

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806
---	--

(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) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on August 11-12, 2016 with an exit by telephone on August 15, 2016.	C 000		
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure a separate locked area for storing cleaning agents, pesticides and other substances which may be hazardous if ingested, inhaled or handled, was locked at all times. The findings are: Observations on 8/11/16 at 8:50am, 10:30am and 11:45am of a lockable closet located outside the door of Room #3 and across from Rooms #1, #2, and #3 revealed the closet door was unlocked and contained: -A floor mop in a bucket of whitish liquid with what appeared to be scum on the surface of the liquid. -A container of floor soap labeled: "Keep out of reach of children." -An aerosol can of disinfectant spray labeled: "Hazardous to humans and domestic animals." -Two multipurpose cleaners labeled: "Keep out of reach of children."	C 059	<p><i>Daily x 2 wks Randomly (ongoing) Hereafter by all staff</i></p> <p>The storage area for cleaning products will be checked <u>periodically</u> by <u>all staff</u>. it is an unusual occurrence to find it unlocked. I understand your concern about the resident with dementia across the hall. You do not know her and her level of cognition, despite not being able to communicate with her. We do communicate with her very well and feel that she is in no way in danger if the closet happens to be unlocked. We will continue to monitor the locking of this door.</p> <p><i>classified from property manager Steve Ruggles on 9/15/16 @ 1:09 pm AH</i></p>	8/13/16 and ongoing

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

** See page 15 for Administrative signature and date. **

*Reviewed/accepted
Steve Ruggles
9/15/16*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE	
C 059	Continued From page 1 -Two containers of a name brand spray window cleaner labeled "Keep out of reach of children." -An aerosol can of enamel spray paint labeled: "Flammable. Contents under pressure. Vapor harmful to lungs and eyes." -A large plastic spray bottle, unlabeled, containing approximately 16 ounces of clear liquid. -Two multi-purpose brand name cleaners labeled: "Keep out of reach of children." -A large tube of kitchen/bathroom adhesive caulk labeled "Keep out of reach of children. Do not take internally. Skin and eye irritant. Do not inhale or ingest." -An aerosol can of wasp and hornet spray labeled: "Hazardous to humans and domestic animals. Contents under pressure. Causes moderate eye irritation. Wash hands thoroughly with soap and water after handling and before eating, drinking, chewing gum or using tobacco." -An aerosol can of lubricant labeled: "Danger: Flammable. Contents under pressure. Avoid eye and skin contact. Breathing hazard. Do not take internally. Harmful or fatal if inhaled or swallowed." -A large plastic spray bottle containing approximately 18 ounces of a milky white liquid, unlabeled except for a 3" long piece of masking tape with "Floors 32:2" written on it in black marker. -A name brand bug repellent in a plastic pump container labeled: "Keep out of reach of children. Causes substantial but temporary eye injury. Skin irritant. Combustible. Harmful if swallowed." -A plastic bottle of liquid odor control labeled: "Keep out of reach of children. Harmful to skin and eyes. Harmful if ingested or inhaled." -Two containers of a name brand powdered cleanser labeled: "Keep out of reach of children. harmful if swallowed or inhaled." -A container of citrus solvent multipurpose	C 059			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 059	<p>Continued From page 2</p> <p>cleaner labeled: "Keep out of reach of children. Skin and eye irritant. Harmful if swallowed".</p> <p>Observations of Resident #2 revealed she was not interviewable.</p> <p>Observation of Resident #2's room revealed it was diagonally across from the closet containing the chemicals.</p> <p>Review of Resident #2's current FL2 dated 12/22/15 revealed: -Diagnoses included vascular dementia, anxiety and depression. -Her medications included Aricept, a medication used to treat mild to severe dementia in Alzheimer's Disease and Namenda, a medication used to treat moderate to severe dementia in Alzheimer's Disease.</p> <p>Interview with Staff A, Medication Aide (MA) and Supervisor-in-Charge (SIC), on 8/11/16 at 12:10pm revealed: -The staff person on duty was responsible for keeping the closet containing the chemicals locked at all times. -She had forgotten to lock the door that morning. -She was not aware of any residents who resided in the facility who had ingested harmful substances. -She would lock the door immediately.</p> <p>Interview with the Owner/Manager on 8/15/16 at 3:54pm revealed: -The door to the closet containing the chemicals should always be locked. -It was the responsibility of the person on duty to keep the door locked. -He was aware Resident #2 had a diagnosis of vascular dementia and her room was near the</p>	C 059		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 059	Continued From page 3 closet. -He should have been checking the door to be sure it was locked whenever he was at the facility.	C 059		
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 observations and interviews, the facility failed to assure the ceiling in Room #5, and a hallway ceiling, a hallway wall, one bathtub, one bedside stand, three bathroom light covers with exhaust fans, a return air duct, and a large kitchen ceiling light were kept clean and in good repair. The findings are: Observations during the initial tour of the facility on 8/11/16 at 8:50am revealed: -In Bathroom #1, the ceiling light cover/exhaust fan contained multiple dead bugs and dust obstructing the openings in the exhaust fan. The finish on the bottom of the tub had eroded in several large areas, revealing a blue colored undercoating. -In Bathroom #2, there was no cover on the ceiling light/exhaust fan. There was an area approximately 2 inches wide, framing the inside of the bathroom door, that was missing tile. -In Room #4, unoccupied, the front of the bedside	C 074	<p><i>Classification from property manager Steve Ruggles a 9/15/16 @ 1:09pm Attached</i></p> <p>.The ceiling light cover/exhaust fan will be checked monthly for bugs and dust and cleaned as needed. <i>by the property manager.</i> 8/17/16</p> <p>The green color under the white epoxy finish is the original tub. This epoxy covering is flaking off and needs to be taken off completely back to the original or have the epoxy redone. This does not present any risk and will be done when we can afford it. <i>by 11/30/16</i></p> <p>A light cover will be installed in bathroom 2. This bathroom was recently modified, (door widened, new sink), to allow better access for a wheelchair 11/30/16</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 074	Continued From page 4 stand had fallen off and was on the floor. -In Room #5, unoccupied, there was a hole in the ceiling approximately 3/4 inch in diameter directly above the head of the bed. -In Bathroom #3, there was a crack in the ceiling above the commode, approximately 24 inches in length. The ceiling light/exhaust fan contained multiple dead bugs and dust obstructing the openings in the exhaust fan. -The hallway ceiling, above the closet door, had an area of missing plaster, approximately 36 inches long and 6 inches wide. -The wall in the hallway, near the doorway to the kitchen area, had a pushed-in area approximately 3 inches by 4 inches. -The return air duct in the hallway floor, by Room #6, contained dust and debris of an unknown nature. -The large overhead light cover in the kitchen contained multiple dead bugs. Interview with Staff A, Medication Aide (MA) and Supervisor-in-Charge (SIC), at 12:10pm revealed: -She had not noticed the bugs in the ceiling light covers or the dust on the exhaust fans in the bathrooms. -The pushed-in area in the wall by Room #6, happened "years ago" when a previous resident fell and hit it with her head. -She was not responsible for removing and cleaning the bathroom light/exhaust fan covers. -She was not responsible for removing the kitchen light cover and cleaning it. -The Owner/Manager was responsible for repairs and she thought he also cleaned the light covers. -She did not know why repairs to the facility had not been made. Interviews on 8/11/16 at 1:00pm with 3 residents revealed no one had concerns and believed the	C 074	bound resident. The tile not going all the way to the door frame does not present an issue for anyone. The DHHS construction division did their bi-annual inspection this year and did not find an issue with this bathroom. The tile will not be replaced. As I told you, the furniture in question was left by the previous resident and will be discarded before someone else moves in. The cracks in the paint, and missing paint has happened as the building has shifted over time. The construction of this addition was done poorly, (before our time), and will probably continue to have paint cracks develop over time. We will address these items, the pushed in drywall spot, and the wall between the kitchen and fireplace which has paint damage due to a leaky fireplace. The fireplace is scheduled to be repaired at the end of Sept. 2016. After this is done, we will have the air duct intakes throughout the home. All the cracking paint/drywall issues repaired. Been put on the cleaning schedule. Caregivers will document repairs needed in daily log and owner will review log weekly./	11/30/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE	
C 074	Continued From page 5 facility is and was kept very clean. Interview with the Owner/Manager on 8/15/16 at 3:54pm revealed: -He was responsible for making sure repairs to the building were completed. -He had not found anyone to do the repairs at a reasonable rate and who was dependable, but he needed to find someone. -The pushed in area in the hallway wall was from a former resident who had fallen and hit her head. -He was not aware there were ceiling lights and exhaust fans that needed to be cleaned. -He was not aware the return air duct needed to be cleaned. -The staff would tell him if something needed to be fixed. -He did not keep a list of what needed to be repaired.	C 074			
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control 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, North Carolina 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION	C 202	Owner was in process of having TB testing completed prior to state inspection. RN responsible for completing TB tests forgot to do it, then had to quit her job. Owner is in process of having residents tested at their primary care doctors. TB tests will be completed by 9/29/16. In the future, new residents will be required to have at least the first TB test completed before moving into the facility, with a plan in place to complete the second test. <i>OK</i>	9/29/16	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806
---	--

(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) COMPLETE DATE
C 202	<p>Continued From page 6</p> <p>Based on record reviews and interviews, the facility failed to test 2 of 3 sampled residents (Residents #1 and #3) upon admission, for tuberculosis (TB) disease with the 2-step TB skin test in compliance with the control measures adopted by the Commission for Public Health.</p> <p>The findings are:</p> <p>A. Review of the resident record for Resident #1 revealed: -The resident had been admitted to the facility on 7/31/16 from home. -There was no documentation she had been tested for TB disease.</p> <p>Interview with Resident #1 on 8/11/16 at 2:15pm revealed she was unsure if she had previously been tested for TB.</p> <p>Refer to interview with Staff A, MA/SIC, on 8/11/16 at 11:00am.</p> <p>Refer to interview with the Owner/Manager on 8/15/16 at 3:54pm.</p> <hr/> <p>B. Review of the resident record for Resident #3 revealed: -The resident had been admitted to the facility on 7/16/16 from the hospital. -There was no documentation she had been tested for TB disease.</p> <p>Interview with Resident #3 at 1:30pm revealed she thought she had been tested for TB in the hospital, prior to her admission to the facility.</p> <p>Refer to interview with Staff A, MA/SIC, on 8/11/16 at 11:00am.</p>	C 202		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806
---	--

(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) COMPLETE DATE
C 202	<p>Continued From page 7</p> <p>Refer to interview with the Owner/Manager on 8/15/16 at 3:54pm.</p> <p>Interview with Staff A, Medication Aide (MA)/Supervisor-in-Charge (SIC) on 8/11/16 at 11:00am revealed:</p> <ul style="list-style-type: none"> -She and the other SIC were responsible for assuring TB skin testing was completed for each resident upon admission. -The MA/SIC in the facility was responsible for notifying the pharmacy nurse of a new admission. -The nurse came to the facility and completed the TB skin testing. -She did not know why Resident #1 and Resident #3 did not have TB skin testing upon admission. -She would contact the nurse and have the TB skin testing administered. <p>Interview on 8/11/16 at 1:30pm, in the facility, with the Nurse from the Pharmacy revealed:</p> <ul style="list-style-type: none"> -The MA had called her that morning to arrange TB testing for the two new admissions. -She would administer the first step of the TB skin testing to Resident #1. -Resident #3 had gone to a doctor's appointment and would be TB skin tested on 8/16/16 when the Nurse returned to the facility. <p>Interview with the Owner/Manager on 8/15/16 at 3:54pm. revealed:</p> <ul style="list-style-type: none"> -The MA/SIC's were responsible for notifying the pharmacy nurse when a new resident was admitted and needed TB skin testing. -He did not know why Resident #1 and Resident #3 had not been TB skin tested upon admission. -The pharmacy nurse had been to the facility the afternoon of 8/11/16 and Resident #1 had been tested for TB disease. -The hospital would be contacted to verify TB skin 	C 202		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 202	Continued From page 8 testing on Resident #2 while an inpatient . -The pharmacy nurse would be out 8/16/16 to test Resident #3 for TB disease. A Plan of Protection provided by the facility Owner/Manager revealed: -Resident #1 had the first step of the TB skin testing completed on 8/11/16. -Resident #3 is scheduled to have the first step of the TB skin testing on 8/16/16. -All new residents will be required to have the first step of the TB skin testing prior to admission and the second step will be scheduled by the facility. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 29, 2016.	C 202		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the development of a program of activities designed to promote the residents' active involvement with each other, their families and the community for 3 of 3 sampled residents (Resident #1, #2 and #3). The findings are: Observations on 8/11/16 at 9:45am of the facility's August 2016 activity calendar revealed: -It was a dry erase monthly calendar.	C 288	Group and individualized activities are ongoing. Jigsaw puzzles are in process, crossword and jumbles done in group setting most days. News articles are read out loud and discussed. One resident is not able to actively participate in group activities, but enjoys being present with the group. Owners often sit with this resident outside singing with her and watching her favorite TV. activity (football). She enjoys watching the news. A monthly calendar will be created and provided, and interacting with the dogs. to each resident. Outings into the community will be planned on a bimonthly schedule. Our newest caregiver enjoys a variety of crafts and has many ideas for new craft and holiday activities.	9/18/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 288	<p>Continued From page 9</p> <ul style="list-style-type: none"> -It was posted on a wall in the kitchen. -The calendar was blank. <p>Interview on 8/11/16 at 9:50am with one resident in the facility revealed:</p> <ul style="list-style-type: none"> -She loved doing ceramics and had been going to a place nearby but the lady retired. -She wished there were another place she could go because she enjoyed it so much. -She played cards, walked outside and watched the birds and squirrels at the feeders to pass the time. -The residents go out with their family but there had not been outings scheduled by the facility. -She could not recall ever having a meeting to discuss what the residents would like to do for activities. -Sometimes the owner and his wife came and played the guitar and piano while they all sang. -Sometimes they watched movies. <p>Observation on 8/11/16 between 8:45am and 2:00pm revealed:</p> <ul style="list-style-type: none"> -No activities were offered. -One of the residents spent time outside smoking. -One resident slept in and went to a medical appointment in the afternoon. -A resident with dementia sat at the kitchen table and watched a squirrel at the bird feeder before going out on the front porch and taking a nap. <p>Interview on 8/11/16 at 12:10pm with Staff A, Medication Aide (MA) and Supervisor-in-Charge (SIC), revealed:</p> <ul style="list-style-type: none"> -She and the other MA, Staff B, who worked in the facility were responsible for planning activities and filling out the calendar in the kitchen. -Neither staff member was a certified Activities Director. -The calendar had not been filled out because, in 	C 288		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 288	Continued From page 10 the past, resident's did not want to participate in the scheduled activities. -The residents had various other things they preferred to do to occupy their time such as playing cards, walking outside and ceramics. -Some mornings she would read them articles from the newspaper. -The Administrator and the Owner/Manager would come in the evening and play instruments and everyone would sing. -She was not aware the facility needed to plan an outing every other month. -The facility did not have a vehicle capable of transporting all of the residents at one time -She thought if the resident went out with family and/or friends, that was considered an outing. Interview with the Owner/Manager on 8/15/16 at 3:54pm revealed: -Staff A and Staff B were responsible for planning and conducting activities and for filling out the calendar in the kitchen. -He was not aware activities for the month of August 2016 had not been planned and were not being provided for the residents. -He should have been checking to make sure it had been done. -He would work with the two MAs and get one posted.	C 288		
C 440	10A NCAC 13G .1211(a) Written Policies And Procedures 10A NCAC 13G .1211 Written Policies And Procedures (a) A family care home shall develop written policies and procedures that comply with applicable rules of this Subchapter, on the	C 440	Heart and Hearth has a written Policies and Procedure Manual but the owner was unable to produce it immediately during the inspection. It is now present in the caregiver's room and each caregiver has been instructed to review it. Each concern listed here will be remedied according to the Manual, and if a particular item is not in the current manual, it will be updated.	11/30/16 OK

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 440	Continued From page 11 following: (1) ordering, receiving, storage, discontinuation, disposition, administration, including self-administration, and monitoring the resident's reaction to medications, as developed in consultation with a licensed health professional who is authorized to dispense or administer medications; (2) use of alternatives to physical restraints and the care of residents who are physically restrained, as developed in consultation with a registered nurse; (3) accident, fire safety and emergency procedures; (4) infection control; (5) refunds; (6) missing resident; (7) identification and supervision of wandering residents; (8) management of physical aggression or assault by a resident; (9) handling of resident grievances; (10) visitation in the facility by guests; and (11) smoking and alcohol use. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to develop a written policy and procedure on infection control. The findings are: A. Observation upon initial tour the facility on 8/11/16 at 9:00am revealed: -Staff A, Medication Aide (MA)/Supervisor-in-Charge (SIC) was in the facility. -The three common bathtubs in the facility contained multiple used bars of soap in the soap dishes.	C 440		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806
---	--

(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) COMPLETE DATE
C 440	<p>Continued From page 12</p> <p>-There were no soap boxes labeled with the resident's names in the bathroom.</p> <p>Interview with Staff A on 8/11/16 at 11:20am revealed:</p> <p>-She was the staff person on duty in the facility.</p> <p>-She had been working there approximately four months.</p> <p>-She had been trained on infection control as part of the medication training completed on 4/13/16.</p> <p>-There were two residents who required fingerstick blood sugar (FSBS) testing.</p> <p>-There was one resident who was an insulin dependent diabetic.</p> <p>-She was not aware the residents could not use the same bar of soap.</p> <p>-She had not received training regarding the facility's infection control policies and procedures.</p> <p>-She was not able to locate an infection control policy or procedure in the facility.</p> <p>Review of Staff A's personnel record on 8/11/16 revealed:</p> <p>-A hire date of 4/13/16.</p> <p>-She had completed medication training on 4/13/16.</p> <p>-No documentation of training regarding the facility's infection control policy or procedure.</p> <p>Interview with Resident #1 on 8/11/16 at 1:10pm revealed:</p> <p>-She was a diabetic but did not require insulin.</p> <p>-She had been admitted to the facility on 7/31/16.</p> <p>-Initially, her FSBS testing had been done daily.</p> <p>-Staff A did the testing.</p> <p>-The FSBS testing order had been changed on 8/3/16 by her physician to weekly testing.</p> <p>-She reported no problems related to the FSBS testing.</p> <p>-She stated the staff wore gloves and cleaned her</p>	C 440		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806		
(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) COMPLETE DATE
C 440	Continued From page 13 finger with an alcohol swab before using the lancet to obtain a blood sample. -She was not aware bar soap needed to be kept in a container labeled with each resident's name. -She was not aware shampoo, body wash and conditioner needed to be labeled with the resident's name. Refer to interview with the facility Owner/Manager on 8/15/16 at 3:54pm. B. Review of Staff B's personnel record on 8/11/16 revealed: -A hire date of 10/31/11. -No documentation of training regarding the facility's infection control policy or procedure. Staff B was not available for interview on 8/11/16. Interview with the facility Owner/Manager 8/15/16 at 3:54pm revealed: -He was responsible for assuring all staff training was completed. -He thought the facility had an infection control policy but he was not sure. -He was not aware bar soap needed to be kept in a container labeled with each resident's name. -He would develop a facility infection control policy and assure staff were trained.	C 440		
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.	C 912		

Division of Health Service Regulation

FORM H-1000

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/15/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HEART AND HEARTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806
--	--

(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) COMPLETE DATE
C 912	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to test 2 of 3 sampled residents (Residents #1 and #3) upon admission, for tuberculosis (TB) disease with the 2-step TB skin test in compliance with the control measures adopted by the Commission for Public Health.</p> <p>The findings are:</p> <p>A. Based on record reviews and interviews, the facility failed to test 2 of 3 sampled residents (Residents #1 and #3) upon admission, for tuberculosis (TB) disease with a 2-step TB skin test in compliance with the control measures adopted by the Commission for Public Health. [Refer to Tag 202, 10A NCAC 13G .0702(a), (Type B Violation)].</p>	C 912	<p>TB testing policy for this facility has been updated. Residents are in process of being tested. Please see C202 above for more detail.</p> <p>There is no signature page so I signed it here.</p> <p>Melissa Dawson-Ruggles Administrator Heart and Hearth Home for Elders 9/14/16</p>	<p>9/28/16 M. Dawson</p>