications/water via g tube (Resident #159). The findings included:</p> <p>Resident #159 was admitted to the facility 09/10/15 with multiple diagnoses which included dysphasia (difficulty swallowing).</p> <p>A quarterly Minimum Data Set (MDS) dated 11/22/16 indicated the resident's cognition was severely impaired. The MDS specified Resident #159 required extensive to total dependence on staff for all activities of daily living and received over 51% of nutrition via GT (a tube inserted through the abdomen that delivers nutrition directly to the stomach.)</p> <p>A care plan dated 12/05/16 identified Resident #159 at risk for aspiration and respiratory difficulty related to a diagnosis of dysphasia requiring GT. The care plan goal specified the resident would be free of signs and symptoms of respiratory difficulty through the next review. Interventions included administer tube feeding and flushes as ordered and check tube placement and residuals prior to administering tube feedings and flushes.</p>	{F 282}	<p>The facility will continue to provide and arrange services by qualified persons in accordance with each resident's written plan of care.</p> <p>Resident #159 continues to have placement of the gastrostomy tube checked by the DON in accordance with the resident's plan of care. No negative outcome was identified relating to this observation.</p> <p>Current residents with gastrostomy tubes have the potential to be affected. Current residents with gastrostomy tubes were reviewed by the DON to ensure that placement of the gastrostomy tube is being checked by qualified persons in accordance with each resident's plan of care. No negative observations were identified.</p> <p>Nurse #1 was inserviced by ADON on the facility's policy for checking placement of the gastrostomy tube in accordance with each resident's plan of care.</p> <p>All licensed nurses will be inserviced by ADON on the facility's policy for checking</p>	2/23/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/21/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 282}	Continued From page 1 On 02/02/17 at 11:56 AM, Nurse #1 was observed administering medications and nutritional feeding via g tube to Resident #159. Nurse #1 began by administering 30 milliliters of water into the GT. When asked if GT placement should have been checked before administering water flush followed by medications, Nurse #1 stopped the procedure obtained a stethoscope and checked tube placement via auscultation. In an interview on 02/02/17 at 12:08 PM Nurse #1 explained she always checked placement of the GT before administering any fluids. Nurse #1 stated she forgot to do that today. Nurse #1 added she should have checked placement because that was facility protocol. An interview with the Director of Nursing on 02/02/17 at 3:50 PM revealed she expected care plans to be followed.	{F 282}	placement of the gastrostomy tube in accordance with each resident's plan of care. A QA monitoring tool will be utilized to ensure ongoing compliance by the ADON. Nurse #1 will be observed weekly x 4 weeks to ensure that placement of the gastrostomy tube is being checked in accordance with each resident's plan of care. All other licensed nurses will be observed x 1 to ensure that placement of the gastrostomy tube is being checked in accordance with each resident's plan of care. The ADON will randomly observe all residents with gastrostomy tubes weekly x 4 weeks then randomly x 2 months to ensure that placement of the gastrostomy tube is being checked in accordance with each resident's plan of care. Variances will be corrected at the time of the observation and additional education provided when indicated. Observation results will be reported to the DON weekly for the next 3 months and concerns will be reported to the Quality Assurance Committee during monthly meetings. Continued compliance will be monitored through random medication pass observations by the DON/ADON and through the facility's Quality Assurance Program. Compliance will be monitored by the QA Committee for 3 months or until resolved and additional education/training will be		

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{F 282}	Continued From page 2	{F 282}			
{F 322} SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to check placement of a gastrostomy feeding tube (GT) before administering medications and nutritional feeding for 1 of 3 residents observed receiving medications/water via GT (Resident #159). The findings included:</p> <p>Resident #159 was admitted to the facility 09/10/15 with multiple diagnoses which included</p>	{F 322}	<p>provided for any issues identified.</p> <p>The facility will continue to ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Resident #159 continues to have</p>	2/23/17	

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{F 322}	<p>Continued From page 3 dysphasia (difficulty swallowing).</p> <p>A quarterly Minimum Data Set (MDS) dated 11/22/16 indicated the resident's cognition was severely impaired. The MDS specified Resident #159 required extensive assistance to total dependence on staff for all activities of daily living and received over 51% of nutrition via GT (a tube inserted through the abdomen that delivers nutrition directly to the stomach).</p> <p>A care plan dated 12/05/16 identified Resident #159 at risk for aspiration and respiratory difficulty related to a diagnosis of dysphagia requiring a GT. The care plan goal specified the resident would be free of signs and symptoms of respiratory difficulty. Interventions included administer tube feeding and flushes as ordered and check tube placement and residuals prior to administering tube feedings and flushes.</p> <p>On 02/02/17 at 11:56 AM, Nurse #1 was observed administering medications and nutritional feeding via g tube to Resident #159. Nurse #1 began by administering 30 milliliters of water into the GT. When asked if GT placement should have been checked before administering the water flush followed by medications, Nurse #1 stopped the procedure obtained a stethoscope and checked tube placement via auscultation. The GT was determined to be properly placed. Nurse #1 continued to administer medications, water flushes, and nutritional feeding following facility protocol and physician's orders. The resident demonstrated no signs and symptoms of aspiration when the procedure was completed. In an interview on 02/02/17 at 12:08 PM Nurse #1 explained she always checked placement of the GT before administering any fluids. Nurse #1</p>	{F 322}	<p>placement of the gastrostomy tube checked per facility protocol. No negative outcome was identified relating to this observation.</p> <p>Current residents that have naso-gastric or gastrostomy tubes have the potential to be affected. Current residents that have naso-gastric or gastrostomy tubes were reviewed by DON to ensure that placement of the gastrostomy tube is being checked per facility protocol. No negative observations were identified.</p> <p>Nurse #1 was inserviced by the ADON on the facility's protocol for checking placement of the gastrostomy tubes.</p> <p>All nurses will be inserviced by the ADON on the facility's protocol for checking placement of gastrostomy tubes.</p> <p>A QA monitoring tool will be utilized to ensure ongoing compliance by the ADON. Nurse #1 will be observed weekly x 4 weeks to ensure that placement of the gastrostomy tube is being checked per the facility protocol. All other licensed nurses will be observed x 1 to ensure that placement of the gastrostomy tube is being checked per the facility protocol. The ADON will randomly observe all residents with gastrostomy tubes weekly x 4 weeks then randomly x 2 months to ensure that placement of the gastrostomy is being checked per the facility protocol. Variances will be corrected at the time of the review and the additional education provided when indicated.</p>		

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{F 322}	Continued From page 4 stated she forgot to do that today. Nurse #1 added she should have checked placement because that was facility protocol. An interview with the Director of Nursing (DON) on 02/02/17 at 1:08 PM revealed it was a standard of practice for placement to be checked before administering medications/fluids through GT. The DON added it was the protocol of this facility to follow the standard of practice.	{F 322}	Review results will be reported to the DON weekly for the next 3 months and concerns will be reported to the Quality Assurance Committee during monthly meetings. Continued compliance will be monitored through random medication pass observations by DON/ADON and through the facility's Quality Assurance Program. Compliance will be monitored by the QA Committee for 3 months or until resolved and additional education/training will be provided for any issues identified.		
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the	F 520		2/23/17	

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F 520	<p>Continued From page 5 requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility's Quality Assessment and Assurance Committee failed to develop and implement interventions and procedures to come into compliance for 2 deficiencies cited during the recertification survey of 12/09/16 and recited during this follow up survey of 02/02/17. The repeated deficiencies were in the areas of following the care plan and providing services for the care of a gastrostomy feeding tube. These repeated deficiencies during two federal surveys of record show an isolated pattern of the facility's inability to implement an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is crossed referred to:</p> <p>1. F282: Based on observations, record review, and staff interviews, the facility failed to follow the care plan that specified to check placement of a gastrostomy feeding tube (GT) before administering water for 1 of 3 residents observed receiving medications/water via g tube (Resident #159).</p> <p>The facility was originally cited during a recertification survey on 12/09/16 for failure to follow the care plan related to using 2 staff during</p>	F 520	<p>The facility will continue to ensure that the quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>Resident #159 continues to have placement of the gastrostomy tube checked by qualified persons in accordance with facility protocol and the resident's plan of care. No negative outcome was identified relating to this observation.</p> <p>Current residents with gastrostomy tubes have the potential to be affected. Physician orders and care plans of all residents with gastrostomy tubes were audited by DON to ensure that placement of gastrostomy tubes was being checked. Physician orders and care plans are reviewed periodically by DON/ADON/Unit Manager to ensure that placement of the gastrostomy tubes is being checked by qualified persons in accordance with facility protocol.</p>		

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F 520	<p>Continued From page 6</p> <p>sit to stand transfers and failure to use the number of side rails per the care plan.</p> <p>During an interview on 02/02/17 at 3:44 PM, the Administrator stated the facility had concentrated the plan of correction on following the care plan interventions specific to the number of people needed for lift transfers and the number of side rails to be used and not on checking placement of the GT as that was not an identified deficient practice during the recertification survey.</p> <p>2. F322: Based on observations, record review, and staff interviews, the facility failed to check placement of a gastrostomy feeding tube (GT) before administering medications and nutritional feeding for 1 of 3 residents observed receiving medications/water via GT (Resident #159).</p> <p>The facility was originally cited during a recertification survey on 12/09/16 for failure to clarify physician orders related to the amount of flushes to be given before and after medication administration and for failure to document the amount of flushes provided.</p> <p>During an interview on 02/02/17 at 3:44 PM, the Administrator stated the facility had concentrated the plan of correction on ensuring the flush orders for gastrostomy tubes were clear, followed and documented on the Medication Administration Record and not on checking the placement of the GT prior to administration of formula or fluids as that was not an identified deficient practice during the recertification survey.</p>	F 520	<p>The facility's quality assurance committee will be inserviced by the Regional QA Manager on the procedures for developing and implementing appropriate plans of action to correct identified quality concerns. Education will include determining the root cause of the identified concern, identifying, implementing, and monitoring the corrective action plan and recognizing when an action plan may need to be revised.</p> <p>A QA monitoring tool will be utilized to ensure compliance by the Regional QA Manager/designee. The Regional QA Manager/Regional Operator will attend the facility quality assurance meeting monthly x 2 months to ensure committee is developing and implementing appropriate plans of action to correct quality concerns. Variances will be corrected and/or additional education provided when indicated.</p> <p>The Regional Quality Assurance Nurse/Regional Operator will review the facility's quality assurance action plans monthly for the next 3 months then randomly thereafter to ensure continued compliance.</p>		