

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

PRINTED: 01/30/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345418</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1984 US HIGHWAY 70</b> <b>SWANNANOVA, NC 28778</b>		
(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  No citations were cited as a result of this complaint investigation. Event ID #8M2F11.	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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345418</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>1/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1984 US HIGHWAY 70 SWANNANOVA, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 657</b>	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <ul style="list-style-type: none"> <li>(i) Developed within 7 days after completion of the comprehensive assessment.</li> <li>(ii) Prepared by an interdisciplinary team, that includes but is not limited to-- <ul style="list-style-type: none"> <li>(A) The attending physician.</li> <li>(B) A registered nurse with responsibility for the resident.</li> <li>(C) A nurse aide with responsibility for the resident.</li> <li>(D) A member of food and nutrition services staff.</li> <li>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</li> <li>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</li> </ul> </li> <li>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident interview and staff interviews, the facility failed to revise the smoking care plan to reflect the current supervision required during smoking for 1 of 4 sampled residents who smoked. (Resident #19).</p> <p>The findings included:</p> <p>Resident #19 was admitted to the facility most recently on 10/24/18. Her diagnoses included rheumatoid arthritis, heart failure, chronic pain, and diabetes.</p> <p>The most recent quarterly Minimum Data Set (MDS) dated 10/31/18 coded her with having intact cognition, having no limitations of range of motion on either side of upper and lower extremities and requiring extensive assistance for most activities of daily living except only needing set up for eating.</p> <p>Review of the current care plan last updated 11/13/18 identified that Resident #19 was a smoker with the goal for her to not suffer injury from unsafe smoking through the next review targeted for 02/06/19. Interventions included that she required supervision while smoking. This intervention had been updated on the care plan on 11/13/18.</p> <p>The most recent smoking evaluation was completed on 12/08/18. Per this evaluation, Resident #19 was safe to smoke without supervision.</p> <p>On 01/17/19 a list of residents who smoked and their required supervision was obtained from the facility. Resident #19 was listed as a resident who did not require supervision when she smoked.</p>
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The above isolated deficiencies pose no actual harm to the residents

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<b>F 657</b>	<p>Continued From Page 1</p> <p>An interview with Resident #19 on 01/18/19 at 10:53 AM revealed she was able to smoke unsupervised and retrieved her smoking materials from the nurse when she wanted to smoke and returned them when she was finished smoking.</p> <p>Nurse #1 who worked on Resident 19's hall was interviewed on 01/18/19 at 10:56 AM. She confirmed that Resident #19 did not require supervision when she went outside to smoke. She further stated that any nurse was able to update the care plan when changes were made to any care plan.</p> <p>Interview with the MDS Coordinator on 01/18/19 at 1:18 PM revealed that who ever completed the smoking evaluation, the unit manager, or nurse can updated the care plans. She confirmed the nurse who completed the smoking assessment dated 12/08/18 was the Staff Development Coordinator (SDC).</p> <p>The SDC stated during interview on 01/18/19 at 12:02 PM that she did the smoking evaluation but because she was new to her position, did not know she had to update the care plan to reflect that Resident #19 was allowed to be unsupervised during smoking.</p> <p>On 01/18/19 at 3:35 PM the Administrator stated during interview that Resident #19 was recently changed from a supervised smoker to an unsupervised smoker and that the care plan should have been revised to reflect her current smoking status.</p>
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F 000	INITIAL COMMENTS  On 1/17/19 and 1/18/19, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section conducted a revisit. The facility was found to be in substantial compliance effective 12/27/18.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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