CENTERS FO	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345010	B. WING	9/1/2017			
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDRESS, C	ITY, STATE, ZIP CODE	·			
COMPLETE CARE AT ASHEVILLE		500 BEAVERDAM ROAD ASHEVILLE, NC					
ID							
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE	CIES					
F 157	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)						
	(g)(14) Notification of Changes.						
	(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-						
	(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;						
	(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);						
	(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or						
	(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).						
	(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.						
	(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-						
	(A) A change in room or roommate assignment as specified in §483.10(e)(6); or						
	(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.						
	(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to notify the legal guardian for 1 of 4 sampled residents(Resident # 1) of a change in treatment(medication strength reduction).						
	The findings included:						
	Review of medical records revealed Resident # 1 was admitted to the facility on 2/26/16 with diagnoses including Hypertension, Atrial Fibrillation, Asthma and Intellectual Disability. Her most recent quarterly Minimum Data Set(MDS) assessment dated 7/4/2017 assessed the resident as having long and short term memory deficits. The record also indicated a legal guardian had been appointed for the resident and should be notified of treatment changes and decisions.						

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

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NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345010	B. WING	9/1/2017			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
COMPLETE CARE AT ASHEVILLE		500 BEAVERDAM ROAD					
		ASHEVILLE, NC					
ID		-					
PREFIX	CULTURAL AND CONTROL OF DEPLOYED VALUE						
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 157	Continued From Page 1						
	Review of nursing and pharmacy notes and physician's orders revealed on 7/5/2017 the consulting pharmacist						
	recommended a dose reduction in Xarelto, an anti-clotting medication, from 20 mg. daily to 15 mgs. daily. Records indicated the physician agreed on 7/18/17, and the reduced strength of 15 mg. was administered						
	daily, beginning on 7/20/17. A nursing note dated 7/18/17 documented the strength change based on the pharmacy review, but did not indicate the guardian was notified of the medication change.						
	pharmacy review, but did not indicate the gua	rdian was notified of the	medication change.				
	Interview with the resident's legal guardian or	n 8/31/2017 at 10:30 AM	revealed she was not aware of the				
	reduction in Xarelto and was not notified of the						
	reported she was informed of the medication change by hospital staff when the resident was evaluated at a						
	local emergency room after a behavioral incid	lent on 8/20/2017.					
	Interview on 9/1/2017 at 11 AM with the nursing staff who documented the physician's order to reduce the						
		_					
	medication revealed she typically notified family or legal representatives when a change in medication occurred, but did not document the notification, so stated "I didn't notify the guardian."						
	2 diano nontry the guardian.						
	at 3 PM revealed family or legal						
	guardians should be notified of any treatment changes, when they occur.						