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 11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIDGE HEALTH AND REHABILITATION CENTER	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 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §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. The facility must provide- §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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §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	F 584		11/19/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/14/2018

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F 584	Continued From page 1 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain resident bedroom floors in a clean manner free of dried spills. This affected 3 of 13 rooms on 1 of 6 halls. (Rooms 110, 118, and 119 on the East Wing). The findings included: 1. The following resident bedroom floors were observed soiled as follows: a. Room 111 was observed with several spots of substance on the floor by the bed on 11/07/18 at 9:40 AM during initial tour. The housekeeping staff was observed at this time beginning rounds at the top of the hall. The spots remained on the floor when observed on 11/07/18 at 11:34 AM and again at 4:24 PM. b. Room 118 was observed with 2 brown thick residue spots by the bed during initial tour beginning on 11/07/18 at 9:40 AM. During repeated observations, the spots remained on the floor at 11:36 AM and again at 4:17 PM at which time the spots could be scraped with a paper towel. The spots were observed present on the floor on 11/07/18 at 4:34 PM. c. Room 119 was observed during initial tour beginning on 11/07/18 at 9:40 AM with multiple dried and wet spots and debris in front of the bed by the window. The same debris and spots were observed on 11/07/18 at 11:36 AM and at 4:20 PM.	F 584	F584 This alleged deficiency was caused by environmental services staff members' failure to maintain some resident floors at an acceptable level of cleanliness. How will corrective action be accomplished for those residents found to have been affected by the deficient practice: Resident room #111, #118, and #119 were swept and mopped by the contracted housekeeping manager on 11/7/18 immediately following his being notified that spots and/ or debris were present on the floors. How will corrective action be accomplished for those residents having the potential to be affected by the same deficient practice: Other resident rooms throughout the facility were inspected by the housekeeping manager and district manager on 11/9/18 and those noted to be soiled were swept and mopped. An action plan was developed to include rooms and common areas identified with floors that can benefit from being stripped and waxed and a schedule developed to have these areas completed.	

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F 584	Continued From page 2 The housekeeping supervisor was taken to these rooms to observe the findings on 11/07/18 beginning at 4:30 PM. The Housekeeping supervisor stated that normally there was 2 housekeepers on each of the two units totaling 4 housekeepers per day. However on this date there was a late call off leaving only 1 housekeeper to address the East wing. The housekeepers worked during the first shift and a laundry staff was available on second shift to address new concerns. He further stated that his expectations were for housekeepers to initially gather the trash, then wipe the horizontal and vertical surfaces, and sweep and mop the floors of each room. The housekeepers were to make rounds at least 3 times during the day to address new concerns and for a few rooms that tended to have residents who were messier in Room 119, the housekeeper was to look at the room 4 times during the shift. The housekeeping supervisor stated that the floors if mopped properly and then rechecked the floors would have been cleaned and the spots not present during the last observations. He stated the housekeeper needed to be reeducated. The Administrator stated during interview on 11/07/18 at 4:58 PM that he was disappointed in the housekeeping of the rooms as staff have been monitoring rooms more closely to ensure bugs were no longer an issue.	F 584	What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur: To ensure that this deficient practice does not recur, contracted housekeeping staff will be re- trained by the contracted housekeeping manager or district manager on or before 11/16/18 on their 5-Step Daily Room Cleaning policy and procedure regarding daily cleaning of resident rooms, including floors. This education will also include emphasis on rooms identified as focus areas requiring inspection and cleaning more than once a day. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: To ensure ongoing compliance, the Administrator or Director of Nursing will audit twenty (20) resident rooms per week for four (4) weeks and then twenty (20) per month for two (2) months using an audit tool to ensure that resident room floors and common area floors are clean and free of visible spots or debris. Any concerns identified will be brought to the housekeeping manager or district manager as appropriate for corrective action to be taken. Findings will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends quarterly	

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F 584	Continued From page 3	F 584	oversight by the Administrator or designee to maintain compliance when completing clinical system reviews. This plan of correction will be implemented by the facility Administrator.	

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F 000	INITIAL COMMENTS On 11/07/18, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit. The facility was found to be in substantial compliance effective 11/07/18.	F 000		

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.