PRINTED: 12/08/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345010	B. WING		C 11/01/2022	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVII	LLE		STREET ADDRESS, CITY, STATE, ZIP CODE  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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 000	A complaint investigation 10/27/22 throug GJ3B11. The followin NC00193841, NC001 NC00191456 and NC sixteen complaint alleand cited. Immediate CFR 483.25 at tag F (J).  Tag F689 constituted Care.  Immediate Jeopardy removed on 10/30/22 was conducted.	ation survey was conducted th 11/1/22. Event ID# and intakes were investigated 193766, NC00193394, co0190029. One of the egations was substantiated Jeopardy was identified at: 689 at a scope and severity  Substandard Quality of the began on 10/25/22 and was at a partial extended survey ards/Supervision/Devices	F 00	DEFICIENCY)	11/1/22	
	as free of accident has §483.25(d)(2)Each resupervision and assist accidents. This REQUIREMENT by: Based on observation resident, and Nurse Fithe facility failed to prosmoking environment for smoking (Resident admitted to the facility documented history of	are that - sident environment remains azards as is possible; and esident receives adequate stance devices to prevent - is not met as evidenced ans, record reviews and staff, Practitioner (NP) interviews, ovide supervision and a safe at 1 of 3 residents reviewed at #1). Resident #1 was		Tag # F689 Free of Accident Hazards/Supervision/Devices 1. The facility was cited for F689 (F of Accident Hazards/Supervision/Devices). Based the findings, it was alleged that the factoric transfer of the findings of the findings.	d on	

Electronically Signed

11/21/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		345010	B. WING			11/01/2022	
NAME OF P	ROVIDER OR SUPPLIER		•	S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE		
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ACCORDI	US HEALTH AT ASHEVIL	LLE		Α	SHEVILLE, NC 28804		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 689	Continued From page	<del>2</del> 1	F	689			
		and was assessed as being			failed to prevent Resident #1 from		
	-	ervised. On 10/25/22 the			smoking with oxygen on. Resident #1 v	vas	
	T	tervened twice and removed			admitted to the facility on 7/27/22 with a		
		e back of Resident #1's			primary diagnosis of Chronic Obstructiv		
		going out to smoke and			Pulmonary Disease (COPD) and use o		
	provided education be				supplemental oxygen ordered as need		
	•	tiated, and Resident #1			via nasal canula at 2 liters/minute.		
		vithout supervision. On			Director of Nursing verbally educated		
		was observed smoking			Resident #1 on admission to remove		
	unsupervised with ox	ygen in use via nasal			oxygen, leave it on the wheelchair, and	l	
	cannula putting himse	elf and other residents at risk			walk as he is able into the smoking are	а	
	for serious adverse of	utcome.			to sit in straight chair without oxygen to	)	
					smoke, resident verbalized		
		pegan on 10/25/22 when the			understanding. On 7/27/22, the license	ed	
	Director of Nursing w				nurse completed the Safe Smoking		
		o smoke with an oxygen			Screening and determined that residen		
		s wheelchair and oxygen in			a current smoker with assessment and		
		a and no interventions were			care plan to smoke independently with		
	put in place. The imm	- · · ·			staff supervision. The Director of Nursi	ng	
	removed on 10/30/22				(DON) stopped Resident #1 twice on		
		eptable credible allegation for			Tuesday (10/25/22) as he was going or		
		emoval. The facility remains			to smoke with oxygen on and did verba	ll	
		a lower scope and severity			education with him on both occasions about the importance of removing his		
	,	narm with the potential for arm that is not immediate			oxygen before going outside to smoke.		
		ducation and monitoring			The Director of Nursing did not report		
	systems put into place				what occurred on 10/25/22 and Reside	nt	
	Systems put into place	e are encouve.			#1 continued to smoke without	110	
	Findings included:				supervision. On 10/27/22, resident was	:	
	i manigo moladod.				observed in designated smoking area		
					smoking independently with oxygen		
	Review of admission	correspondence from			cylinder attached to back of wheelchair	,	
	previous facility receive	•			by the state surveyor. He took a couple		
	'	/07/22 revealed Resident #1			puffs, put out his cigarette, and then		
		ence of supplemental oxygen			re-entered the facility. The Administrato	or	
	and nicotine depende				was informed by the surveyor. The DO		
	correspondence also	revealed Resident #1 had			did not report what occurred on 10/25/2	22	
	received a 30-day dis	charge notice due to			and Resident #1 continued to smoke		
	breaking smoking pol	icy multiple times, having			without supervision.		

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		345010	B. WING _		11/01/2022
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVIL	LE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG		) BE COMPLÉTION
F 689	his room with suppler cause death and or he cause death and or he Admission Coordinate interview.  Resident #1 was adm 07/27/22 with diagnos obstructive pulmonary oxygen dependence.  Review of revised fact July 2017 revealed upshall be informed of fainclude: oxygen use in areas, staff shall constand Director of Nursing restrictions need to be smoking privileges, respectively and as determined the resident concerns shall be not personnel caring for inthese issues, and fact restrictions on a reside determined the resident the available levels of the available levels of the supervision and may no history of smoking without supplemental times, and was able to	his person, and smoking in mental oxygen which could arm to other residents.  or was unavailable for   hitted to the facility on ses to include chronic y disease and supplemental   cility smoking policy dated by the policy to see to include chronic y disease and supplemental   cility smoking policy to see prohibited in smoking sult the Attending Physician and to determine if safety the placed on a resident's esident's ability to smoke will serly, upon significant mined by staff, any the eges, restrictions, and the ed on care plan and all the esidents shall be alerted to illity may impose smoking then at any time, if it is the ent cannot smoke safely with the support and supervision.  Smoking assessment dated the esident #1 required no smoke independently due to related incidents, safely be oxygen during smoking	F	2.  " On 10/27/22, the licensed nurse completed updated Safe Smoking Screening Assessments for all currer facility smokers to reflect supervised unsupervised. Care plans were audit for accurate reflection. O2 orders up to reflect accurate flow rate, and additional directions were added per Medical Director approval with may remove oxygen while smoking.  " On 10/27/22, Care Plans of all residents who smoke were reviewed revised to reflect supervised or unsupervised smoking. Those with oxygen dependence care plans were revised to reflect oxygen prohibited of smoking for safety. Completed by Regional Director of Clinical Services Director of Nursing.  " On 10/27/22, an updated list of supervised and unsupervised smoke was added to each nurse station I Regional Director of Nursing. This list be updated with each admission and daily morning clinical meeting as need for residents who smoke.  " An Ad HOC QAPI meeting was by the Administrator on 10/27/22 to residents who smoke.  " An Ad HOC QAPI meeting was by the Administrator on 10/27/22 to residents. The team and the Medical Director the concerns, solutions and ask for a suggestions. The team agreed with the plan.	and and and and and and ars by the t will in eded actify or of any
	assessment was com			" A meeting was held with all smo	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345010	B. WING _			11/	01/2022	
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F 689	689 Continued From page 3		F6	589				
	#1 on 11/03/22 at 1:3 familiar with Resident admission smoking at Resident #1 had beer educated on not smot and to leave oxygen i revealed she complet for Resident #1 by obsmoke safely and had smoker. Nurse #1 state of Resident #1 previous smoking while wearing known she would have assessment, and he will deemed a supervised been monitored more.  Review of admission dated 08/02/22 reveal cognitively intact and	ted she had no knowledge us placement or history of g oxygen and had she e included in smoking would have possibly been smoker so he could have closely.  Minimum Data Set (MDS)			changes to the smoking policy and the removal of 1 smoking location.  3.  " A smoking assessment will be completed for all new admissions prior resident being able to smoke or a new assessment completed for any resident who has a violation of the smoking policy or who are placed on oxygen immediat.  " The smoking list will be updated by the Director of Nursing with any change and placed at each nursing station and the designated smoking area for staff to reference.  " Education on the smoking policy we provided to all staff on 10/27/22 and was completed on 10/31/22. All newly hired staff and contract staff will be educated prior to their 1st shift. This education we added to the orientation packet as well the new hire packet to be provided to ship the Human Resources Director or the Director of Nursing.	t cy ely. y e in o vas as as as		
	physician he had a lit previous facility and he revoked and had required facility.  Review of admission revealed focus area for a literventions included smoking risks and has about facility policy or locations, times, and charge nurse immediates.	sident #1 had informed the a cigarette in his room at his ad his smoking privileges uested a transfer to current  care plan dated 09/25/22 or smoking for Resident #1. If instruct Resident #1 about zards, instruct Resident #1 in smoking to include safety concerns, notifying ately if it is suspected ited facility smoking policy,			Director of Nursing.  4.  The Administrator, Maintenance Director or Director of Nursing will perform audits 5x/week for 6weeks to the exit doors of the current smoking area and previous smoking area to ensure staff a monitoring for residents to go into area inappropriately.  The Administrator or Business offic Manager will audit the smoking area 5x/weekly for 6 weeks during supervises smoking times for any concerns and report and correct any issues immediately.  The Director of Nursing or Unit Managers will audit 3 residents weekly	the are s ce		

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		345010	B. WING		11	C / <b>01/2022</b>	
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F 689	F 689 Continued From page 4		F 68	9			
	revealed focus area f #1. Interventions inclu- cannula as per MD of Review of current phy revealed Resident #1 oxygen via nose can needed. There were	ysician order dated 10/27/22 I to receive supplemental nula at 2 liters per minute as no prior orders for n available in Resident #1		6weeks from the list of curre check their smoking assess Care Plan for being current date.  " All audits and concerns to the QAPI committee after above and reviewed with the determine if there is a need changes should be made.  5. Completion Date: 11/01	ment and and up to s will be taken time frame e IDT to to continue or		
	Nursing (DON) on 10 earlier this week (10/2). Resident #1 twice on go outside and smok attached to his wheel cannula. She stated I Resident #1 and remoxygen tank from the on why it was not saf revealed she had not	ducted with Director of 0/27/22 at 5:59 PM revealed 25/22) she had witnessed the same day, attempting to e with supplemental oxygen Ichair while wearing nasal both times she had stopped oved the supplemental wheelchair and educated to smoke with oxygen. She documented incidents, nor new smoking assessment the Administrator of					
	AM smoking while sit designated area with wheelchair and nasal #1 was receiving sup cannula tubing at 2 lit Resident #1 placed came back into buildi  Resident #1 observation 10/27/22 at 11:26	erved on 10/27/22 at 10:20 tting outside in the oxygen tank attached to his I cannula in place. Resident plemental oxygen via nasal ters. Upon observation, igarette in ash tray and ing with oxygen in place.  tion and interview conducted AM revealed him sitting on plemental oxygen through					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED	
		345010	B. WING		11//	01/2022	
	ROVIDER OR SUPPLIER	LE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		0 11/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETION DATE	
F 689	in room with supplem to back of wheelchair currently on 3 liters of was only able to go woxygen for no more the admitted to being out morning while wearing did so because he be attached to his wheel and he had hoped no #1 stated he had beer months and had beer policy during admission oxygen while smoking discharged from his pin his room while weat aware of the dangers could have caused for An interview was con Practitioner (NP) on 1 revealed she had preat the facility outsides oxygen tanks attached nose cannula in places spoken with the facility residents being outsides supplemental oxygen supposed to have edute dangers of smoking oxygen and placed not doors leading out to the dangers of smoking oxygen such as the bould catch themselves.	t at 3 liters via nasal s wheelchair was observed ental oxygen tank attached . Resident #1 stated he was continuous oxygen and ithout using supplemental han 45 minutes at a time. He side smoking earlier that g his oxygen and stated he lieved the oxygen tank chair to be almost empty one would notice. Resident in at the facility for 2 ½ made aware of smoking on to include not wearing g. He revealed he had been revious facility for smoking ring his oxygen and was smoking around oxygen r himself or others.  ducted with the Nurse 0/27/22 at 12:09 PM viously witnessed residents smoking with supplemental d to their wheelchairs and e. She stated she had y administration about	F 68	9			

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345010	B. WING			C	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVI			STREET ADDRESS, CITY, STATE, ZIP CO. 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	I DE	11/01/2022	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIA	DATE	
F 689	supplemental oxyger residents being admi revealed she had bee transferred to the fact facility was no smoking facility where he coul aware of Resident #1 previous facility due to wearing supplemental information should had if Resident #1 should unsupervised smoke.  An interview was condo/27/22 at 3:36 PM made aware of Resident #1 supplemental facility smoking policing the safe smoker of the safe smoker of the safe smoker with the smoking. He stated had the it would have been using assessment determined him to be administrator revealed outside smoking while oxygen due to causing themselves or others resident immediately to go outside to smoking to the facility of the smoking while oxygen due to causing themselves or others resident immediately to go outside to smoking the smoking to smoking while oxygen due to causing themselves or others resident immediately to go outside to smoking the smoking to smoking the smoking to smoking while oxygen due to causing themselves or others resident immediately to go outside to smoking the smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others resident immediately to go outside to smoking themselves or others.	ide and smoke while using in due to the different types of ted to the facility. The NP en told Resident #1 had been illity because his previousing and he wanted to be at id smoke. The NP was not it being discharged from his to smoking in his room while all oxygen and this ave been used to determine it be a supervised or received with Administrator on revealed he had not been dent #1being observed outside smoking while ental oxygen. The end upon admission, Resident end for smoking and deemed with no supervision and the typhad been discussed with uded not wearing oxygen ated he had no knowledge of scharged from previousing smoking rules and an oxygen. The Administrator is information been available seed as part of Resident #1's and may or may not have a supervised smoker. The end no resident should be the wearing supplemental	F	689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345010	B. WING		,	C 11/01/2022	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVI	LLE		STREET ADDRESS, CITY, STATE, ZIP CO 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	•	1110112022	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	and Regional Director at 6:50 PM revealed aware that earlier in the Nursing had stopped day from attempting the with supplemental oxion with his nasal cannular discontinuity of the supplemental oxion with his nasal cannular discontinuity of the supplemental oxion with his nasal cannular discontinuity of the supplemental oxion with his nasal cannular discontinuity of the supplemental oxion with the supplemental discontinuity of the supplemental oxion with the supplemental oxion oxio	ducted with Administrator or of Operations on 10/27/22 they had not been made the week the Director of Resident #1 twice in one to go outside and smoke ygen attached to wheelchair a in place. They stated the mould have notified the fately and the incident should the and new smoking the and Resident #1 they. The Regional Director of the had no knowledge of the scharged from his previous the grands and the should we want to be a his room while wearing his in the facility had known this have been used during assessment and he would conitored and deemed a the following plan for IJ the following plan for IJ the following plan for IJ the should be adverse outcome as a coliance: we were a Resident from	F 68				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION  . BUILDING			(X3) DATE SURVEY COMPLETED	
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		345010	B. WING			1	01/2022	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEV	ILLE		50	REET ADDRESS, CITY, STATE, ZIP CODE  10 BEAVERDAM ROAD  SHEVILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 689	of supplemental oxy nasal canula at 2 lite. Nursing verbally educadmission to remove wheelchair, and wall smoking area to sit i oxygen to smoke, reunderstanding. On completed the Safe determined that resicus assessment and car independently without Director of Nursing (twice on Tuesday (1 to smoke with oxyge education with him or importance of removoutside to smoke. The report what occurred #1 continued to smo 10/27/22, resident with smoking area smoking cylinder attached to state surveyor. He to his cigarette, and the Administrator was in DON did not report wand Resident #1 consupervision.  On 10/27/22, the lice updated Safe Smoking determined that Resident was reeducand safety concerns	ary Disease (COPD) and use gen ordered as needed via gen ordered via gen order	F	689				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		345010	B. WING _		,	C 11/01/2022		
	ACCORDIUS HEALTH AT ASHEVILLE  (X4) ID PREFIX TAG  Continued From page 9 written signature. Effective 10/27/22, Resident #1 will be supervised by staff when smoking during designated smoking times and will not have oxygen in smoking area.  Residents who smoke are at risk. All staff, including agency, were questioned to determine if anyone else had observed Resident #1 or any other resident requiring oxygen in the smoking area with oxygen in use or with oxygen equipment on their wheelchair, by 10/29/22. Any			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		1110112022		
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 689	written signature. Efficiently will be supervised by designated smoking and a supervised by designated smoking and supervised in smoking and supervised and supervised and unsuper will be supervised and unsuper with any new addresses which is supervised and unsuper with any new addresses which is supervised and unsuper with any new addresses which is supervised by the supervised supervised will be supervised and unsupervised and unsupervised will be supervised will be supervised and unsupervised will be supervised will be supervis	ective 10/27/22, Resident #1 staff when smoking during times and will not have rea.  e are at risk. All staff, re questioned to determine if erved Resident #1 or any ng oxygen in the smoking use or with oxygen heelchair, by 10/29/22. Any en observed by staff in the the smoking area with updated smoking education, care plan, and be ised smoking list. The	F	589				
	in condition following The updated list will I station prn with any of Specify the action the process or system fa adverse outcome from when the action will is On 10/27/2022, the A Nursing, Regional Di Regional Director of Management, Social Director, Activities Di conducted an Ad Hoo root cause analysis of prevent a resident fro The facility determine	a safe moving assessment. Dee posted at each nursing schange. De entity will take to alter the illure to prevent a serious on occurring or recurring, and be complete:  Administrator, Director of rector of Operations, Clinical Services, VP of Risk Worker, Maintenance or and Medical Director of Operating to discuss of the facilities failure to om smoking with oxygen.  Bed that Resident #1 did not restanding of the dangers of						

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION	. ,	(X3) DATE SURVEY COMPLETED		
		345010	B. WING			C <b>11/01/2022</b>		
	ROVIDER OR SUPPLIER	VILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	<u> </u>	11/01/2022		
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F 689	when observing a r with oxygen in use.  On 10/27/22, the lid updated Safe Smol for all current facility supervised or unsu audited for accurate updated to reflect a additional directions. Director approval with smoking".  On 10/27/22, Care smoke were review supervised or unsu oxygen dependence reflect oxygen prohisafety. Completed Services and Director on 10/27/22, an upunsupervised smok nurse's station by the Nursing. This list with admission and in defor residents who swas notified on 10/2 will oversee the profile.	nent appropriate interventions esident's attempts at smoking censed nurses completed king Screening Assessments y smokers to reflect pervised. Care plans were e reflection. O2 orders accurate flow rate, and s were added per Medical with "may remove oxygen while or and revised to reflect pervised smoking. Those with e care plans were revised to by Regional Director of Clinical tor of Nursing.  Indated list of supervised and ters was added to each the Regional Director of ill be updated with each aily morning clinical meeting moke. The Director of Nursing 27/22 of this responsibility and ocess.  Ithe facility provided education supervised smokers were by the Administrator on the	F 68	39				
	admission and in da for residents who so was notified on 10/2 will oversee the pro- Effective 10/28/22, to all smokers. Uns instructed verbally langer of oxygen in report any observat area. They were also	aily morning clinical meeting moke. The Director of Nursing 27/22 of this responsibility and occess.  the facility provided education upervised smokers were						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245040	B. WING				0	
NAME OF D	ROVIDER OR SUPPLIER	345010	B. WING	CTD	EET ADDRESS, CITY, STATE, ZIP CODE	11/	01/2022	
	US HEALTH AT ASHEV	ILLE		500	BEAVERDAM ROAD HEVILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC 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 689	assigned lock boxes result in becoming a 30-day discharge from smokers signed this acknowledgement of supervised smokers the Administrator on smoking area and how violations of this and smokers smoking metaff and provided ditimes. All supervised education in acknowledgement at tempts unattended. These are unsupervised smoke independently, it on resident, when alarm supervised or unsupervised or	king materials in their s. Any violations of this could a supervised smoker or om facility. The unsupervised education in f understanding. The were educated verbally by the danger of oxygen in the ow to report any witnessed at that any unsupervised aterials are to be kept by uring supervised smoking d smokers signed this viedgement of understanding.  s were added to both exit nance Director to alert staff if to go out to the smoking area alarms do not stop ers from exiting out the door ly alerts staff to visualize the n sounds, to see if it is a pervised smoker. On was provided to all staff, ntract staff, in person that time and the on-coming shift working that day. This ded by the Administrator, and the Regional Team on the ms and how to respond. The irector of Nursing will ensure de contract staff are educated to the start of their shift. On nal Team performed an audit are educated to include	F	689				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
	345010	B. WING _			C 11/01/2022	
	LLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		THOMEQUE	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
educated by the Adm policy and need for in resident is witnessed	ninistrator on the smoking mmediate interventions if a I as unsafe such as an	F6	889			
Administrator, updati and care plan to refle status and reeducati Smoking policy and s Nursing (DON) was a administrator on the	ng Safe Smoking Screening ect supervised smoking on to resident on the smoking safety. Director of educated by the requirement of reporting					
agency/contract staff Administrator or Dire in writing or verbally dangers of oxygen or smoking area, and re for all supervised sm education provided broaking staff to restate asking questions throe includes the smoking prior to going into the of smoking with O2 in take, such as immed smoking area, ensure then immediately not (DON) and Administr for further interventio area, response to ala unsupervised smokin located, was also included by the Director of Nu upon hire. The Direct	ctor of Nursing (DON) either over the phone, of the roxygen equipment in the equirements of supervision okers. Understanding of by phone was validated by a materials taught and also oughout. Education also by policy, removal of oxygen a smoking area, the dangers of use and what actions to interest and what actions to interest are safe and diffying the Director of Nursing artor of the smoking incident on. One designated smoking arms, supervised and anglists and where they are cluded. Newly hired lucated on the above topics aring (DON) or Unit Manager tor of Nursing and Human					
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Continued From pag educated by the Adm policy and need for in resident is witnessed incident report, repor Administrator, updati and care plan to refle status and reeducatic Smoking policy and s Nursing (DON) was a administrator on the smoking incidents to immediately.  On 10/28/22, All staf agency/contract staff Administrator or Dire in writing or verbally dangers of oxygen of smoking area, and re for all supervised sm education provided b asking staff to restate asking questions thre includes the smoking prior to going into the of smoking with O2 in take, such as immed smoking area, ensuri then immediately not (DON) and Administr for further interventio area, response to ala unsupervised smokin located, was also ince employees will be ed by the Director of Nu upon hire. The Direct Resources Director of	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12 educated by the Administrator on the smoking policy and need for immediate interventions if a resident is witnessed as unsafe such as an incident report, reporting to MD and Administrator, updating Safe Smoking Screening and care plan to reflect supervised smoking status and reeducation to resident on the Smoking policy and smoking safety. Director of Nursing (DON) was educated by the administrator on the requirement of reporting smoking incidents to the Administrator	A BUILDIN  345010  B. WING _  SOVIDER OR SUPPLIER  US HEALTH AT ASHEVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  educated by the Administrator on the smoking policy and need for immediate interventions if a resident is witnessed as unsafe such as an incident report, reporting to MD and Administrator, updating Safe Smoking Screening and care plan to reflect supervised smoking status and reeducation to resident on the Smoking policy and smoking safety. Director of Nursing (DON) was educated by the administrator on the requirement of reporting smoking incidents to the Administrator immediately.  On 10/28/22, All staff in all departments, including agency/contract staff, were educated by Administrator or Director of Nursing (DON) either in writing or verbally over the phone, of the dangers of oxygen or oxygen equipment in the smoking area, and requirements of supervision for all supervised smokers. Understanding of education provided by phone was validated by asking staff to restate materials taught and also asking questions throughout. Education also includes the smoking policy, removal of oxygen prior to going into the smoking area, the dangers of smoking with O2 in use and what actions to take, such as immediate removal of oxygen from smoking area, ensuring all residents are safe and then immediately notifying the Director of Nursing (DON) and Administrator of the smoking incident for further intervention. One designated smoking area, response to alarms, supervised and unsupervised smoking lists and where they are located, was also included. Newly hired employees will be educated on the above topics by the Director of Nursing (DON) or Unit Manager upon hire. The Director of Nursing and Human Resources Director will ensure that all staff will be	ROWDER OR SUPPLIER  US HEALTH AT ASHEVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  educated by the Administrator on the smoking policy and need for immediate interventions if a resident is witnessed as unsafe such as an incident report, reporting to MD and Administrator, updating Safe Smoking Screening and care plan to reflect supervised smoking status and reeducation to resident on the Administrator on the Administrator immediately.  On 10/28/22, All staff in all departments, including agency/contract staff, were educated by the administrator or Director of Nursing (DON) was educated by the administrator or Director of Nursing on verbally over the phone, of the dangers of oxygen or oxygen equipment in the smoking pairs, and requirements of supervision for all supervised smokers. Understanding of education provided by phone was validated by asking staff to restate materials taught and also asking questions throughout. Education also includes the smoking policy, removal of oxygen from smoking area, ensuring all residents are safe and then immediately notifying the Director of Nursing (DON) administrator of the smoking incident for further intervention. One designated smoking area, ensuring all residents are safe and then immediately notifying the Director of Nursing (DON) administrator of the smoking incident for further intervention. One designated smoking area, ensuring all residents are safe and unsupervised smoking lists and where they are located, was also included. Newly hired employees will be educated on the above topics by the Director of Nursing (DON) or Unit Manager upon hire. The Director of Nursing and Human Resources Director will ensure that all staff will be	A BUILDING  345010  B. WINNG  STREET ADDRESS, CITY, STATE, ZIP CODE  500 BEAVERDAM ROAD ASHEVILLE, NC 28804  SUMMARY STATEMENT OF DEPICIENCIES  EACH DEFICIENCY MISETS OF PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12  Continued From page 12  Continued From page 32  Continued From page 12  Continued From page 15  Continued From page 16  Continued From page 17  Continued From page 18  Continued From page 19  Continued From page 19  Continued From page 19  Continued From page 19  Continued From page 10  Continued From page 11  Continued From page 12  Continued From page 12  Continued From page 12  Continued From page 12  F 689  F 6	

F 689  Continued From page 13 orientation packet and understand its contents prior to their first assignment at the facility. An audit of the orientation packet was completed on 10/28/22 and a copy of the updated smoking policy was added. The agency/contract staff orientation packet includes the smoking policy and the proper notifications that should be available to ensure safe smoking is able to occur and alerts staff that a list of supervised smokers is located at each nursing station. And finally, the education explains that you should follow the policy and procedure in the event of an emergency staff present in facility during educational session on 10/28/22 attended an in-service however the remainder of staff received in-service by phone. A questionnaire was given by the Administrator and Director of Nursing to ensure staff who were educated via phone call on 10/28/2022 to ensure understanding of the smoking policy, how to report a breach of policy or an incident and safety of residents while in the smoking area. The Director of Nursing and Administrator will ensure that all new staff to include agency/contract staff have completed their new hire packet prior to working a shift. The Director of Nursing and Unit Managers were also educated on 10/28/22 and informed of this responsibility by the Regional Director of Clinical Services and the Administrator.	OLIVILIV	O I OIT MEDIO/ IITE A	WEDIO/ ND OLITVIOLO				CIVID ITC	7. 0000 000 1
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ACCORDIUS HEALTH AT ASHEVILLE    SUMMARY STATEMENT OF DEFICIENCES   10   PREFIX   REGULATORY OR LIST CIDENTFYING INFORMATION    FREFIX   TAG			345010	B. WING				
(X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   PROPERTY OF DEFICIENCIES   PROPERTY OF DEFICIENCIES   PRECENT   PROPERTY OF DEFICIENCY MUST BE PRECEDED BY PULL   PROVIDED PROPROPRIATE   PROPERTY OF LEGISLATORY OR LSC IDENTIFYING INFORMATION)   PROPROPRIATE   PROVIDED PROPROPRIATE   DATE   PROVIDED PROPROPRIATE   DATE   DAT	NAME OF PE	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
(X1) D PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 13 orientation packet and understand its contents prior to their first assignment at the facility. An audit of the orientation packet was completed on 10/28/22 and a copy of the updated smoking policy was added. The agency/contract staff orientation packet includes the smoking policy was added. The agency/contract staff orientation packet includes the smoking policy and the proper notifications that should be made per the policy of a smoking include to occur and alerts staff that a list of supervised smokers is located at each nursing station. And finally, the education explains that you should follow the policy and procedure in the event of an emergency staff present in facility during educational session on 10/28/22 attended an in-service however the remainder of staff received in-service by phone. A questionnaire was given by the Administrator and Director of Nursing to ensure staff who were educated via phone call on 10/28/2022 to ensure understanding of the smoking policy, how to report a breach of policy or an incident and safety of residents while in the smoking area. The Director of Nursing and Administrator will ensure that all new staff to include agency/contract staff have completed their new hire packet prior to working a shift. The Director of Nursing and Unit Managers were also educated on 10/28/22 and informed of this responsibility by the Regional Director of Clinical Services and the Administrator.	ACCOPDII	IS HEALTH AT ASHEVII	I E		5	00 BEAVERDAM ROAD		
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 689  Continued From page 13 orientation packet and understand its contents prior to their first assignment at the facility. An audit of the orientation packet was completed on 10/28/22 and a copy of the updated smoking policy was added. The agency/contract staff orientation packet includes the smoking policy and the proper notifications that should be made per the policy of a smoking inclined to occur and alerts staff that a list of supervised smokers is located at each nursing station. And finally, the education explains that you should follow the policy and procedure in the event of an emergency staff present in facility during educational session on 10/28/22 attended an in-service however the remainder of staff received in-service by phone. A questionnaire was given by the Administrator and Director of Nursing to ensure staff who were educated via phone call on 10/28/2022 to ensure understanding of the smoking policy, how to report a breach of policy or an incident and safety of residents while in the smoking area. The Director of Nursing and Administrator will ensure that all new staff to include agency/contract staff have completed their new hire packet prior to working a shift. The Director of Nursing and Olimomed of this responsibility by the Regional Director of Clinical Services and the Administrator.	ACCORDI	DO HEALIN AT ASHEVIL			Δ	SHEVILLE, NC 28804		
orientation packet and understand its contents prior to their first assignment at the facility. An audit of the orientation packet was completed on 10/28/22 and a copy of the updated smoking policy was added. The agency/contract staff orientation packet includes the smoking policy and the proper notifications that should be made per the policy if a smoking incident occurs. The education also reviews the items that should be available to ensure safe smoking is able to occur and alerts staff that a list of supervised smokers is located at each nursing station. And finally, the education also reach unsuring station. And finally, the education explains that you should follow the policy and procedure in the event of an emergency staff present in facility during educational session on 10/28/22 attended an in-service however the remainder of staff received in-service by phone. A questionnaire was given by the Administrator and Director of Nursing to ensure staff who were educated via phone call on 10/28/2022 to ensure understanding of the smoking policy, how to report a breach of policy or an incident and safety of residents while in the smoking area. The Director of Nursing and Administrator will ensure that all new staff to include agency/contract staff have completed their new hire packet prior to working a shift. The Director of Nursing and Unit Managers were also educated on 10/28/22 and informed of this responsibility by the Regional Director of Clinical Services and the Administrator.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
On 10/28/22, All lock box keys were gathered by Maintenance Director, Administrator or Director of Nursing, from supervised smoking residents and assigned to staff for safe keeping. Unsupervised smokers lock boxes will remain outside in the	F 689	orientation packet and prior to their first assignation and the orientation and the proper notific per the policy if a smeeducation also review available to ensure sand alerts staff that a is located at each nur education explains the policy and procedure emergency staff preseducational session of in-service however the received in-service by was given by the Adm Nursing to ensure staphone call on 10/28/2 understanding of the report a breach of pol of residents while in the Director of Nursing are that all new staff to in have completed their working a shift. The Emanagers were also dinformed of this responsable informed of this responsable informed of Clinical Sea Administrator.  On 10/28/22, All lock Maintenance Director sassigned to staff for sale	d understand its contents gnment at the facility. An in packet was completed on of the updated smoking e agency/contract staff ludes the smoking policy ations that should be made oking incident occurs. The vs the items that should be afe smoking is able to occur list of supervised smokers raing station. And finally, the at you should follow the in the event of an ent in facility during on 10/28/22 attended an e remainder of staff v phone. A questionnaire ministrator and Director of off who were educated via 2022 to ensure smoking policy, how to licy or an incident and safety the smoking area. The and Administrator will ensure clude agency/contract staff new hire packet prior to Director of Nursing and Unit educated on 10/28/22 and onsibility by the Regional ervices and the	F	689			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345010	B. WING		C 11/01/2022		
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F 689	their keys unless the rules.  Effective 10/28/22, A by a licensed nurse quarterly and with an admission or change require re-education smoking contract the resident by the Sociaresident. During cliniadmissions referrals for previous smoking Director of Nursing (Education to the Director of Nursing (Education to the Director of Nursing vinew responsibility.  Effective 10/28/2022 Director of Nursing vito ensure implement jeopardy removal for Alleged Date of IJ R On 11/03/22 the crecimmediate jeopardy the removal date of The audit tools compared to the removal date of the audit and all smoking the removal date of the audits and all smoking the removal date of the surface of the removal and all smoking the removal date of the removal and all smoking the removal and all smoking the removal date of the removal and all smoking the removal and all smoking the removal date of the removal and all smoking the removal and all smoking the removal date of the removal and all smoking the removal and th	All residents will be assessed for smoking upon admission, by changes. Any new in assessment will also to the smoking policy and at will be reviewed with the all Worker and signed by the ical meetings, all new will be thoroughly examined grincidents and risks by the DON) or Unit Manager. Sector of Nursing (DON) and wen on 10/28/22 to include this will be ultimately responsible tation of this immediate or this alleged noncompliance.  Semoval: 10/30/22  dible allegation for the removal was validated and 10/30/22 was confirmed.  Deleted by the facility on wed. The physician and nurse tified of results from the ng assessments and care atted to reflect any changes to	F 689				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345010	B. WING			C 11/01/2022	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEV			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	l	11/01/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 689	Director of Nursing policy and procedur review and interview revealed Observed assessments and ca copies of updated lissmoking policy avail and signage on doostated no oxygen us must always be accurated to review smoking policy, and violations during numbers of facility documents of facility and smoking policy and observations of Also smokers confirmed supervised by staff, and smoking material from lockbox. The dependent of the facility of the	ded education with the regarding the revised smoking res. Observations, record was completed on 11/03/22 updated smoking are plans for each smoker, ests of smokers and revised lable at each nurse's station or leading out to smoking area se and supervised smokers ompanied by staff. Interviews wealed the Director of Nursing list of smokers, revised any smoking concerns or rese's morning meeting.  Director of Nursing provided oking residents regarding the licy and procedures. Further cuments and interviews /22 revealed Observed all and signed and dated they had the revised smoking policy, a need for safe interventions erstanding by written signature	F 68				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345010	B. WING		C	
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVIL			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	11/01/2022	
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F 689	distributed by staff fronursing station and of the hallway or in the relation of the hallway or in the received education of the procedures including the table of the hall only and and door to alert staff to one and out of door, all oware now placed on sure oxygen tanks and tube or rooms and cannot smokers have design must be supervised by smoking materials condistributed by staff, up both nursing stations smoking violations im Director of Nursing are the revised smoking plist of smokers allowed be supervised and un accompanying supervalso stated the door a allowing them to be more overall revisions to the supervisions to the supervision to the supervisions to the supervision to the supervisions to the supervision to	m a lockbox held at the kygen tanks were left inside esident's room for safety.  s, nurse aides, usiness office manager, se practitioner revealed they revised smoking policy and smoking area was moved to all-day alarm was placed on bserve residents coming in tygen dependent residents pervised smoking list and ing must be left in hallways be outside, supervised ated times to smoke and y staff at all times and nationed in lock box and boated smoking list kept at for review, and report any mediately to supervisor, and Administrator. Staff stated bolicy including the updated of them to know who should supervised and staff rotated vised smokers. The staff larm had been helpful by hore alert as to who was noke and they believed the es smoking policy was for the	F 689			
F 755 SS=G	CFR(s): 483.45(a)(b)( §483.45 Pharmacy So The facility must prov	edures/Pharmacist/Records 1)-(3)	F 755		11/19/22	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345010	B. WING		C 11/01/2022	
	ROVIDER OR SUPPLIER	LLE		STREET ADDRESS, CITY, STATE, ZIP CODE  500 BEAVERDAM ROAD  ASHEVILLE, NC 28804	1 11/01/2022	
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
F 755	Continued From page		F 75	55		
	personnel to adminis	lity may permit unlicensed				
	pharmaceutical servi- that assure the accur dispensing, and adm	es. A facility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and he needs of each resident.				
	§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-					
		es consultation on all ion of pharmacy services in				
		ishes a system of records of on of all controlled drugs in able an accurate				
	order and that an acc is maintained and pe	nines that drug records are in count of all controlled drugs riodically reconciled.  T is not met as evidenced				
	Based on record rev and Nurse Practitions failed to obtain metha medication used to tr pain) as ordered by the with chronic pain (Re missed doses of the	iew and staff, Pharmacist, er interviews, the facility adone (a schedule II narcotic reat moderate to severe the physician for a resident sident #2) resulting in three medication. Resident #2 was thadone for three days on		Tag # F755 Pharmacy Srvcs/Procedures/Pharmacist/Rec 1. The facility was cited for Tag (Pharmacy Srvcs/Procedures/Pharmacist/Rec Based on the findings, it was alleg resident #2 was ordered Methador was not given her routine dose for	# F755 cords). ed that ne and	

PRINTED: 12/08/2022 FORM APPROVED OMB NO. 0938-0391

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED		
		345010	B. WING			C 11/01/2022
NAME OF PE	ROVIDER OR SUPPLIER	0.00.0	<del>                                     </del>	STREET ADDRESS, CITY, STATE, ZIP CODE		11/01/2022
TVAINE OF T	TO VIDER OR OUT FEET			, , ,	-	
ACCORDI	US HEALTH AT ASHEVIL	LLE		500 BEAVERDAM ROAD		
				ASHEVILLE, NC 28804		
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F 755	Continued From page	e 18	F 7	55		
F 755	symptoms of nausea called emergency metransported to the hose was administered her for 1 of 3 residents reservices.  The findings included A hospital discharges revealed Resident #2 pain syndrome maintal Methadone (narcotic moderate to severe prontinue administerin (mg) daily. The summ had verified the order methadone provider.  Resident #2 was adm 09/14/22 with diagnospain.  Resident #2's Medical (MAR) dated Septem initiated on 09/15/22 Hydrochloride (HCL) orally one time a day was documented as a coding chart located 09/15/22 and 09/16/2 discontinued on 09/16/2 discontinued on 09/16/2	and dizziness. Resident #2 edical services and was spital on 09/18/22 where she r medication. This occurred eviewed for pharmacy  I: summary dated 09/13/22 had a history of chronic ained with the medication medication used to treat to ain). The summary read to ag Methadone 15 milligrams hary stated the Physician r with the resident's  Initted into the facility on sis which included chronic  ation Administration Record ber 2022 revealed an order for Methadone tablet 10 mg give 1.5 tablet for pain. The medication a (9) not given based on the on the back of the MAR on 12. The order was 6/22.  Int #2's MAR revealed a	F 7	consecutive days to include 9/ 9/16/22 and 9/17/22 resulting and dizziness. The resident ca 9/18/22 and was taken to the she was administered her rout Methadone at that time prior to back to the facility. The reside of chronic pain syndrome. Sta that the medication had not be delivered from the pharmacy of dates the medication was miss medication was indeed deliver facility on the pharmacy night 9/17/22.  2.  " The Director of Nursing a Managers completed MAR/TA checks on 11/11/22. Any miss medications were ordered from pharmacy and follow-up was obly the Director of Nursing to e all medications did indeed arri pharmacy and were placed on med-carts.  3.  " The Director of Nursing U will review all new admissions that medications were receive on the med/treatment cart dail " The Director of Nursing w missing orders report Mon-Fri clinical meeting to ensure med being given as ordered. If med missed, the Director of Nursing investigate and notify MD, RP	in nausea alled 911 on ER where tine dose of o returning int has a dx iff reported een during the 3 sed. The red to the run on  Ind Unit R/CART ing in the completed insure that ive from the o the inthe in	
	Methadone HCL table morning for pain. The documented as a (9)	et 10 mg by mouth in the		RDCS as appropriate for orde further direction and education disciplinary action as appropriate Education was provided by	rs and າ up to ate.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345010	B. WING			C 11/01/2022		
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NAME OF T	NOVIDER OR SOLT LIER							
ACCORDI	US HEALTH AT ASHEVIL	.LE			00 BEAVERDAM ROAD			
				A	SHEVILLE, NC 28804			
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F 755	Continued From page	e 19	F 7	'55				
	given on 09/17/22 and discontinued on 09/18	d 09/18/22. The order was 3/22.			Director of Nursing and the Regional Director of Clinical Services to all nurse and Medication Aides to ensure medications are given per physician	es		
	Resident #2 stated sh hospital to the facility withheld her medicati 09/16/22 and 09/17/2 having withdrawal syr and felt like she could interview revealed sh ambulance on 09/18/5 from 10:00 AM until 2 medication Methadon provide.  On 10/27/22 at 11:37 conducted with MA # stated she had worke 09/15/22 through 09/7 Resident #2 had to w pharmacy had not de	lent #2. During the interview he had come from the on 09/14/22 and the facility on Methadone on 09/15/22, 2. She stated she started mptoms of nausea, dizziness that move in the bed. The e had called for an 22 and was at the hospital 1:00 PM getting the he that the facility could not AM an interview was 1. During the interview she ad during the days of 18/22. MA #1 stated ait 3 days because livered the medication			medications are given per physician orders. This education started on 11/18 and was completed by 11/19/22.  "Education was also added to the orientation packet by the Director of Human Resources for new contract stand the on-boarding packet for all new hires. All newly hired staff to include contract staff will be receive education through orientation prior to their first day of work in the facility.  4.  "Director of Nursing or Unit Manage will perform MAR/TAR/CART audit on a new admissions and 3 current resident per unit each week for 6 weeks to ensuth medications are received and have been documented on the MAR/TAR.  "The Director of Nursing or Unit Manager will audit the MAR/TAR for 3 residents per unit 3x/weekly for 6 weeks.	er all s ure		
	if the medication was was on order through Director of Nursing was not in the facility.  Review of the hospita 10:03 AM revealed erreported they did not prepared for Residen received her medicati the hospital she had resince 09/14/22. The hospital she had resince 09/14/22.	al records dated 09/18/22 at mergency medical services think the facility was t #2 because she had not ion. Resident #2 stated at not had any methadone			" All audits and concerns will be tak to the QAPI committee by the Administrator after time frame above a reviewed with the IDT to determine if the is a need to continue or changes shoul be made.  5. Completion Date: 11/19/22	nd nere		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345010	B. WING			C <b>11/01/2022</b>
	ROVIDER OR SUPPLIER  US HEALTH AT ASHEVI	LLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	<u>'</u>	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 755	conducted with the N During the interview prescribe the medical it was only prescribe (MD) and she knew I a delay in receiving the not being in the area admission and the playerscription to fill the revealed Resident #2 with a written prescription to she stated they did represcribe the MD cand 9/16/22 to write the CO On 10/27/22 at 5:58 conducted with the Douring the interview Resident #2 had not she was admitted in hospital not sending prescription. She stated they did represcription. She stated they did represcription. She was admitted in hospital not sending prescription. She stated they did represcription. She stated they did represcription. The interview Resident #2 had not she was admitted in hospital or any outsid written prescription. She stated they did not fill the prescription did not fill the prescription did not fill the prescription in the state of the prescription did not fill the prescription did not fill the prescription in the prescription did not fill the prescri	S PM an interview was lurse Practitioner (NP). she stated she could not tion Methadone. She stated d by the Medical Director Resident #2 had experienced the medication due to the MD at the time of Resident #2's narmacy needed a written medication. The interview was not sent to the facility ption for the medication. The e facility normally did not were prescribed Methadone. Not call the methadone clinic me into the building on order for the medication.  PM an interview was birector of Nursing (DON). She stated she knew received Methadone after September due to the	F 75	55		
	#2 was receiving the	ed the facility knew Resident medication based on her sent to the facility prior to				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG	COMPLETED
		345010	B. WING _		C 11/01/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  500 BEAVERDAM ROAD  ASHEVILLE, NC 28804	11/01/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETION
F 755	Continued From pag	e 21	F 7	55	
F 760 SS=G	conducted with Phar interview she stated the written prescription Resident #2 on 09/17 the medication was facility on 09/17/22 of their records.	5 AM an interview was macist #1. During the the pharmacy had received on for Methadone 15 mg for 7/22 at 2:33 PM. She stated filled and delivered to the luring the night delivery per of Significant Med Errors	F 7	760	11/19/22
	medication errors. This REQUIREMENT by: Based on record reviews Practitioner are facility failed to admiss schedule II narcotic is moderate to severe previewed for pharma Resident #2 was not three days on 9/15/2 resulting in symptom Resident #2 called e and was transported where she was admissible to the findings included A hospital discharge revealed Resident #2 pain syndrome main Methadone (narcotic moderate to severe)	T is not met as evidenced view and resident, staff, and Pharmacist interviews the nister methadone (a medication used to treat pain) to 1 of 3 residents acy services (Resident #2). administered methadone for 2, 9/16/22 and 9/17/22 as of nausea and dizziness. mergency medical services to the hospital on 09/18/22 inistered her medication.		Tag # F760 Residents Free of Significant Med End. The facility was cited for Tag # F (Residents Free of Significant Med Errors). Based on the findings, it was alleged that resident #2 was ordered Methadone and was not given her roudose for 3 consecutive days to include 9/15/22, 9/16/22 and 9/17/22 resulting nausea and dizziness. The resident 911 on 9/18/22 and was taken to the where she was administered her roudose of Methadone at that time before returning back to the facility. The resident has a dx of chronic pain syndrome. So reported that the medication had not delivered from the pharmacy during dates the medication was missed. The medication was indeed delivered to the facility on the pharmacy night run on 9/17/22.	etronomics of the state of the

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED  C 11/01/2022	
		345010	B. WING _		1		
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	170172022	
				500 BEAVERDAM ROAD			
ACCORDI	US HEALTH AT ASHEVI	LLE		ASHEVILLE, NC 28804			
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
F 760	had verified the orde methadone provider. Resident #2 was adm 09/14/22 with diagno pain. Resident #2's admiss (MDS) dated 09/21/2	nary stated the Physician r with the resident's nitted into the facility on sis which included chronic sion Minimum Data Set 2 revealed she had intact	F 7	2.  " The Director of Nursing a Managers completed MAR/Tachecks on 11/11/22. Any miss medications were ordered from pharmacy and follow-up was by the DON to ensure that all did indeed arrive from the pharmacy and the med-carts 3.  " The Director of Nursing of the medical management of the medical manage	AR/CART sing m the completed medications armacy and s.		
	cognition. Resident #2 was coded for having occasional pain during the MDS assessment with a numeric rating of 3 on a 0-10 scale. Resident #2 was coded for receiving opioids on 3 days during the lookback period.  Resident #2's care plan dated 10/01/22 revealed a focus area for risk for altered comfort status related to chronic pain. The goal was for Resident #2 to display a decrease in behaviors of inadequate pain control through the next review date. Interventions included the administration of medication as per orders and observe for effectiveness.  Resident #2's Medication Administration Record (MAR) dated September 2022 revealed an order initiated on 09/15/22 for Methadone Hydrochloride (HCL) tablet 10 mg give 1.5 tablet orally one time a day for pain. The medication was documented as not given on 09/15/22 and 09/16/22. The order was discontinued on 09/16/22.  A nursing progress note dated 09/15/22 at 3:25 AM revealed Resident #2 had a couple of episodes of verbal aggression related to not getting her medication. The note revealed the medications had not been delivered by pharmacy.			Manager will review all new a and verify that medications we and are on the med/treatmen.  "The Director of Nursing with missing orders report Monday morning clinical meeting to elimedications are being given a medications are missed, the Nursing will investigate and nursing and RDCS as appropri	admissions were received t cart daily. will run the y-Friday in nsure as ordered. If Director of notify MD, RP, ate for		
				orders and further direction a up to disciplinary action as ap "Education was provided Director of Nursing and the R Director of Clinical Services to and Medication Aides to ensumedications are given per phorders. This education started and was completed by 11/19/"Education was also addedorientation packet by the Direct Human Resources for new contract and the on-boarding packet for hires. All newly hired staff to contract staff will be received through orientation prior to the of work in the facility.	oppropriate. by the degional o all nurses ure ysician d on 11/15/22 /22. ded to the ector of ontract staff or all new include education		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF B	DOLUBER OF SURENIES	343010	B. WING_			11/	/01/2022	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORDI	US HEALTH AT ASHEVIL	LLE		5	000 BEAVERDAM ROAD			
				P	ASHEVILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 760	second order was init Methadone HCL table morning for pain. The documented as not g 09/18/22. The order v 09/18/22.  A nursing progress not pM written by Medica Resident #2 had called the morning and wandue to not receiving the while in the facility. Rehospital per request to note revealed the methe facility from pharmal ready left to go to the transported back to the fooly/18/22 in a please after receiving Methadone with MA # stated she had worke 09/15/22 through 09/18/22 through 09/15/22 through 09/18/24 through 09/15/25 thro	nt #2's MAR revealed a ciated on 09/17/22 for let 10 mg by mouth in the emedication was liven on 09/17/22 and was discontinued on on the dated 09/18/22 at 7:10 let at the material material let at the medication Methadone lesident #2 was sent to the lose or receive Methadone. The location had just arrived in macy after the resident had le hospital. Resident #2 was lef acility during the evening leant mood with no behaviors done at the hospital.  AM an interview was 1. During the interview she led during the days of 18/22. MA #1 stated lait 3 days because livered the medication lility. She stated the resident live to staff due to not licion and stated to her that hauseated and dizzy. The led did not recall the resident laymptoms such as vomiting medication. The interview sident came back from the	F7	760		all ts ure e  cs. en nd nere		
	conducted with MA # stated she had worke 09/15/22 through 09/ Resident #2 had to w pharmacy had not de Methadone to the fac was verbally aggress receiving the medicat she was sick feeling r interview revealed sh showing any physical from not having the m revealed once the res hospital she was in a	1. During the interview she and during the days of 18/22. MA #1 stated ait 3 days because livered the medication ility. She stated the resident ive to staff due to not ion and stated to her that hauseated and dizzy. The e did not recall the resident symptoms such as vomiting nedication. The interview						

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		C 11/01/2022		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804		11/01/2022		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	D BE COMPLETION		
F 760	with that situation be Review of the hospit 10:03 AM revealed or reported they did no prepared for Reside received her medicathe hospital she had since 09/14/22. The was experiencing m stating she felt uncohospital administere and discharged her On 10/27/22 at 10:2 conducted with Resident #2 stated shospital to the facilit withheld her medica 09/16/22 and 09/17/having withdrawal stand felt like she counterview revealed sambulance on 09/18 from 10:00 AM until medication Methado provide. Resident #2 staff and the doctor, her.  The review of Residorder was initiated of HCL tablet 10 mg gifor pain until 09/26/26/26/26/26/26/26/26/26/26/26/26/26/	ants who were on the one, so she had never dealt before.  Ital records dated 09/18/22 at emergency medical services to think the facility was not #2 because she had not atton. Resident #2 stated at not had any methadone record revealed Resident #2 attorned id withdrawal symptoms mfortable all over. The data Resident #2 methadone back to the facility.  O AM an interview was dent #2. During the interview she had come from the yon 09/14/22 and the facility tion Methadone on 09/15/22, 22. She stated she started ymptoms of nausea, dizziness Idn't move in the bed. The he had called for an 15/22 and was at the hospital	F 76				

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			C 11/01/2022		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ASHEVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	I	11/01/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 760	Continued From page 25		F 76	60				
	09/21/22 revealed F was experiencing w having trouble with revealed Methadon another Physician a	(MD) progress note dated Resident #2 told the MD she withdrawal symptoms and ther Methadone. The note was being prescribed by and was being tapered off.						
	conducted with the During the interview prescribe the medic	25 PM an interview was Nurse Practitioner (NP).  y she stated she could not eation Methadone. She stated						
	Resident #2 had ex the medication due area at the time of F	ed by the MD and she knew perienced a delay in receiving to the MD not being in the Resident #2's admission and						
	the medication. The #2 was not sent to t	ed a written prescription to fill interview revealed Resident he facility with a written medication. The NP stated the						
	medication Methado medication that nee	one was a significant ded to be taken as ordered. lent stopped taking the						
	medication abruptly symptoms including	, they could go into withdrawal nausea, vomiting, or view revealed the facility						
	prescibed methadore call the methadone	mit residents who were ne. She stated they did not clinic because the MD came 9/16/22 to write the order for						
	conducted with the During the interview	B PM an interview was Director of Nursing (DON). she stated she knew						
	she was admitted in hospital not sending prescription. She st	t received Methadone after September due to the the facility a written ated she did not call the ide resource to obtain a						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345010	B. WING _			11/0	; 01/2022		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ASHEVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	I )E	1170	7172022		
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F 760	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	760					