

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

PRINTED: 06/15/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345548</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHTON HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5533 BURLINGTON ROAD</b> <b>MCLEANSVILLE, NC 27301</b>	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced recertification and complaint investigation survey was conducted 4/24/23-4/28/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # QYZ811.</p> <p>INITIAL COMMENTS</p> <p>The survey team entered the facility on 4/24/23 to conduct a recertification and complaint investigation survey and exited on 4/27/23. Additional information was obtained on 4/28/23. Therefore, the exit date was changed to 04/28/23. Event ID QYZ811.</p> <p>The following intakes were investigated NC00192663, NC00195619, NC00192965, NC00188403, NC00188991, NC00201416, NC00201432, NC00195988, NC00188976, NC00191829, NC001194637.</p> <p>1 of 30 allegations resulted in a deficiency.</p>	F 000		
F 561 SS=D	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p>	F 561		5/16/23

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

TITLE

(X6) DATE

Electronically Signed

05/18/2023

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 561	<p>Continued From page 1</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and resident and staff interviews, the facility failed to honor a resident's choice for going outdoors for 1 of 2 residents reviewed for choices. (Resident #71).</p> <p>The findings included:</p> <p>Resident #71 was admitted to the facility on 2/24/23 with diagnoses which included muscle wasting and atrophy and abnormality of gait and mobility.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/26/23 revealed Resident #71 was cognitively intact and felt that going outside for fresh air was very important to her.</p> <p>A review of the care plan 4/1/23 revealed a focused area of resident involved in activities less than 1/3 of the time with a goal that Resident #71 will express satisfaction in quality and quantity of</p>	F 561	<p>Resident #71 is being offered to go outside daily. Resident #71's care plan was updated on 4/27/2023 to reflect her preferences.</p> <p>100% of all alert and oriented residents were interviewed on preferences regarding outdoor activities. This audit was conducted on 5/15/2023 by Activities Director or designee. On 5/16/2023 the Activities Director or designee completed interviews for all non alert and oriented residents' responsible party for the outdoor activities preferences. All outdoor activities were updated on the resident care plan and into the EMR point of care documentation on 5/17/2023.</p> <p>100% all staff were in-service by the Assistant Director of Nursing or designee on honoring resident choice and preferences. This education was completed on 5/16/2023. Any staff who did not receive the education will not be</p>		

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F 561	Continued From page 2 activities. The interventions included providing a setting in which activities are preferred.  On 4/24/23 at 12:39PM an interview was conducted with Resident #71. She stated she was supposed to be assisted out of bed so she could go outside for fresh air, but staff did not get her up and take her outdoors.  On 4/25/23 at 2:20PM, Resident # 71 stated she did not receive assistance to get up and go outdoors on Monday 4/24/23. She further revealed that she requested to get up and go outside this morning, but the NA has not gotten her up today.  ON 4/25/23 at 2:27pm an interview was conducted with Nurse #2. She revealed that she was not aware that Resident #71 wanted to get up and go outside and that there was only one NA on the hall and Resident #71 required a mechanical lift and two people to assist.  On 4/25/23 at 2:28pm an interview was conducted with NA #1. She revealed that she provided care for Resident #71 during the shift but did not know that she wanted to get up or go outside. The NA further revealed that she did not ask Resident #71 if she wanted to get up because she is normally in bed and did not know that going outdoors was important to her.  On 4/27/23 at 9:15am an interview was conducted with the Administrator. She revealed that her expectation was for residents' choices and preferences to be honored by staff.	F 561	allowed to work until the in service has been completed. This education was entered in the new hire orientation by the Assistant Director of Nursing on 5/15/2023. The Director of Nursing or designee will audit outdoor preferences and completion of 20 residents per week for 4 weeks then 10 residents per month x 1 month. The Director of Nursing or designee will bring these audits to the Quality Assurance Committee meeting x 3 consecutive months. The Quality Assurance Committee will determine if further monitoring is necessary.		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		5/2/23	

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F 578	Continued From page 3  §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.  §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide	F 578			

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F 578	<p>Continued From page 4</p> <p>the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record reviews, the facility failed to determine upon admission and readmission to the facility, a resident's advanced directives (code status) for 2 of 2 residents reviewed for advance directives. (Resident #71 and Resident #295).</p> <p>The findings included:</p> <p>1. Resident #295 was admitted to the facility on 4/11/23 with diagnoses that included acute respiratory failure with hypoxia, pneumonia, cerebral infarction, and type 2 diabetes mellitus.</p> <p>The admission Minimum Data Set dated 4/13/23 revealed Resident #295 had moderate cognitive impairment.</p> <p>Further review of Resident #295's medical records showed the original Medical Orders for Scope of Treatment (MOST) form was dated and signed on 4/19/23. There was a revised MOST form effective 4/25/23 with antibiotic use provisions.</p> <p>Review of Resident #295's physician orders and care plan revealed there were no advanced directives included.</p> <p>An interview was conducted on 4/26/23 at 11:20 AM with Nurse #3. She confirmed there were no advanced directives for Resident # 295 located in the electronic record on the face sheet or in the physician orders. She indicated the nurses used a notebook at the nurse station that holds every</p>	F 578	<p>The Advanced Directives for residents #295 and #71 were corrected, entered in the Electronic Health Record (EHR), care planned and placed in the binder at the nurse's station by the Director of Nursing (DON) or designee on 4-28-23.</p> <p>100% audit of all in house residents was conducted on 4-26-23 by the Assistant Director of Nursing or designee to ensure all active residents had an order for Advanced Directives, entered into the EHR, placed in the binder at the nurse's station and care plans were updated. Any concerns identified during this audited were corrected by Unit Manager, no later than 4-28-23.</p> <p>On 5/2/23, the Administrator in serviced the Admission Director, Director of Nursing, Assistant Director of Nursing (ADON), Unit Managers, Social Workers, and Medical Records on obtaining an order for Advanced Directives on admission, entered into the EHR, placing in the binder at the Nurse's station and updating care plans.</p> <p>The DON or designee will review all admissions and readmissions for Advanced Directives, entered into the EHR, placement in the binder at the nurse's station and care plan daily x 4 weeks, then weekly x 4 weeks than monthly x 1 month. Medical Records or designee will audit all active residents weekly for advanced directives x 12 weeks.</p>		

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F 578	<p>Continued From page 5</p> <p>resident's advanced directives for that hall. The MOST form for Resident #295 was dated 4/19/23 present in the notebook. Nurse #3 revealed she was concerned that Resident #295's MOST form was not signed until 4/19/23 and she would not have known the code status if needed emergently. She further revealed the normal process to determine code status was during the initial admission date and the MOST form should be placed in the notebook at the nurse station.</p> <p>During a follow up interview with the Administrator on 4/28/23 at 9:00 AM, she revealed she was unaware that Resident #295's advanced directives were not signed and effective upon admission date. She stated all residents were automatically determined to be a full code until their MOST form was signed by the resident or responsible party and the physician. She explained Resident #295 would have remained a full code until the MOST form was signed on 4/19/23. The Administrator stated the advanced directives should be determined upon admission date and the responsibility was between the admission nurse, the charge nurse, or the social worker to have MOST forms completed.</p> <p>2. Resident #71 was initially admitted to the facility on 2/24/23. She was readmitted to the facility on 3/30/23.</p> <p>Resident #71's electronic health record (EHR) revealed no advance directive information.</p> <p>A review of the admission Minimum Data Set (MDS) dated 2/26/23 for Resident #71 revealed her to be cognitively intact.</p> <p>On 4/26/23 at 10:55am an interview was</p>	F 578	The DON or designee will bring these audit results to the Quality Assurance Committee meeting monthly x 3 consecutive meetings. At this time, the Quality Assurance Committee will determine if further monitoring is needed.		

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F 578	<p>Continued From page 6</p> <p>conducted with Nurse #1. She revealed that nurses utilize a resident information notebook at the station that holds all residents advance directives from that household and this information is available on the resident's EHR. Nurse #1 reviewed the resident information notebook, and she was not able to locate information regarding Resident #71's code status. Nurse #1 reviewed the EHR but was not able to locate the current code status and revealed she was not aware of the Resident #71's code status.</p> <p>On 4/26/23 at 11:30am an interview was conducted with the facility Administrator. She indicated that her expectation was for nursing staff to have knowledge of their assigned residents code status via the EHR, and the hard copy located in the resident information book.</p>	F 578			