PRINTED: 11/20/2017 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------|--|---|------------------------|-------------------------------|--|
| | 345312 B. WING _ | | | | | C 10/24/2017 | | |
| | ROVIDER OR SUPPLIER R HEALTH & REHAB/HE | NDERSONVILLE | | 1870 I | ET ADDRESS, CITY, STATE, ZIP CODE PISGAH DRIVE DERSONVILLE, NC 28791 | | | |
| (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 155 SS=E | DIRECTIVES CFR(s): 483.10(c)(6)(6)(483.10 (c)(6) The right to req discontinue treatment to participate in experformulate an advance c)(8) Nothing in this p construed as the right the provision of medic services deemed medinappropriate. (g)(12) The facility murequirements specifie subpart I (Advance Discontinue) (i) These requirement inform and provide wiresidents concerning medical or surgical treasident's option, form (ii) This includes a wifacility's policies to im and applicable State I (iii) Facilities are permentities to furnish this legally responsible for requirements of this services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individuation or articular has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed an advance of the services (iv) If an adult individual has executed in advance of the services (iv) If an adult individual has executed in advance of the services (iv) If an adult individual has executed in advance of the services (iv) If a | interpretation of the plement and vance directive. It is include provisions to refuse the right to accept or refuse eatment and, at the nulate an advance directive. Interpretation of the plement advance directives aw. Interpretation is incapacitated at the resurring that the | F | 55 | | | 11/15/17 | |
| ARODATORY | DIDECTOR'S OR PROVINER/S | SUPPLIER REPRESENTATIVE'S SIGNATUE | DE . | | TITI F | | (X6) DATE | |

11/10/2017

Electronically Signed 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: | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 345312 | 345312 B. WING | | 1 | C 10/24/2017 | |
| | VIDER OR SUPPLIER | /HENDERSONVILLE | | STREET ADDRESS, CITY, STATE, ZIP CO 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | | 0/24/2017 | |
| (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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| ii v (| vith State law. v) The facility is no provide this information for she is able to resolve the information to appropriate time. 483.24 a)(3) Personnel per | ot relieved of its obligation to nation to the individual once he eceive such information. Ires must be in place to provide the individual directly at the rovide basic life support, a resident requiring such rior to the arrival of emergency and subject to related nd the resident's advance ENT is not met as evidenced review, staff and family illity failed to assist residents nsible parties in establishing admission. This affected 3 of 5 of (Residents #151, #204 and | F 1 | F155 (E) Right to Refuse, F Advance Directives The processes that lead to t cited; The Social Worker fail Advanced Directive Policy a failed to follow up on Advance per policy How will corrective action be accomplished for those resid have been affected by the depractice: On 10-24-17, code status, D electronic health record physorders, care plans and face reviewed for residents #152. | the deficiency led to follow and nursing ced directives ed dents found to eficient DNRs, sician s sheets were | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
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| | | 345312 | B. WING _ | | | C 10/24/2017 | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACREGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO | | VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY) | |
| F 155 | directive and does not at the time of admiss follow state law to do make health care do resident; 6. The facility must of the resident's clir resident has issued 7. The facility's copy must be filed in the The facility's policy Facility" revised Augprocedure: 2. If the resident has representative, the obtained prior to or representative exist staff shall encourag power of attorney for directive. 1. Resident #151 w 10/03/17. Review of no code status was computer record or sheet. The record if Resuscitate" (DNR) Orders for Scope of | not executed an advance not have the capacity to do so ission, then the facility must determine who has authority to ecisions on behalf of the document in a prominent part nical record whether the an advance directive; and y of the advance directive resident's clinical record. Ititled "Admission to the gust 2017 included the san appointed legal identifying paperwork is upon admission. If no legal is upon admission, the facility ethe resident to execute a or healthcare and an advance was admitted to the facility on fithe medical record revealed noted on the face sheet in the in the paper record's face and no golden rod "Do Not form and no hot pink Medical Treatment (MOST) form. | F 1 | Teachable Mo and Director of regarding obting admission and protocol for A. How will correspond to the potential of deficient practices of the potential of deficient practices of the potential of deficient practices. On 11-10-17, MDS coordingensure no other missed, incorrect Any identified immediately. What measure systemic characteristic that the deficient process of | e Administrator completed oment with the Social Wor of Nursing on expectation taining code status upon ad/or readmission and the advance Directives. The ective action be do for those residents having to be affected by the same ectice: The analysis of the advance directives were advance directives were advance directives were corrected do in the same ectic will be put into place or nade to ensure that practice will not recur: The provided Head of the same ectic will be put into place or nade to ensure that practice will not recur: The same ective and the staff of the same ectic will not recur: The for compliance with F155 is on the facility policy for ectives. | rker s ng e oy, re . | | |
| | October 2017 reveal orders. Nursing notes dated by Nurse #2, reveal aide that the resider | d 10/20/17 at 4:24 AM, written led she was notified by nurse nt was found unresponsive. Nurse went to the room and | | monitored to recur, i.e., wh program will I The Social W Nursing and/o | ective action(s) will be ensure the practice will no nat quality assurance be put into place: /orker and Director of or Nurse Managers will ective actions to ensure the | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | TE SURVEY MPLETED | |
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| NAME OF T | NOVIDEN ON 301 1 EIEN | | | 1870 PISGAH DRIVE | ODL | | |
| BRIAN CT | R HEALTH & REHAB | /HENDERSONVILLE | | | | | |
| | T | | | HENDERSONVILLE, NC 28791 | | | |
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| F 155 | Continued From page | age 3 | F 1 | 55 | | | |
| | pupils were fixed a primary care provide resuscitation (CPR registered nurse with death was pronour.) A physician's telep 3:05 AM stated "Pacall 911, do not see has expired-" This Nurse #1 was interesting to the provide result of the provide results o | pulse and no respirations. Her and dilated. Confirmed by the der, no cardiopulmonary as was performed. The ent to room and the resident's need at 2:50 AM. Thone order dated 10/20/17 at at atient is DNR status, Do not and out to hospital - Pt (patient) as was signed by Nurse #1. Triewed via telephone on M. Nurse #1 stated Nurse #2 | | effectiveness of these action monitoring new admissions timely and complete process advance directives weekly then monthly X 2 months of compliance has been determined by the English of Clinical Services to main compliance when completing with the English of Clinical Services to main compliance when completing monitoring substantial compliance when completing the English of Clinical Services to main compliance when completing times admissions and the substantial compliance when completing the English of Clinical Services to main compliance when completing the English of | s to ensure the ssing of X 4 weeks, r until mined. the monthly ne as been e recommends District Director tain | | |
| | thought Resident # Nurse #1 looked ir golden rod DNR sl notes in the chart t DNR status and ca conveyed this findi ordered the DNR s | #151 was DNR status but when the chart she did not find the neet. She stated she found that indicated the family wanted alled the physician. She ng to the physician who status and orders to not start one order dated 10/20/17 at | | reviews. | .g, | | |
| | 10/23/17 at 7:12 P 10/20/17 she responded the nurse aided record. Nurse #2 sees the registered. She and the registered. She and the regist chart expecting to MOST form. In the either, Nurse #2 st paper chart until the stated, on the same was both full code. Resident #151 to be | M. Nurse #2 stated on onded to Resident #151 and obtain the resident's medical stated she had the nurse aide nurse (Nurse #1) to assist her. ered nurse looked at the paper find a golden rod DNR or pink front of the chart. Not finding ated they flipped through the rey found a hospital note that e sheet of paper, the resident and that the family wanted the DNR. Nurse #2 stated and stated she had to clarify | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION G | | COMPLETED | |
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| | | 345312 | B. WING _ | | | C 10/24/2017 | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | | 10/24/2017 | |
| (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 155 | subsequently called happened to also be directive to not do caper the hospital note. Interview with the M 11:54 AM revealed hadmission, including directives were to be that without any advine would expect stawhen a resident was Interview with the Ad 10/23/17 at 12:15 P discussed advance and or family. On foon 10/24/17 at 8:29 Coordinator stated sadvance directives fanything about advantable established via a tel the electronic record trying to establish the forms, which specific chosen by the reside mandatory process. Interview with the soat 5:04 PM revealed the computer directly When reviewing Reserviced She further stated the sales of the stated the | the resident's physician, who e on call, and he gave the ardiopulmonary resuscitation e. edical Director on 10/23/17 at the expected that on any readmission, the advance exceived. He further stated ance directives established ff to proceed with full code found without respirations. Imissions Coordinator on M revealed the Social Worker directives with the resident allow up interview conducted AM, the Admissions he provided a paper on for review but did not explain need irectives. Tector of Nursing on 10/23/17 code status could be exphone order or put directly in a second the scope of treatment ent but that system was not a | F1 | 55 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | |) MULTIPLE CONSTRUCTION BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 345312 | B. WING | | | C | |
| NAME OF P | ROVIDER OR SUPPLIER | | B: Willo | STREET ADDRESS, CITY, STATE, ZIP CO | • | 0/24/2017 | |
| NAME OF T | NOVIDEN ON OUT FIEN | | | 1870 PISGAH DRIVE | ,DL | | |
| BRIAN CT | R HEALTH & REHA | B/HENDERSONVILLE | | HENDERSONVILLE, NC 28791 | | | |
| (X4) ID PREFIX TAG | (EACH DEFIC | RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL ' OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| F 155 | that a code status that would mean be a full code. Status of Coordinator used MOST form, how September 2017, no longer working initiation to be by instructed the Adriform in the front of stated she was fir not being comple decided to start to residents who has She stated she di was not instructed staff. She further the code status in Interview with Nurevealed she registed to residents about understanding the obtain advance didelineated in the | page 5 03/17 there was no evidence is was established and per SW the resident would automatically it was tated that the Admissions to begin the process with the ever, around the beginning of a Nurse Practitioner who was it of the facility, wanted the a clinical staff person and missions Coordinator to put the off the chart for follow up. SW inding that the MOST form was it deand as of last Thursday she eying to establish code status on it do goldenrod or MOST form. It did this on her own accord and it do do so by any administrative is stated the unit manager put in in the computer upon admission. The #3 on 10/23/17 at 5:31 PM could be status and it was her in the social worker helped irectives. If there was no code medical chart, she stated this to initiate resuscitation efforts. | F 1 | | 7 | | |
| | during interview to verifying admission computer. She so residents and if post did not discuss constated that if there via admission how with the physiciar | 12 PM the Unit Manager stated hat she was responsible for on orders and putting them in the tated she introduced herself to resent family on admission but ode status with either. She was a code status stipulated spital papers, she verified those n. If there was no indication that ace directives, she automatically | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | | | | C 10/24/20 | 117 | |
| | PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CO 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | • | 17 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE COM HE APPROPRIATE | (X5) PLETION DATE | |
| F 155 | made the resident a During an interview 10/24/17 at 2:36 PM was that a code state physician. She state with no code status determine a code st. She stated social se establishing code st. MOST form by initial stated the golden root transfers out of the fragolden rod form where we will be stablish a code state system needed to be computed to some short and long. Review of his medic revealed physician of 10/23/17 for him to be stipulated under his computerized record "Do Not Resusce pink Medical Orders (MOST) form. An interview on 10/2 admitting nurse (Nurorder was obtained supervisor, Nurse #8 | with the Administrator on II, she stated her expectation us would be clarified with the ed if a resident was admitted determined the facility should atus as quickly as possible. Invices played a large role in atus with the use of the ting its use. She further d DNR form was used for facility but she could not say if as routinely established and The administrator stated that the facility 4 to 5 days to tus for a resident and the erightened." The administrator stated that the facility on some administrator and the erightened." The administrator stated that the facility on some and time with green memory loss. The all record on 10/23/17 orders were obtained on the erightened on the process of the facility of the process of the facility of t | F 1 | 55 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
|--|--|---|---------------------|---|------------------------------|--|
| | | 345312 | B. WING | | 10/24/2017 | |
| | ROVIDER OR SUPPLIER | HENDERSONVILLE | ' | STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | 10/24/2017 | |
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| F 155 | Continued From pa | _ | F 155 | | | |
| | An attempt to conta unsuccessful. | ct Nurse #5 via phone was | | | | |
| | revealed a care pla | plan for Resident #204 n, established 10/24/17, for advance directives honored as a full code. | | | | |
| | Resident #204's me physician order date | eview on 10/24/17 revealed edical record had a revised ed 10/24/17 at 11:03 AM ot Resuscitate (DNR). | | | | |
| | interviewed via pho This family stated th Resident #204 to th stated that no one of until this morning do She stated that she | wer of attorney/family was ne on 10/24/17 at 1:21 PM nat she accompanied e facility on 10/19/17. She discussed code status with her uring a care plan meeting. informed the facility staff that always wanted to be DNR and wanted for him. | | | | |
| | 11:54 AM revealed admission, including directives were to be that without any adhe would expect sta | dedical Director on 10/23/17 at the expected that on any greadmission, the advance e reviewed. He further stated vance directives established aff to proceed with full code s found without respirations. | | | | |
| | 10/23/17 at 12:15 F discussed advance and or family. On fo on 10/24/17 at 8:29 | dmissions Coordinator on PM revealed the Social Worker directives with the resident ollow up interview conducted AM, the Admissions she provided a paper on | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDI | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--------------------|---------|---|-------------------------------|----------------------------|
| | | 345312 | B. WING | B. WING | | C 10/24/2017 | |
| | ROVIDER OR SUPPLIER | ENDERSONVILLE | • | 187 | REET ADDRESS, CITY, STATE, ZIP CODE 70 PISGAH DRIVE ENDERSONVILLE, NC 28791 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 155 | Interview with the Dir at 1:38 PM revealed established via a tele the electronic record. trying to establish the forms, which specific chosen by the reside mandatory process in Interview with the soc at 5:04 PM revealed the computer directly She further stated than urse would put in the that the Admissions of the process with the around the beginning Nurse Practitioner with facility, wanted the staff person and instrictionary coordinator to put the chart for follow up. So that the MOST form vand as of last Thursd to establish code staff goldenrod or MOST for her own accord are so by any administration the unit manager put computer upon admissions of the revealed she regularly the facility. Nurse #3 to residents about co | per review but did not explain note directives. Dector of Nursing on 10/23/17 code status could be sphone order or put directly in She stated the facility was a use of the pink MOST of the scope of treatment in the but that system was not a note that the facility. Decial worker (SW) on 10/23/17 the code status should be in a under the resident's picture. The typically the admitting in the code status. SW stated Coordinator used to begin MOST form, however, if of September 2017, a no was no longer working for the initiation to be by a clinical functed the Admissions of form in the front of the stated she was finding was not being completed any she decided to start trying thus on residents who had no form. She stated she did this and was not instructed to do tive staff. She further stated in the code status in the | F | 155 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 345312 | B. WING | | | C 0/24/2017 | |
| | ROVIDER OR SUPPLIER | HENDERSONVILLE | | STREET ADDRESS, CITY, STATE, ZIP CO 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | • | 0/2-4/2017 | |
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| F 155 | delineated in the me meant staff were to On 10/24/17 at 2:12 during interview that verifying admission computer. She state residents and if presidents and if presidents and if presidents and if presidents and if there will admission hospid with the physician. There were advance made the resident and interview with the Using for Resident code status she materially stated he was orders were subsequently stated he was ordered to state with no code status determine a cod | ctives. If there was no code edical chart, she stated this initiate resuscitation efforts. PM the Unit Manager stated the was responsible for orders and putting them in the ed she introduced herself to sent family on admission but e status with either. She was a code status stipulated tal papers, she verified those of there was no indication that edirectives, she automatically infull code. Upon follow up note that she took the admitting the different was no indication that edirectives, she automatically infull code. Upon follow up note that she took the admitting the different was a 72 hour care plan in the was | F 1 | 55 | | | |

| DEFICIENCIES CORRECTION | IDENTIFICATION NUMBED: | | | (X3) DATE SURVEY COMPLETED C | |
|--|--|--|--|--|--|
| | 345312 | B. WING | | 10/24/2017 | |
| ROVIDER OR SUPPLIER | HENDERSONVILLE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | 10/24/2017 | |
| (EACH DEFICIE) | NCY MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHO | JLD BE COMPLETION | |
| Interview with Minir 10/24/17 at 3:31 PN established for full code status was obstating that as of the meeting, the family expressed the designation that care plan will be a second for the ca | num Data Set staff on M revealed the care plan was code when the order for full tained. MDS staff continued is date's 72 hour care plan who is power of attorney, re to have him be a DNR and e updated. was admitted to the facility on ervice initial assessment and M17 noted that Resident #202 and was oriented to self, and situation. She was also indent with decision making. If advance directives it was ent's rights have been esident. There was no ecision relating to her choice esc. cal record revealed Resident was not established until the #202's code status was full and was subsequently early 123/17 for her to be full code. If the mass in the most of the mo | F 15 | 5 | | |
| | ROVIDER OR SUPPLIER R HEALTH & REHAB/I SUMMARY: (EACH DEFICIENT REGULATORY OF THE | ROVIDER OR SUPPLIER R HEALTH & REHAB/HENDERSONVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 system needed to be "tightened." Interview with Minimum Data Set staff on 10/24/17 at 3:31 PM revealed the care plan was established for full code when the order for full code status was obtained. MDS staff continued stating that as of this date's 72 hour care plan meeting, the family, who is power of attorney, expressed the desire to have him be a DNR and the care plan will be updated. 3. Resident #202 was admitted to the facility on 10/19/17. Social service initial assessment and history dated 10/19/17 noted that Resident #202 had intact memory and was oriented to self, family, time, place and situation. She was also noted to be independent with decision making. Under the section of advance directives it was noted that the resident's rights have been reviewed with the resident. There was no notation as to the decision relating to her choice of advance directives. Review of the medical record revealed Resident #202's code status was not established until 10/23/17. Resident #202's code status was full code and a care plan was subsequently established on 10/23/17 for her to be full code. The order was written on 10/23/17 by the Unit Manager. There was no hot pink Medical Orders for Scope of Treatment (MOST) found in the | A BUILDING 345312 ROVIDER OR SUPPLIER R HEALTH & REHAB/HENDERSONVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 system needed to be "tightened." Interview with Minimum Data Set staff on 10/24/17 at 3:31 PM revealed the care plan was established for full code when the order for full code status was obtained. MDS staff continued stating that as of this date's 72 hour care plan meeting, the family, who is power of attorney, expressed the desire to have him be a DNR and the care plan will be updated. 3. Resident #202 was admitted to the facility on 10/19/17. Social service initial assessment and history dated 10/19/17 noted that Resident #202 had intact memory and was oriented to self, family, time, place and situation. She was also noted to be independent with decision making. Under the section of advance directives it was noted that the resident's rights have been reviewed with the resident. There was no notation as to the decision relating to her choice of advance directives. Review of the medical record revealed Resident #202's code status was not established until 10/23/17. Resident #202's code status was full code and a care plan was subsequently established on 10/23/17 for her to be full code. The order was written on 10/23/17 by the Unit Manager. There was no hot pink Medical Orders for Scope of Treatment (MOST) found in the medical record. Interview with the Medical Director on 10/23/17 at 11:54 AM revealed he expected that on any admission, including readmission, the advance directives were to be reviewed. He further stated | ROUDER OR SUPPLIER R HEALTH & REHAB/HENDERSONVILE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 System needed to be "tightened." Interview with Minimum Data Set staff on 10/24/17 at 3:31 PM revealed the care plan was established for full code when the order for full code when the order for full code when the order for full code with a davance directives it was noted that the resident's rights have been reviewed with the resident. There was no notation as to the decision relating to her choice of advance directives was noted that no 10/23/17 for her to be full code. There was no hot pink Medical Orders for Scope of Treatment (MOST) found in the medical, the Medical Director on 10/23/17 at 11:54 AM revealed be expected that on any admission, including readmission, including readmission, including readmission, including readmission, including readmission, in the advance directives were to be reviewed. He further stated | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|--------------------|--|--|-------------------------------|----------------------------|
| | | 345312 | B. WING | B. WING | | C 10/24/2017 | |
| NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/HENDERSONVILLE | | <u> </u> | S 1 | TREET ADDRESS, CITY, STATE, ZIP CODE 870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | <u> 10/2</u> | 24/2017 | |
| (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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 155 | Interview with the Adri 10/23/17 at 12:15 PM discussed advance d and or family. On foll on 10/24/17 at 8:29 A Coordinator stated shadvance directives for anything about advantal Interview with the Dirat 1:38 PM revealed destablished via a tele the electronic record. trying to establish the forms, which specified chosen by the resident mandatory process in Interview with the sociat 5:04 PM revealed of the computer directly. She further stated that nurse would put in the that the Admissions of the process with the I around the beginning Nurse Practitioner who the facility, wanted the staff person and instruction Coordinator to put the chart for follow up. So that the MOST form wand as of last Thursday to establish code stat goldenrod or MOST for her own accord ar | found without respirations. missions Coordinator on I revealed the Social Worker irectives with the resident ow up interview conducted M, the Admissions are provided a paper on review but did not explain ace directives. ector of Nursing on 10/23/17 code status could be phone order or put directly in She stated the facility was use of the pink MOST did the scope of treatment ont, but that system was not an this facility. cial worker (SW) on 10/23/17 the code status should be in under the resident's picture. Set typically the admitting ecode status. SW stated coordinator used to begin MOST form, however, of September 2017, and to was no longer working for the initiation to be by a clinical | F | 155 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|--|-----------------------------------|-------------------------------|--|
| | | 345312 | B. WING _ | | | C 10/24/2017 | |
| NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/HENDERSONVILLE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFII TAG | PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE | |
| F 155 | Interview with Nurse revealed she regular the facility. Nurse # to residents about or understanding that to obtain advance directly delineated in the meant staff were to On 10/24/17 at 2:12 during interview that verifying admission computer. She state residents and if presidents and if presidents and if presidents and if there wis admission hospif with the physician. There were advance made the resident and During an interview 10/24/17 at 2:36 PM was that a code state with no code status determine a code | t in the code status in the ission. ##3 on 10/23/17 at 5:31 PM rly admitted new residents to 3 stated that she did not talk ode status and it was her he social worker helped ctives. If there was no code rdical chart, she stated this initiate resuscitation efforts. PM the Unit Manager stated as he was responsible for orders and putting them in the red she introduced herself to rent family on admission but a status with either. She reas a code status stipulated real papers, she verified those if there was no indication that directives, she automatically full code. with the Administrator on a she stated her expectation us would be clarified with the red if a resident was admitted determined the facility should actus as quickly as possible. The review of the ting its use. She further | F | 155 | | | |
| | transfers out of the f a golden rod form w used in this facility. it should not take the | d DNR form was used for acility but she could not say if as routinely established and The administrator stated that a facility 4 to 5 days to tus for a resident and the | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|--|--|-------------------------------|--|
| 345312 B. WING | | C 10/24/2017 | |
| | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| RRIAN CTR HEALTH & REHAR/HENDERSONVILLE | 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791 | | |
| PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EAC | ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIA' DEFICIENCY) | | |
| F 155 Continued From page 13 system needed to be "tightened." F 155 | | | |