

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

PRINTED: 08/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/21/2022
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778		
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E 000	Initial Comments An unannounced onsite Focused Infection Control and complaint investigation survey were conducted from 07/19/22 through 07/20/22. Additional information was obtained offsite on 07/21/22, therefore the exit date was changed to 07/21/22. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# SFH911.	E 000			
F 000	INITIAL COMMENTS An unannounced onsite Focused Infection Control and complaint investigation survey were conducted from 07/19/22 through 07/20/22. Additional information was obtained offsite on 07/21/22, therefore the exit date was changed to 07/21/22. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One (1) of nine (9) complaint allegations was substantiated. Intakes: NC00187390, NC00188786, NC00189548, and NC00189856. Event ID# SFH911.	F 000			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with the staff and the Medical Director, the facility failed to	F 658	F-658 1. F658 (Comprehensive Care	8/12/22	

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

TITLE

(X6) DATE

Electronically Signed

08/11/2022

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 658	<p>Continued From page 1</p> <p>discontinue the previous physician's order for obtaining capillary blood glucose (CBG) testing when a new physician's order was entered for 1 of 1 resident reviewed for professional standards (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted on 11/1/21 and discharged on 3/30/22. His diagnoses included end stage renal disease and diabetes.</p> <p>Review of Resident #2's Minimum Data Set (MDS) dated 2/3/22 revealed he was cognitively intact for daily decision making and was dependent for bed mobility, transfers, toileting, and personal hygiene. The MDS also indicated he received daily insulin injections.</p> <p>Resident # 2's care plan dated 11/18/2022 revealed a care plan for diabetes with interventions including administering diabetes medication as ordered and checking capillary blood glucose (CBG) as ordered by the physician.</p> <p>Review of Resident #2's Physician's orders revealed an order dated 12/1/2021 for CBG testing twice daily. On 12/6/2021 an order for a CBG test every other day was entered into the electronic medical record by the Medical Director. Both orders were active at the time of his discharge on 3/30/2022.</p> <p>Resident # 2's Medication Administration Record (MAR) was reviewed and indicated the CBG testing order from 12/1/2021 was scheduled and completed at 6:00AM and 9:00PM from 12/1/2021 through his discharge on 3/30/2021. The MAR also indicated CBG testing for Resident</p>	F 658	<p>Plans-Meet Professional Standards of Quality) was cited. Based on the findings, Resident #2 was alleged to have 2 active orders for CBGs during the time frame of 12/6/21 until discharge of 3/30/22.</p> <p>2. Residents in the facility have the potential of being affected by this alleged deficient practice. An audit of all active resident orders was completed by the Director of Nursing and Nursing Administrative team on 8/11/22. No further concerns identified.</p> <p>3. Education began on 8/8/22 by the Director of Nursing and included the following: Medical Director, Nurse Practitioners, Unit Managers, and Charge Nurses to ensure understanding of order entry and discontinue process in PCC. This education was concluded on 8.11.22 and before their next assigned shift. All new staff, to include contract staff, will be trained upon hire. The Director of Nursing and Nursing Leadership team will review any new orders from the previous day in morning clinical meeting to monitor for errors. The Administrator will oversee that this process is being completed daily.</p> <p>4. The Director of Nursing and/or Unit Managers will audit 5 resident records 3x/week for 12 weeks observing for duplicate orders. The Director of Nursing will bring results to our monthly Quality Assurance and Performance Improvement meeting to present results and take recommendations for any process improvement for a duration of three months or until there is adequate process improvement.</p>		

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F 658	Continued From page 2 #2 was scheduled and completed at 7:30 AM every other day from 12/6/2021 through his discharge date of 3/30/2022. An interview was conducted with the Regional Clinical Director on 7/20/2022 at 1:00PM. She stated the CBG order from 12/1/2021 for twice daily CBG testing should have been discontinued when the Medical Director entered a new order on 12/6/2021 for every other day testing. In an interview on 7/20/2022 at 6:56 PM the Medical Director stated that in general when a new order is entered it is expected that the previous order is discontinued. He also stated that on 12/6/2021, when he entered the order for every other day CBG testing, the previous order for twice daily CBG testing should have been discontinued. He stated there was a flaw in the electronic medical record software and the system and when a new order for CBG's is entered the previous order should be discontinued automatically. In an interview on 7/20/2022 at 7:20 PM the Administrator stated the twice daily CBG testing order from 12/1/2021 should have been discontinued when the Medical Director entered a new order for every other day CBG testing on 12/6/2021. She also stated new orders were reviewed in the facility morning meeting and the duplication should have been detected and clarified at that point.	F 658	5. Completion date: 8/12/22		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations	F 883		8/12/22	

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F 883	<p>Continued From page 3</p> <p>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative</p>	F 883			

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F 883	<p>Continued From page 4</p> <p>has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff the facility failed to include documentation in the resident's medical record to reflect education was provided regarding the benefits and potential side effects of receiving the influenza and pneumococcal vaccines and failed to include why vaccines were not administered for 1 of 5 residents reviewed for immunizations (Resident #1).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, "Infection Prevention and Control Program" revised on 10/27/20 revealed the designated Infection Preventionist (IP) was responsible for oversight of the program. The section of the policy titled, "Influenza and Pneumococcal Immunizations" read in part: "Residents would be offered the influenza vaccine each year between October 1st and March 31st, unless contraindicated or received the vaccine elsewhere during this time. Residents would also be offered the pneumococcal vaccines recommended by the Center for Disease Control and Prevention (CDC)</p>	F 883	<p>F-883</p> <p>1. Resident #1 cited for the alleged deficient practice of not adhering to Influenza and Pneumococcal Immunizations regulation. Resident #1 family was contacted to inquire if they wanted Resident #1 to receive the flu and/or Pneumococcal vaccine, verbal declination given after education was provided on the potential side effects and benefits of both the flu and Pneumococcal vaccine. The declination forms was placed in her EMR as of 8.7.22.</p> <p>2. Other Residents in this facility have the potential to be affected by this alleged deficient practice. The Medical Records Director conducted an audit of current resident's Influenza and Pneumonia vaccine consent, declinations in EMR. Missing consents and/or declinations were signed and placed into each resident's EMR by 8.11.22.</p> <p>3. The Administrator began education on 8.8.22 with the following: Admissions Director, Nurse Administration team, and</p>		

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F 883	<p>Continued From page 5</p> <p>upon admission unless contraindicated or received the vaccine elsewhere. Education would be provided to residents and or representatives regarding the benefits and potential side effects of the immunization prior to offering the vaccines. Residents have the opportunity to refuse the immunizations. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations."</p> <p>Resident #1 was readmitted to the facility on 09/11/21.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 06/18/22 revealed Resident #1's cognition was severely impaired. The MDS also indicated the influenza vaccine was not received this season and the pneumococcal vaccine was not up to date. The reasons provided on the MDS revealed neither of the vaccines were offered.</p> <p>Review of Resident #1's medical records revealed no immunization documentation was included to reflect the Responsible Party or resident were provided education on the benefits and potential side effects of administering the influenza and pneumococcal immunizations. There was no documentation to reflect the influenza vaccine was contraindicated, administered, or refused during the influenza season from October 2021 through March 2022. There was no documentation to indicate the pneumococcal immunization was contraindicated, administered, or refused upon admission.</p> <p>An interview was conducted with Regional Director of Clinical Services (RDCS) on 07/20/21 at 4:28 PM. The RDCS stated the medical</p>	F 883	<p>the Social Worker on the requirements set forth by this regulation: the education will include: Education of the Influenza/Pneumococcal vaccines must be presented to the residents and/or their families/POA/guardian upon admission (to include potential side effects and benefits), the vaccine's acceptance or declination form(s) must be completed, and proof if the vaccine(s) were given. All must be documented in their EMR accordingly. This was completed by 8.11.22.</p> <p>4. The Medical Records Director will audit resident's EMR to ensure proof of acceptance or declinations of said vaccines are present which include acknowledgement of receiving all needed education on each vaccine: all new residents for the first four weeks; three new residents for the next four weeks; and one new resident in the final four weeks. The Medical Records Director will bring results to our monthly Quality Assurance and Performance Improvement meeting monthly to present results and take recommendations on any process improvement for a duration of three months or until the process has shown that it has improved adequately.</p> <p>5. DOC: 8/12/22</p>		

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F 883	Continued From page 6 records should contain documentation to reflect the status of Resident #1's immunizations. The RDCS revealed it was the admitting nurses responsibility to offer and get consents for the influenza and pneumococcal immunizations. An interview was conducted with the designated Infection Preventionist (IP)/Staff Development Coordinator (SDC) on 07/21/22 at 1:34 PM. The IP revealed he worked fulltime at the facility and was new to the IP position. The IP/SDC revealed he was not the designated IP during the last influenza season when Resident #1 was admitted to the facility. An interview was conducted with the Administrator on 07/21/22 at 3:11 PM. The Administrator confirmed the medical records for Resident #1 did not contain documentation to reflect education, consent, or refusal were received for either the influenza or pneumococcal vaccines. The Administrator revealed the members of the Leadership Team were assigned residents based on room numbers and were to collect consent forms for immunizations to ensure those were completed. The Administrator stated Resident #1 had frequently changed rooms since her admission and was unable to identify who was responsible for ensuring the documentation for immunizations was offered. The Administrator also revealed the IP/SDC, the Director of Nursing and herself oversaw the Infection Prevention Program including vaccination status.	F 883			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies	F 887		8/12/22	

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F 887	Continued From page 7 and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; Note: States that are not subject to the Interim Final Rule - 6 [CMS-3415-IFC], must comply with requirements of 483.80(d)(3)(v) that apply to staff under IFC-5 [CMS-3414-IFC] and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the	F 887			

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F 887	<p>Continued From page 8</p> <p>benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff the facility failed to include documentation in the resident's medical record to reflect education was provided regarding the benefits and potential side effects associated with vaccines; and failed to include if vaccination was refused or contraindicated for 1 of 5 residents reviewed for COVID-19 vaccination status (Resident #1).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, "COVID-19 Vaccination-Resident" revised on 03/30/22 read in part: "It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 by educating and offering residents the COVID-19 vaccine." The facility's policy revealed the resident's medical</p>	F 887	<p>F-887</p> <p>1. Resident #1 cited for the alleged deficient practice of not adhering to COVID 19 Immunizations regulation. Resident #1 family was contacted to inquire if they wanted Resident #1 to receive the COVID 19 vaccine, verbal declination given after education was provided on the potential side effects and benefits of both the flu and Pneumococcal vaccine. The declination forms was placed in her EMR as of 8.7.22.</p> <p>2. Other Residents in this facility have the potential to be affected by this alleged deficient practice. The Medical Records Director conducted an audit of current resident's COVID-19 vaccine consent,</p>		

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F 887	<p>Continued From page 9</p> <p>record was to include the following documentation: education provided to the resident or the resident's representative regarding the risk, benefits, and potential side effects of the vaccine; each dose of the vaccine administered; or if the resident did not receive the vaccine due to medical contraindication or refusal.</p> <p>Resident #1 was originally admitted to the facility on 02/07/21 and readmitted on 09/11/21. Resident #1's diagnoses included dementia and diabetes mellitus.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 06/18/22 revealed Resident #1's cognition was severely impaired.</p> <p>Review of Resident #1's medical records revealed no immunization documentation was included to reflect the Responsible Party (RP) or resident were provided education on the benefits and potential side effects of administering the COVID-19 vaccines or if the vaccine was contraindicated, administered, or refused.</p> <p>An interview was conducted with Regional Director of Clinical Services (RDCS) on 07/20/21 at 4:28 PM. The RDCS stated the medical records should contain documentation to reflect the status of Resident #1's immunizations. The RDCS revealed it was the admitting nurse's responsibility to offer and get consents for the COVID-19 vaccine.</p> <p>An interview was conducted with the designated Infection Preventionist (IP)/Staff Development Coordinator (SDC) on 07/21/22 at 1:34 PM. The IP/SDC revealed he worked fulltime at the facility and was new to the IP position. The IP/SDC</p>	F 887	<p>declinations in EMR. Missing consents and/or declinations were signed and placed into each resident's EMR by 8.11.22.</p> <p>3. The Administrator began education on 8.8.22 with the following: Admissions Director, Nurse Administration team, and the Social Worker on the requirements set forth by this regulation: the education will include: COVID-19 vaccines must be presented to the residents and/or their families/POA/guardian upon admission (to include potential side effects and benefits), the vaccine's acceptance or declination form(s) must be completed, and proof if the vaccine(s) were given. All must be documented in their EMR accordingly. This was completed by 8.11.22.</p> <p>4. The Medical Records Director will audit resident's EMR to ensure proof of acceptance or declinations of said vaccine are present which includes acknowledgement that they received all education regarding potential side effects and benefits of the vaccine : all new residents for the first four weeks; three new residents for the next four weeks; and one new resident in the final four weeks. The Medical Records Director will bring results to our monthly Quality Assurance and Performance Improvement meeting monthly to present results and take recommendations on any process improvement for a duration.</p> <p>5. DOC 8/12/22</p>		

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NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778		
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F 887	<p>Continued From page 10</p> <p>revealed he was not the designated IP when Resident #1 was readmitted to the facility and had not followed up on the resident's vaccination status.</p> <p>An interview was conducted with the Administrator on 07/21/22 at 3:11 PM. The Administrator confirmed the medical records did not contain information related to the status of Resident #1's COVID-19 vaccination to reflect education, contraindication, consent, or refusal were obtained or provided by the facility. The Administrator revealed she had attempted several times to contact Resident #1's RP to obtain information related to the COVID-19 vaccine but was unsuccessful. The Administrator revealed the Leadership Team shared the task of obtaining vaccination consents including COVID-19 and the IP, Director of Nursing, and herself oversaw the Infection Prevention Program including the status of vaccinations. The Administrator revealed the COVID-19 vaccination status should be included as part of Resident #1's medical record.</p>	F 887			