

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

PRINTED: 09/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2017
NAME OF PROVIDER OR SUPPLIER ASHEVILLE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 249 SS=B	<p>483.24(c)(2)(i)(ii) QUALIFICATIONS OF ACTIVITY PROFESSIONAL</p> <p>(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who-</p> <p>(i) Is licensed or registered, if applicable, by the State in which practicing; and</p> <p>(ii) Is:</p> <p>(A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or</p> <p>(B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or</p> <p>(C) Is a qualified occupational therapist or occupational therapy assistant; or</p> <p>(D) Has completed a training course approved by the State.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff and resident interviews, the facility failed to provide a full-time Activities Director responsible for developing and implementing an activities program that met the needs and interest of each resident.</p> <p>The findings included:</p> <p>A review of a list of facility department managers revealed no name was provided for the activities</p>	F 249	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's	9/29/17	

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

TITLE

(X6) DATE

Electronically Signed

09/29/2017

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 249	Continued From page 1 department. Observations during tour of the facility beginning at 8:09 AM on 09/25/17 revealed no activity calendar schedules for the month of September were present in resident rooms or posted in hallways accessible to residents. On 09/25/17 at 1:00 PM a group of residents were observed in the activity room bowling with a video game which was conducted by a resident's family member. On 09/25/17 at 2:00 PM a group of residents were observed playing bingo in the main dining room. This activity was followed by piano music being provided by an outside participant on the facility piano in the main dining room. A review of scheduled activities listed on calendars for June, July, August, and September were conducted. The facility was providing limited group activities weekdays, weekends and some evenings. At least 2 or more activities were provided each day. An interview was conducted with Resident #7 on 09/25/17 at 9:19 AM. A Minimum Data Set (MDS) quarterly assessment dated 08/08/17 indicated the resident's cognition was intact. Resident #7 confirmed the facility had been without an Activity Director (AD) since March 2017. The resident stated a nursing assistant (NA) had been filling in when she could. An interview was conducted with NA #1 on 09/25/17 at 9:41 AM. The NA stated she had been helping with activities for the residents when she had time. She stated she was also helping with staffing on resident halls as a nursing assistant. NA #1 stated she had found a local community college that provided classes she could take to become a certified AD and was willing to take those classes. After the last AD left in June, the facility approached her about taking the position. She added due to staffing issues	F 249	allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited; The facility failed to have a Activities Director to oversee the activities program and ensure that the patients were provided consistent activities program that met their needs. The procedure for implementing the acceptable plan of correction for the specific deficiency cited; 1) Administrator re-educated on the Regulation requiring oversight by a Qualified Activities Director. 483.24 (c)(2)(i)(ii) Qualifications of Activity Personnel, (c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who – (i) is licensed or registered, if applicable, by the State in which practicing; and (ii) is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This education was completed by the Corporate Nurse Consultant on Friday,		

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F 249	Continued From page 2 the facility had not let her do activities full time. NA #1 stated it was difficult to carry a resident load on a unit in the nursing home and be responsible for activities at the same time. The NA stated she helped with activities on her off days. She always had the monthly birthday party for residents since half of the residents in the facility participated in this and she had provided other activities as well. NA #1 stated residents were helping with Bingo and she made sure prizes were available for the winners. An interview was conducted with Resident #8 on 09/25/17 at 10:30 AM. A MDS quarterly assessment dated 06/03/17 indicated the resident's cognition was intact. Resident #8 confirmed there had been no AD for several months. The resident stated bingo was always provided on Mondays, Wednesdays, and Saturdays at 2:00 PM. She added a singing group provided entertainment 3 times a month and church services were always held on Sundays. Resident #8 stated other activities such as games were not being provided weekly. During an interview on 09/25/17 at 4:19 PM the Administrator confirmed the facility's AD left in March 2017. The AD position was filled in June. This person started June 1st and resigned June 19th. An interview was conducted with Resident #9 on 09/26/17 at 8:30 AM. A quarterly MDS assessment dated 07/10/17 indicated the resident's cognition was intact. Resident #9 stated she called bingo 3 days per week. She had also helped NA #1 when they tie dyed shirts for the residents. Resident #9 stated she liked NA #1 and thought she would do a good job when full-time. She was looking forward to having a full-time AD with which she could bond. An additional interview was conducted with NA #1	F 249	September 29, 2017. 2) Education was also provided to the Administrator on September 26, 2017 that calendars needed to be posted in resident rooms outlining upcoming activities so that if the resident wishes to attend they can let staff know so that arrangements could be made to get the resident to the activity. 3) Activity Aide and Administrator were educated that 4-5 activities a day needed to be posted and provided. 4) On September 28, 2017 made an offer of employment to a Certified Activity Director. During the period that the facility is waiting for the Activity Director to start in the facility the facility Certified Occupational Therapy Assistant will ensure that activities are provided by the Activities Aide and approve with the Administrator the activity calendar that is prepared. 5) Activity Aide was re-educated on documentation in the residents medical record the participation of the residents in activities. 6) During resident council on September 28, the residents presented to the Administrator and the Activity Aide was Activities they would be interested in. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected		

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F 249	Continued From page 3 on 09/26/17 at 11:22 AM. NA #1 stated after the AD left in June the facility approached her in regards to taking the AD position. Since June, she had been acting as a NA on the halls with resident assignments and doing the AD job. NA #1 stated she did not provide a September calendar of scheduled activities to the residents because she just did not have time to get it done. During an additional interview on 09/26/17 at 11:45 AM the Administrator stated after the last AD left in June, she approached NA #1 about taking the position. The Administrator added due to staffing issues, she had not made NA #1 a full-time AD. An interview was conducted with Resident #10 on 09/26/17 at 11:37 AM. A MDS quarterly assessment dated 06/21/17 indicated the resident's cognition was intact. Resident #10 stated she missed having a full-time AD. She stated the facility wasn't providing as many activities as they did when there was an AD. An interview was conducted with Resident #11 on 09/26/17 at 11:40 AM. A MDS quarterly assessment dated 07/11/17 indicated the resident's cognition was intact. Resident #11 stated the facility had provided some activities but not as it was when they had a full-time AD. He stated he had no complaint and felt fortunate to be at this facility.	F 249	and/or in compliance with the regulatory requirements; 1) The Certified Occupational Therapist will complete Weekly Audits to ensure that the programs are being provided as indicated on the calendars posted for the residents. a) Up to 10 patients that attended activities, documentation will be checked to ensure that Activity Aide documented participation. b) 4-5 Activities were provided daily. c) Calendars are posted in each residents room. This audit will completed weekly for a period of 1 month and then every two weeks for a period of two months. During Corporate Nurse visits, the Corporate Nurse will complete an audit looking for the same information as audited by facility Certified Occupational Therapist and Activity Director and will be completed for a period of weekly for 1 month and every two weeks for a period of 2 months. The title of the person responsible for implementing the acceptable plan of correction – The Administrator will be responsible to ensure implementation of this Plan of Correction and ensure that plan is followed with verification by the Corporate Nurse Consultant during facility visits. Results of the audits will be reviewed monthly during the Quality Assurance Performance Improvement Committee Meeting to ensure compliance with plan and revisions if needed.		