STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 282} SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide interventions for prevention of falls that were consistent with the care plan and care guide for 1 of 3 residents reviewed for supervision to prevent accidents (Resident #38). The findings included: Resident #38 was admitted to the facility 08/25/13 with diagnoses which included tremors, hypertension, and senile dementia with delusional features. A quarterly Minimum Data Set (MDS) dated 09/01/15 indicated the resident's cognition was severely impaired. The MDS specified Resident #38 required extensive staff assistance for transfer and bed mobility. A review was conducted of a care guide dated 10/02/15 that was related to Resident #38's needs. In an area on the care guide labeled "Overall Evaluation" instruction for bed in low position was noted. This evaluation also instructed direct care staff to check on this resident frequently related to resident frequently tried to get up alone. A care plan reviewed 10/08/15 identified Resident #38 at risk for falls related to being unsteady on	{F 282}	F282 SS=D 483.20(k)(3)(ii)SERVICES BY QUALIFIED PERSON/PER CARE PLAN 1. Resident #38 continues to reside in the facility. The IDT team reviewed the resident's plan of care. Appropriate interventions were developed and implemented to address the resident's individual needs regarding fall percautions. 2. All residents identified as being at risk for falls have the potential to be affected. The IDT team will review the medical record of residents identified as being at risk for falls to validate that an appropriate care plan is developed and implemented to address each resident's individualized needs related to fall precautions. 3. The ED/DNS did arrange for staff in-service and training via the services of an independent geriatric health services educational provider prior to November 16, 2015. The directed inservice regarding adherence to residents' care plans and care guides was completed on 11/2/15.This learning opportunity included	11/9/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 282}	Continued From page 1 her feet and having a history of falls. The care plan goal specified the resident would have no falls with injury. Interventions included bed in low position, bed and chair alarms, and call bell within reach. A review of Resident #38's medical record revealed the resident experienced a fall on 10/08/15. Nursing documentation on 10/08/15 specified alarm was sounding and resident found in the floor on 10/08/15. The fall happened when the resident leaned forward to pick up something in floor while sitting in the wheelchair. The resident fell to the floor. The left hip was x-rayed in the facility and found to be fractured. Physician and family were notified and the resident was sent to the hospital for further evaluation and treatment. Continued medical record review revealed the resident was readmitted to the facility 10/11/15 after having surgery to repair the fractured hip. An observation on 10/12/15 at 1:45 PM revealed Resident #38 was lying in the bed sleeping. The bed alarm was in place and the call bell was within reach. A blinking light on the alarm indicted the alarm was turned on. The bed was not in a low position. An additional observation on 10/12/15 at 3:35 PM revealed Resident #38 was lying in the bed sleeping. The bed was not in low position. Nurse Aide (NA) #1 was observed and interviewed at the time of this observation on 10/12/15. NA #1 stated the care guide provided information regarding what she needed to do for each resident. NA #1 produced a care guide dated 09/30/15. She stated this care guide was her	{F 282}	teaching modalities regarding the development, implementation and adherence to residents care plans. The Licensed Nurse will conduct a Fall Risk Assessment upon admission, quarterly, and with a significant change of condition to identify risk factors. The IDT team will develop and implement an individualized plan of care to address the resident's identified risk. The Licensed Nurse will indicate the residents' current interventions on the CNA Care Card. The Licensed Nurse will indicate revisions/updates to the residents' plan of care on the CNA Care Card. The Licensed Nurse will print the CNA Care Cards at the beginning of every shift. The CNA's will review the Care Cards at the beginning of each shift. The Facility's Leadership Team will conduct rounds daily to validate utilization of the CNA Care Card and adherence to the residents' plan of care. 4. The DNS/Designee will audit 10% of the medical records of residents identified as a fall risk weekly for four weeks, then monthly, to validate on-going adherence to the established Fall Precaution Program to include adherence to the residents' established plan of care. Findings will be reported monthly to the QAPI Committee for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 282}	Continued From page 2	{F 282}		

reference today. The guide was observed to contain bed in low position included in the instructions the NAs were to follow while providing care to Resident #38. NA #1 was unaware bed in low position was on the care guide.

An observation on 10/13/15 at 8:57 AM revealed Resident #38 was lying in the bed and asking to go to the restroom. The bed was observed not in low position. NA #2 was observed entering the room to assist the resident.

Further observation on 10/13/15 at 3:01 PM revealed Resident #38 was lying in the bed awake. The bed was observed not in low position.

An interview with NA #2 and NA #3 was conducted on 10/13/15 at 3:02 PM. NA #2 confirmed Resident #38's bed was not in low position. NA #2 stated the care guide did not provide instructions for the resident's bed to be in low position. NA #3 pulled a care guide dated 10/13/15 from her pocket. NA #3 confirmed the care guide provided instructions to place Resident #38's bed in low position. NA #2 further stated she had never observed Resident #38's bed in low position. NA #2 added Resident #38 did not try but once to get out of bed unassisted on the day shift. NA #2 stated until Resident #38 fractured her hip, she was accustomed to getting out of bed whenever she wanted.

An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 4:14 PM. The DON stated each management staff member had a group of rooms to monitor for interventions like beds in low position and bed/chair alarms in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 282}	Continued From page 3 place. The DON explained the management staff took a care guide with them as they monitored each room in order to know what interventions should be in place. The DON stated she expected all staff to follow the care guide and for Resident #38's bed to be maintained in a low position. An interview was conducted with the Admissions Coordinator (AC) on 10/13/15 at 5:00 PM. The AC stated she had monitored Resident #38 for fall interventions until she fractured her hip on 10/08/15 and that she would make her first round in the morning right after arriving to the facility. The AC explained she made rounds as time permitted throughout the day and always at the end of her workday. The AC stated at times she would find the bed not in low position and would lower it. When Resident #38 returned to the facility on 10/11/15, she was moved to another room which removed the resident from the AC's list for monitoring.	{F 282}		
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews, the facility medication rate was greater than 5% as evidence by 3 medication errors out of 31 opportunities, resulting in a medication error rate of 9.67 % for 3 of 9 residents observed during medication pass	F 332	F332 SS=E 483.25(m)(l)FREE OF MEDICATION ERROR RATES OF 5% OR MORE 1. Residents' #40, 58, & 72 continue to reside in the facility and are receiving their	11/9/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 4 (Residents #40, #58, and #72). The findings included: 1. Resident #58 was readmitted to the facility 03/27/15 with diagnoses which included uncontrolled diabetes mellitus. A quarterly Minimum Data Set dated 08/12/15 indicated the resident's cognition was intact. A review of Resident #58 medical record revealed a physician's order dated 03/28/15 for Novolog insulin to be injected per sliding scale before meals and at bed time for diabetes. The times designated before meals were 7:30 AM, 11:30 AM, and 4:30 PM. A review of a list of blood sugars obtained before breakfast on 10/13/15 revealed Resident #58's fasting blood sugar was 338 milligrams per deciliter (mg/dl). Per the sliding scale for Novolog insulin ordered to be administered before meals, Resident #58 should have received 10 Units of insulin. An interview was conducted with Nurse #1 on 10/13/15 at 9:16 AM. Nurse #1 stated she had not worked in this facility and was late administering the scheduled morning medications including insulin. She stated management knew she was running late. During this interview Nurse #1 was observed preparing medication from medication cart #1. An interview was conducted with Resident #58 on 10/13/15 at 9:17 AM. Resident #58 stated his blood sugar reading was obtained before breakfast. He added he had eaten breakfast and still had not gotten his insulin that should have	F 332	medications in accordance with the established standards of nursing practice for medication administration. 2. Residents with ordered medications have the potential to be affected. Medication Administration Records were reviewed to identify opportunities for adjustments in medication administration times. 3. The DNS/Designee will provide education to Licensed Nursing staff regarding the standards of practice related to medication administration; to include timeliness of insulin administration. Medication administration times were adjusted to promote timeliness in administration of insulin. The Licensed Nurses will administer medications in accordance with the established practice standards for medication administration.The Licensed nurse will notify nursing management of any instances impacting timeliness of medication administration to obtain assistance. 4. The DNS/Designee will review the Medication Administration Records daily times one week to validate timeliness of Medication Administration. The DNS/Designee will audit 10% of residents Medication Administration Records weekly for four weeks, then monthly to validate timeliness of medication administration.The DNS/Designee will conduct medication administration observations three times per week,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 5 been given before breakfast. An interview was conducted with Nurse #2 on 10/13/15 at 9:18 AM. Nurse #2 stated she was called the evening of 10/12/15 and asked if she could work in the facility on the day shift of 10/13/15. She stated she usually worked weekends and due to family duties could not get to the facility until 8:00 AM on weekdays. She added management was aware of her personal schedule. When she got to work, her supervisor asked if she could assist Nurse #1 with the morning medication pass. Nurse #2 stated just before she started this interview she was given the keys to medication cart #2 and asked to start the medication pass by administering insulin first. Nurse #2 stated a medication was late if it was administered an hour later than it was scheduled. Nurse #2 was observed contacting the Medical Director (MD) for orders regarding insulin administration being late. At 9:29 AM on 10/13/15 the MD was observed giving a verbal order to Nurse #1. The order was to obtain a current blood sugar reading on each resident before administering Novolog insulin per sliding scale. At 09:38 AM on 10/13/15, Nurse #1 was observed obtaining a blood sugar reading from Resident #58. The reading she obtained was 467 mg/dl. Per the sliding scale order for short acting insulin 16 Units of insulin was to be administered. Nurse #2 was observed administering 16 Units of Novolog insulin to Resident #58. An additional interview was conducted with the MD on 10/13/15 at 11:00 AM. The MD stated for today, taking blood sugar readings before	F 332	weekly for four weeks then monthly. Findings will be reported monthly to the QAPI Committee for review and further recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 6	F 332		

administration of short acting insulin (Novolog) should not present a problem or cause any resident harm.

An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked Nurse #2 to come in and help and had also asked an evening nurse to come in early to help. The DON stated she thought nurse staffing was adequate to keep medications administered on time. The DON stated she had been doing random monitoring of medications to track if they had been administered within an hour of scheduled times. She stated she had found some medications had been late. The DON acknowledged she found more late medications when the facility had to rely on agency nurses for staffing. The DON stated she had been addressing late medication issues with nurses responsible.

An additional interview was conducted with Resident #58 on 10/13/15 at 6:33 PM. Resident #58 stated when insulin was not given to cover high blood sugar readings, his blood sugar just went even higher. He stated in order to try to control his blood sugars accurate insulin administration times had to be followed.

2. Resident #40 was readmitted to the facility 11/25/14 with diagnoses which included diabetes mellitus. A quarterly Minimum Data Set dated 09/04/15 indicated the resident's cognition was moderately impaired with poor decision making.

Review of Resident #40's medical record revealed a physician's order dated 10/30/14 for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 7	F 332		

Novolog insulin per sliding scale to be administered with meals and hold if resident does not eat 50% of meal. An additional physician's order dated 09/28/15 specified to administer Novolog insulin 2 Units with meals related to diabetes.

A review of a list of blood sugars obtained before breakfast on 10/13/15 revealed Resident #40's fasting blood sugar was 134 milligrams per deciliter (mg/dl).

At 8:00 AM on 10/13/15, Resident #40 was observed eating breakfast in her room. The resident ate 100% of her meal.

An interview was conducted with Nurse #1 on 10/13/15 at 9:16 AM. Nurse #1 stated she had not worked in this facility and was late administering the scheduled 8:00 AM medications including insulin. She stated management knew she was running late. During this interview Nurse #1 was observed preparing medication from medication cart #1.

An interview was conducted with Nurse #2 on 10/13/15 at 9:18 AM. Nurse #2 stated she was called the evening of 10/12/15 and asked if she could work in the facility on the day shift of 10/13/15. She stated she usually worked weekends and due to family duties could not get to the facility until 8:00 AM on weekdays. She added management was aware of her personal schedule. When she got to work, her supervisor asked if she could assist Nurse #1 with the morning medication pass. Nurse #2 stated Just before she started this interview she was given the keys to medication cart #2 and asked to start the medication pass by administering insulin first.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 8	F 332		

Nurse #2 stated a medication was late if it was administered an hour later than it was scheduled. Nurse #2 was observed contacting the Medical Director (MD) for orders regarding insulin administration being late.

At 9:29 AM on 10/13/15 the MD was observed giving a verbal order to Nurse #1. The order was to obtain a current blood sugar reading on each resident before administering Novolog insulin per sliding scale.

At 10:11 AM on 10/13/15, Nurse #2 was observed obtaining a blood sugar reading from Resident #40. The reading she obtained was 289 mg/dl. Per the sliding scale order for Novolog insulin 6 Units was to be administered. At 10:21 AM Nurse #2 was observed administering 8 Units of Novolog insulin to Resident #40 which included the 2 Units ordered routinely before breakfast.

An additional interview was conducted with the MD on 10/13/15 at 11:00 AM. The MD stated for today, taking blood sugar readings before administration of short acting insulin (Novolog) should not present a problem or cause any resident harm.

An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked Nurse #2 to come in and help and had also asked an evening nurse to come in early to help. The DON stated she thought nurse staffing was adequate to keep medications administered on time. The DON stated she had been doing random monitoring of medications to track if they had been administered within an hour of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 9	F 332		

scheduled times. She stated she had found some medications had been late. The DON acknowledged she found more late medications when the facility had to rely on agency nurses for staffing. The DON stated she had been addressing the late medications with the nurses responsible.

3. Resident #72 was admitted to the facility 07/29/15 with diagnoses which included diabetes. A quarterly Minimum Data Set dated 08/13/15 indicated the resident's cognition was intact.

Review of Resident #72's medical record revealed a physician's order dated 10/30/14 for Novolog insulin 7 Units to be administered with meals related to diabetes. An additional physician order dated 10/30/14 specified Novolog insulin was to be administered per sliding scale before meals.

A review of a list of blood sugars obtained 10/13/15 before breakfast revealed Resident #72's fasting blood sugar was 235 milliliters per deciliter (ml/dl).

An interview was conducted with Nurse #1 on 10/13/15 at 9:16 AM. Nurse #1 stated she had not worked in this facility and was late administering the scheduled 8:00 AM medications including insulin. She stated management knew she was running late. During this interview Nurse #1 was observed preparing medication from medication cart #1.

An interview was conducted with Nurse #2 on 10/13/15 at 9:18 AM. Nurse #2 stated she was called the evening of 10/12/15 and asked if she could work in the facility on the day shift of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 10	F 332		

10/13/15. She stated she usually worked weekends and due to family duties could not get to the facility until 8:00 AM on weekdays. She added management was aware of her personal schedule. When she got to work, her supervisor asked if she could assist Nurse #1 with the morning medication pass. Nurse #2 stated Just before she started this interview she was given the keys to medication cart #2 and asked to start the medication pass by administering insulin first. Nurse #2 stated a medication was late if it was administered an hour later than it was scheduled. Nurse #2 was observed contacting the Medical Director (MD) for orders regarding insulin administration being late.

At 9:29 AM on 10/13/15 the MD was observed giving a verbal order to Nurse #2. The order was to obtain a current blood sugar reading before administering short acting insulin per sliding scale.

At 10:28 AM on 10/13/15, Nurse #2 was observed obtaining a blood sugar reading from Resident #72. The reading she obtained was 179 mg/dl. Per the sliding scale order for Novolog insulin 2 Units was to be administered. At 10:35 AM Nurse #2 was observed administering 9 Units of Novolog insulin to Resident #72.

An additional interview was conducted with the MD on 10/13/15 at 11:00 AM. The MD stated for today, taking blood sugar readings before administration of short acting insulin (Novolog) should not present a problem or cause any resident harm.

An interview was conducted with the Director of Nursing (DON) on 10/13/15 at 1:25 PM. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 332	Continued From page 11 DON stated the nurse on medication cart #1 had not worked in the facility in 8 months. She had asked Nurse #2 to come in and help and had also asked an evening nurse to come in early to help. The DON stated she thought nurse staffing was adequate to keep medications administered on time. The DON stated she had been doing random monitoring of medications to track if they had been administered within an hour of scheduled times. She stated she had found some medications had been late. The DON acknowledged she found more late medications when the facility had to rely on agency nurses for staffing. The DON stated she had been addressing the late medications with the nurses responsible.	F 332		
{F 520} SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the	{F 520}		11/9/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 520}	Continued From page 12 requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in August of 2015. This was for 1 recited deficiency which was cited in August of 2015 on a revisit and complaint survey. The continued failure of the facility during 2 federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program. The findings included: This tag is cross referenced to: F282: Based on observations, record review and staff interviews, the facility failed to implement care planned interventions to prevent falls for 1 of 4 residents sampled for accidents. (Resident #38). The facility was recited for F282 for failure to provide interventions for prevention of falls that were consistent with the care plan and care guide for 1of 3 residents reviewed for supervision to prevent accidents. (Resident #38) In an interview on 10/13/2015 at 6:00 PM the	{F 520}	F520 SS=E 483.75(o)(l) QAA COMMITTE-MEMBERS/MEET QUARTERLY/PLANS 1. Resident #38 continues to reside in the facility. The IDT team reviewed the resident's plan of care. Appropriate interventions were developed and implemented to address the residents' individual needs regarding fall precautions. 2. All residents have the potential to be affected. 3. The DNS/Designee will provide staff education regarding the QAPI process. The ED/DNS will utilize the QAPI process to monitor adherence to residents/established plans of care. The Facility Leadership Team will conduct observational rounds to validate utilization of the CNA Care Card and adherence to the residents' plans of care. 4. The ED/DNS will monitor the facility's QAPI process to validate adherence to the established practice standards, as well as achievement of sustainability in identified areas of opportunity for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	R-C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	500 BEAVERDAM ROAD ASHEVILLE, NC 28804

(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 520}	Continued From page 13 Administrator stated the last Quality assessment and Assurance Committee meeting was 09/23/2015 with action plans discussed from the prior follow-up and complaint survey. The Administrator stated there had been inservices done with all staff to emphasize the importance of following all interventions identified on the resident care guides. The Administrator also stated management staff were supposed to make observations on a daily basis to ensure care guide interventions were followed. The Administrator stated he could not understand why the care guide had not been followed for Resient #38 and that continued work would be done with staff on the importance of following care guide interventions.	{F 520}	improvements. The DNS/Designee will audit 10% of the medical records of residents identified as a fall risk weekly for four weeks, then monthly to validate on-going adherence to the residents' established plan of care. Findings will be reported monthly to the QAPI Committee forfurther review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345010	A. BUILDING _____ B. WING _____	C 10/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ASHEVILLE	**500 BEAVERDAM ROAD ASHEVILLE, NC 28804**

(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 deficiencies were cited as a result of the complaint investigation. Event ID# RKFN11.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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.