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 04/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - HENDERSONVILLE	1510 HEBRON ST 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 000	INITIAL COMMENTS No deficiences were cited as a result of the complaint investigation. Event ID # NC00071919.	F 000	**Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements**	
F 285 SS=D	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort. A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.	F 285	**F285 PASARR requirements for MI and MR.** The facility will coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort. ***Criteria I*** Based on medical record review and staff interviews the facility failed to obtain the Pre-Admission Screen and Annual Resident Review (PASARR) recommendations for specialized services for one of one resident. (Resident # 45). RECEIVED MAY 09 2011 BY: NH	5-6-2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] Angel, NHA, E.D.
TITLE: Executive Director
(X6) DATE: 5-6-2011

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 285	Continued From page 1 For purposes of this section: (i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1). (ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to obtain the Pre-Admission Screen and Annual Resident Review (PASARR) recommendations for specialized services for one of one resident (Resident #45.) The findings are: Medical record review revealed Resident #45 was admitted to the facility on 11/05/10 with diagnoses including Mental Retardation and Schizophrenia. The prior approval form (FL2) was also present in the medical record and included a Pre-Admission Screen and Annual Resident Review (PASARR) number. The PASARR Level II Determination Notification with recommendations concerning the physical and mental health needs of the resident was not available. An interview with the Director of Social Work on 04/13/11 at 10:15 a.m. revealed that the facility receives the FL2 Form with the PASARR number from the transferring facility (hospital) upon the resident ' s admission to the facility. The Director of Social Work stated that the facility does not receive a copy of the North Carolina Department	F 285	***Criteria 2*** A PASARR screen and Level II screen were obtained for resident #45. Resident #45 has been discharged to a group home for MR residents. The Director of Social Services and designee has audited all resident's charts in the facility to ensure the PASARR screen is present for each resident. PASARRs and Level II screens have been requested for all residents who required them and these residents have been identified on a tracking log so that their Annual Review dates can be tracked, and annual review submitted timely. ***Criteria 3*** The Director of Social Services and/or designee will review all new resident admission paperwork in the Clinical start up process Monday-Friday to ensure that PASARR screens and Level II screens, if required, have been obtained for all new residents admitted to the facility. The Director of SS will review her Level II tracking log weekly for any residents coming up who need an annual screening and to ensure there has been no Significant Change of Condition MDS for which a new screening is also required. All social service and admission staff have been in-serviced on F-285 as it pertains to	

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

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F 285	Continued From page 2 of Health and Human Services PASARR Level II Determination Notification or have access to the screening or documentation information. Determination of needs and services for PASARR II residents were determined by the inter-disciplinary Minimum Data Set (MDS) assessment conducted for each resident admitted to the facility. Interview with the Administrator on 04/14/11 at 11:30 a.m. confirmed that obtaining the specific recommendations for residents with mental retardation provided by the PASARR II would be necessary in assuring that the facility provides services to meet the resident ' s physical and mental health needs.	F 285	PASARR and Level II screening processes, utilizing the EDS manual, "North Carolina Preadmission Screening Annual Resident Review Requirements", as well as the facility tracking log for Level II screens. ***Criteria 4*** The Director of Social Services and/or designee will monitor for compliance on a daily basis and the Director of Social Services will report the results to the monthly Quality Assurance (QA) Committee for 3 months or as needed. Recommendations will be made as deemed necessary. The Executive Director is responsible for overall compliance. The facility has completed all corrective actions and is in compliance as of May 4, 2011.	

Audit Tool / Tracking Tool

Date:

Resident	Room #	Current PASARR in Medical Record. Include PASARR Level (Y/N)	If N, PASARR Tracking Form completed (Date)	PASARR Level II Determination Notification in Medical Record (If Level II, MI/MR) (Y/N)