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

PRINTED: 03/02/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345312	B. WING			1	27/ <b>2023</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	)E	1 017.	2112023
THE GREENS AT HENDERSONVILLE			1870 PISGAH DRIVE HENDERSONVILLE, NC 28791				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		FO	000			
F 573 SS=B	survey was conducte 01/26/23. Additional offsite on 01/27/23. To 01/27/23. Event ID#  The following intakes NC00197067, NC001 NC00195700, NC001 Four of the 16 allegat without deficiency and Right to Access/Purcl CFR(s): 483.10(g)(2): §483.10(g)(2): §483.10(g)(2): The reaccess personal and to him or herself. (i) The facility must praccess to personal arpertaining to him or hwritten request, in the by the individual, if it if form and format (incluor format when such electronically), or, if n form or such other for by the facility and the (excluding weekends (ii) The facility must a copy of the records o	were investigated: 96348, NC00196210, 94872, and NC00195634. ions were substantiated, two d two with deficiency (F573). hase Copies of Records (i)(ii)(3) sident has the right to medical records pertaining rovide the resident with had medical records erself, upon an oral or e form and format requested is readily producible in such uding in an electronic form records are maintained ot, in a readable hard copy rm and format as agreed to individual, within 24 hours and holidays); and llow the resident to obtain a r any portions thereof	F 5	573			1/27/23
	such records are mai request and 2 working facility. The facility ma cost-based fee on the provided that the fee	onic form or format when nationed electronically) upon g days advance notice to the ay impose a reasonable, e provision of copies, includes only the cost of: the records requested by					
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE			(X6) DATE

Electronically Signed 02/16/2023

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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		345312	B. WING _			C 01/27/2023	
NAME OF PROVIDER OR SUPPLIER  THE GREENS AT HENDERSONVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791	•	0172772023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE	
F 573	(B) Supplies for createlectronic media if the electronic copy be pand (C)Postage, when the the copy be mailed.  §483.10(g)(3) With the described in paragrasection, the facility ris provided to each the resident can act including in an altern that the resident car translate information (2) of this section medical patient at their requestion accordance with approximate the resident car translate information (2) of this section medical patient at their requestion accordance with approximate the resident approximate the	there in paper or electronic form; ating the paper copy or the individual requests that the provided on portable media; the individual has requested the exception of information the exception and manner the exception of information the exception of information the exception and manner the exception of information the exception and information the exception of information the exception of information the exception and information in a language of understand. Summaries that in described in paragraph (g) and be made available to the extra and expense in colicable law.  This not met as evidenced the exception of the resident's medical quests for 1 of 1 resident and information in the exception of the resident set in the exception of the ex	F 5	Resident #1 no longer resides facility. On 1/27/23 the medical clerk copied the requested me records for release and the Re Party was notified that the recordary for pick up and the charger records requested.  On 1/27/23, Department Mana include the Medical Records C Receptionist were educated or Medical Records Release proception of the Medical Records Release pr	al records dical esponsible ords were ges for the gers to elerk and in the cess by the enterviewed duding the eptionist, to		

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			A. BOILDII			, ا	C	
		345312	B. WING _				27/2023	
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,		
THE CREE	ENS AT HENDERSONVIL	15		18	70 PISGAH DRIVE			
THE GREE	ENS AT HENDERSONVIL	-LE		Н	ENDERSONVILLE, NC 28791			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 573	PM, the RP stated shauthorization to releat the Receptionist via esparate occasions a Resident #1's medical Review of the email of Resident #1's RP to the provided by Resident revealed an initial em Receptionist on 12/19 a completed authoriz records form dated 12/19's medical records 2022 to December 20/01/12/23 at 2:46 PM, dated 12/19/22 to the the status of Resident During an interview of Receptionist confirmed email correspondent 01/12/23 from Resident medical records. The didn't handle medical forwarded the information Administrator.	atterview on 01/25/23 at 12:15 the sent the completed se medical records form to remail correspondence on two and still had not received al records.  correspondence from the Receptionist was the H1's RP. The review the priod sent to the the priod September the period September the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the Receptionist inquiring on the RP resent the email the received the the dated 12/19/22 and the dated 12/19/22 and the Receptionist explained she the Receptionist explained she the record requests and had	FS	573	medical records. There were no other medical record requests.  During morning meeting, department managers and Medical Records Clerk to be asked by the Administrator or Direct of Nursing if a Medical Records request has been received and/or processed. there are requests, the Administrator or Director of Nursing will validate that the request will be completed per the facility protocol.  The Administrator or Director of Nursing will interview department managers to include medical records and receptioni 2x a week for 8 weeks to identify if they have received a medical records request and has the request been completed processed in the monthly Quality Assurance Processed Improvement (QAPI) meeting until such time that substantial compliance has be achieved and agreed upon by the Qual Assurance Process Improvement (QAFI) Committee.  The Administrator is responsible for implementing corrective action.	tor  tor  tor  tor  tor  g  st  y  st  er  at  s  h  een  lity		
	follow-up telephone in PM, the Administrator records were request reviewed the completion records requested an inform them of the co	nterview on 01/27/23 at 3:24 r explained when medical sed by the RP, the facility sted form, made copies of the sed then contacted the RP to set prior to releasing the exaministrator explained the			The completion date is 01/27/2023.			

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F 573	requesting Resident # she was unaware Res the completed medica the Receptionist on 1. Administrator stated r facility was moving fo RP's request for Resi An unsuccessful telep	and not mentioned anyone #1's medical records and sident #1's RP had emailed al records request form to 2/19/22 and 01/12/23. The now that she was aware, the rward with processing the dent #1's medical records. Shone attempt was made on for an interview with the	F	573				