

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/08/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT HENDERSONVILLE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HERITAGE CIRCLE HENDERSONVILLE, NC 28791		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced complaint investigation was conducted 12/07/22 through 12/08/22. Event ID #NP8S11. 6 of 6 allegations were unsubstantiated. The following intakes were investigated: NC00195131, NC00191838, and NC00194463.	F 000			
F 806 SS=B	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews the facility failed to honor a resident's choice regarding food preferences for 1 of 1 resident (Resident #1) reviewed for choices. Findings included: Resident #1 was admitted to the facility 11/11/22 with diagnoses of anemia and malnutrition. The admission Minimum Data Set (MDS) dated 11/17/22 revealed Resident #1 was cognitively intact. Review of a nutrition care plan last revised 12/07/22 revealed Resident #1 was on a regular	F 806	1. On 12/8/2022, Resident #1 food preferences were updated by the Dietary Manager to reflect likes and dislikes. Meal ticket updated accordingly. Resident #1 will continue to have food preferences honored by the facility. 2. On 12/23/2022, the Dietary Manager completed food preferences for all current residents.. Resident representatives of cognitively impaired residents were contacted to provide any updates to food preferences. Meal tickets updated accordingly. Meal preferences will be updated upon request thereafter. 3. Effective 12/23/2022, the Dietary	12/23/22	

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

TITLE

(X6) DATE

Electronically Signed

12/26/2022

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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F 806	<p>Continued From page 1</p> <p>diet and had a strong dislike of pears. Interventions included providing her diet as ordered and honoring her allergies.</p> <p>An observation of Resident #1's meal tray on 12/07/22 at 12:08 PM revealed a dish containing diced pears sitting on the tray. An observation of Resident #1's meal tray card at the same time and date revealed a note stating, "no pears".</p> <p>An interview with Resident #1 on 12/07/22 at 12:09 PM revealed she did not like pears and requested not to receive pears on her meal tray. She stated she received food on her meal trays she did not like "all the time".</p> <p>During an interview with the Dietary Manager (DM) on 12/07/22 he confirmed Resident #1 received pears on her meal tray and her tray ticket read "no pears". He stated meal trays were checked for accuracy before leaving the kitchen by the staff member who placed beverages on the tray. The DM stated there were usually 3 staff members running the meal tray line but for lunch on 12/07/22 there were only 2 staff members running the meal tray line. He stated the person placing beverages on the meal trays on 12/07/22 was also having to call out diet orders to the cook and that probably contributed to Resident #1 receiving pears on her meal tray. The DM stated Resident #1 should not have received pears on her meal tray.</p> <p>An interview with Dietary Aide #1 on 12/07/22 at 12:19 PM revealed he was responsible for checking meal trays for accuracy before they left the kitchen on 12/07/22. He explained there were only 2 people running the meal tray line for lunch on 12/07/22 and he had to call out diet orders to</p>	F 806	<p>Manager provided reeducation to dietary staff on process of verifying meal tickets and properly plating food to include resident preferences (likes/dislikes). Dietary aide #1 is responsible for plating food on meal tray according to diet orders, allergies and preferences. Dietary aide #2 completes second check before sending trays to the hall for delivery. Newly hired dietary staff will receive education during orientation and prior to first shift worked.</p> <p>4. The Dietary Manager will monitor tray line service for 5 random resident meal preferences (likes/dislikes) for proper plating and delivery to resident. Monitoring will be completed three (3) times weekly for four (4) weeks then, weekly for eight (8) weeks. The Dietary Manager will present results of monitoring to Quality Assurance Process Improvement (QAPI) committee monthly and make changes to the plan as necessary to maintain compliance with resident food preferences.</p> <p>5. Completion Date 12/23/2022</p>		

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

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F 806	<p>Continued From page 2</p> <p>the cook, place beverages on the meal trays, and check the trays for accuracy before they left the kitchen. Dietary Aide #1 stated he overlooked the note stating "no pears" on Resident #1's meal tray card and she should not have received pears on her meal tray.</p> <p>An interview with the Administrator on 12/08/22 at 12:23 PM revealed she expected resident food preferences to be honored and if residents requested not to receive certain food items the items should not be on their meal tray.</p> <p>An interview with the Registered Dietician (RD) on 12/08/22 at 01:31 PM revealed she expected staff to honor resident preferences. The RD stated Resident #1 should not have received pears on her meal tray since her tray card read "no pears" and she should have received an appropriate alternative.</p>	F 806		