	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345010	B. WING			0	5/07/2019
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDIUS HEALTH AT ASHEVILLE				50	00 BEAVERDAM ROAD		
				Α	SHEVILLE, NC 28804		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658 SS=D	Services Provided Me CFR(s): 483.21(b)(3)	eet Professional Standards	F	658			5/16/19
	as outlined by the com must- (i) Meet professional This REQUIREMENT by: Based on record rev Medical Doctor interv transcribe medication Administration Record the pharmacy and ad ordered by the physic reviewed for providing professional standard The findings included Resident #8 was adm 02/21/19 from the hose the facility on 02/22/1 included diabetes me wound infection, and Due to the date of the was no Minimum Dat care plan to review. Review of a nursing r indicated in part, that facility approximately stable. Resident #8 was	d or arranged by the facility, mprehensive care plan, standards of quality. T is not met as evidenced iews, staff interviews, and iew, the facility failed to as to the Medication d, obtain medications from minister medications as cian for 1 of 3 residents g care according to ds (Resident #8). t: nitted to the facility on spital and discharged from 9. Resident #8's diagnoses ellitus, hypertension, left heel neuropathy. e facility admission, there a Set (MDS) assessment or			<ul> <li>F658</li> <li>1. How Corrective action will be accomplished for those residents found have been affected by the deficient practice?</li> <li>Resident #8 no longer resides at the facility; transferred on 2/22/19.</li> <li>All licensed nurses currently employed the facility able to verbalize and demonstrate how to enter orders into the facility Electronic Medical Record (EMI system.</li> <li>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</li> <li>Any resident(s) admitted since survey until 5/16/19 were reviewed to ascertai ordered medications were transcribed the medication administration record (MAR), medications were received from the pharmacy, and administered as ordered. No discrepancies found.</li> </ul>	at he ₹) ? exit, n to	
	-	note, dated 2/21/19 at 9:43 #1. revealed that			<ol> <li>What measures will be put into pla or systemic changes made to ensure t</li> </ol>		

**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.

05/22/2019

		ND HUMAN SERVICES MEDICAID SERVICES				F	TED: 05/24/20 ORM APPROVE NO. 0938-039	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) D	OATE SURVEY OMPLETED	
		345010	B. WING	B. WING			C 05/07/2019	
NAME OF PR	ROVIDER OR SUPPLIER	•		ST	IREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORDIUS HEALTH AT ASHEVILLE			500 BEAVERDAM ROAD					
ACCORDI	US HEALTH AT ASHEVI	LLE		A	SHEVILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 658	Continued From page	0.1		658				
1 000				000	the definient presting will not require			
		rified with an on-call family d faxed to pharmacy. The			the deficient practice will not recur?			
	-	lled to pharmacy due to cut			Licensed nurse education was comp	oleted		
		s the cut-off time for new			by the Assistant Director of Nursing 5/9/2019 which included			
					Admission/readmission required			
		al discharge summary			procedures; verify all orders with the			
		02/21/19, revealed orders			physician, orders verified with secon	nd		
	that included:				nurse after medication orders were entered correctly into the facility electronic	otronio		
	- Atorvastatin (Lin	itor) 20 milligram (mg) (1			medical record medication administr			
		daily for high cholesterol.			record, fax all pharmacy orders to	ation		
		exapro) 10 mg (1.5 tablets)			pharmacy as soon as they are recei	ved		
	po daily for mood syr	nptoms.			and put a copy of the faxed confirma			
		325 mg (1 tablet) po twice a			in the Director of Nursing (D.O.N.) o			
	day for anemia.				Assistant Director of Nursing box, ca			
		ac) 150 mg (1 tablet) po daily			pharmacy for verification that orders			
	for stomach acid.				received and that they will be delive with the next pharmacy run, docume			
	Review of Resident #	#8's Electronic Medication			nurses progress note who spoke to			
		d (EMAR) for 02/21/19 to			pharmacy with date and time.			
		one of the medications from						
	the hospital discharg	e summary had been			Any nurse not receiving the education	•		
	transcribed to the EM	IAR.			5/9/2019 will not be allowed to work	shift		
	Deview of Desider (1)	tole Liston, and Dhurissi			until completed.			
		#8's History and Physical, in part, patient was seen for			New licensed nurses will be educate	he		
		uation without apparent			during their new-hire orientation.			
		identified. Vital signs:						
		grees Fahrenheit; Pulse-79			New resident orders and any new			
	beats per minute; Re	spiratory Rate-17 breaths			admission/readmission charts will be			
	•	essure-134/61; and Oxygen			reviewed starting 5/9/19 during AM			
	Saturation-94% on ro	oom air.			meeting by the Interdisciplinary team	n		
	A phone interview	a conducted with Nurse #2			(IDT) members that includes at a			
	•	as conducted with Nurse #3 PM. He indicated he received			minimum the Director of Nursing (D. Minimum Data Set (MDS) Nurse, an			
		arding inputting orders on			Administrator PRN, Monday-Friday,			
		that he came in to work on			weekends by the RN Weekend	ana		
		and remembered Resident			Supervisor. Review to include; new	orders		

Facility ID: 922979

<u>CENTER</u>	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 093	8-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		345010	B. WING		C 05/07/20	19
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CO		
ACCORDI	US HEALTH AT ASHEVII	LLE		500 BEAVERDAM ROAD ASHEVILLE, NC 28804		
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COM HE APPROPRIATE	(X5) PLETIO DATE
F 658	Continued From page	e 2	F 65	8		
	complete during her s shift to work on them told him she would be the admission orders orders on the EMAR. know how to add order remember if another to help him. He further he notified Nurse #2	ders that Nurse #1 did not shift and stayed after her . He revealed that Nurse #1 e back on 02/22/19 to finish and asked him to put the He indicated that he did not ers to the EMAR and did not nurse was working that night er indicated that on 02/22/19, and the former Director of ne admission medications e EMAR.		<ul> <li>and admission/readmission</li> <li>properly faxed to the pharm</li> <li>medication orders were entrainto the facility electronic medication administration remedications received as order</li> <li>the medication cart, and medication cart, and medication administered as order</li> <li>4. How will the facility more performance to make sure to are sustained?</li> </ul>	acy, ered correctly edical record ecord, dered and on edications have ed.	
	on 05/06/19 at 3:19 F Resident #8 came in change (close to 7:00 further stated that she orders to the pharma #3 and asked him to medication orders to indicated that she left PM and 10:30 PM on indicated that she do before she left for the would take care of the #1 revealed that she former DON at 10:28 she was leaving and	the EMAR. Nurse #1 the facility between 10:15 02/21/19. She further uble-checked with Nurse #3 e night and he told her he e admission orders. Nurse sent a phone text to the PM and notified her that		Starting 5/16/19 New order( Admission/re-admission aud completed by the Director o (D.O.N.) and Minimum Data Nurse, or a designated nurs administrator weekly M-F fo then Random 3x/week for 2 Audit to include; any new re and admission/readmission properly faxed to the pharm medication orders were ente into the facility electronic me medication administration re medications received as ord the medication cart, and me been administered as order	dits will be f Nursing a Set (MDS) a r 4 weeks, months. sident orders orders were acy, ered correctly edical record ecord, dered and on edications have	
	on 05/07/19 at 11:29 worked on the unit wi 02/22/19. She further received Resident #8 Summary (Medication at 2:30 PM on 02/21/			Results of the audits will be the D.O.N. at the monthly Q Assurance Performance Im (QAPI) x3 months or until a determined by the QAPI me	presented by quality provement timeframe	

Event ID: HN4T11

Facility ID: 922979

If continuation sheet Page 3 of 11

STATEMENT (	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED	
						С	
		345010	B. WING		0	5/07/2019	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORD	US HEALTH AT ASHEVI	LLE		00 BEAVERDAM ROAD ASHEVILLE, NC 28804			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIOI DATE	
F 658	<ul> <li>except for Tylenol as needed for pain in which Nurse #3 called an on-call physician to get the order. She explained the process for admitting new residents after 5:00 PM which was to contact an on-call physician for approval of orders, fax medication orders to pharmacy, and add new medication orders to the EMAR. She stated that she notified the DON as soon as she found out the other orders were not added to the EMAR. Nurse #2 further stated that the DON instructed her to add the medication orders to the EMAR; however, she said she was not assigned to that hall and the DON then asked to speak to Nurse #1.</li> <li>An interview was conducted with the Admissions Director on 05/07/19 at 2:49 PM. She stated that on 02/21/19 at 1:00 PM, she distributed Resident #8's Depart Discharge Summary to the Administrator, DON, and nurse managers. She further stated that it was the DON's responsibility to distribute the Depart Discharge Summary to the floor nurse who was taking care of that resident.</li> </ul>		F 658	The Director of Nursing is respo the Implementation of the Plan Correction and the Administrator responsible is for sustained cor Date of Correction: 5/16/19	of or is		
	phone interview. A phone interview wa Medical Doctor on 05 stated he was not no receiving the medicat 02/22/19. He further omission of the medic	5/07/19 at 4:08 PM. He tified of Resident #8 not tions on 02/21/19 and stated he could not say the cations were harmful to a she was stable when he					

Facility ID: 922979

If continuation sheet Page 4 of 11

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345010	B. WING		05	C 5/07/2019
AME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
ACCORDIUS HEALTH AT ASHEVILLE			500 BEAVERDAM ROAD ASHEVILLE, NC 28804			
	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 658	Continued From pag	ne 4	F 658	8		
		s admitted to the facility	1 000			
		nd 6:00 PM on 02/21/19. He				
		#1 was responsible for				
		sion orders and she did not Imission orders on the				
		dicated he could not recall				
		ne in from the hospital. He				
		stayed to work until 11:00 PM				
		e told Nurse #3 that the				
		dicated Nurse #3 did not				
		e admission medications to				
		ained that Nurse #2 informed				
		t the medications were not on DON told her to notify Nurse				
		to the EMAR. The former				
		r explained that Nurse #1 did				
	-	aff for help in completing the				
		d that he did not know the lications were not entered into				
	•	#1 did not provide a valid				
	answer.					
	An interview was co	nducted with the current DON				
		PM. She stated that her				
		new admission orders would				
		ay the resident was admitted ations to be verified by two				
	nurses.					
	An interview was co	nducted with the current				
		07/19 at 5:01 PM. She				
		ted admission orders to be				
	admitting to the facil	ew hours of a resident itv.				
	-	-	E 700			5/16/19
F 760		of Significant Med Errors	F 760			0/10/19

Facility ID: 922979

If continuation sheet Page 5 of 11

STATEMENT (	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				<u> </u>		С	
		345010	B. WING			5/07/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
ACCORDIUS HEALTH AT ASHEVILLE				500 BEAVERDAM ROAD ASHEVILLE, NC 28804			
(X4) ID	SUMMARY S1	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)	
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETION	
F 760	Continued From page	e 5	F 7	60			
	The facility must ens						
		nts are free of any significant					
	medication errors.						
		T is not met as evidenced					
	by: Based on record rev	views, staff interviews, family		F760			
		al Doctor interview, the		1700			
		a significant medication		1. How Corrective action	will be		
	error by not transcribing physician prescribed			accomplished for those resi			
	medications to the M	tions to the Medication Administration		have been affected by the c	deficient		
		ining the medications from		practice?			
		f 3 residents (Resident #8)					
		eviewed for medication errors. Resident #8 was not administered insulin, an antibiotic, blood		Resident #8 no longer resid			
		, and a medication used to		facility; transferred on 2/22/	19.		
	treat nerve pain.			All licensed nurses currently	v emploved at		
				the facility able to verbalize			
	The findings included	d:		demonstrate how to enter o			
				facility Electronic Medical R	ecord (EMR)		
		nitted to the facility on		system.			
		spital and discharged from					
		19. Resident #8's diagnoses		2. How the facility will ide	•		
	wound infection, and	ellitus, hypertension, left heel		residents having the potenti affected by the same deficit			
		neuropatry.		anected by the same dencie	ent practice ?		
	Due to the date of the	e facility admission, there		Any resident(s) admitted sir	nce survev exit.		
		ta Set (MDS) assessment or		until 5/16/19 were reviewed			
	care plan to review.			ordered medications were t			
				the medication administration			
	Review of a nursing			(MAR), medications were re			
	02/21/19, written by I that Resident #8 arriv	Nurse #1, indicated in part,		the pharmacy, and administ			
		PM. Vital signs were stable.		ordered. No discrepancies f			
		rt and oriented to person,		3. What measures will be	put into place		
		was without any signs of		or systemic changes made			
	distress.	<i>.</i> .		the deficient practice will no			
	Review of a nursing	note, dated 2/21/19 at 9:46		Licensed nurse education w	vas completed		
	PM, written by Nurse			by the Assistant Director of			

Facility ID: 922979

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION       (X3) DATE         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING       COMPL	: 05/24/201 APPROVE . 0938-039	
345010         B. WING         05//           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         500           ACCORDIUS HEALTH AT ASHEVILLE         STREET ADDRESS, CITY, STATE, ZIP CODE         500           MAID OF PROVIDER OR SUPPLIER         SUMMARY STATEMENT OF DEFICIENCIES         0         PREFIX           TAG         SUMMARY STATEMENT OF DEFICIENCIES         0         PREFIX         CROSE-REFERENCED TO THE APPROPRIATE DEFICIENCY         DEFICIENCY           TAG         Continued From page 6         0         PREFIX         CROSE-REFERENCED TO THE APPROPRIATE DEFICIENCY         DEFICIENCY           F 760         Continued From page 6         F 760         S/9/2019 which included         5/9/2019 which included           Review of the hospital discharge summary medication list, dated 02/21/19, revealed orders that included:         F 760         S/9/2019 which included         Scoond nurse after medication orders were entered correctly into the facility electronic medical record medication administration record, fax all pharmacy orders to pharmacy as soon as they are received and put a coopy of the faxed confirmation in the Director of Nursing (D.O.N.) or Assistant Directo	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ACCORDIUS HEALTH AT ASHEVILLE     STREET ADDRESS, CITY, STATE, ZIP CODE       (X4, ID PREFIX     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION)     ID PREFIX     PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION)       F 760     Continued From page 6 medications were verified with an on-call family nurse practitioner and faxed to pharmacy. The medication swere called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).     F 760       Review of the hospital discharge summary medication list, dated 02/21/19, revealed orders that included:     F 760       - Amoxicillin-clavulanate 875 milligram (mg)-125 mg (1 tablet) po daily to treat high blood pressure.     F 760       - Insulin aspart 100 units/mL inject 14 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitus.     F 760       - Insulin aspart 100 units/mL inject 14 units SQ ta bedtime to treat diabetes mellitus.     Chlorthalidone 25 mg (1 tablet) po daily to treat high blood pressure.       - Insulin aspart 100 units/mL inject 14 units SQ ta bedtime to treat diabetes mellitus.     Any nurse not receiving the education by spoke to at the pharmacy with date and time.       - Nifedipine 60 mg extended release (1 tablet) po daily to treat hypertension.     Any nurse not receiving the educated during their new-hire orientation.       - Prepabilin (Lyrice) 25 mg (1 capsule) po threre times a day to treat pian.     New licensed	C 05/07/2019	
ACCORDIUS HEALTH AT ASHEVILLE         ASHEVILLE, NC 28804           (print print print of perciences of the print of percience print of perciences of the percence print of perciences of the print of the percence p		
ASHEVILLE, KC 28804           (X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE REQUARTORY OR LSC IDENTIFYING INFORMATION)         D PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)           F 760         Continued From page 6 medications were verified with an on-call family nurse practitioner and faxed to pharmacy. The medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).         F 760           Review of the hospital discharge summary medication list, dated 02/21/19, revealed orders that included:         F 760           - Amoxicillin-clavulanate 875 milligram (mg)-125 mg (1 tablet) by mouth (po) every 12 hours for 12 days to treat infection.         F 760           - Chorthalidone 25 mg (1 tablet) po daily to treat high blood pressure.         - Insulin aspart 100 units/milliliter (mL)- inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitus.         - Insulin aspart 100 units/mL prisiding scale SQ three times a day before meals to treat diabetes mellitus.         Any nurse not receiving the education by 5/9/2019 will not be allowed to work shift until completed.           - Nifedipine 60 mg extended release (1 tablet) po daily to treat hypertension.         - Pregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat pain.           - Pregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat pain.         - Nifedipine 60 mg extended release (1 tablet) po daily to treat papertension.           - Pregabalin (Lyrica) 25 mg (1 c		
PREFIX TAG         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFX TAG         (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG           F 760         Continued From page 6 medications were verified with an on-call family nurse practitioner and faxed to pharmacy. The medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).         F 760         5/9/2019 which included Admission/readmission required procedures; verify all orders with the physician, have orders verified with a second nurse after medication orders were entered correctly into the facility electronic medication orders that included:           -         Amoxicillin-clavulanate 875 milligram (mg)-125 mg (1 tablet) by mouth (po) every 12 hours for 12 days to treat infection.         F 760           -         Amoxicillin-clavulanate 875 milligram (mg)-125 mg (1 tablet) by mouth (po) every 12 hours for 12 days to treat infection.         F 760           -         Choirthaidone 25 mg (1 tablet) po daily to treat high blood pressure.         F 760           -         Insulin aspart 100 units/milliter (mL)- inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitus.         Any nurse not received and that they will be delivered with the next pharmacy run, document in nurses progress note who spoke to at the pharmacy with date and time.           -         Nifedipine 60 mg extended release (1 tablet) po daily to treat hypertension.         New resident orders and any new admission/readmission charts will be reviewed starting 5/9/19 uting AM clinical		
medications were verified with an on-call family nurse practitioner and faxed to pharmacy. The medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).5/9/2019 which includedReview of the hospital discharge summary medication list, dated 02/21/19, revealed orders that included:Fereince medication administration record, fax all pharmacy orders to pharmacy as soon as they are received and put a copy of the faxed confirmation in the Director of Nursing (D.O.N.) or Assistant Director of Nursing box, call pharmacy with date and tareat high blood pressureInsulin aspart 100 units/mL inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitusInsulin aspart 100 units/mL per sliding scale SQ at bedtime to treat diabetes mellitusInsulin detemir 100 units/mL per sliding scale SQ at bedtime to treat diabetes mellitusNifedipine 60 mg extended release (1 tablet) po daily to treat high lo(Lyrica) 25 mg (1 capsule) po three times a day to treat painPregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat painPregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat pain.	(X5) COMPLETION DATE	
medications were verified with an on-call family nurse practitioner and faxed to pharmacy. The medications were called to pharmacy. The medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).5/9/2019 which included Admission/readmission required procedures; verify all orders with the physician, have orders verified with second nurse after medication orders were entered correctly into the facility electronic medication administration record, fax all pharmacy orders to pharmacy as soon as they are received and put a copy of the faxed confirmation in the Director of Nursing (D.O.N.) or Assistant Director of Nursing box, call pharmacy with date and tareat high blood pressure.5/9/2019 wilh included-Insulin aspart 100 units/mL inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitusInsulin aspart 100 units/mL per sliding scale SQ at bedtime to treat diabetes mellitusInsulin detemir 100 units/mL inject 14 units SQ at bedtime to treat diabetes mellitusNew licensed nurses will be education by 5/9/2019 will not be allowed to work shift until completedNifedipine 60 mg extended release (1 tablet) po daily to treat hypertensionNew resident orders and any new admission/readmission charts will be reviewed starting 5/9/19 duing AM clinical		
nurse practitioner and faxed to pharmacy. The medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).Admission/readmission required procedures; verify all orders with the physician, have orders verified with second nurse after medication orders were entered correctly into the facility electronic medical record medication administration record, fax all pharmacy orders to pharmacy as soon as they are received and put a copy of the faxed confirmation in the Director of Nursing (D.O.N.) or Assistant Director of Nursing boxrs for 12 days to treat infection. - Chlorthalidone 25 mg (1 tablet) po daily to treat high blood pressure.Outs/milliter (mL)- inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitus. - Insulin aspart 100 units/mL per sliding scale SQ at bedtime to treat diabetes mellitus. - Insulin detemir 100 units/mL erigit 14 units SQ at bedtime to treat diabetes mellitus. - Nifedipine 60 mg extended release (1 tablet) po daily to treat hypertension. - Pregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat pain.Admission/readmission/readmission charts will be reviewed starting 5/9/19 during AM clinical		
<ul> <li>medications were called to pharmacy due to cut off time (5:00 PM was the cut-off time for new admission orders to be processed).</li> <li>Review of the hospital discharge summary medication list, dated 02/21/19, revealed orders that included:</li> <li>Amoxicillin-clavulanate 875 milligram (mg)-125 mg (1 tablet) by mouth (po) every 12 hours for 12 days to treat infection.</li> <li>Chlorthalidone 25 mg (1 tablet) po daily to treat high blood pressure.</li> <li>Insulin aspart 100 units/milliliter (mL)- inject 4 units subcutaneous (SQ) three times a day with meals to treat diabetes mellitus.</li> <li>Insulin aspart 100 units/mL per sliding scale SQ three times a day before meals to treat diabetes mellitus.</li> <li>Nifedipine 60 mg extended release (1 tablet) po daily to treat hypertension.</li> <li>Pregabalin (Lyrica) 25 mg (1 capsule) po three times a day to treat pain.</li> <li>Review of the Electronic Medication</li> </ul>		
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Review of the Electronic Medicationadmission/readmission charts will be reviewed starting 5/9/19 during AM clinical		
Review of the Electronic Medication reviewed starting 5/9/19 during AM clinical		
5 5		
02/22/19 revealed the medications had not been (IDT) members that includes at a		
administered to Resident #8 since admission. minimum the Director of Nursing (D.O.N.),		
Minimum Data Set (MDS) Nurse, and		
Administrator PRN, Monday-Friday, and		
Review of Resident #8's History and Physical, weekends by the RN Weekend		
dated 02/22/19, read in part, patient was seen for Supervisor. Review to include; new orders		
initial admission evaluation without apparent and admission/readmission orders were distress and no pain identified. Vital signs: properly faxed to the pharmacy,		
Temperature-98.3 degrees Fahrenheit; Pulse-79 medication orders were entered correctly		

Facility ID: 922979

If continuation sheet Page 7 of 11

		MEDICAID SERVICES				O. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	· · ·	E SURVEY IPLETED
	CONTECTION	BENTI IOATION NOMBER.	A. BUILDING		001	
		245040	B. WING	С		
		345010			0	5/07/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ASHEVII	LLE		500 BEAVERDAM ROAD		
				ASHEVILLE, NC 28804		
(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 APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 760	Continued From page	e 7	F 760			
		spiratory Rate-17 breaths		into the facility electronic medical	record	
		essure-134/61; and Oxygen		medication administration record		
	Saturation-94% on ro			medications received as ordered		
				the medication cart, and medication		
	A phone interview wa	is conducted with Nurse #3		been administered as ordered.		
	(former agency nurse	e) on 05/06/19 at 2:28 PM.				
	He stated that he can	ne in to work on 02/21/19 at		4. How will the facility monitor i	ts	
	8:00 PM and rememb	pered Resident #8 had		performance to make sure that se	olutions	
		t Nurse #1 did not complete		are sustained?		
	during her shift and s	tayed after her shift to work				
		that Nurse #1 told him she				
	would be back on 02/			Starting 5/16/19 New order(s) an		
		asked him to put the orders		Admission/re-admission audits w		
		icated that he did not know		completed by the Director of Nurs	-	
		the EMAR and did not		(D.O.N.) and Minimum Data Set	(MDS)	
		nurse was working that night		Nurse, or a designated nurse	!	
		er indicated that on 02/22/19,		administrator weekly M-F for 4 we	•	
		and the former Director of		then Random 3x/week for 2 mon	ins.	
	were not added to the	ne admission medications		Audit to include: any new regiden	tordoro	
	were not added to the	E EMAR.		Audit to include; any new residen		
		is conducted with Nurse #1		and admission/readmission order	S WEIE	
		PM. Nurse #1 stated that		properly faxed to the pharmacy, medication orders were entered of	orrectly	
		to the facility during shift		into the facility electronic medical	-	
		) PM) on 02/21/19. She		medication administration record		
		e called in the admission		medications received as ordered		
		cy and gave report to Nurse		the medication cart, and medication		
	#3 and asked him to			been administered as ordered.	0.10 11070	
	medication orders to					
		the facility between 10:15				
		02/21/19. She further		Results of the audits will be prese	ented by	
		uble-checked with Nurse #3		the D.O.N. at the monthly Quality	-	
	before she left for the	night and he told her he		Assurance Performance Improve		
		e admission orders. Nurse		(QAPI) x3 months or until a timef		
		sent a phone text to the		determined by the QAPI member		
		PM and notified her that		-		
	she was leaving and	what work was left to		The Director of Nursing is respon	sible for	
		admission paperwork.		the Implementation of the Plan of		
	1			Correction and the Administrator		1

Facility ID: 922979

If continuation sheet Page 8 of 11

	-	ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 05/24/2019 MAPPROVED D. 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION		PLETED	
		345010	B. WING				C / <b>07/2019</b>	
NAME OF PF	ROVIDER OR SUPPLIER	1		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1		
ACCORDIUS HEALTH AT ASHEVILLE				500 BEAVERDAM ROAD				
				A	SHEVILLE, NC 28804			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 760	Continued From page	<u>a 8</u>	E S	760				
	A phone interview wa	as conducted with Nurse #2 AM. She stated that she		00	responsible is for sustained compliant	ce.		
		here Resident #8 resided on stated that Nurse #1			Date of Correction: 5/16/19			
	Summary (Medication Orders) from the hospital at 2:30 PM on 02/21/19. She indicated that the resident had no other medications on the EMAR except for Tylenol as needed for pain in which Nurse #3 called an on-call physician to get the order. She explained the process for admitting new residents after 5:00 PM which was to contact an on-call physician for approval of orders, fax							
	medication orders to	pharmacy, and add new the EMAR. She stated that						
		as soon as she found out e not added to the EMAR.						
	her to add the medica	ed that the DON instructed ation orders to the EMAR;						
		e was not assigned to that n asked to speak to Nurse						
	Director on 05/07/19	ducted with the Admissions at 2:49 PM. She stated that PM, she distributed Resident e Summary to the						
	Administrator, DON, further stated that it v to distribute the Depa the floor nurse who w	and nurse managers. She vas the DON's responsibility art Discharge Summary to vas taking care of that						
	resident. The former DON cou phone interview.	ld not be reached for a						
		as conducted with the 5/07/19 at 4:08 PM. He tified of Resident #8 not						

Facility ID: 922979

If continuation sheet Page 9 of 11

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	· · ·	(X3) DATE SURVEY COMPLETED		
	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING			C	
		345010	B. WING		05/07/2019		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP C		DE		
ACCORDI	IUS HEALTH AT ASHEVII	-LE		0 BEAVERDAM ROAD SHEVILLE, NC 28804			
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE	
F 760	receiving the medical 02/22/19. He further so okay when he assess A phone interview wa Administrator on 05/0 that Resident #8 was between 5:00 PM and further stated Nurse # Resident #8's admiss put Resident #8's admiss pu	tions on 02/21/19 and stated Resident #8 seemed sed her on 02/22/19. Is conducted with the former 07/19 at 4:33 PM. He stated admitted to the facility d 6:00 PM on 02/21/19. He #1 was responsible for tion orders and she did not	F 760				
	She stated that the re blood pressure was s not go to the hospital	esident's blood sugar and table, and the resident did					

Facility ID: 922979

If continuation sheet Page 10 of 11

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 05/24/2019 M APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345010	B. WING			C 05/07/2019	
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ASHEVIL	LE					
				A:	SHEVILLE, NC 28804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
			1				
F 760	Continued From page	e 10 new admission orders would	F	760			
		the resident was admitted					
	and expected medica nurses.	itions to be verified by two					
	An interview was con	ducted with the current					
	Administrator on 05/07/19 at 5:01 PM. She						
	completed within a fe	ed admission orders to be whours of a resident					
	admitting to the facilit						

Facility ID: 922979

If continuation sheet Page 11 of 11

		ID HUMAN SERVICES				FORI	M APPROVED		
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>		
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMF	E SURVEY PLETED		
		345010	B. WING	B. WING			R-C ( <b>07/2019</b>		
NAME OF PI	ROVIDER OR SUPPLIER			1 00	0112013				
ACCORDI	US HEALTH AT ASHEVIL	IF	500 BEAVERDAM ROAD						
				Α	ASHEVILLE, NC 28804				
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE		
{F 000}	INITIAL COMMENTS		{F 0	00}					
	Home Licensure and revisit. The deficienc	rvice Regulation, Nursing Certification conducted a ies cited on March 22, 2019 ive May 7, 2019. The facility iance due to deficient							
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	E		TITLE		(X6) DATE		

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM APPROVED		
CENTER	S FOR MEDICARE &	MEDICAID SERVICES		OMB NO	<u>). 0938-0391</u>			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345010	B. WING			R 05/07/2019		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			·	
ACCORDIUS HEALTH AT ASHEVILLE				5	00 BEAVERDAM ROAD			
				ASHEVILLE, NC 28804				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			EIX (EACH CORRECTIVE ACTION SHOULD BE COMP			(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS		{F 0	000}				
	INITIAL COMMENTS On May 6, 2019 through May 7, 2019 the Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit. The deficiencies cited on March 22, 2019 were corrected effective May 7, 2019. The facility remains out of compliance due to deficient practice identified during the revisit.		{F 000}					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE								

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.