STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345223	A. BUILDING _____ B. WING _____	C 01/06/2017

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

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F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and	F 272		2/10/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/01/2017

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F 272	Continued From page 1 non-licensed direct care staff members on all shifts. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to comprehensively assess the triggered area related to nutrition and psychotropic medications for 1 of 22 sampled residents with Care Area Assessments reviewed. (Resident #117). The findings included: Resident #117 was admitted to the facility on 06/28/16 and readmitted after hospitalization from 12/03/16-12/13/16 for behavior management. Cumulative diagnoses of Resident #117 included Alzheimers, depression, dementia with behavioral disturbance, insomnia, psychosis and anxiety. A significant change Minimum Data Set (MDS) dated 01/02/17 coded Resident #117 with significant weight loss, on a mechanically altered therapeutic diet and on antipsychotic and antidepressant medication. The Nutrition Care Area Assessment (CAA) associated with the 01/02/17 read, "CAA triggered for Nutritional Status due to significant weight loss. Resident resides on facility Alzheimer's Unit. Resident is on a therapeutic/mechanically altered diet. Registered Dietician reviews chart routinely and makes recommendations to nursing	F 272	F272 Patient #117 expired on 1/8/2017. The Regional MDS Specialist or Director of Nursing will audit all residents receiving a comprehensive MDS assessment during the past thirty days, to verify accurate CAA completion, per the RAI manual guidelines. If opportunities are identified, corrections will be made manually to each CAA by the MDS Coordinator and reviewed by the Director of Nursing. The Director of Nursing will re-educate the MDS Coordinator on accurate CAA completion, per the RAI guidelines. The Director of Nursing, will randomly audit three Comprehensive MDS Assessments weekly, for one month. Then, he/she will audit two a week for another month. Then, he/she will audit four per month for an additional month. The Director of Nursing will report audit results to the QAPI committee monthly for three months to assure ongoing compliance.	

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F 272	Continued From page 2	F 272		

staff and physician when appropriate. No referrals needed at this time." The Psychotropic CAA associated with the 01/02/17 read, "CAA triggered for psychotropic drug use due to resident receiving physician ordered antidepressant medication. Facility pharmacist reviews medications routinely and makes necessary recommendations to nursing staff and physician. Resident has a history of falls. Resident has not had any falls during this assessment period. No referrals needed at this time. Will continue to monitor."

Review of the CAA's completed by the MDS nurse for Resident #117 revealed no individual information explaining why the areas of nutrition and psychotropic medication were a problem for the resident, how the problems affected the residents day to day routine and no analysis of these areas.

On 01/06/17 at 1:34 PM the MDS nurse stated she began doing MDS assessments August 2016. The MDs nurse stated typically the nutrition CAA would be completed by the Registered Dietitian and the psychotropic CAA would be completed by the Social Worker. The MDS nurse stated she completed both the nutrition and psychotropic CAA assessments for the significant change assessment completed 01/02/17. The MDS nurse stated the significant change assessment had been completed due to the weight loss and physical decline of Resident #117. The MDS nurse stated her understanding in completing the CAA was to only address what triggered the CAA review and didn't include a comprehensive individualized analysis of findings.

Review of the medical record of Resident #117

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F 272	Continued From page 3 noted the nutrition and psychotropic medication CAA reviews did not address the significance of the weight loss with 25 pounds lost in the 30 day period prior to the assessment, recent diet changes, swallowing difficulties with speech therapy involvement, caloric supplementation, tube feeding discussions with the Power of Attorney of Resident #117, recent hospitalization for behaviors with significant medication changes, medication refusal and cognitive changes. On 01/06/17 at 3:00 PM the administrator stated she expected the CAA reviews to be individualized and comprehensive and a reflection of the resident at the time of the assessment.	F 272		
F 412 SS=D	483.55(b)(1)(2)(5) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS (b) Nursing Facilities The facility- (b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; (b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the	F 412		2/10/17

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F 412	Continued From page 4 dental services locations; (b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and staff and resident interviews the facility failed to schedule dental services for 1 of 3 sampled residents reviewed for dental services. (Resident #61) The findings included: Resident #61 was admitted to the facility 11/10/15 with diagnoses which included dementia and diabetes. The current Minimum Data Set for Resident #61 dated 11/07/16 assessed her with mild cognitive impairment and no dental issues. A nursing quarterly review completed 12/17/16 assessed Resident #61 with "broken, loose or carious teeth". A nursing progress note dated 10/10/16 read, "Dental referral for loose teeth per Family Nurse Practitioner (FNP). Orders imputed and copy to social worker." A physician's order was written 10/10/16 for "dental referral for loose teeth". On 01/03/17 at 2:21 PM Resident #61 stated she did not brush her teeth because she was afraid they would fall out. Resident #61 stated she had	F 412	F412 The facility Administrator made a dental appointment for patient #61. An audit of all patient charts will be preformed, by the Director of Nursing or designee, to assure other dental referrals have not been overlooked. All staff members involved with dental referrals will be re-educated by the facility Administrator, on facility process from physician referral to dentist, through patient dental appointment being scheduled with house dentist or community dentist. For one month, facility Administrator or designee will audit five charts weekly for dental referrals and then verify if appointments have been made. Then, for another month the facility Administrator will audit three charts a week. Then, the facility Administrator will audit four charts a month. The Administrator or designee will report the results of dental referral audits to the QAPI committee for three months to assure ongoing compliance.	

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F 412	Continued From page 5	F 412		

a loose tooth which fell out. Resident #61 stated she knew she was supposed to see a dentist and didn't know if an appointment had been made. Resident #61 opened her mouth and a tooth was observed missing on her lower mouth. Resident #61 stated she was not in pain and her teeth did not bother her.

The nurse that wrote the progress note on 10/10/16 in the medical record of Resident #61 stated she noticed Resident #61 had a loose bottom tooth and reported it to the FNP. The nurse stated the FNP wrote the order for the dental referral for loose teeth on 10/10/16. The nurse stated she placed a copy of the order in the box of the social worker.

The former social worker that received the 10/10/16 dental consult order for Resident #61 was interviewed on 01/06/17 at 12:05 PM. The former social worker stated she started the process of the paperwork for the dental consult and gave the paperwork to the current social worker of Resident #61. The former social worker stated she did not know the outcome of the paperwork prior to her departure from employment at the facility.

On 01/05/17 at 3:08 PM the Administrator stated the former social worker handled dental referrals prior to her departure from employment around the end of November 2016. The Administrator stated that since that time she was handling dental referrals. The Administrator stated residents needing to be seen by the dentist were placed on a referral list to be seen when they had scheduled visits at the facility. The Administrator noted the dentist was in the facility 01/04/17 and was scheduled again 02/06/17. The

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F 412	Continued From page 6 Administrator reviewed the dental lists and stated Resident #61 was not seen by the dentist on 01/04/17 and was not on the list to be seen 02/06/17. The Administrator stated she was not aware of the 10/10/16 order for a dental referral for Resident #61 and that it was an oversight.	F 412		