| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345322 | A. BUILDING ______ B. WING ______ | 04/18/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THE LAURELS OF HENDERSONVILLE | 290 CLEAR CREEK ROAD<br>HENDERSONVILLE, NC 28792 |

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| E 000 | Initial Comments<br><br>An unannounced recertification survey was conducted on 04/15/19 through 04/18/19. The facility was found in compliance with the requirementCFR483.73, Emergency Preparedness. Event ID CVY511. | E 000 | | |
| F 641 SS=D | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews the facility failed to accurately assess 1 of 5 sampled residents reviewed for unnecessary medication utilizing the Minimum Data Set (MDS) to reflect antipsychotic medication use (Resident #52).<br><br>Resident #52 was admitted to the facility on 03/05/19 with diagnosis of non-Alzheimer's dementia, anxiety disorder, and depression.<br><br>A physician's order indicated Resident #52 was to receive olanzapine (antipsychotic medication) 5 mg 1 tablet by mouth every 4 hours as needed for agitation for 14 days with start date 03/05/19 and discontinue date 03/15/19.<br><br>A review of the Medication Administration Record (MAR) revealed Resident #52 received olanzapine 5 mg 1 tablet on 03/06, 03/07, 03/08, and 03/09/19.<br><br>A review of the admission MDS assessment dated 03/12/19 indicated under Section N0450 Antipsychotic Medication Review that Resident | F 641 | The Laurels of Hendersonville wishes to have the written plan stand as its written allegation of compliance. Our alleged compliance is May 10,2019.<br><br>Preparation and/or execution of this written plan of correction does not constitute admission to, nor agreement with either the existence of or the scope and severity of any of the cited deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.<br><br>F641: Accuracy of Assessments<br><br>Corrective Action:<br>A modification of the Minimum Data Set (MDS) was completed for resident #52 related to Section N0450, Antipsychotic Medication Review. The modification was completed and transmitted at the time of discovery. | 5/10/19 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE — (X6) DATE: 05/06/2019

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 641 | Continued From page 1<br>#52 had not received antipsychotic medication.<br><br>On 04/16/19 at 1:04 PM an interview was conducted with the MDS Coordinator who stated she was responsible for coding Section N0450 Antipsychotic Medication Review and missed coding that Resident #52 received antipsychotic medication during the look back period from 03/06/19 to 03/1219. The MDS Coordinator stated she would need to submit a modification to the admission MDS assessment dated 03/12/19 to accurately reflect Resident #52 received antipsychotic medication.<br><br>On 04/16/19 at 1:16 PM an interview was conducted with the Director of Nursing (DON) who stated his expectation was that the admission MDS assessment dated 03/12/19 would have been accurately coded to reflect Resident #52 had received antipsychotic medication during the look back period from 03/06/19 to 03/12/19. The DON stated it was his expectation that the MDS Coordinator would submit a modification to the admission MDS assessment dated 03/12/19 to reflect Resident #52 received antipsychotic medication.<br><br>On 04/16/19 at 1:25 PM an interview was conducted with the Administrator who stated it was her expectation that the admission MDS assessment would have been accurately coded to reflect Resident #52 received antipsychotic medication during the look back period from 03/06/19 to 03/12/19. The Administrator stated it was her expectation that the MDS Coordinator would submit a modification to the admission MDS assessment dated 03/12/19 to accurately reflect Resident #52 received antipsychotic medication. | F 641 | Corrective Action for those having the potential to be affected:<br>Residents on an antipsychotic while at the facility between 1/1/19-4/18/19 have the potential to be affected. The Clinical Resource Specialist and MDS Coordinator audited potentially affected residents to insure correct response on MDS for daily antipsychotic administration. All corrections, if any, will be transmitted and accepted by 5/10/19. No negative patient observations were identified.<br><br>Systematic Changes:<br>The MDS Coordinator and MDS Nurse were in-serviced by the Clinical Resource Specialist on completing assessments that accurately reflect the resident with regard to the MDS Antipsychotic Medication Review (Section N0450).<br><br>Monitoring:<br>Clinical Resource Specialist or designee will audit completed assessments with regard to residents on antipsychotics weekly for accuracy for four weeks, then every two weeks for one month, then once for one month. Audits will be reported to the Administrator for the next three months and concerns will be reported to the Quality Assurance Committee for two months, or until resolved, during monthly meetings. Additionally education and training will be provided for identified issues | |

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| F 812<br>SS=E | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interviews the facility failed to date dietary supplement shakes after removal from the freezer in order to track the shelf life for 25 out of 25 dietary supplement shakes.<br><br>The findings included:<br><br>During the initial tour of the facility kitchen on 4/15/19 from 8:35 AM to 9:00 AM an observation was made of 25 undated dietary supplement shakes thawed in a reach-in refrigerator.<br><br>The manufacturer instructions stamped on each carton of dietary supplement shakes indicated the product had a shelf life of 14 days after being | F 812 | F812: Food procurement, Store/Prepare/Serve-Sanitary<br><br>Corrective Action:<br>Dietary Manager corrected identified error by disposing of all non-dated dietary supplement shakes at the time of discovery.<br><br>Corrective Action for those having the potential to be affected:<br>Other food storage areas were inspected at the time of discovery and no further issues were identified. No negative outcome was identified relating to this observation. All dietary staff were | 5/10/19 |

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| F 812 | Continued From page 3<br>thawed.<br><br>Interview with the Assistant Dietary Manager on 4/15/19 at 8:35 AM indicated she was aware the dietary supplement shakes had an expiration date of 14 days after being thawed. She further stated she had failed to date them after they were taken out of the freezer.<br><br>Interview with the Dietary Manager on 4/15/19 at 10:40 AM indicated she was aware the dietary supplement shakes had an expiration date of 14 days after being thawed. She further stated she had taken the undated dietary supplement shakes out of the reach in refrigerator and they would be discarded.<br><br>Interview with the Administrator on 4/17/19 at 9:15 AM indicated her expectation was for the dietary supplement shakes to be dated appropriately. | F 812 | in-serviced by the Dietary Manager on the facility policy for ensuring that dietary supplies are stored and dated appropriately.<br><br>Systematic Changes:<br>All dietary staff were in-serviced by the Dietary Manager. Additionally, a plan was developed to ensure correct dating/labeling of dietary shakes.<br>1)As shakes are received from vendor, they are dated by dietary staff with received date and placed in freezer.<br>2)Shakes are then dated with "pull date" at the time they are removed from freezer and placed in the refrigerator. Labels were created by Dietary Manager to denote "pull date"<br>3)Thawed shakes are then labeled with a 14 day "use by date". Labels were created by Dietary Manager to denote "use by date".<br><br>Monitoring:<br>A QA monitoring tool will be utilized to ensure that food and dietary supplement storage/labeling is executed according to facility policy by the Dietary Manager. The Dietary Manager will randomly ovserve food and dietary supplement supplies twice weekly for four weeks, then once weekly for four weeks, then randomly for one month. Variances will be corrected at the time of observation and additional education provided when indicated. Audits will be reported to the administrator for the next three months and concerns will be reported to the Quality Assurance Committee for three months, or until | |

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| F 812 | Continued From page 4 | F 812 | resolved, during monthly meetings. | |