

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

PRINTED: 01/07/2020
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 12/05/2019
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NAME OF PROVIDER OR SUPPLIER CAROLINA PINES AT ASHEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 91 VICTORIA ROAD ASHEVILLE, NC 28801
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)	F 583		12/27/19

A recertification survey was conducted from 12/2/19 through 12/5/19. The facility was in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# H6B811.

An unannounced complaint investigation was conducted in conjunction with the annual recertification survey from 12/2/19 through 12/5/19. There were 25 allegations investigated. None of the allegations were substantiated. Event ID# H6B811

§483.10(h) Privacy and Confidentiality.
The resident has a right to personal privacy and confidentiality of his or her personal and medical records.

§483.10(h)(I) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/27/2019
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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 583	<p>Continued From page 1</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and record review the facility failed to provide a privacy curtain and window curtain in room 215 on 1 of 2 halls sampled for privacy.</p> <p>Findings include:</p> <p>Resident #40 was admitted to the facility on 12/23/2017 with an admitting diagnosis of Diabetes.</p> <p>A review of the Quarterly Minimum Data Set (MDS) dated 10/10/2019 revealed Resident #40 was cognitively intact and provided personal care for himself with supervision and set-up.</p> <p>An observation made on 12/02/2019 at 09:12 AM in Room 215 revealed no window curtain or a center privacy curtain. The resident residing in the room had a privacy curtain that provided privacy only from the entrance to his room, it went past the end of his bed on the ceiling then stopped.</p> <p>An interview with Resident #40 on 12/04/2019 at 08:25 AM revealed that the curtains were taken</p>	F 583	<p>The plan of correction for 583:</p> <p>Housekeeping took down the privacy curtain, and window curtains during a deep clean in room 215. Upon completion of the deep clean the curtains (both privacy and window) were not replaced. To correct these actions from occurring the IDT team has an added column to their daily room round sheets to account for privacy and window curtains or blinds in place and in good condition. All curtains will be removed, washed and rehung during the month of January and then quarterly thereafter, schedule for this begins December 30th, 2020. Starting February 1, 2020 three rooms weekly will have privacy curtains removed and washed and rehung the same day. Window curtains will be checked and washed bi-annually in June and December after the initial January cleaning. Daily checks for curtains will occur M-F on department head room rounds for the month of January and the 1x weekly for</p>	
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F 583 : Continued From page 2
down about a month ago (he could not recall date). He reported that he had asked staff on numerous occasions to have the curtains hung back up. He stated that when he dressed himself, he would just turn his wheelchair away from the window.

An interview on 12/03/2019 at 04:11 PM with Housekeeper #1 revealed that when curtains are taken down in a room to be cleaned, they are taken to the laundry, then laundry would let them know when they were ready to be hung back up which usually only takes a couple of hours. She reported that if she went in a room and noticed no curtains she would go to the laundry and get clean ones to hang up which are available at any time.

An interview on 12/03/2019 at 04:01 PM with the Maintenance Director revealed that the facility used a computer software application that all staff could use to send him work orders for tasks that needed to be done by himself or housekeeping, and that he checked daily for new work orders. He reported that he did not get a work order for room 215 but knew that Resident #40 had refused to let housekeeping hang the curtains on the window. He reported that Resident #40 wanted blinds on his windows. The interview further revealed he could only order 4 sets of blinds a month per his budget, and when the new ones came in, he ends up replacing blinds that were broken.

An interview on 12/03/2019 at 04:22 PM with the Housekeeping Supervisor revealed that she took down all the curtains on 11/06/2019 in Room 215 after a resident was discharged from the B side of the room, so her staff could deep clean the room.

F 583
the month of February, and then 2x monthly for the month of March. Completion for this plan of correction will March 8th, 2020. Housekeeping will be responsible for the schedule, the administrator will bring the POC to QA on 1/15/2020 and follow-up the following months for completion of the POC until 3/2020.

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F 583	<p>Continued From page 3</p> <p>She reported that she took the curtains to the laundry to be cleaned and returned to the room to hang them back up, but only got to hang the privacy curtain on the A side of the room because Resident #40 refused to let her hang up the window curtain because he wanted blinds hung instead. She stated that she had forgot to hang up the center privacy curtain. She further revealed that she did not communicate with the nursing staff about not hanging the curtains in Resident #40's room and his refusal.</p> <p>An interview on 12/04/2019 at 08:39 AM with Nursing Assistant (NA) #1 revealed that if a resident's room did not have a privacy curtain or a window curtain it would be hard to maintain privacy for the resident during care. She reported that if a curtain needed to be hung, she would notify housekeeping.</p> <p>An interview on 12/04/2019 at 08:43 AM with Nurse #2 revealed that if any rooms need repair or cleaning a work order would be put in to get it done. She reported that she had been in Resident #40's room but did not recall if there were curtains hanging on the window.</p> <p>An interview on 12/04/2019 at 11:17 AM with the Director of Nursing revealed that because housekeeping did not communicate to the nursing staff that Resident #40 was refusing the window curtains to be hung that he was without curtains for almost a month. She further reported that it is all the staff's responsibility to report any issues about the residents especially not being able to provide privacy for a resident.</p> <p>An interview on 12/04/2019 at 01:10 PM with the Administrator revealed that communication was</p>	F 583		

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F 583	Continued From page 4 not passed on that Resident #40 refused to let housekeeping hang up the clean window curtains, and that no blinds were on his windows. She reported that the facility is in a phase of construction to get blinds on all the windows, but it was no excuse for not having curtains on the windows.	F 583			
F 584 SS=D	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);	F 584		12/27/19	

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F 584

Continued From page 5

F 584

§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

§483.10(i)(7) For the maintenance of comfortable sound levels.

This REQUIREMENT is not met as evidenced by:

Based on record review, observations, and staff interviews, the facility failed to maintain bathroom doors, walls, and flooring in good repair in five of fourteen resident bathrooms (rooms 215, 216, 220, 227, and 228) on 1 of 2 halls reviewed for environment.

Findings included:

1. An observation of the bathroom in room 215 was conducted on 12/02/19 at 8:49 AM which revealed:

- a. numerous black horizontal streaks varying in size and length on the lower, quarter portion of the bathroom door.
- b. numerous black horizontal streaks varying in size and length on the lower portion of the bathroom wall when entering.
- c. cracked seal caulking surrounding the front and sides of toilet with brown colored stains.
- d. a lingering foul odor resembling urine.

2. An observation of the bathroom in room 216 was conducted on 12/02/19 at 9:39 AM revealed:

Plan of correction for 584:

Allegations of bathrooms, walls, caulking, and flooring issues in several rooms were areas of concern. To correct these issues, daily manager room rounds (M-F) will begin on December 30th, 2020. They will be recording all black scuffs, bathroom caulking, paint issues, flooring, and toilet seat replacement issues in all rooms throughout the building. These individual issues will be recorded in TELS (electronic maintenance record).

During the first full work week (January 5th-10th) all repairs will be organized, parts will be ordered and repairs will begin. This process will continue until all issues have been completed. This process will take no longer than 3 months to complete. All repairs to be done by March 29th, 2020.

All repairs will be documented and submitted to our electronic maintenance portal for record keeping purposes. Our maintenance director will be responsible for ordering all supplies and

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F 584	<p>Continued From page 6</p> <p>a. numerous black horizontal streaks and scratched paint varying is size and length on multiple areas along the lower portion of the bathroom door.</p> <p>3. An observation of the bathroom used by residents in room 220 and 222 was conducted on 12/02/19 at 9:45 AM and revealed:</p> <p>a. numerous vertical streaks along the wall behind the toilet and sink starting from approximately eye level down to the floor and resembled fading paint from spray marks.</p> <p>b. 2 areas covered with white spackling approximately 4 inches (") by 4" on the wall beside the sink.</p> <p>4. An observation of the bathroom in room 228 was conducted on 12/02/19 at 10:41 AM revealed:</p> <p>a. numerous black horizontal streaks on the lower, quarter portion of the bathroom door varying in size and length.</p> <p>b. laminate flooring with greater than 10 damaged areas and/or holes vary in size and length from approximately 1" to 3" throughout the flooring.</p> <p>c. detached laminate flooring starting from under the sink to the toilet in approximately 12" in length and had caused numerous raised uneven surface areas in the laminate.</p> <p>5. An observation of the bathroom in room 227 was conducted on 12/02/19 at 4:23 PM revealed:</p> <p>a. a hole, approximately 3" by 1.5" on the lower quarter portion of the bathroom entrance door.</p> <p>b. numerous black horizontal streaks on the lower, quarter portion of the same door varying in size and length.</p> <p>c. an odor resembling urine in the bathroom with no visible signs of wetness.</p>	F 584	<p>he and his assistant will be responsible for repairs. If they are unable to complete a repair outside vendors will be called in quotes and repairs.</p> <p>The administrator will bring the POC to QA on 1/15/2020 and the maintenance director will responsible for putting all repairs into the electronic portal as well as pulling the reports for QA.</p>	
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F 584	<p>Continued From page 7</p> <p>A review of 2 design group documents were provided by the Administrator who explained the second document was an updated renovation plan. The 1st document was issued on 11/20/18 and revealed a plan for resident bathrooms which included patch, prime, and paint walls. Paint door frame and sand and paint door. Install new toilet and flooring. The 2nd document had no issue date.</p> <p>During an observation and interview on 12/03/19 at 3:40 PM the Maintenance Director (MD) observed the areas of concern with the surveyor starting with bathroom 215 and indicated the wall and door needed to be painted and the toilet needed to be re-caulked where it was attached to the floor. The observation continued to bathroom 216 and the MD stated the door needed a kick panel and paint. The next observation was of the hole in the bathroom door in room 227 and the MD indicated the door should be replaced. The MD observed the laminate floor and walls in bathroom 228 and explained the floor needed replaced and in the bathroom 220 the walls needed painted as well as the bathroom door which also needed spackled. He explained work orders were communicated via computer or a paper log kept at each nurse station when concerns were identified. The maintenance employees did random inspections of resident rooms on each hall weekly and check for walls in need of repair and painting and to ensure flooring was in good repair. The MD revealed there were plans to remodel the building and those have been in effect since July. He had no current or previous work orders for any of the concerns shared by the surveyor.</p>	F 584		
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F 584	Continued From page 8 During an interview on 12/04/19 at 2:50 PM the Administrator explained maintenance issues were documented and reviewed on the 24-hour report then reported to the MD. There is a clip board at each nurse station and a computer maintenance program used to report concerns. The Administrator indicated daily rounds were conducted by the department heads and discussed in the morning meeting. The Administrator had not heard any concerns related to the repairs needed on the 200 hall that were discussed with the MD. The Administrator stated she would address the repairs identified on the 200 hall starting today because they could not wait until the renovations were done. The Administrator thought there was a communication problem between nursing staff and department heads on what to look for when rounding on resident rooms.	F 584		