

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

PRINTED: 02/18/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/10/2011
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - ASHEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD ASHEVILLE, NC 28804
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F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>No deficiencies were cited as a result of the CI survey, event ID # W5K611.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff, physician and pharmacy interviews and record review, the facility failed to administer the correct dose of Prednisone for one (1) of three (3) sampled residents (Resident #2).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on 1/27/11 with diagnoses which included Exacerbation of Chronic Obstructive Pulmonary Disease. Admission medication orders dated 1/27/11 included Prednisone 20mg (a steroid) daily for two days and to decrease to 10mg daily for two days. Review of the Manufacturer's recommendations regarding the use of Prednisone revealed avoidance of abrupt withdrawal to avoid adverse reactions.</p> <p>Review of Resident #2's January 2011 Medication Administration Record (MAR) revealed Prednisone 20 mg was documented as administered on 1/28/11 and 1/29/11. Prednisone 10 mg was documented as administered on 1/29/11 and 1/30/11. (Prednisone 30 mg instead of 20mg was administered on 1/29/11 and the second 10 mg dose was omitted.)</p>	F 281	<p><b><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</u></b></p> <p><b>F281 Services Provided Meet Professional Standards</b> The facility will continue to ensure the services provided or arranged by the facility meet professional standards of quality.</p> <p><b><u>Criteria 1</u></b> A medication error report was completed for Resident #2 with MD notification that the incorrect dose of medication had been administered.</p> <p><b><u>Criteria 2</u></b> The Director of Nursing Services and designee has audited all resident's medication orders to ensure the Physician's order has been transcribed appropriately, and administered as ordered. If any discrepancies are found, a medication error report will be completed with MD notification.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>V Kamina Bachmu</i>	TITLE <i>V Aminis Trator</i>	(X6) DATE <i>3-4-11</i>
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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 281	<p>Continued From page 1</p> <p>Interview with Licensed Nurse #1 at 2:15 PM on 2/9/11 revealed that Resident #2's Prednisone order of 1/27/11 was entered into the computer for a start date of 1/27/11. Licensed Nurse #1 explained the order for Resident #2's Prednisone was entered into the computer during the evening of 1/27/11 so the MAR directions for daily orders actually began on 1/28/11 at 8:00 AM. The Prednisone 10 mg order was entered to begin on 1/29/11. The two Prednisone orders were generated on the MAR with three dates blocked and the incorrect dosage given. She reported the Prednisone 10 mg should have been administered on 1/30/11 and 1/31/11. Licensed Nurse #1 explained the incorrect dose had been administered on 1/29/11 and the 10mg dose given once because it was not noted on the MAR.</p> <p>Interview with Resident #2's physician at 3:42 PM on 2/9/11 revealed Resident #2 was to have received Prednisone 20mg for two days then 10 mg for two more days. He explained the initiation of the dose on 1/28/11 instead of 1/27/11 was not significant.</p> <p>Interview with the facility's pharmacy at 4:35 PM on 2/9/11 revealed the Prednisone was dispensed on 1/27/11 with directions to give Prednisone 20 mg on 1/27/11 and 1/28/11. Prednisone 10 mg was to be administered on 1/29/11 and 1/30/11.</p> <p>Interview with the Director of Nursing at 5:10 PM revealed the night shift nurse checked each new order on a daily basis and the transcription error of the Prednisone order had been missed.</p>	F 281	<p><b><u>Criteria 3</u></b> The Director of Nursing Services and/or designee will review all new Physician's orders in the DNS start up meeting Monday-Friday to ensure that Physician's orders for medications have been transcribed as ordered. The 3<sup>rd</sup> shift Nurses will review all orders on a daily basis to ensure Physician's orders have been transcribed to the Medication Administration Record as ordered. Nursing staff have been in-serviced on F281 to include the facilities policy and procedure for transcribing and administering medications as ordered by the Physician.</p> <p><b><u>Criteria 4</u></b> The Director of Nursing Services and/or designee will monitor on a daily basis and the Director of Nursing Services will report the results to the monthly Quality Assurance (QA) Committee for 3 months or as needed. Recommendations will be made as deemed necessary. The Executive Director is responsible for overall compliance.</p>	March 10, 2011
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		

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F 371	<p>Continued From page 2</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to 1) prepare foods under sanitary conditions by wearing a hair restraint that fully contained staff's hair and 2) monitor cottage cheese for expiration prior to use.</p> <p>The findings are:</p> <p>The following concerns with food sanitation and food storage were observed during kitchen observations.</p> <p>1). Review of the facility's policy "Storage of Refrigerated Foods", dated 2002, recorded in part "The DSM (dietary service manager) or designee must ensure that all refrigerated food is properly stored, used or disposed of according to guidelines."</p> <p>On 2/8/11 at 11:40 AM, a 16 ounce container of cottage cheese was observed stored in a reach-in cooler with a manufacturer's "Best by" date stamp of 1/28/11. Approximately four to six ounces of cottage cheese remained in the container. A facility date of "2/5/11" was written on the top of</p>	F 371	<p><b>F371 Food Procure, Store/Prepare/Serve-Sanitary Conditions</b> The facility will continue to ensure that (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p><u><b>Criteria 1</b></u> The expired cottage cheese was immediately discarded. The Dietary Services Manager was in-serviced on proper use and placement of hairnets.</p> <p><u><b>Criteria 2</b></u> The Dietary Services Manager or designee will round 2 times a week for 1 month to ensure there are no expired foods, then weekly. The Registered Dietician will monitor on a monthly basis. The Executive Director will monitor the Dietary Services Manager 2 times a week for 1 month to ensure proper use and placement of hairnets. The Registered Dietician will monitor on a monthly basis.</p>	
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F 371	<p>Continued From page 3</p> <p>the container. The cottage cheese was odorous and was surrounded by a pool of a milky white liquid.</p> <p>The certified dietary manager (CDM) explained during the observation on 2/8/11 at 11:40 AM that cottage cheese was made available to residents upon request. She stated that the facility date of "2/5/11" was the date staff opened the container of cottage cheese and she confirmed that cottage cheese was served to residents that day. The CDM was observed to ask staff to discard the cottage cheese and confirmed that it should not have been used after 1/28/11. She stated that she and kitchen staff monitored refrigeration units daily for expired items, but she was not sure how this was missed. She further stated "We don't usually use products after the "Best by" date; I'm not sure what happened here." She also added that perhaps the lid to the cottage cheese was the wrong lid, but she was not sure.</p> <p>2) On 2/8/11 from 11:20 AM - 11:50 AM, the certified dietary manager (CDM) was observed in the kitchen wearing a hair net which exposed her hair both on the left and the right side. Her hair was observed hanging down to her shoulders, uncovered, on both the left and the right side. During this observation, she entered the walk-in freezer, the dry storage room and the cook's prep area where foods were observed, uncovered, on the steam table for lunch. On 2/9/11 from 7:30 AM to 7:50 AM, the CDM was observed preparing scrambled eggs for the breakfast tray line. At 7:50 AM on 2/9/11, she monitored food temperatures on the breakfast tray line. Her hair net was observed again as described on 2/8/11 to expose her hair on both the left and the right side with hair hanging down to her shoulders on both sides.</p>	F 371	<p><b><u>Criteria 3</u></b> The Dietary manager and/or designee will in-service dietary staff on labeling and dating procedures to include checking expiration dates and the proper use and placement of hairnets. The Senior Registered Dietician will in-service the Dietary Services Manager on the proper use and placement of hairnets.</p> <p><b><u>Criteria 4</u></b> The Dietary Manager will report results of the review in the monthly Quality Assurance (QA) Committee meeting for 3 months or until deemed necessary. Recommendations will be made as necessary. The Executive Director is responsible for overall compliance.</p>	March 10, 2011
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F 371	<p>Continued From page 4</p> <p>On 2/10/11 at 7:50 AM, the CDM was observed wearing a hair net as described on 2/8/11 and 2/9/11 while monitoring food temperatures on the breakfast tray line.</p> <p>On 2/10/11 at 8:40 AM, the CDM confirmed in an interview that she expected staff to wear a hair restraint that completely covered their hair and that her hair was not completely covered while she prepared breakfast foods and monitored food temperatures. She provided no explanation as to why her hair was not covered with a hair restraint.</p>	F 371		
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