PRINTED: 05/30/2019 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345484	B. WING _			05/	01/2019
	ROVIDER OR SUPPLIER	PITAL INC		н	TREET ADDRESS, CITY, STATE, ZIP CODE OSPITAL DRIVE REVARD, NC 28712		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
	conducted 4/29/19 to found in compliance v	ertification survey was 5/1/19. The facility was with the requiremet CFR reparedness. Event ID#					
F 655 SS=E		-(3)	F	355			5/29/19
	Planning §483.21(a) Baseline (§483.21(a)(1) The faci implement a baseline that includes the instruction effective and personthat meet professional The baseline care plate (i) Be developed with admission. (ii) Include the minimun necessary to properly including, but not limit (A) Initial goals based (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommunity services. (F) PASARR recommunity services. (I) Is developed within admission. (ii) Meets the requirer	care plan for each resident uctions needed to provide centered care of the resident all standards of quality care. In must-in 48 hours of a resident's the all the area information a care for a resident ted to-l on admission orders. The all the area information are for a resident ted to-l on admission orders. The all the area information area for a resident ted to-l on admission orders.					
ADODATODY	NDECTORIS OR BROVINERIS	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITI F		(X6) DATE

Electronically Signed 05/24/2019

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

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.

AND DUAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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				HOSPITAL DRIVE	
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F 655	Continued From page	: 1	F 655		
	resident and their rep of the baseline care plimited to: (i) The initial goals of (ii) A summary of the dietary instructions. (iii) Any services and administered by the facility (iv) Any updated infor of the comprehensive This REQUIREMENT by: Based on record revi interviews, the facility the baseline care plans (Residents #54, #55 a baseline care plans. individualize the base physician orders. Findings included: 1. Resident #54 was a 04/23/19 with multiple tibial (big bone in lowefall. Review of a nursing a indicated Resident #5 with bathing, dressing ambulation. Review of Resident #5 with pathing and resident #5 with bathing, dressing ambulation.	treatments to be acility and personnel acting y. mation based on the details care plan, as necessary. is not met as evidenced ew, and resident and staff failed to provide a copy of a to 3 of 3 residents		Transylvania Regional Hospital (TRH) Transitional Care Unit (TCU) holds the safety of all patients, staff, and visitors its highest priority. TRH has developed robust system of reporting and investigating safety issues and concern This Plan of Correction constitutes TRH□s written allegation of compliance and correction of the deficiencies cited This Plan of Correction is submitted to meet the requirements established by state and federal law. Following the survey on 5/1/19, The Cl Nursing Officer, Manager of Transition Care Unit (TCU), Quality and Safety Manager, Transylvania Regional Hosp (TRH) Educator and Accreditation Specialist met to review and develop the improvements needed to ensure compliance with the areas of deficience noted at the time of survey. TAG F655: Baseline Care plan (Date of the content of the content in the content of the c	as d a ns. e . hief al ital ne
	tibial (big bone in low fall. Review of a nursing a	er leg) fracture secondary to assessment dated 04/23/19		Following the survey on 5/1/19, The Cl Nursing Officer, Manager of Transition Care Unit (TCU), Quality and Safety Manager, Transylvania Regional Hosp	al
	1. Resident #54 was a 04/23/19 with multiple	diagnoses that included left		and correction of the deficiencies cited This Plan of Correction is submitted to meet the requirements established by state and federal law.	
	indicated Resident #5 with bathing, dressing ambulation. Review of Resident # initiated on 04/23/19, fall risk, pain, delirium	4 required staff assistance , toileting, transfers, and 54's baseline care plan,		(TRH) Educator and Accreditation Specialist met to review and develop the improvements needed to ensure compliance with the areas of deficience noted at the time of survey.	ne y

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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE	ECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE	
F 655	Continued From page	e 2	F 65	5			
	that addressed Resid	ent #54's need for staff		developed to ensure compliance	e with the		
	assistance with Activi	ties of Daily Living (ADL).		areas of deficiency with TAG F6			
				5/8/19, education (Interdisciplin			
	An interview with the	Minimum Data Set (MDS)		Care (IPOC), educating the Far	nily) was		
	Registered Nurse (RI	N) on 04/30/19 at 9:57 AM		created by Nursing Educator an	d Quality		
	revealed standard ba	seline care plans were		and Safety Manager, which was	delivered		
		ent's admission that typically		by facility leadership to all clinic	al staff on		
	included pressure uld	• •		the Transitional Care Unit. Educ	cation		
		ling risk, and delirium. She		consisted of 1:1 education with			
	added the care plans			documented completion. Educa			
		e assessed and Care Area		100% complete on 5/24/19 for a			
	Assessments (CAA)	were completed.		scheduled clinical Staff that wer			
	Duning an interview o	~ 04/20/40 ~t 42:05 DM		scheduled are required to comp			
	_	n 04/30/19 at 12:05 PM,		education when working next so			
	copy of her baseline	ed she was not provided a		shift. Staff floating to TCU will education completed prior to the			
	copy of fiel baseline (Sale plan.		their shift. New employees will h			
	A follow-up telephone	interview was conducted		education completed as part of	their initial		
		05/01/19 at 3:08 PM. The		competency training.			
		e standard baseline care		The Power Point: Interdisciplina	-		
	plans initiated upon a			Care (IPOC), Educating the Far	nily		
	included interventions			included the following:			
		ling risk, and delirium. She		" The importance of educatir			
	-	eas such as ADL, nutrition,		patient and the family related to	tneir		
		rge planning, varied with		individualized plan of care.	ıtilization		
		re not added to the baseline liscussed during the weekly		" The education focused on of the basic care plan information			
		The MDS RN was unaware		The importance of providing the			
	of the regulation that			care to the patient and family.	pian oi		
		e a written summary or copy		" The importance of address	ing MD		
	•	olan. She confirmed one		orders during individualization of	•		
	was not provided to F			plan.			
				In addition to the above, effective	e the		
	An interview with the	Director of Nursing (DON)		week of 5/27/19, the Interdiscip			
		M revealed he would expect		Team (IDT) has added a require	•		
		is to be individualized based		to review during the weekly mee			
		ds. The DON added the		ensure all requirements associa			
	facility was unaware			baseline and comprehensive ca			
		esentative receive a written		are addressed.	-		

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F 655	summary or copy of t 2. Resident #55 was 04/23/19 with multiple left-sided hemiparesis side of the body), left depression, and anxie Review of a nursing a indicated Resident #5 with bathing, dressing ambulation. Review of Resident # revealed a physician's read, "Ativan (medica milligrams three times anxiety." Review of F administration record administered daily 04 Review of Resident # initiated on 04/23/19, fall risk, pain, delirium baseline care plan did address Resident #58 assistance with Activi mood and behavior. An interview with the Registered Nurse (Rirevealed standard bainitiated upon a reside included pressure ulc risk/prevention, bleed added the care plans	admitted to the facility on e diagnoses that included is (partial paralysis to one femur neck fracture, ety disorder. Assessment dated 04/23/19 is required staff assistance in to the facility of the factor of th	F 65	To ensure ongoing compliance, the Manager of TCU (or designee) will reva a minimum of 5 patient records weekly 100% patient sampling, based on cento ensure the following measures: "Numerator = Admitted resident and his or her representative received a summary of the baseline care plan with 48 hours of admission. "Denominator = Admitted resident baseline summary completed within 44 hours and includes minimum healthcat information: 1) Initial goals based on admission orders, 2) Physician orders Dietary orders, 4) Therapy services, 5 Social services, 6) PASARR recommendation (if applicable) and 7) applicable ADLs related to resident states assistance need. "Denominator = Admitted resident. The quality monitoring will begin June 2019 and will occur for a minimum of 3 consecutive months of >95 % compliadata will be reported by the Manager of TCU to Transylvania Regional Hospital Patient Quality and Safety Meeting for oversight and additional actions as indicated.	y (or sus) and hin 8 re , 3) aff	

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F 655	Continued From pag	e 4	F 6	55			
	A follow-up telephon with the MDS RN on MDS RN reiterated the plans initiated upon a included intervention risk/prevention, bleed confirmed problem a behaviors and disched each resident and worder plans but were care plan meetings, of the regulation that representative received the baseline care was not provided to an interview with the on 05/01/19 at 4:04 for baseline care plan on the resident's need facility was unaware residents or their repsummary or copy of an Resident #56 was 04/26/19 with multiple urethral stricture (na connects to the urina neuropathy, anxiety, Review of a nursing indicated Resident #with bathing, dressin ambulation. Further	e interview was conducted 105/01/19 at 3:08 PM. The he standard baseline care a resident's admission is for pain, fall ding risk, and delirium. She reas such as ADL, nutrition, arge planning, varied with ere not added to the baseline discussed during the weekly. The MDS RN was unaware a residents or their are a written summary or copy plan. She confirmed one Resident #55. Director of Nursing (DON) PM revealed he would expect into be individualized based eds. The DON added the of the regulation that are sentative receive a written the baseline care plan. Sadmitted to the facility on the diagnoses that included arrowing of the tube that ary bladder), diabetes, and depressive disorder. assessment dated 04/26/19 56 required staff assistance g, toileting, transfers, and review revealed Resident iile at home via nasal cannula.					
	Review of Resident revealed the following						

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F 655	04/26/19: Amitriptylir depression) 25 millig 04/26/19: Buspar (manxiety) 10mg three 04/26/19: Alprazolan anxiety) 0.25 mg three depression. Review of Resident initiated on 04/26/19 fall risk, diabetes, parthe baseline care plinterventions to addrested to staff assist Living (ADL), mood at An interview with the Registered Nurse (Revealed standard baintiated upon a residincluded pressure ulrisk/prevention, blee added the care plans resident's needs were Assessments (CAA) A telephone follow-u with the MDS RN reiterated to plans initiated upon a included intervention risk/prevention, blee confirmed problem a behaviors and dischalated.	ne (medication used to treat trams (mg) at bedtime. edication used to treat times a day. In (medication used to treat ee times a day as needed for ee times a day as needed for et imes a day as needed for in, delirium and bleeding risk. an did not include ess Resident #56's needs eance with Activities of Daily and behavior or oxygen use. Minimum Data Set (MDS) N) on 04/30/19 at 9:57 AM aseline care plans were lent's admission that typically cers, pain, fall ding risk, and delirium. She is were updated as the eassessed and Care Area were completed. p interview was conducted 05/01/19 at 3:08 PM. The he standard baseline care a resident's admission	F	355	DEFICIENCY)		
	care plans but were care plan meetings. of the regulation that	discussed during the weekly The MDS RN was unaware					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 656 SS=E	was not provided to F An interview with the on 05/01/19 at 4:04 F for baseline care plar on the resident's nee facility was unaware residents or their represummary or copy of the Develop/Implement (CFR(s): 483.21(b)(1) §483.21(b) Compreh §483.21(b)(1) The farimplement a compredicate plan for each resident rights set for §483.10(c)(3), that in objectives and timefromedical, nursing, and needs that are identifiassessment. The correspondent of the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the runder §483.10, including the following (iii) Any specialized services provide as a result of recommendations. If	plan. She confirmed one Resident #56. Director of Nursing (DON) PM revealed he would expect as to be individualized based ds. The DON added the of the regulation that resentative receive a written the baseline care plan. Comprehensive Care Plans cility must develop and the sident, consistent with the that §483.10(c)(2) and cludes measurable the ames to meet a resident's at mental and psychosocial fied in the comprehensive mprehensive care plan must grant or be furnished to attain the entry highest practicable apsychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required the experience of rights ding the right to refuse the nursing facility will		656			5/29/19

		IDENTIFICATION NUMBED:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 656	resident's representa (A) The resident's go desired outcomes. (B) The resident's profuture discharge. Fact whether the resident's community was assel local contact agencie entities, for this purpo (C) Discharge plans plan, as appropriate, requirements set fort section. This REQUIREMEN' by: Based on record revised for activities of residents reviewed for (#3, #104, and #1). Findings included: 1. Resident #3 was a 3/8/19 with diagnose cerebrovascular acci The admission Minim 3/15/19 revealed tha intact. He was coded extensive assistance toileting, and bathing assistance with hygie A review of Resident	ent's medical record. th the resident and the tive(s)- als for admission and eference and potential for cilities must document s desire to return to the ssed and any referrals to es and/or other appropriate ose. In the comprehensive care in accordance with the th in paragraph (c) of this If is not met as evidenced ew and staff interviews the op comprehensive care daily living (ADL) for 3 of 3 or care plan development admitted to the facility on s which included arthritis and dent (CVA). The must be determined by the composition of the c	F 65	TAG F656: Develop/Implement Comprehensive Care Plan (Date compliance: 5/24/19) The following action items were developed to ensure compliance areas of deficiency with TAG F65 5/8/19, education ("Interdisciplina of Care (IPOC), educating the Fa was created by Nursing Educator Quality and Safety Manager, which delivered by facility leadership to clinical staff on the Transitional Calcillation consisted of 1:1 education completion. Education to the Staff that were not scheduled prior to 5/29/19, are recomplete the education when wor next scheduled shift. Staff floating TCU will have 1:1 education comprior to the start of their shift. New	with the 6. On ry Plan mily") r and ch was all are Unit. tion with on is clinical ot quired to rking ng to pleted		

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F 656	at 4:00 PM revealer report information the other NAs and report at the begin stated that she protransfer to wheeled dressing and bath. An interview with Norevealed she receinformation for the other NAs and nur report at the begin revealed that she for Resident #3 for he was independed. An interview with Norevealed she receither residents by of signs on the doors assistance the resident revealed she did not computer if she has	Nurse Aide (NA) #1 on 4/29/19 ed she received ADL care for the residents verbally from nurses during the shift change ning of each shift. She further ovided extensive assistance for nair, toilet and bed as well as ing for Resident #3. NA #2 on 4/30/19 at 8:40 AM oved ADL care report residents verbally from the ses during the shift change ning of each shift. She further provided extensive assistance reall transfers and dressing but	F 65	,	ial plinary Plan e Family" IPOC's for es of Daily Behavior are plan and ant including ls. ent -IPOC ctive 5/24/19, 0T) will add a cly meetings esociated with care plans ce, the e) will review ds weekly (or d on census) ures: esident		
	revealed he received residents by shift remeetings and he very plans for the resident	Nurse #1 on 4/29/19 at 4:23 PM red ADL care information for the eport and the daily team was unaware of any ADL care ents. he MDS Coordinator on 5/1/19		measurable objectives and til associated with activities of d (ADL), regarding staff assist transfers, dressing, toileting, bathing. Denominator= Admitted The quality monitoring will be 2019 and will occur for a min	ally living with hygiene, and resident. gin June		
	at 3:07 PM revealed	ed she had not created an ADL dent #3. She further stated it		consecutive months of > 95 % compliance. Data will be repo	%		

Facility ID: 923509

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F 656	should have been crewhy it had not been or responsible for this MAn interview with the on 5/1/19 at 4:06 PM team meeting with dis Nursing, Physical The Therapy, Speech The Coordinator. The DO meeting each resider discussed and this instated each resident individualized care playecific ADL care. He Resident #3 did not he Resident #3 did not he 2. Resident #104 was 4/6/19 with diagnoses and cancer. The admission Minim 4/11/19 revealed that cognitively impaired. 2 person extensive as transfers, dressing, a assistance with hygie A review of Resident no care plan was initi ADL. There were no other care plan areas An interview with Nur at 4:00 PM revealed report information for the other NAs and nur report at the beginning stated that for Resider	eated and she did not know done. She confirmed she was IDS and the care plan. Director of Nursing (DON) revealed there was a daily sciplines that included erapy, Occupational erapy, and the MDS N explained during this team of the special	F	656	Manager of TCU to Transylvania Regineration Hospital Patient Quality and Safety Meeting for oversight and additional actions as indicated.	onal	

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F 656	revealed she receivinformation for the rother NAs and nurse report at the beginn revealed that she profer Resident #104 for An interview with Narevealed she receiving the residents by obsigns on the doors wassistance the residence assistance the residence with ADL. An interview with ADL An interview with Narevealed he receive residents by shift remeetings and he waplans for the residence An interview with the at 3:07 PM revealed should have been cowhy it had not been responsible for this	A #2 on 4/30/19 at 8:40 AM ed ADL care report esidents verbally from the es during the shift change and of each shift. She further ovided extensive assistance or all transfers and dressing. A #3 on 5/1/19 at 2:32 PM ed ADL care information for servation of the color magnet which indicate the level of ent needs. She further view the progress notes in the time and Resident #104 had indicated she required Urse #1 on 4/29/19 at 4:23 PM d ADL care information for the port and the daily team is unaware of any ADL care	F 6	<u> </u>			
	on 5/1/19 at 4:06 PN team meeting with on Nursing, Physical TI Therapy, Speech Th	M revealed there was a daily lisciplines that included nerapy, Occupational nerapy, and the MDS ON explained during this team					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER VANIA REGIONAL HOSE	PITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712	'	
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F 656	meeting each resider discussed and this instated each resident individualized care plaspecific ADL care. He Resident #3 did not he 3. Resident #1 was a 3/16/19 with diagnose fracture and cerebrow. The admission Minim 3/22/19 revealed that impaired. She was concept extensive assistance dressing, toileting, and A review of Resident care plan was initiate. There were no ADL in care plan areas. An interview with Nur at 4:00 PM revealed information for the other NAs and nur report at the beginning stated that for Reside extensive assistance toilet and bed. An interview with NA revealed she received information for the resident and bed. An interview with NA revealed she received information for the resident and bed.	at's goals and progress were cluded ADL care. He further should have an an which included resident was not aware that ave an ADL care plan. Idmitted to the facility on es which included: hip rascular accident (CVA). Idmitted to the facility on es which included: hip rascular accident (CVA). Imm Data Set (MDS) dated Resident #1 was cognitively oded as requiring 2 person with bed mobility, transfers, d hygiene. #1's care plan revealed no d for assistance with ADL. Interventions in any other se Aide (NA) #1 on 4/29/19 she received ADL care the resident verbally from rese during the shift change g of each shift. She further ent #1 she provided for transfer to wheelchair,	F 65	56		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345484	B. WING	·····	05/0	01/2019
NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 656	revealed she receive the residents by obsigns on the doors wassistance the reside revealed she did revealed she did revealed she had red magnet which in assistance with ADL. An interview with Nurevealed he receive residents by shift remeetings and he was plans for the resider. An interview with the at 3:07 PM revealed care plan for Reside should have been cowhy it had not been responsible for this interview with the on 5/1/19 at 4:06 PM.	A #3 on 5/1/19 at 2:32 PM ed ADL care information for servation of the color magnet which indicate the level of ent needs. She further view the progress notes in the time and Resident #1 had a adicated she required urse #1 on 4/29/19 at 4:23 PM d ADL care information for the port and the daily team is unaware of any ADL care	F 65	56		
F 700 SS=D	Therapy, Speech The Coordinator. The DO meeting each resided discussed and this is stated each residen individualized care papecific ADL care. Here	olan which included resident le was not aware that have an ADL care plan.	F 70	00		5/29/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345484		B. WING	· · · · · · · · · · · · · · · · · · ·	05/01/2019
NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712	, 0000.020.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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 COMPLETION
F 700	alternatives prior to in a bed or side rail is used correct installation, usualls, including but not elements. §483.25(n)(1) Assess entrapment from bed \$483.25(n)(2) Review bed rails with the result representative and of to installation. §483.25(n)(3) Ensure are appropriate for the \$483.25(n)(4) Follow recommendations are and maintaining bed This REQUIREMENT by: Based on observation resident and staff into assess the need for swho was using half subed (Resident #54). Findings included:	mpt to use appropriate installing a side or bed rail. If sed, the facility must ensure se, and maintenance of bed of limited to the following is the resident for risk of rails prior to installation. If the resident for risk of rails prior to installation. If the resident for risk of rails prior to installation. If the risks and benefits of ident or resident brain informed consent prior that the bed's dimensions are resident's size and weight. If the manufacturers' and specifications for installing rails. If is not met as evidenced ons, record review, and erviews, the facility failed to side rails for 1 of 1 resident ide rails on both sides of the	F 70	TAG F700: Bedrails (Date of cor 5/29/19) The following action items were developed to ensure compliance areas of deficiency with TAG F70 On 5/21/19, education ("Risks an Benefits of Bedrails") was create TCU Manager and Quality and S	with the 00. and d by the safety
	04/23/19 with multipl tibial (big bone in low fall.	Imitted to the facility on e diagnoses that included left ver leg) fracture secondary to assessment dated 04/23/19		Manager, which was delivered by leadership to all nursing staff on Transitional Care Unit. Education consisted of 1:1 education with documented completion. This ed focused on: 1) use of alternative	the n ucation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345484	345484 B. WING		05/01/2019		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•		
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IRANSYL	VANIA REGIONAL HOSF	TIAL INC		BREVARD, NC 28712			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 700	Continued From page	e 14	F 70	00			
	indicated Resident #5 with transfers.	54 required staff assistance		rails, 2) benefits/risks to utilization rails 3) risk of entrapment from the and 4) requirement to review ris	oed rails,		
	plan, initiated on 04/2 interventions: bed loc	54's fall prevention care (3/19, included the following ked and in low position, both position and call light within		benefits with resident or residen representative and obtain inform consent. On 5/23/19, Quality and Safety, Accreditation, and Legal Service	t ned		
	Review of Resident #	54's medical record o side rail assessment.		developed and implemented a c the use of bed rails. The Quality Safety Manager immediately con education on the use of the cons	onsent for and mpleted		
	and 04/30/19 at 8:08	ted on 04/29/19 at 9:33 AM AM revealed Resident #54 half side rails in the upright s of the bed.		working nursing staff at that time Education is required by all nurs and required when working next scheduled shift. Education will b	sing staff : e 100%		
	Minimum Data Set (Marevealed side rails we bed mobility and safe there was no formal s	0/19 at 9:57 AM with the MDS) Registered Nurse (RN) ere used on all residents for ty. The MDS RN confirmed side rail assessment sident and explained fall risk		complete for all scheduled clinic 5/29/19. Staff floating to TCU wi education completed prior to the their shift. New employees will heducation completed as part of tompetency training. On 5/24/19, the Quality and	Il have 1:1 e start of ave this their initial		
	assessments were completed instead that included patient education on the use of side rails. She added different components for the need for side rail use, such as cognition and medical diagnosis, were included in the fall risk,			Manager confirmed the newly cr consent was complete for all res if applicable resident representa side rails in place. On 5/23/19, Quality and Safety I	sidents (or tive) with Manager,		
	that were completed RN was unaware if the such as entrapment,	I safety risk assessments for each resident. The MDS the benefits or potential risks, associated with side rail use cussed with Resident #54.		Accreditation, and TCU Manage developed an evaluation form tit Rail Evaluation" to assess risk a alternative interventions for resident Effective 5/24/19, this form is evaluation.	led "Side nd dent use. aluation is		
	Resident #54 confirm raised any time she w #54 added the bed si	n 04/30/19 at 12:05 PM, ed both side rails were vas lying in bed. Resident de rails were for "safety and ed to move around in bed."		required to be completed prior to bed rails. The Quality and Safet Manager immediately completed education on the use of the eval form to all working nursing staff time. Education is required by all	ty d luation at that		

Facility ID: 923509

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDI	IULTIPLE CONSTRUCTION LDING			(X3) DATE SURVEY COMPLETED	
		345484	B. WING			05/	01/2019	
NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL INC			•	н	TREET ADDRESS, CITY, STATE, ZIP CODE OSPITAL DRIVE REVARD, NC 28712			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	REFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE	
F 700	assigned to provide of revealed half side rail residents on the unit. The RN stated he revenue how to use the buttor raise or lower the head discuss the benefits of side rails or assess for the new of the side rails or assess for the head side rails or assess for the side rails or assess for the need of the side rails. The DON assessed the need for addressed under other risk and patient eduction of the addressed assessing the need of the side rails.	I/19 at 1:32 PM with the RN are to Resident #54 Is were routinely used for all for bed mobility and safety. Fiewed with Resident #54 Is located on the side rails to ad of the bed but did not or potential risks to using or entrapment risk. I/19 at 4:04 PM with the DON) revealed bed side rails dents for safety and fall med there was no int completed on any esident #54, for the use of explained components that or side rail use were er assessments such as fall ation but there was nothing e assessments that for the risk of entrapment or ial risks and benefits of side	F	700	staff and required when working next scheduled shift. Education will be 1000 complete for all scheduled nursing staft 5/29/19. Staff floating to TCU will have education completed prior to the start of their shift. New employees will have the education completed as part of their in competency training. • On 5/24/19, the Quality and Safet Manager confirmed that the newly creat side rail evaluation" form was complet for all currently admitted residents with side rails in use. On 5/23/19, Policy, "Bed Rail Policy [3PC.TCU.056] was updated to include regulatory requirements associated wire Resident Assessment and informed consent. Effective 5/24/19, this conserrequired prior to use of bed rails. The Quality and Safety Manager immediate completed education on the updated policy changes all working nursing staff that time. Education is required by all nursing staff and required when working next scheduled shift. Education will be 100% complete for all scheduled nursi staff on 5/29/19. Staff floating to TCU whave 1:1 education completed prior to start of their shift. New employees will have this education completed as part their initial competency training. To ensure ongoing compliance, the Manager of TCU (or designee) will rev a minimum of 5 patient records weekly 100% patient sampling, based on censure the following measures: • Numerator = Admitted resident habed side rail evaluation form completed prior to use of bed rails	fron 1:1 of is is itial y ated eth at is ely frat ng will the of iew (or sus) s		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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TRANSYLVANIA REGIONAL HOSPITAL INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFII TAG	HC BF	REET ADDRESS, CITY, STATE, ZIP CODE DSPITAL DRIVE REVARD, NC 28712 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
F 909 SS=E	bed frames, mattress part of a regular mair areas of possible entrand mattresses are useparately from the bensure that the bed reframe are compatible. This REQUIREMENT by: Based on observation facility failed to include bed side rails as part program for 6 of 6 be	ct Regular inspection of all es, and bed rails, if any, as itenance program to identify rapment. When bed rails sed and purchased ed frame, the facility must ails, mattress, and bed		909	Denominator= Admitted resident was bed side rails in use. Numerator = Admitted resident has bed side rail consent documented prior use of bed rails Denominator= Admitted resident was bed side rails in use. The quality monitoring will begin June 2019 and will occur for a minimum of 3 consecutive months of > 95 % compliance. Data will be reported by the Manager of TCU to Transylvania Region Hospital Patient Quality and Safety Meeting for oversight and additional actions as indicated. TAG F909: Resident Bed (Date of compliance: 5/24/19) The following action items were developed to ensure compliance with the areas of deficiency with TAG F909. On 5/8/19, education was developed at delivered by the Facility Manager and Quality and Safety Manager for all nurse.	s to vith	5/29/19

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F 909	observations of roor revealed the beds a both sides of the be throughout the remains the side rails remain. An interview with the Operations (FMPO) revealed weekly, rowere conducted on checking the water of call bells in each confirmed the reside inspected or monito weekly or monthly rowered the reside inspected or monito weekly or monthly rowered the reside inspected or monito weekly or monthly rowered as needed relied on staff to not issue that needed to side rail. An interview on 05/0 Director of Nursing of were used on all resprevention. The DO plan currently in plant.	ar on 04/29/19 at 9:30 AM, ans 52, 53, 55, 56, 57, and 59 and had half side rails in use on d. Observations conducted ainder of the survey revealed and in use. The Facility Manager of Plant on 05/01/19 at 2:17 PM autine maintenance rounds the unit which included temperature and functioning resident room. The FMPO ents' bed side rails were not as part of the facility's outine maintenance program. The FMPO added they ify them when there was an obe addressed with a bed of 1/19 at 4:04 PM with the (DON) revealed bed side rails sidents for safety and fall on confirmed there was no ce for the ongoing side rails and he would be	F9	staff on the TCU. Education the requirement to conduct inspections of all bed rails possible entrapment. Educomplete for all scheduled 5/24/19. Staff that were reprior to 5/24/19, are requited the education when working scheduled shift. Staff flow have 1:1 education complete for their shift. New enter have this education complete for initial competency transpected their initial competency in the competency of their initial competency in the competency of sidentified during this assess as indicated. On 5/24/19, all beds were preventative maintenance manufacturer in the competency of their initial competency in the competency of the competency of their initial competency in the competency of their initial competency in the competency of t	ct regular s to identify ication is 1000 d clinical staff of scheduled red to completing next ating to TCU leted prior to inployees will bleted as part aining. Bed Safety on 5/20/19 by anager and the an ongoing part of the gram. On s used by the lete an initial de rails for all lek of entrapme epairs were essment. Is checklist will staff on a scary follow-up e added to a e schedule pe endations. iance, the gnee) will veri d safety check in side rails illowing. It of beds with	% on te will the of , e ent.	

Facility ID: 923509

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 909	Continued From page	• 18	F 90	checklist completed "Denominator= Number of bed side rails installed. The quality monitoring will begin J 2019 and occur for a minimum of consecutive months of 100% com Data will be reported by the Mana TCU to Transylvania Regional Hospatient Quality and Safety Meeting oversight and additional actions as indicated.	une 3 pliance. ger of spital g for		