

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011307	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ MAR - 9 2015 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER DEAVERVIEW HGTS FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 290 DEAVERVIEW ROAD ASHEVILLE, NC 28806	County: <i>Buncombe</i>
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C 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on January 8-9, 2015.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure ceilings, walls, and floor coverings were clean and in good repair for 2 of 2 bathrooms used by residents, the dining room, and the hallway. The findings are: Observation on 1/8/15 at 8:52am of the resident bathroom between resident rooms #4 and #5 revealed: -A 1 ft. long by 1 in. wide section on sheetrock tape had come loose from the ceiling and was hanging down about 1 in. -A 10 ft. long by 1 in. wide section of sheet rock tape was coming loose over the shower, commode, and bathroom sink. -There were two floor tiles in front of the base of the commode that were stained yellowish brown. Observation on 1/8/15 at 9:05am of the resident bathroom beside resident room #3 revealed:	C 074	<i>Facility maintenance person will inspect walls, ceilings, floors and furnishings every two weeks with documentation of findings if any and report to administrator</i>	4-15-15 2-15-15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Lisa Mickelone, Administrator

TITLE

(X6) DATE
2-25-15

*Approved by
Charity Steele BSN, RN
3/12/15*

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C 074	<p>Continued From page 1</p> <ul style="list-style-type: none"> -A 5 ft. long by 1 in. wide section of sheetrock tape had come loose from the ceiling over the shower, commode, and bathroom sink. -A 3ft. long by 1/4 inch wide hole in the wall where the ceramic tile around the sink met the hall wall. <p>Observation on 1/8/15 at 9:07am in the hallway outside resident rooms #4 and #5 revealed:</p> <ul style="list-style-type: none"> -A 12 ft. long by 1 in. wide section of sheet rock tape was coming loose from the ceiling. <p>Observation on 1/8/15 at 9:30am of the resident dining room revealed:</p> <ul style="list-style-type: none"> -A 4 ft. long by 1 in. wide section of sheetrock tape had come loose from the ceiling over the mirror. -A 2 in. long by 1/4 in. wide crack in the ceiling sheetrock at the junction where the dining room wall adjoined the living room. -A 3 ft. long by 1 in. wide section of sheet rock tape had come loose from the ceiling over the entrance to the kitchen. <p>Random interviews with four residents on 1/8/15 revealed none of the residents had any complaints about the condition of the ceilings, floors, or walls in the facility.</p> <p>Interview with the Administrator on 1/8/15 at 9:40am revealed:</p> <ul style="list-style-type: none"> -She was unaware of the loose sheetrock tape in the two resident bathrooms, in the hallway, and in the dining room. -She stated she would begin getting the repairs done right away. <p>Interview with facility maintenance on 1/9/15 at 9:25am revealed:</p> <ul style="list-style-type: none"> -He could repair the loose sheet rock tape areas by using "popcorn paint." 	C 074		

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C 074	Continued From page 2 -He could replace the two floor tiles in front of the commode in the resident bathroom between resident rooms #4 and #5 himself. -The wax ring of the toilet in the resident bathroom between resident rooms #4 and #5 may have to be replaced to help prevent the floor tile discoloration. -The crack in the wall beside the sink in the resident bathroom beside room #3 was easily fixed by applying caulk to fill the crack.	C 074		
C 076	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure furniture was kept in good repair for 2 out of 5 resident rooms and the dining room. The findings are: Observation of resident room #3 on 1/8/15 at 9:12am revealed: -The chest of drawers was missing pull handles on 4 of the 5 drawer fronts. -4 out of 5 chest drawers were in at a slant and were difficult to open. -The residents bedside table was missing a pull handle from the bottom drawer. -The bottom drawer on the bedside table was in at a slant and was difficult to open.	C 076	<i>Facility maintenance person will inspect walls, ceilings, floors and furnishings every two weeks with documentation of findings if any and report to administrator.</i>	<i>2-15-15 4-15-15</i>

FCL011307

A. BUILDING: _____
B. WING _____

01/09/2015

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STREET ADDRESS, CITY, STATE, ZIP CODE

DEAVERVIEW HGTS FCH

290 DEAVERVIEW ROAD
ASHEVILLE, NC 28806

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C 076	<p>Continued From page 3</p> <p>Observation of resident room #5 on 1/8/15 at 9:16am revealed: -The chest of drawers sitting next to the window was missing pull handles on 3 out of 5 drawer fronts. -The chest of drawers on the hallway wall was missing a pull handle on 1 out of 5 drawer fronts.</p> <p>Observation of the four wooden chairs used by residents at the dining room table on 1/8/15 at 9:30am revealed all the chairs had loose backs and legs, and were wobbly when in use.</p> <p>Review of the facility Sanitation Report dated 8/22/14 revealed the facility had an approved status with 10 demerits.</p> <p>Interview with facility maintenance on 1/9/14 at 9:25am revealed: -"I have put [chest drawer] pulls and stops on for [Resident's name] so many times." -He stated he would get the chest pulls fixed and apply new drawer stops to those drawers that needed it.</p> <p>Interview with the Administrator on 1/9/15 at 11:20am revealed: -"I will replace the kitchen chairs." -"I've already gone through one set of chairs."</p>	C 076		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control</p>	C 140	<p>Administrator will assure TB testing is completed on all employees prior to starting work in the facility.</p>	<p>2-15-15 7-15-15</p>

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C 140	<p>Continued From page 4</p> <p>measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>(b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure 1 of 3 sampled staff (Staff B) was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/20/14. - Step 1 tuberculosis (TB) skin test placed 10/15/14. - No documentation Step 1 TB skin test was read. - No documentation of Step 2 TB skin test. - No documentation of a physician screening for the symptoms of TB prior to employment in the facility. <p>Interview with the Administrator on 1/8/15 at 2:00pm revealed:</p> <ul style="list-style-type: none"> - She was responsible for the personnel files and making sure staff TB testing was 	C 140		

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C 140	Continued From page 5 documented on file as required. - Staff B had gotten a TB skin test placed, but somehow had missed getting the test read. - Staff B worked in multiple facilities and was a "relief person we all kind of share." - Staff B had gotten the TB test placed "when she was working for someone else." - "I just didn't pay attention that it hadn't been read." A plan of protection was received from the facility on 1/8/15 and included: -The Administrator will assure that TB testing is completed on all employees prior to starting work in the facility. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 23, 2015.	C 140		
C 271	10A NCAC 13G .0904(d)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition And Food Service (d) Food Requirements in Family Care Homes: (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals. This Rule is not met as evidenced by: Based on observation, interviews with staff and residents, and record review the facility failed to assure six of six residents were served a minimum of three nutritionally adequate meals a day. The findings are:	C 271	<i>Facility provides food according to menu and will use substitution log when substituting meal off the menu per rule also. Administrator will monitor meals, menu, food supply weekly with documentation.</i>	2-15-15 7-15-15

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C 271	<p>Continued From page 6</p> <p>Interview with the Supervisor on 1/8/15 at 11:45am revealed:</p> <ul style="list-style-type: none"> -Lunch was usually served at 11:30am. -She had been serving lunch to residents one at a time for the last 15 minutes. -She served some of the residents their lunches in the living room and others in their bedrooms. -Today she had served a hot ham and cheese sandwich on white bread with a beverage option to the residents. -There were no other food or beverage items offered to the residents for lunch. -She did not keep a substitution list. -The "only time I substitute the menu is when its oatmeal because no one eats oatmeal in the house." <p>Review of the facility regular lunch menu for 1/8/15 revealed the following items should have been served:</p> <ul style="list-style-type: none"> -Baked chicken 3 oz. -Poultry gravy 2 oz. -Steamed rice 1/2 c. -Broccoli cuts 1/2 c. -Bread 1 slice -Margarine 1 pat -Cream cheese brownies 2/3 sq. -Beverage of choice 1 c. -Alternate menu included: Barbecued ribettes 4 oz., baked beans 1/2 c., tossed salad 1 c., and dressing of choice 1/2 oz. <p>Observation of breakfast meal on 1/9/15 at 8:35am revealed:</p> <ul style="list-style-type: none"> -There were two place settings at the dining table and included a bowl of cornflakes, 6 oz. serving of orange juice, and an 8oz. serving of applesauce. -One resident was finishing breakfast which 	C 271		

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C 271	<p>Continued From page 7</p> <p>included a bowl of cornflakes with milk, 8 oz. c. of applesauce, 6 oz. orange juice, and water.</p> <p>Interview with the Supervisor on 1/9/15 at 8:37am revealed:</p> <ul style="list-style-type: none"> - "A lot of them won't eat breakfast in the morning." - The Supervisor named three residents who rarely ate breakfast in the morning. - She had served juice and cereal "just not the egg and bacon this morning." - For dinner the evening before she stated she had served chicken noodle soup and a grilled ham and cheese for the residents. <p>Review of the facility regular breakfast menu for 1/9/15 revealed the following items should have been served:</p> <ul style="list-style-type: none"> - Juice of choice 3/4 c. - Cereal of choice 1/2 c. - Egg 1 oz. - Bacon 1 slice - Toast 1 slice - Margarine 1 pat - Jelly - Beverage of choice 1 cup - Milk 1 cup - Sugar, salt, pepper, non dairy creamer <p>Observation of food items available in the facility on 1/9/15 at 8:50am revealed there were eggs, bacon, and sliced bread available for preparation to meet the regular menu plan for breakfast 1/9/15.</p> <p>Confidential interviews with four residents revealed:</p> <ul style="list-style-type: none"> - All four residents agreed the food served in the facility was good. - All four residents stated they were getting enough to eat. 	C 271		

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C 271	<p>Continued From page 8</p> <p>-One resident stated when a sandwich was served for lunch it was "sometimes" served with chips, but other times "just a sandwich." The same resident stated breakfast usually consisted of "bacon and eggs, or grits or cereal."</p> <p>-A second resident stated "a normal breakfast was cereal, sometimes eggs, sausage, and toast." Lunch was sometimes a sandwich and salad. "Sometimes I don't eat."</p> <p>-When a third resident was asked what was served for the morning of 1/8/15 for breakfast the resident stated "I don't think I ate breakfast yesterday morning." When asked what the resident had received for dinner on the evening of 1/8/15, the resident stated "chicken noodle soup and a grilled ham and cheese sandwich...I had some [fruit flavored beverage] with it."</p> <p>Interview with the Administrator on 1/9/15 at 11:20am revealed:</p> <p>-She was unaware the facility menu was not being followed by the Supervisor when preparing meals for the residents.</p> <p>-There was more than adequate food supplies in the home to meet the menu requirements.</p> <p>-She was aware the menu plan was designed to meet the nutritional requirements for adequate nutrition for the residents.</p> <p>-The Supervisor had been trained "better" and was trained to serve what was listed on the menu provided.</p> <p>-"[The Supervisor] should have made appropriate substitutions."</p>	C 271		
C 335	<p>10A NCAC 13G .1004 (f) (1-4) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p>	C 335		

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C 335	<p>Continued From page 9</p> <p>(f) If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:</p> <p>(1) Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;</p> <p>(2) Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;</p> <p>(3) A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and</p> <p>(4) All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff as specified in Rule .1006(d) of this Section.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure medications prepared in advance for 1 of 1 sampled residents who leave the facility for visitation (Resident #3) were identified up to the point of administration.</p>	C 335	<p>Administrator will assure that all medications will be dispensed according to procedures when residents leave the facility. If facility staff has enough notice pharmacy will pre-package medications for duration of leave otherwise staff will send all medications.</p>	<p>2-15-15 7-15-15</p>

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C 335	<p>Continued From page 10</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 3/24/14 revealed:</p> <ul style="list-style-type: none"> -Diagnoses which included benign essential hypertension, systolic heart failure, benign hypertrophy prostate, incontinence, allergic rhinitis and osteoporosis. -Intermittent confusion. <p>Review of Resident #3's medication review dated 12/16/14 revealed physician's orders for the following medications:</p> <ul style="list-style-type: none"> -Vitamin D (used to treat osteoporosis) 2000 units two tablets daily. -Fish oil (dietary supplement) twice daily. -Fexofenadine (used to relieve allergy symptoms) 180mg daily. -Avodart (used to treat benign hypertrophy prostate) 0.5mg daily. -B Complex plus C (dietary supplement) one tablet daily. -Niacin (dietary supplement) 500mg one tablet daily. -Tropsium (used to treat overactive bladder) 20mg twice daily. -Flomax (used to improve urination in men with benign hypertrophy prostate) 0.4mg one tablet daily -Aspirin (used to prevent blood clots) 81mg one tablet daily. -Calcium (used to treat osteoporosis) 600mg one tablet daily. <p>Observation of Resident #3's medications on 1/8/15 at 10:30am revealed:</p> <ul style="list-style-type: none"> -There was a 2 week plastic pill organizer stored in the basket with Resident #3's bubble packs of medications. 	C 335		

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C 335	<p>Continued From page 11</p> <p>-One of the day dividers had pills in it identified by the Supervisor as Resident #3's "night pills" including fish oil, calcium tablet, and Tropsium tablet.</p> <p>Interview with the Supervisor on 1/8/15 at 10:50am revealed:</p> <p>-When Resident #3 went home for visitation with a family member the Supervisor sent the medications in the pill organizer.</p> <p>-The resident's family member was "mentally challenged" so the Supervisor would repackage the medications to "make it easier" for him to give the medications.</p> <p>-Resident #3 was the only resident she repackaged medications for into an organizer.</p> <p>-She always included one extra dose of each medication.</p> <p>-The pills remaining in the organizer were an extra dose of all of Resident #3's night medications.</p> <p>Interview with the Administrator on 1/8/15 at 3:05pm revealed:</p> <p>-She was aware they were supposed to leave the resident's medications in the bubble packs to go home with the resident.</p> <p>-Resident #3's family member had asked the facility staff to package the medications "that way" because the family member "can't follow the med label instructions."</p> <p>-The family member "can't read well."</p> <p>-She was aware the facility pharmacy could repackage medications for the resident in a way that would be safe and protect the medication from contamination.</p> <p>-She stated "When we know in advance, we can arrange for the pharmacy to package the doses of meds. However [the family member] doesn't always let me know in advance that he's coming</p>	C 335		

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C 335	Continued From page 12 to get [Resident #3]." Based on record review and observations of Resident #3 on 1/8/15, he was determined not to be interviewable.	C 335		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to tuberculosis testing of facility staff. The findings are: Based on interview and record review, the facility failed to assure 1 of 3 staff (Staff B) sampled was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to tag 0140, 10A NCAC 13G .0405(a) Tuberculosis Testing (Type B Violation)]	C 912		

Shook, Linda

From: Shook, Linda
Sent: Friday, March 13, 2015 1:48 PM
To: Cathie Beatty (Cathie.Beatty@buncombecounty.org)
Cc: Norville, Charity P; Penland, Beverly D
Subject: DEAVERVIEW HEIGHTS FAMILY CARE HOME - BUNCOMBE COUNTY
Attachments: Deaverview Heights 2015-03-09 POC-BF5V11.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
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