

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

PRINTED: 01/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/08/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF GREENTREE RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803</b>	
(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	F 000		
F 693 SS=D	<p>An unannounced recertification and investigation survey was conducted 12/05/22 and 12/12/08/22. Twelve allegations were investigated and none were substantiated. NC00195210, NC00191520, NC00190442, NC00187844. Event ID# BUEB11.</p> <p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to date and label a tube feeding bag for 1 of 1 resident reviewed for tube feeding management (Resident #24).</p>	F 693	The plan of correction is completed in accordance with state and federal regulations as outlined. To remain in compliance with all federal and state regulations the facility has taken or will	3/24/23

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

TITLE

(X6) DATE

Electronically Signed

12/29/2022

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 693	<p>Continued From page 1</p> <p>Findings included:</p> <p>Resident #24 was admitted to the facility on 11/10/22 with diagnoses including multiple sclerosis and dysphagia.</p> <p>A review of the significant Minimal Data Set (MDS) dated 11/18/22 indicated Resident #24 was unable to be interviewed and was coded for receiving 51% or greater of her caloric needs and greater than 501 mL of her fluid intake.</p> <p>Resident #24's care plan dated 11/14/22 indicated she was unable to tolerate nutritionally adequate food and/or fluids by mouth requiring the use of a feeding tube and at risk for nutritional decline and dehydration. Interventions included administer tube feeding and supplements as ordered.</p> <p>Resident #24's physician's order dated 11/10/22 indicated she received Perative (tube feeding formula) 1.3 calorie at 50 mL per hour with 30 mL water flush every hour. The tube feeding on at 10:00 AM and off at 6:00 AM.</p> <p>An observation of Resident #24 conducted on 12/5/22 at 3:01 PM revealed the Resident's continuous tube feeding was running at 50 mL per hour with 30 mL water flush every hour. The tube feeding formula bag did not contain a date, time, or label indicating when the bag of tube feeding was started, or the type of feeding formula.</p> <p>Nurse # 1 stated in an interview on 12/5/22 at 3:03 PM he had started Resident #24's tube feeding that morning at 11:00 AM. He said he forgot to place the label on the tube feeding</p>	F 693	<p>take the actions set forth in the following plan of correction. The deficiencies cited will be completed by the dates indicated:</p> <p>The facility failed to date and label a tube feeding bag for 1 of 1 residents reviewed for tube feeding management. The tube feeding bag was inspected by the DON on 12/8/22 to ensure that the tube feed bags were properly labeled and dated.</p> <p>The facility will identify any other residents that have the potential to be affected by the same deficient practice. All other residents that require tube feed were reviewed by the DON on 12/8/22 to ensure that tube feeding bags were labeled and dated properly.</p> <p>Staff development nurse will educate all licensed nurses on dating and labeling tube feed bags per facility policy. This education will be completed by 12/30/22 for all licensed nursing staff. Any licensed nurse that has not completed the education by 12/30/22 will be unable to work until the education is complete.</p> <p>Unit managers will audit tube feeding bags of any guest on tube feeding 5x week x 2 weeks, weekly x 2 weeks, bi-weekly x2 weeks, and monthly x2 beginning on Jan 2nd, 2023 to ensure that tube feeding bags are dated and labeled per policy. Variances will be corrected at the time of discovery and additional education/corrective action provided as needed.</p>		

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F 693	Continued From page 2 formula bag and the label was supposed to have the date, time, and the type of tube feeding formula.  An observation of Resident #24 conducted on 12/6/22 at 2:11 PM revealed the Resident's continuous tube feeding was running at 50 mL per hour with 30 mL water flush every hour. The tube feeding formula bag did not contain a date, time, or label indicating when the bag of tube feeding was started, or the type of feeding formula.  Nurse # 2 was assigned to Resident #24 on 12/6/22 and was interviewed at 2:41 PM. She stated she started Resident #24's tube feeding at 10:30 AM and the tube feeding bag should have been dated and labeled when it was placed earlier in the day. Nurse # 2 said normally she did place the date, time, and the type of tube feeding formula.  The Director of Nursing (DON) stated on 12/8/22 that nurses should have dated and labeled the tube feeding bag when it was hung for use per the facilities policy.	F 693	DON will bring the results of audits to be reviewed at Quality Assurance meeting monthly x 3 months Completion date of all audits and QAPI reviews will be completed by March 24th, 2023. The completion date was 12/30/22.		
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812		3/24/23	

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F 812	<p>Continued From page 3</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to date, label, and remove expired foods from 3 of 3 facility refrigerators (walk-in refrigerator, the 100/200-unit nourishment room refrigerator, and the 300/400-unit nourishment room refrigerator) This practice had the potential to affect all residents in the facility.</p> <p>The findings included:</p> <p>On 12/7/22 at 10:10 AM an inspection of the kitchen walk-in refrigerator with the Dietary Manager (DM) revealed a covered container of leftover meat dated 12/3/22 with use by date of 12/6/22. The expired meat was removed for disposal by the DM.</p> <p>An inspection of the 100-200 nourishment room refrigerator on 12/7/22 at 10:20 AM revealed an opened 1-gallon jug of chocolate milk belonging to a resident with an expiration date of 11/28/22. The refrigerator contained two 8 oz carton's of fortified nutritional supplement opened with no open date indicated. Based on state regulation, an opened fortified nutritional supplement is safe for use for 24 hours after it has been opened. The</p>	F 812	<p>The plan of correction is completed in accordance with state and federal regulations as outlined. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in the following plan of correction. The deficiencies cited will be completed by the dates indicated:</p> <p>The facility failed to date, label, and remove expired foods from 3 of 3 facility refrigerators (walk-in refrigerator, 100/200 hall nourishment refrigerator, and 300/400 hall nourishment refrigerator). The practice had the potential to affect all the residents in the facility.</p> <p>The expired meat in the kitchen walk-in refrigerator, the expired chocolate milk and 2 cartons of unopened/un-dated supplements in the 100/200 nourishment room refrigerator, the open box of fried chicken in the 300/400 hall nourishment room were removed and discarded by the Dietary Manager at the time of discovery 12/7/22. 100% inspection of 3/3 facility refrigerators by the dietary Manager at the</p>		

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F 812	<p>Continued From page 4</p> <p>DM removed the items.</p> <p>An inspection of the 300-400 nourishment room on 12/7/22 at 10:27 AM revealed one opened box fried chicken belonging to a resident with the date of 11/28/22 written on it. The DM removed the box of chicken.</p> <p>An interview with the DM on 12/7/22 at 10:40 AM the DM stated the Cook checks the walk-in refrigerator daily in the morning and he overlooked the expired meat. The nourishment rooms should be checked by the dietary staff every day and they should throw out any expired or unlabeled items.</p> <p>The Cook stated on 12/07/22 at 10:54 AM that he had checked the walk-in refrigerator earlier and had overlooked the expired meat.</p> <p>The Administrator stated on 12/8/22 at 4:27 PM the dietary department should have checked dates daily and thrown out any out of date or unlabeled food items.</p>	F 812	<p>time of discovery 12/7/22 revealed no additional concerns.</p> <p>Staff development nurse will educate all dietary and nursing staff on dating/labeling/storing food items in the walk in and nourishment room refrigerator per facility policy. This education will be completed by December 30th, 2022. Any dietary or nursing staff member that has not completed the education by December 30th, 2022 will be unable to work until the education is complete.</p> <p>The dietary manager will conduct audits of all food items, both open and unopened in the walk-in, and nourishment fridges 5x/week x2 weeks, 3x/week x 2 weeks, weekly x 2 weeks, bi-weekly x 2weeks and monthly x1 to ensure that all items are dated and labeled/stored per facility policy. Variances will be corrected at the time of discovery and additional education/corrective action provided as needs.</p> <p>Results of the audits will be brought to and reviewed at Quality Assurance meeting monthly x 3 months by the Dietary Manager. Completion date of all audits and QAPI reviews will be March 24th, 2023. The completion date was 12/30/22.</p>		