

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

PRINTED: 01/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

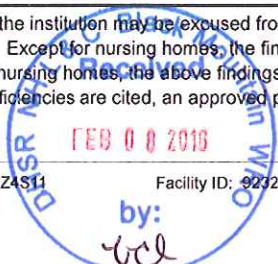
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 281 SS=D	<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 medical record review and staff interviews the facility failed to administer medication as ordered by the physician for 1 of 1 sampled residents with medications reviewed. (Resident #7)</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility 12/31/15 after hospitalization from 12/21/15-12/31/15 with diagnoses which included community acquired pneumonia, chronic obstructive pulmonary disease and tobacco abuse.</p> <p>Review of physician admission orders in the medical record of Resident #7 included an order for Nicoderm Patch (for smoking cessation), 21 micrograms, change every day.</p> <p>Review of the January 2016 Medication Administration Record (MAR) for Resident #7 noted the Nicoderm Patch was not administered 4 of the 5 days Resident #7 resided at the facility. Documentation on the MAR and nurses notes indicated the Nicoderm Patch was not administered 01/01/16, 01/02/16, 01/03/16 and 01/05/16 and included: 01/01/16-waiting pharmacy delivery/release of Nicoderm Patch 01/02/16-Nicoderm Patch held, pending delivery 01/03/16-Nicoderm Patch, pending delivery</p>	F 281	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies</p> <p>The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p>	2-11-16
		F225	<p>Resident # 7 no longer resides in the health care facility.</p> <p>An audit of all residents with an order of nicotine patches will be performed by the Director of Nursing/designee, to assure the nicotine patch has been given as ordered by the physician. If any resident identified as not having a nicotine patch as ordered will be given a nicotine patch.</p>	

cont. on pg. 2

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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.



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

PRINTED: 01/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - HENDERSONVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET HENDERSONVILLE, NC 28739</b>		
(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 281	<p>Continued From page 1</p> <p>01/05/16-awaiting delivery of Nicoderm Patch</p> <p>On 01/13/16 at 9:47 AM a pharmacist (from the pharmacy utilized by the facility) stated a Nicoderm Patch was an over the counter (OTC) medication and would not be supplied by the dispensing pharmacy. The pharmacist reviewed medications for Resident #7 and stated the Nicoderm Patch was not sent from the pharmacy and would have been supplied by the facility.</p> <p>On 01/13/16 at 10:13 AM the Director of Nursing (DON) stated if a medication was ordered it was expected to be administered consistent with the physicians order. The DON stated there was a list of OTC medications kept in stock and available to nurses. The DON stated if an OTC medication was not kept in stock the staff member would inform the central supply staff member or any administrative nurse and it would be obtained from a local pharmacy. The DON stated the Nicoderm Patch was an OTC medication that was not kept in stock and would have to be picked up from the local pharmacy. The DON stated if the Nicoderm Patch was on the admission orders the nurse that admitted Resident #7 should have alerted the central supply clerk or management nursing staff of the need. The DON reviewed the January 2016 MAR for Resident #7 and stated she was not aware the Nicoderm Patch had not been administered as ordered by the physician.</p> <p>On 01/13/16 at 10:45 AM Medication Aide #1 stated she worked the morning of 01/01/16 and remembered the Nicoderm Patch was not available to be administered to Resident #7. Medication Aide #1 stated she reported this to the nurse so the pharmacy could be notified about</p>	F 281	<p>cont. from pg. 1</p> <p>The health care center will stock all varieties of Nicotine patches in the Over the Counter supply area. Licensed Nurses and Medication Aides will be educated where to obtain Nicotine patches when ordered by physician. The Central Supply Clerk will be educated to inventory and order Nicotine patches keeping ample stock readily available at all times. Education will be provided by the Director of Nursing/designee. The Director of Nursing/designee will audit the Over the Counter storage area for Nicotine patch stock availability weekly for 3 months to assure on going supply accuracy.</p> <p>cont. on pg. 3</p>	2-11-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - HENDERSONVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET HENDERSONVILLE, NC 28739</b>		
(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 281	<p>Continued From page 2</p> <p>the need for the Nicoderm Patch. On 01/13/16 at 2:30 PM Nurse #3 stated she had worked with Medication Aide #1 on 01/01/16 and did not recall being told the Nicoderm Patch was not available for Resident #7.</p> <p>On 01/13/16 at 10:48 AM Nurse #2 stated she worked with Resident #7 on 01/02/16 and 01/03/16 and remembered the Nicoderm Patch was not available to be administered on either of those days. Nurse #2 stated she recalled calling the pharmacy and being told the Nicoderm Patch was an OTC medication. Nurse #2 stated she did not see the Nicoderm Patches on the facility OTC list or available in the medication storage room so she reported the need to the manager on duty that weekend. On 01/13/16 at 11:32 AM the manager on duty on 01/02/16 stated she was in the building that day and didn't recall being told about the need for Nicoderm Patches for Resident #7. On 01/13/16 at 1:38 PM the manager on duty on 01/03/16 stated she was in the building that day and didn't recall being told about the need for Nicoderm Patches for Resident #7.</p> <p>On 01/13/16 at 11:00 AM Nurse #4 stated she worked the morning of 01/05/16 and remembered the Nicoderm Patch was not available to be administered to Resident #7. Nurse #4 stated she looked for the central supply staff member to report to him the need of the Nicoderm Patch for Resident #7 and could not find him. Nurse #4 stated that things got so busy that morning that she did not get back to the central supply clerk to inform him of the need of the Nicoderm Patch.</p> <p>On 01/13/16 at 11:05 AM the central supply staff member provided a list of OTC medications the</p>	F 281	<p>cont. from pg. 2</p> <p>A QAPI will be performed by the Director of Nursing/designee and reported to the QAPI committed monthly for three months to ensure on going compliance.</p>	2-11-16	

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

PRINTED: 01/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - HENDERSONVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 HEBRON STREET HENDERSONVILLE, NC 28739</b>		
(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 281	<p>Continued From page 3</p> <p>facility kept in stock which indicated Nicoderm patches were not kept in stock. The central supply staff member stated he worked Monday-Friday and every other weekend and could pick up any OTC medications from the local pharmacy. The central supply staff member stated he remembered being told about the need for the Nicoderm Patches on 01/04/16 and went to the local pharmacy to purchase them for Resident #7.</p> <p>On 01/13/16 at 11:20 AM Nurse #5 stated she worked with Resident #7 the morning of 01/04/16. Nurse #5 recalled the Nicoderm Patch was not available to be administered and she reported the need to the central supply clerk. Nurse #5 stated she placed a Nicoderm Patch on Resident #7 on 01/04/16 when it was provided by the central supply clerk.</p> <p>On 01/13/16 at 2:50 PM Nurse #1 stated she admitted Resident #7 at 6:00 PM on 12/31/15. Nurse #1 stated another nurse had assisted with the medications for Resident #7 and she did not recall which nurse assisted her. Nurse #1 stated she did not recall anything about the Nicoderm Patch for Resident #7.</p> <p>On 01/13/16 at 3:30 PM the administrator stated she expected medications to be administered to residents as ordered by the physician. The administrator stated there were systems in place to obtain OTC medications like the Nicoderm Patch and central supply staff or administrative staff would have been available to purchase the medication at the local pharmacy if they had been informed of the need.</p>	F 281			