

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

PRINTED: 03/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2017
NAME OF PROVIDER OR SUPPLIER ASHEVILLE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801		
(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	F 000			
F 278 SS=D	<p>No deficiencies were cited as a result of the compliant investigation. Event ID # PC4311</p> <p>483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>(h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification (1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a</p>	F 278		3/9/17	

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

TITLE

(X6) DATE

Electronically Signed

03/02/2017

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 278	<p>Continued From page 1 material and false statement. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to accurately code information on an admission Minimum Data Set regarding assistance with eating for 1 of 1 sampled resident with a tube feeding (Resident #61).</p> <p>The findings included:</p> <p>Resident #61 was admitted on 12/01/16 with diagnoses including dysphagia (difficulty swallowing), severe debility, and severe protein calorie malnutrition.</p> <p>Review of a progress noted written by the Registered Dietitian on 12/06/16 revealed Resident #61 had a PEG (percutaneous endoscopic gastrostomy) tube for feeding due to dysphagia according to the hospital report. The RD noted Resident #61's diet was NPO (nothing by mouth) and he was a total tube feed.</p> <p>Review of the admission Minimum Data Set (MDS) dated 12/08/16 revealed Resident #61 had severely impaired cognition, unclear speech, and was sometimes understood. The admission MDS noted Resident #61 had a feeding tube and received 51% or more of his total calories through the tube feeding. The admission MDS indicated Resident #61 required extensive assist of one person with eating.</p> <p>An interview with Nurse #1 on 02/17/17 at 12:50 PM revealed Resident #61 was NPO and did not have orders for comfort foods. Nurse #1 stated Resident #61 did not participate in his tube feeding in any way.</p>	F 278	<p>F278 The Minimum Data Set (MDS) for section G for eating and self-performance for resident #61 was corrected by the MDS Nurse on February 24, 2017, showing resident with total dependence full staff performance with eating.</p> <p>All residents having a PEG (percutaneous endoscopic gastrostomy) tube for eating have the potential to be affected by the alleged deficient practice. Audit revealed no other residents affected.</p> <p>MDS Coordinator to be re-educated on accurate coding of residents having a PEG tube for eating by the Director of Nursing (DON) by March 3, 2017. The DON or Assistant DON will audit MDS for accurate coding for residents having a PEG tube for eating weekly for 4 weeks, then bi-weekly for 4 weeks, and then monthly for 4 months.</p> <p>The DON/Assistant DON will report results of audit to the Quality Assessment and Performance Improvement Committee monthly for six months with revisions as determined by the QA Committee.</p> <p>March 9, 2017</p>		

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F 278	Continued From page 2 An interview was conducted with the MDS Nurse on 02/17/17 at 2:52 PM which included a review of Resident #61's admission MDS. The MDS Nurse confirmed she had completed Resident #61's admission MDS assessment dated 12/08/16 including Section G for Activities of Daily Living Assistance. The coding for eating self-performance and support was reviewed and the MDS Nurse stated Resident #61 should have been coded for total dependence on one person with eating and not extensive assist of one person with eating due to the continuous tube feeding. The MDS Nurse could not explain how the coding error had occurred.	F 278			