

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

PRINTED: 04/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ACCORDIUS HEALTH AT ASHEVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 BEAVERDAM ROAD</b> <b>ASHEVILLE, NC 28804</b>		
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F 000	INITIAL COMMENTS  An unannounced Complaint Investigation Survey was conducted from 03/11/20 through 03/12/20. A total of 8 allegations were investigated and 1 was substantiated. Event ID #9T4311.	F 000			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)  §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	F 578		4/9/20	

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

TITLE

(X6) DATE

Electronically Signed

03/31/2020

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 578	<p>Continued From page 1</p> <p>may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(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 the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and physician interviews the facility failed to clearly communicate code status to a receiving provider and failed to have advanced directives in the physical chart for 2 of 3 residents reviewed for advanced directives (Resident #4 and #17).</p> <p>The findings include:</p> <p>1. Resident #4 was admitted on 06/21/18 and readmitted on 09/17/19 for aftercare following joint replacement surgery.</p> <p>The quarterly Minimum Data Set (MDS) dated 01/20/20 indicated Resident #4 was moderately cognitively impaired.</p> <p>Review of the care plan revealed a care plan focus initiated on 01/24/19 that stated Resident #4 had an advance directive of full code status. On 04/10/19 this care plan was noted to be resolved. On 04/10/19 a care plan focus was initiated indicating Resident #4 had an advance directive of do not resuscitate (DNR). Interventions included: obtain advance directive with physician order and resident/responsible party signature. The goal of the care plan was to honor the patient's wishes.</p>	F 578	<p>1. Corrective action was accomplished for those affected by the alleged deficient practice. The face sheet of resident #4 was updated to reflect the correct code status on 3/12/20 by the DON. The yellow Golden Rod form was completed and placed in the resident's chart for resident #17 on 3/12/20 by the DON. Most form was completed by Social Worker for resident # 17 and placed in chart on 03/31/20.</p> <p>2. Audit of 100% of charts was completed to identify other residents who may have been affected by the same alleged deficient practice. The audit was completed by DON/ADON/Infection Control Nurse on 3/16/20. Results of audit identified one resident with no code status on face sheet at all. The correct code status was added to the face sheet by ADON on 3/15/20. Six residents were identified as not having a MOST form in the chart. Social Worker will have MOST forms completed as of 4/3/20. Two residents were identified as not having an appropriate yellow Golden Rod form in the chart. Both residents chart had a current</p>		

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F 578	<p>Continued From page 2</p> <p>Review of the physical chart for Resident #4 revealed a Medical Order Standard of Treatment (MOST) form signed by the resident guardian with an effective date of 03/05/19 indicating Resident #4 was a DNR with medical interventions to include comfort measures only.</p> <p>The physician orders in Point Click Care (PCC)-the electronic medical record-revealed a physician order dated 10/25/19 that indicated Resident #4 had a DNR advance directive.</p> <p>The profile tab, face sheet-which includes information such as emergency contacts, social security number, insurance numbers, admission type, code status, voter status, etc-in PCC indicated Resident #4 had a full code advance directive.</p> <p>A nursing progress note was entered on 02/14/20 at 5:17 PM indicating Resident #4 was experiencing increased confusion and had 3 episodes of choking during the shift. The resident indicated she couldn't breathe and asked to go to the hospital. The Medical Doctor (MD) was contacted and ordered that Resident #4 be sent to the Emergency Room (ER) for evaluation.</p> <p>A physician order dated 02/14/20 indicated Resident #4 was to be transferred to the ER for evaluation of shortness of breath, altered mental status and choking.</p> <p>A telephone interview was conducted on 03/11/20 at 1:06 PM with the emergency room (ER) physician who provided care to Resident #4 on 02/14/20. The ER physician indicated that Resident #4 had been sent to the emergency</p>	F 578	<p>Golden Rod placed on 3/16/20 by ADON.</p> <p>3. Measures put in place to assure that the alledged deficient practice does not reoccur include in-service education for Social Worker, BOM, Marketing Liason, and licensed nurses to be conducted by the DON by 04/05/20. The in-service will address facility policy related to initiating and maintaining correct code status. A review of the order listing report will be reviewed daily in clinical morning meeting to detect any changes in ordered code status. The face sheet, MOST form, and yellow Golden Rod will be checked to assure orders are accurate and complete. Admission audits will be conducted in clinicla morning meeting by DON/ADON to validate the Face Sheet has the correct code status.</p> <p>4. The current admission audit tool will be used for 100% admissions utilizing an additional category added to the audit for Code Status documentation and placement of appropriate forms x 90 days. The audit will be completed on admission by DON/ADON to ensure accuracy and completion of code status orders and face sheet compliance reflecting accurate orders. Weekly code status audit on 20% of residents charts to assure accurate code status documentation x 4 weeks by DON/ADON, bi-weekly x 12 weeks.</p> <p>5. The results of the audits and monitoring will be reported in monthly Qualitu Assurance (QAPI) meeting for x 90 days by the DON. The committee will</p>		

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F 578	<p>Continued From page 3</p> <p>room with a yellow DNR form in addition to a face sheet which indicated Resident #4 was a full code. The ER physician reported that Resident #4 aspirated (breathed a foreign object into her airway), while in the ER. The ER physician was unsure if it was appropriate to intubate her and had to call the facility to request additional documentation to clarify code status. Once the ER physician clarified that Resident #4 was a DNR with comfort measures only (which included no antibiotics or intravenous (IV) fluids) ER staff were ordered to provide only comfort measures.</p> <p>On 03/11/20 at 4:48 PM Nurse #1 printed a copy of the face sheet that was sent with Resident #4 to the ER. Review of the face sheet revealed a column that read "Code Status: FULL CODE" in capital letters. The face sheet was titled "Admission Record" and did not specify a date of input or any dates to indicate it had been updated.</p> <p>An interview conducted with Nurse #1 on 03/04/20 at 4:50 PM who had prepared the paperwork for Resident #4's transfer to the ER revealed she sent a copy of the medication orders, the DNR form, the residents latest vitals, a face sheet, an order summary and a progress note regarding the resident's status. Nurse #1 was not present when the ER called the facility to clarify code status but heard about it later. Nurse #1 indicated she was not aware the face sheet listed an incorrect code status.</p> <p>A telephone interview was completed with Nurse #2 on 03/12/20 at 9:44 AM. Nurse #2 was working the night the ER physician called the facility to confirm code status. Nurse #2 reported that he confirmed for the ER physician that</p>	F 578	<p>evaluate and make further recommendations as indicated.</p>		

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F 578	<p>Continued From page 4</p> <p>Resident #4 was a DNR and that the ER physician requested a copy of the MOST form. Nurse #2 read her the MOST form and then faxed it to the ER.</p> <p>On 03/12/20 at 8:38 AM an interview was completed with the MDS Coordinator who indicated that the only time she updated the face sheet in PCC was to correct a social security number or something along those lines. The MDS Coordinator reported that the face sheet was generally filled in by the clinical liaison's upon admission. The MDS Coordinator further reported that she was unaware the code status was even listed on the face sheet on PCC and that she had never updated the code status there.</p> <p>A telephone interview was completed on 03/12/20 at 8:47 AM with the Clinical Liaison for the facility who indicated that upon admission she filled in the demographics, insurance information, admitting diagnosis, code status and also uploaded admission forms and hospital records. The Clinical Liaison indicated that she would put the code status from the hospital into the face sheet but after the initial admission process was completed, she did not go back in to make changes. The Clinical Liaison reported that after a resident was admitted, it was up to nursing staff to update the electronic chart.</p> <p>An interview was held with the Director of Nursing (DON) on 03/12/20 at 12:10 PM who indicated that she was not aware the Admission Record that was used as a face sheet had the code status listed on it. The DON indicated the code status shown there was entered on admission and she was not sure of how to correct it. The DON agreed that she should have noticed that</p>	F 578			

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F 578	<p>Continued From page 5</p> <p>the face sheet was conflicting and that it should have been consistent with current orders. The DON indicated that staff at the facility were expected to check physician orders for code status in PCC as the main way to identify code status. She stated her expectation was for outside facilities to check the incoming paperwork for code status on golden rods, the order summary report and a MOST form if it had been included (although it was not required). The DON indicated that the face sheet was supposed to go to outside facilities with patients but that she was unaware there was the potential for an outdated code status to appear on the form.</p> <p>On 03/12/20 at 1:17 PM an interview was completed with the Administrator who reported that it was her expectation that there was consistency across the code status locations and that it was always up to date.</p> <p>2. Resident #17 was admitted on 08/20/15 with a diagnosis of paraplegia.</p> <p>The quarterly MDS dated 12/31/19 revealed Resident #17 was cognitively intact.</p> <p>Review of the medical record revealed a care plan initiated 09/06/16 which indicated Resident #17 had an advance directive of DNR.</p> <p>The physician orders in the electronic medical record revealed a physician order dated 01/02/20 that indicated Resident #17 had a DNR advance directive.</p> <p>Observation of Resident #17's physical chart revealed there was no DNR form in his physical chart.</p>	F 578			

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F 578	Continued From page 6  An interview was completed with Nurse #3 on 03/12/20 at 10:34 AM who indicated that the physical chart should have a DNR form and a MOST form in it which is where she generally looked for code status.  Nurse #3 observed Resident #17's chart with the surveyor on 03/12/20 at 10:34 AM and confirmed that neither a DNR or MOST form were in the chart.  An interview was completed with the DON on 03/12/20 at 12:10 PM who indicated that golden rods (DNR forms) were kept in resident's physical charts. The DON indicated that Resident #17 had recently went out to the hospital and likely did not return with his golden rod DNR form. The DON stated that although the code status was listed in the physician orders in PCC, it was her expectation that all residents with a DNR status have a golden rod in their physical chart.  An interview was completed with the Administrator on 03/12/20 at 1:17 PM who stated that if a resident was a DNR the expectation was that there is a DNR/golden rod form in their chart.	F 578			