

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

PRINTED: 11/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z HENDERSONVILLE, NC 28792		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced Recertification survey was conducted 10/04/21 through 10/07/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#QB XO11.	F 000			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff	F 692	For the resident who was noted to have a	11/4/21	

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

TITLE

(X6) DATE

Electronically Signed

10/22/2021

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 692	<p>Continued From page 1</p> <p>interviews, the facility failed to adhere to a Physician order and Speech Therapist (ST) recommendation that no straws be provided to a resident at risk for aspiration (accidental breathing in food or fluid in the lungs) for 1 of 3 sampled residents reviewed for nutrition and hydration (Resident # 11).</p> <p>Findings included:</p> <p>Resident #11 was admitted to the facility 6/21/2019 with diagnosis that included Barret's esophagus (an esophageal disorder), Alzheimer's disease, and non-traumatic brain dysfunction.</p> <p>Review of the ST notes dated 10/4/2019 revealed concern with Resident #11's use of straws as a potential choking hazard. The note stated education was provided to the first shift Nurse Aides (NAs) with good return demonstration.</p> <p>A physician order dated 6/15/2020 stated "no straws".</p> <p>Review of the ST care plan notes dated 6/11/2020 through 7/1/2020 revealed Resident #11 required careful tray set up and verbal cueing at mealtime, staff were educated on the diet order and limiting items on her tray, and precautions included no straws.</p> <p>The quarterly Minimum Data Set dated 7/21/2021 revealed Resident #11 had severe cognitive impairment, no chewing or swallowing issues, and required limited assistance with eating.</p> <p>Review of an updated daily care guide (used by nurse aides) revealed Resident #11 required assistance with eating and interventions included</p>	F 692	<p>straw in the room it was removed. A review of all resident rooms with no straw orders were also checked to ensure compliance with orders and that no straws were in the room.</p> <p>For each resident who has a no straw order, new standardized signs were created that are larger, more colorful and more visible. Signs are now placed in room in designated spaces that can be seen by staff upon entering resident room.</p> <p>Ice chest/Hydration carts in the building now also have a sheet listing residents rooms who do not receive straws with their beverage.</p> <p>Nursing admin team reviewed all residents with no straw order's. Items reviewed were resident's care guides and MAR/TAR's. These items were reviewed to ensure no straw order's are visible for staff to see in resident files.</p> <p>Speech Therapy and/or their designee will obtain orders or write orders when a person is not indicated for straws. Speech Therapist and/or their designee will post the signage when the order is written.</p> <p>The ice chest/hydration cart list will be updated by the designated hall nurse. Once the order is obtained for "no straws" the MDS Coordinator and/or their designee will update the care plan. Designated hall nurse will update care guide, MAR/TAR once "no straw" order is</p>		

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F 692	<p>Continued From page 2</p> <p>a puree diet, no straws, verbal and physical prompting during meals. The daily care guide stated meal prompting and no straw interventions were the role of the NA.</p> <p>Review of the care plan dated 6/10/2020 revealed Resident #11 had potential for weight loss and nutritional complications. Goals included consuming at least 50% of 2 meals and remaining free from significant weight loss. Interventions included providing and serving the diet as ordered, assisting with tray set up as needed, ensuring all food and beverages complied with dietary restrictions, and no straws. A quarterly review of the care plan on 1/31/21 stated nutritional interventions to address Resident #11's potential for weight loss and nutritional complications included a puree diet, staff assistance with meals, and no straws.</p> <p>A physician's order dated 8/18/2021 stated "no straws".</p> <p>Observation on 10/4/2021 at 12:30 PM revealed signage posted a few feet from Resident #11's tray table that stated, "no straws" and "remove items from tray".</p> <p>A meal observation on 10/6/2021 at 8:40 AM in Resident #11's room revealed a straw in her beverage cup. Resident #11 did not consume any fluids during the observation.</p> <p>A meal observation on 10/6/2021 at 1:36 PM in Resident #11's room revealed a straw in her beverage cup. Resident #11 did not consume any fluids during the observation.</p> <p>During an interview on 10/6/2021 at 2:09 PM NA</p>	F 692	<p>obtained.</p> <p>In the all-staff training, procedures of obtaining orders, posting/placement of standardized signage, and examples of how the standardized signage would appear were present in the education. Education will provided on the new list that will be in place on the ice chest/hydration cart. Education will be provided to the staff in regards to the importance of adhering to "no straw" order and the risk/consequences of using straws when not indicated. Anticipated completion date of in-service training for all staff to be completed by 11/5/2021.</p> <p>In addition to staff completed in-service, all new hires will be oriented to no straw procedures and how to know which resident's can and cannot receive straws.</p> <p>Administrative staff or designee to monitor resident's with no straw orders to ensure compliance with deficient practice cited. Administrative staff or designee to monitor 5x a week for 1 week, 3x a week for 2 weeks, and 1x a week for 4 weeks. Additional reviews as necessary upon completion of observation period and upon review in QAPI.</p> <p>Completion Date: 11/4/2021 with monitoring that will continue beyond this date.</p>		

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F 692	<p>Continued From page 3</p> <p>#1 stated she did not set up Resident #11's lunch tray today and did not know who set it up with a straw.</p> <p>Interview with Nurse #1 on 10/6/2021 at 3:19 PM revealed the NAs were responsible for Resident # 11's tray set up. Nurse #1 stated Resident # 11 had potential to choke if she drank from a straw, and choking could result in pneumonia. Nurse #1 stated if she saw a straw in Resident #11's beverage container she would remove it and educate the NA.</p> <p>Interview with the ST on 10/6/2021 at 2:29 PM revealed she ordered "no straws" for Resident #11 due to coughing and potential for aspiration, and her orders were co-signed by the physician. The ST stated aspiration could result in pneumonia and she posted "no straws" signage multiple locations in Resident #11's room to alert staff. The interview further revealed the kitchen did not send straws on resident's trays, and the NA or Nurse would have to obtain a straw.</p> <p>Follow up interview with the ST on 10/6/2021 at 5:01 PM revealed Resident #11 should not have a beverage container with a straw in it, related to her impaired swallowing ability.</p> <p>Interview with the Director of Nursing (DON) on 10/6/2021 at 5:11 PM revealed residents' dietary modifications were based on ST recommendations. The DON stated staff providing resident trays were expected to adhere to the correct dietary orders and if the ST thought Resident #11 was at risk for aspiration, she should not have been provided a straw. The DON stated Resident #11's "no straws" order was in place from 8/2019 and additional signage was</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>posted in her room as staff reminders. The DON further stated these orders were also communicated via the resident's electronic health record and in the daily care guide. The DON stated resident care guides served as a reference for and were signed by the NAs. The interview further revealed straws were kept in the pantry and not sent on the dietary cart.</p> <p>Interview with the Administrator on 10/7/2021 at 12:47 PM revealed if an order stated, "no straws" it needed to be adhered to. The Administrator stated Resident #11's "no straws" order was in multiple places for staff reference, including the resident's electronic health record, the NA care guide, and on signs posted in the resident's room. The Administrator stated his expectation was that staff follow these orders, care guides and room signs.</p>	F 692			