

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

PRINTED: 04/24/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345493</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HENDERSONVILLE HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 COLLEGE DRIVE</b> <b>FLAT ROCK, NC 28731</b>		
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F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656		4/20/18	

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

TITLE

(X6) DATE

Electronically Signed

04/20/2018

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 656	<p>Continued From page 1</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, and staff interviews, the facility failed to include the use of a Continuous Positive Airway Pressure (CPAP) machine on the comprehensive care plan for 1 of 10 sampled residents reviewed for comprehensive care plans.</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility 08/09/17 with diagnoses including chronic obstruction pulmonary disease (COPD), chronic respiratory failure, and pneumonia.</p> <p>Review of physician orders initiated 08/16/17 read as: the nurse to assist with the CPAP application each night at bedtime. A second physician's order date 09/25/17 read as: remove CPAP in AM, empty basin wash with soap and water and air dry, monitor CPAP every 4 hours while sleeping, clean CPAP reservoir with soap and water and let air dry each Sunday, nurse to ensure CPAP is worn with full medium face mask while sleeping, setting at 8.0, and fill with distilled water prior to use.</p> <p>Review of the most recent annual Minimum Data Set (MDS) assessment dated 01/15/18 indicated Resident #2 required extensive assistance with bed mobility, transfers, and toileting. The MDS section under special treatments included the use of oxygen and a CPAP.</p> <p>Review of the comprehensive care plan revised</p>	F 656	<p>F656 Develop Comprehensive Care Plans</p> <p>During a Complaint Survey on March 28 and March 29, 2018 it was discovered that a Residents' Comprehensive Care Plan did not contain orders for CPAP to be applied at bedtime and removed in the morning and instructions for cleaning. MDS Coordinator immediately corrected deficiency by adding CPAP orders to Residents Care plan. This was completed on March 29, 2018.</p> <p>DON, ADON and Regional Consultant completed an audit on March 30, 2018 of all resident charts for physician orders relating to CPAP, BIPAP and Oxygen Therapy to ensure it has been addressed and care planned appropriately. This was completed on Thursday, April 5, 2018. All MDS coordinators were in serviced by the DON on April 3, 2018 on the development of comprehensive care plans that include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>Plan for Correction: A comprehensive audit of all resident care plans was completed by April 5, 2018, by DON and ADON. Care plans that were found non-compliant were corrected by</p>		

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F 656	<p>Continued From page 2</p> <p>02/05/18 identified impaired breathing pattern related to COPD. The approaches included monitor resident for shortness of breath, anxiety, low oxygen, and administer oxygen as ordered by the physician. The approach did not include the use of a CPAP by Resident #2.</p> <p>During an interview on 3/29/18 at 4:33 PM, Resident #2 explained she hadn't used the CPAP for approximately 2 weeks due to staff not cleaning the equipment.</p> <p>During an interview on 3/29/18 at 7:40 PM, the MDS Coordinator revealed the CPAP was not on the care plan. The MDS Coordinator revealed the care plans were reviewed to ensure they were correct and up to date. She confirmed the CPAP was missed and should have been updated on care plan on the last revision.</p> <p>During an interview on 03/29/18 at 8:02 PM, the Administrator revealed his expectations were for identified problems to be included on the comprehensive care plan. He also revealed if there were physician orders for nursing to provide assistance with applying, monitoring, and cleaning a CPAP, it should be on the care plan.</p>	F 656	<p>the DON and ADON during the audit.</p> <p>DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans. This will be incorporated into our QAPI monthly meetings for 3 months.</p> <p>Monitoring: DON and or ADON will monitor daily physician orders for changes in Residents care and will ensure comprehensive care plans have been updated as needed.</p> <p>DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans. This will be incorporated into our QAPI monthly meetings for 3 months.</p> <p>Responsibility: DON and or ADON will be responsible for monitoring daily the transcription of physician orders to the comprehensive care plan pertaining to CPAP, BIPAP and Oxygen Therapy. DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans. This will be incorporated into our QAPI</p>		

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F 656	Continued From page 3	F 656	monthly meetings for 3 months. DON and Administrator will be responsible for implementing POC.		
F 867 SS=D	<p>QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions the committee had previously put into place. This failure related to one recited deficiency (F 656) which was originally cited following the July 2017 recertification survey, recited following the November 2017 complaint investigation and subsequently recited March 2018 on the current complaint investigation survey. The recited deficiency was in the area of care plan development and implementation. The continued failure of the facility during three federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to:</p> <p>F 656 Develop/Implement Comprehensive Care Plans: Based on record review, resident and staff interviews, the facility failed to include the use of</p>	F 867	<p>F867 QAPI/QAA Improvement Activities: During a Complaint Survey on March 28 and March 29, 2018 it was discovered that a Residents' Comprehensive Care Plan did not contain orders for CPAP to be applied at bedtime and removed in the morning and instructions for cleaning on their comprehensive care plan. MDS Coordinator immediately corrected deficiency by adding CPAP orders to Residents Care plan. This was completed on March 29, 2018. DON, ADON and Regional Consultant completed an audit on March 30, 2018 of all resident charts for physician orders relating to CPAP, BIPAP and Oxygen Therapy to ensure it has been addressed and care planned appropriately. This was completed on Thursday, April 5, 2018. All MDS coordinators were in serviced by the DON on April 3, 2018 on the development of comprehensive care plans that include measurable objectives and timeframes to meet a resident's</p>	4/20/18	

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F 867	<p>Continued From page 4</p> <p>a Continuous Positive Airway Pressure (CPAP) machine on the comprehensive care plan for 1 of 10 sampled residents reviewed for comprehensive care plans.</p> <p>During the annual recertification survey of 07/20/17 the facility was cited for failure to develop a comprehensive care plan for the use of psychotropic medications. During the complaint investigation survey of 11/19/17 the facility was recited for failure to develop a comprehensive care plan which included side rails as a potential restraint.</p> <p>During an interview on 03/29/18 at 8:37 PM the Administrator explained he recently transferred to this facility and was not certain if the systems put into place to correct the issues identified during the previous surveys were still being monitored. He stated going forward, a new system would be developed and monitored to ensure residents' clinical needs were care planned.</p>	F 867	<p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>F656 Comprehensive Care Plan is a previously repeated tag. The QAPI team consisting of the Administrator, DON, ADON, MDS Coordinators, Medical Director, Pharmacist, Environmental Services, Medical Records, Social Services, Dietary and Activities failed to ensure the oversight and prevention of errors relating to the monitoring tools put in place to ensure that Comprehensive Care Plans are in compliance.</p> <p>The QAPI team consisting of the Administrator, DON, ADON, MDS Coordinators met on Monday, April 3, 2018 to discuss a plan for ensuring compliance with F656. DON and or ADON will monitor daily physician orders for changes in Residents care and will ensure comprehensive care plan has been updated as needed.</p> <p>48 Hour Care Plan will be completed by the Nursing Staff and reviewed by MDS nurse or DON for compliance. Comprehensive Care Plan will be completed by the MDS nurse and reviewed by DON and or ADON for compliance.</p> <p>Plan for Correction: Upon admission a 48 Hour Care Plan will be completed by the Nursing Staff and reviewed by MDS Nurse or DON for</p>		

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F 867	Continued From page 5	F 867	<p>compliance. Comprehensive Care Plan will be completed by the MDS nurse and reviewed by DON and or ADON for compliance. This will be completed with the Admission Assessment, Quarterly Assessment, Annual Assessment, Significant Change in Status Assessment and with Significant Correction to prior Comprehensive Assessment.</p> <p>DON, ADON and Regional Consultant completed an audit on March 30, 2018 of all resident charts for physician orders relating to CPAP, BIPAP and Oxygen Therapy to ensure it has been addressed and care planned appropriately. This will be completed by Thursday, April 5, 2018. All MDS coordinators were in serviced by the DON on April 3, 2018 on the development of comprehensive care plans that include measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>DON and or ADON will be responsible for monitoring daily the transcription of physician orders to the comprehensive care plan pertaining to CPAP, BIPAP and Oxygen Therapy.</p> <p>DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans.</p> <p>This will be incorporated into our QAPI monthly meetings for 3 months.</p>		

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F 867	Continued From page 6	F 867	<p>Monitoring: Upon admission a 48 Hour Care Plan will be completed by the Nursing Staff and reviewed by MDS Nurse or DON for compliance. Comprehensive Care Plan will be completed by the MDS Nurse and reviewed by DON and or ADON for compliance. This will be completed with the Admission Assessment, Quarterly Assessment, Annual Assessment, Significant Change in Status Assessment and with Significant Correction to prior Comprehensive Assessment.</p> <p>DON and or ADON will be responsible for monitoring daily the transcription of physician orders to the comprehensive care plan pertaining to CPAP, BIPAP and Oxygen Therapy. DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans. This will be incorporated into our QAPI monthly meetings for 3 months.</p> <p>Responsibility: Monthly the QAPI team will meet to discuss facility operations in addition to the monitoring set in place for the complaint survey on March 28 and March 29, 2018. The team will consist of the Administrator, DON, ADON, MDS Coordinators, Medical Director, Pharmacist, Environmental Services, Medical Records, Social Services, Dietary and Activities.</p>		

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F 867	Continued From page 7	F 867	<p>DON and or ADON will be responsible for monitoring daily the transcription of physician orders to the comprehensive care plan pertaining to CPAP, BIPAP and Oxygen Therapy.</p> <p>DON, ADON and or Administrator will check physician orders weekly for 2 months relating to CPAP, BIPAP and Oxygen Therapy, then biweekly thereafter for compliance with Comprehensive Care Plans.</p> <p>This will be incorporated into our QAPI monthly meetings for 3 months.</p> <p>DON and Administrator will be responsible for implementing POC.</p>		