

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
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NAME OF PROVIDER OR SUPPLIER HIGHLAND FARMS	STREET ADDRESS, CITY, STATE, ZIP CODE 200 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711
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F 584 SS=E	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584		5/31/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/17/2018
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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 584	<p>Continued From page 1</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain personal care equipment in a sanitary and orderly manner on 1 of 3 halls (Azalea back) with labeling and storage of personal care equipment and items kept off the bathroom floor and failed to maintain the wooden bedroom doors free of jagged splintered edges on 2 of 3 halls (Azalea back and Laurel hall).</p> <p>The findings included:</p> <p>1. Personal care equipment was observed stored without labeling, or covered and/or off the floor as follows:</p> <p>a. Room 24 private: a pink wash basin and a gray wash basin were noted uncovered on the bathroom floor on 04/30/18 at 9:45 AM and on 05/01/18 at 2:22 PM. On 05/30/18 at 2:10 PM the wash basins were stacked together with a urinal lid inside and remained on the bathroom floor.</p> <p>b. Room 20 shared by 2 residents: a yellow wash basin with an emesis basin inside were unlabeled and on the bathroom floor on 04/30/18 at 9:56 AM, on 05/01/18 at 2:24 PM, on 05/02/18 at 3:52 PM, and on 05/30/18 at 9:45 AM and at 2:14 PM.</p> <p>c. Room 18 shared by 2 residents with the same last name: an unlabeled wash basin was located on the bathroom floor, 2 urinals on the back of the commode had one unlabeled and one labeled with only a last name, an unlabeled uncovered urine graduate on a shelf and 2 unlabeled stacked wash basins on the shelf. These were observed on 04/30/18 at 10:33 AM, on 05/01/18 at 2:28 PM, on 05/02/18 at 3:51 PM, on 05/03/18 at 2:18 PM, and on 05/03/18 at 3:00 PM.</p>	F 584	<p>What method was used to uncover the source of this deficiency? On 5/7/18, the Administrator, DON and Resident Care Coordinator (RCC) convened to discuss our systems/process for identifying issues with compliance in the rooms themselves since we implemented our routine grand rounds daily on the halls. We determined that these clinical rounds had effectively taken the place of room inspections, and therefore, the in-room issues had been missed. Additionally, the maintenance supervisor said that they had not historically been doing routine inspections of the doors, except from a fire safety perspective.</p> <p>What was done to correct the identified deficiency for the affected residents? On 5/3/18, the items were removed from any bathroom where they were being stored. We immediately began education with all nursing staff on labeling of personal items, including not allowing anything to be stored on the floor. Further, on 5/8/18, the RCC distributed a rounds form to the supervisor to utilize to begin identifying in-room issues.</p> <p>On 5/6/18, the Maintenance Supervisor inspected every resident room door including bathroom doors and identified that all doors have some level of</p>		

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F 584	<p>Continued From page 2</p> <p>d. Room 13 shared by 2 residents: a yellow wash basin with one resident's name was observed on the bathroom floor on 04/30/18 at 10:48 AM, on 05/01/18 at 2:37 PM, on 05/02/18 at 3:51 PM and on 05/03/18 at 2:19 PM.</p> <p>During an interview with a housekeeper on 05/03/18 at 2:12 PM, she reported that if the personal care items i.e. wash basins were found in the resident rooms, she would rinse them out if dirty and return them to where she found them, including back on the floor.</p> <p>On 05/03/18 at 2:44 PM the Environmental Service Director stated that each housekeeper cleaned each room floor to ceiling daily. She stated nursing staff were responsible for labeling personal care items and that if a housekeeper found a soiled item, the housekeeper should be cleaned with a spray and washed out and placed where it should belong. The Administrator who was present during this interview stated at this time, that each personal care item should be marked with a resident's first initial and last name, and should not be kept on the floor. If the item was in the bathroom, the items should be covered.</p> <p>2. Splintered jagged edges on the wood bedroom doors were observed as follows:</p> <p>a. Room 24 private: the door edge about one foot up from the bottom of the door was jagged and splintered during observations on 04/30/18 at 11:21 AM, on 05/01/18 at 2:22 PM, on 05/03/18 at 2:10 PM, and on 05/03/18 at 2:51 PM.</p> <p>b. Room 20 shared by 2 residents: the bedroom door was splintered and jagged at the edges on 04/30/18 at 11:21 AM, on 05/01/18 at 2:24 PM, on 05/02/18 at 3:52 PM, on 05/03/18 at 9:45 AM and</p>	F 584	<p>chipping/cracking and would require end caps to correct.</p> <p>What did you do to identify any other residents who were at risk for the same deficiency?</p> <p>On 5/3/18, we completed a 100% audit of resident rooms to ensure that no items remained that were not properly labeled and/or stored. The weekend supervisor continued education with all nursing staff to ensure that staff who were not present on 5/3/18 received the same training. Any staff who have not received education by 5/19/18 will receive education upon return to work, or will not be scheduled until education has been provided. On 5/7/18, the RCC worked with the DON and Administrator to review formats for a daily grand round sheet to be utilized.</p> <p>On 5/6/18, the Maintenance Supervisor inspected every resident room door including bathroom doors and identified that all doors have some level of chipping/cracking and would require end caps to correct. The Administrator identified a contractor to provide U-Caps for each identified door and secured approval and funding to purchase them. The order was placed on 5/11/18 and they are anticipated to arrive on 5/22/18 for installation.</p> <p>What systemic changes were made to ensure compliance?</p> <p>On 5/6/18, we developed an audit tool for</p>	

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F 584	<p>Continued From page 3</p> <p>on 05/03/18 at 2:14 PM.</p> <p>c. Room 21 shared by 2 residents: the bedroom door edge was splintered and jagged from the floor up to the door handle on 05/01/18 at 2:19 PM, on 05/02/18 at 3:52 PM, and on 05/03/18 at 2:16 PM.</p> <p>d. Room 19 shared by 2 residents: the bedroom door had splintered jagged edges from the floor to the door handle and at the jam side up a foot from the floor. This was observed on 04/30/18 at 9:54 AM and 11:20 AM, on 05/01/18 at 2:25 PM, on 05/02/18 at 3:52 PM, and on 05/03/18 at 2:16 PM.</p> <p>d. Room 18 shared by 2 residents: the bedroom door was observed with jagged splintered edges from the floor to the door handle and about 6 inches from the bottom on the door jam side. This was observed on 04/30/18 at 11:22 AM, on 05/01/18 at 2:28 PM, on 05/02/18 at 3:51 PM, on 05/03/18 at 2:18 PM, and on 05/03/18 at 3:00 PM.</p> <p>e. Room 15 shared by 2 residents: the bedroom door was splintered at the edges up from the bottom past the door handle on 04/30/18 at 11:23 AM, on 05/01/18 at 2:32 PM, on 05/02/18 at 3:51 PM, and on 05/03/18 at 2:18 PM.</p> <p>f. Room 13 shared by 2 residents: the bedroom door was observed with splintered jagged edges on both the handle and jam sides on 04/30/18 at 11:23 AM, on 05/01/18 at 2:37 PM, on 05/02/18 at 3:51 PM, and on 05/03/18 at 2:19 PM.</p> <p>g. Room 26 private: the bedroom door was observed with heavily splintered edges on the bottom of both edges on 05/01/18 at 11:15 AM, on 05/01/18 at 2:40 PM, on 05/02/18 at 3:51 PM, and on 05/03/18 at 2:19 PM.</p> <p>On 05/03/18 at 2:44 PM, the Director of Facility Services explained there was a preventative</p>	F 584	<p>daily inspection for 30 days or until compliance is achieved. DON and/or designee will review for trends/patterns and disciplinary action will be implemented for ongoing non-compliance.</p> <p>On 5/11/18, the U-Caps were ordered. Once installed, the Maintenance Supervisor will complete a second 100\$ audit to determine that no others remain out of compliance. The findings of the audit will be reported to QAPI x1 month. A work order will be entered for a monthly walk-through, visual inspection of door frames by Maintenance Supervisor and/or designee ongoing to identify opportunities for preventative maintenance.</p> <p>How will you monitor these changes to ensure that they are maintained?</p> <p>The daily inspection audit tool will be collected daily x30 days and the status reported to Standards of Care x 4 weeks and QAPI x 1 month or until substantial compliance is achieved.</p> <p>The results of the second door audit will be reported to QAPI x1 month and the ongoing monthly door audits will be reported to the Safety Committee x 3 months and QAPI ongoing.</p>		

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F 584	Continued From page 4 maintenance program for the sprinkler systems, air conditioning and heat and similar systems. He further stated that other issues including the door conditions were reported to him via work orders and when discussed at morning meetings. He further stated there were no current work orders for the bedroom doors. Generally the work orders were addressed within 24 hours. The Administrator who was present at the time of this interview stated that the facility was in the process of building a new facility.	F 584			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690		5/31/18	

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F 690	<p>Continued From page 5</p> <p>prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to obtain a physician's ordered urology appointment for 1 of 1 sampled resident who had an indwelling urinary catheter with hematuria. (Resident #18).</p> <p>The findings included:</p> <p>Resident #18 was admitted to the facility on 12/14/17. His diagnoses included atrial fibrillation, chronic kidney disease, history of small bowel obstruction, bladder outlet obstruction and chronic pain.</p> <p>The Minimum Data Set (MDS), an admission dated 12/20/17, coded him with intact cognitive skills, requiring extensive assistance with most activities of daily living skills, and having a indwelling urinary catheter.</p> <p>The Care Area Assessment for urinary incontinence and indwelling catheter completed in coordination with the admission MDS noted the resident had a urinary tract infection and he returned from an urology appointment on 12/20/17 with a indwelling urinary catheter for the diagnosis of urinary retention.</p>	F 690	<p>What was done to correct the identified deficiency for the affected residents?</p> <p>On 5/2/18, the appointment was made for 5/7/18 at 4 p.m.</p> <p>What did you do to identify any other residents who were at risk for the same deficiency?</p> <p>We reviewed the 24-Hour Report and identified no other unresolved appointments. The DON, Resident Care Coordinator and Administrator met with the transportation coordinator to do a root cause analysis of this deficiency. We were unable to substantiate any specific reason for this particular failure; however, we identified gaps in our system that could have been the reason, and could lead to risk of a reoccurrence. We developed a new process and requested a meeting with IT to implement a tool to streamline the process for requesting transportation that does not rely on a paper request and is able to be tracked.</p>		

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F 690	Continued From page 6 Review of Resident #18's progress notes revealed: *On 04/19/18 the resident's urinary catheter was changed and urine was noted in the bag. *Notes dated 04/20/18 at 1:11 AM stated prior to leaving the facility at 11:15 PM, the nurse aide noted that he was in a lot of pain and he had not urinated since the new catheter was inserted. The resident was noticeably in pain and stated his legs would not stop moving. His pain was described as severe and pain medication was given. The resident's brief was covered in blood and his penis had blood coming out of the urethral meatus. Additionally, it was noted that the catheter tubing had a blood clot near the tip of it. The catheter was not patent and the catheter was flushed with 30 cubic centimeters (cc) without return. The charge nurse attempted to insert a new indwelling urinary catheter, however, the catheter just filled with blood. Another staff member attempted to complete an in and out catheterization to relieve pressure but only blood returned in the catheter. The nurse practitioner ordered that he be sent to the emergency room. *On 04/20/18 at 6:28 AM the note stated the resident returned to the facility at 5:50 AM. The resident's discharge instructions included to make sure he followed up with the urologist regarding hematuria. The emergency department noted that the hematuria was beginning to clear up but may return. If the catheter became clogged staff should irrigate it in order to unclog it. Do not remove the catheter. *04/20/18 at 11:20 AM the note stated the resident had a new order to set up an appointment with urology for indwelling urinary catheter complications, do not discontinue the catheter and obtain the urine culture from the	F 690	What systemic changes were made to ensure compliance? The new system was completed on 5/21/18, and we began education of all nursing staff, who will simply the request to an icon that the requester can press to fill out a form that sends the request to Transportation and copies it to the DON and RCC. It is digitally time-stamped to provide an audit trail. The DON and RCC will receive a copy of the request to follow up on during daily grand rounds to ensure that nothing is overlooked, and the Transporter can identify which items have not yet been touched to ensure timely follow-up. Education will be completed no later than 5/31/18. How will you monitor these changes to ensure that they are maintained? The DON and/or designee will audit the 24-hour report daily x30 days to compare to portal requests for completion. The DON and/or RCC will review the Transportation folder in his/her email box weekly to ensure that no orders are outstanding x4 weeks. Results will be discussed in Standards of Care x4 weeks and QAPI x2 month or until substantial compliance is achieved.		

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F 690	<p>Continued From page 7</p> <p>hospital. The power of attorney was notified and she stated she preferred that only the urologist change the catheter. Transportation was notified to set up the appointment.</p> <p>Physician telephone orders included 04/20/18 to set up an appointment for urology and obtain the emergency room's urine culture.</p> <p>Review of the hospital emergency department home care instructions dated 04/20/18 included to make sure to follow up closely with the urologist regarding hematuria, it looks like this is starting to clear up but it may return. If the catheter becomes clogged you should irrigate in order to unclog it. Do not remove the catheter.</p> <p>Review of the hospital's emergency department's 04/20/18 urine culture and sensitivity revealed greater than 100,000 cfu/ml Escherichia coli infection. On 04/22/18 the antibiotic Macrobid 100mg twice a day for 7 days was ordered.</p> <p>Resident #18 was observed on 04/30/18 at 4:40 PM, on 05/01/18 08:59 AM, on 05/02/18 at 10:07 AM, and on 05/02/18 at 12:04 PM with a indwelling urinary catheter.</p> <p>The transportation aide was interview on 05/03/18 at 8:40 AM. He stated that he reviewed copies of the written orders for appointments and then prioritizes the and makes the appointments. Once the appointments were made he transported them. The transportation aide stated he was totally unaware of any physician order for an urology appointment following the 04/20/18 emergency room visit and stated he had not set one up for Resident #18.</p>	F 690			

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F 690	<p>Continued From page 8</p> <p>Nurse #1 was interviewed on 05/03/18 at 9:52 AM. She stated she was working the day shift of 04/20/18. She recalled he went out on 04/19/18 during the 11 PM - 7 AM shift and returned that same shift prior to her starting day shift on 04/20/18. She recalled reviewing the emergency room information and orders for a urology appointment. She stated she makes a copy of the order and either hands it to the transportation aide or places the copy in his mailbox. She further stated that the transportation aide also had access to the 24 hour reports on the computer which he accessed daily. She recalled calling the hospital to obtain the urine culture they completed in the emergency room. She pulled the 24 hour report and noted the orders for the urology appointment, the request for the urine culture, the order to not discontinue the catheter, and the contacts made with the power of attorney and the nurse practitioner. She further stated on 05/03/18 at 10:13 AM that the 24 hour sheet for the previous 11-7 shift also showed the need to arrange for a urology appointment.</p> <p>An interview with the Medical physician on 05/03/18 at 10:45 AM revealed that he could not recall the 04/20/18 urology appointment order and that Resident #18 most likely required a suprapubic catheter.</p> <p>Review of orders written by the medical physician dated 05/03/18 revealed another order for the urology appointment.</p> <p>The Administrator informed the surveyor on 05/03/18 at 10:55 AM that the transportation aide made Resident #18 an urology appointment this morning for 05/07/18.</p>	F 690			

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F 690	Continued From page 9 A follow up interview with the transportation aide on 05/03/18 at 10:57 AM revealed he did have access to the 24 hour reports should have caught the urology appointment order via the 24 hour reports as a back up to receiving copies of the physician orders.	F 690		