

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Aston Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 380 Brevard Road Asheville, NC 28806	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>50046</p> <p>Based on record review and staff interviews, the facility failed to ensure daily nurse staffing sheets were filled out completely for 9 of 110 days reviewed during the period 10/31/24 through 2/17/25.</p> <p>Findings included:</p> <p>Review of the facility's nursing daily staffing sheets for 10/31/24-2/17/25 revealed the following:</p> <p>On 10/31/24 the total number of Nursing Assistants (NAs) and total number of NA hours worked was blank for the evening shift (3:00 PM-11:00 PM).</p> <p>On 11/4/24 the total number for each staff discipline (Registered Nurse (RN), Licensed Practical Nurse (LPN), NAs) and total hours worked for each staff discipline for the evening and night shift (11:00 PM-7:00 AM) were blank.</p> <p>On 11/5/24 the total number for each staff discipline and total hours worked for each staff discipline for the evening and night shift were blank.</p> <p>On 12/25/24 the census was blank.</p> <p>On 1/3/25 the census was blank.</p> <p>On 1/5/25 the total number for each staff discipline and total hours worked for each staff discipline for the evening and night shift were blank.</p> <p>On 1/15/25 the total hours worked for each staff discipline for the evening and night shift were blank.</p> <p>On 1/23/25 the total number for each staff discipline and total hours worked for each staff discipline for the evening and night shift were blank.</p> <p>On 2/1/25 the total number of NA's and total number of NA hours was blank for the night shift.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>An interview was conducted with the Administrator on 2/20/25 at 11:36 AM. The Administrator verbalized the nursing daily staffing sheet for posted staffing was supposed to be completed at the beginning of each shift by the Nurse Supervisor. She stated the total number of staff for each discipline and the total number of hours worked by each discipline was supposed to be filled out for every shift. She said the census was also supposed to be completed on the nursing daily staffing sheet. The Administrator stated the prior Director of Nursing (DON) had left in November 2024. She reported the prior DON had reviewed the daily staffing sheets to ensure they were completed correctly. She explained there had been a gap between when the prior DON left in November 2024 and when the new DON started at the end of January 2025. She said reviewing the daily staffing sheets to ensure they were completed had been missed during the gap between when the prior DON left the new DON had started.</p> <p>An interview was conducted with the DON on 2/20/25 at 11:46 AM. The DON stated the nursing daily staffing sheet was supposed to be completed by the Nurse Supervisor at the beginning of each shift. She stated the daily staffing sheet should be completed and include the total number of staff for each discipline for each shift, total hours worked for each discipline for each shift, and the census.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45272</p> <p>Based on observations and staff interviews, the facility failed to clean and maintain 1 of 1 walk-in refrigerator in the main kitchen free from debris. The facility also failed to refrigerate opened jelly containers stored in the dry food storage area, remove expired thickened beverages from the dry food storage area and expired thickened beverage from a dining area refrigerator ([NAME] dining room). This practice had the potential to affect food served to residents.</p> <p>Findings Included:</p> <p>a. On [DATE] at 9:46 AM an observation with the Dietary manager (DM) in the kitchen's walk-in refrigerator found a whiteish in color and fuzzy in appearance substance on the floor beneath the food storage rack on the left side of the refrigerator. The substance was concentrated in some areas and speckled in other areas on the floor and on the baseboard spanning the length of the wall. Further observation of the walk-in refrigerator found the ceiling area near the circulatory fan to contain grey fluffy matter. The grey matter was crumbly to touch. The DM stated during the observation that he mopped the refrigerator 2 times daily and had not noticed the substance under the storage rack and had overlooked the ceiling.</p> <p>b. On [DATE] at 9:50 AM an observation of the kitchen's dry food storage area with the DM found 2 opened jars of jelly located on the second shelf of the storage rack. The jelly jars did not contain an opened date, and the manufacturers label read refrigerate after opening. The observation also found one un-opened 48 ounce container of thickened beverage with an expiration date of [DATE] stored on the shelf. The DM removed the 2 jelly jars and thickened beverage container from the shelf. The DM stated during the observation he did not know how long the opened jelly jars had been on the shelf and stated they should have been refrigerated after they were opened. The DM also said the thickened beverage container was overlooked and that the dry food storage area was checked weekly on food delivery days.</p> <p>c. On [DATE] at 9:57 AM an observation of the [NAME] dining room refrigerator found one container of opened thickened beverage with an expiration date of [DATE]. The DM stated during the observation the refrigerator was stocked regularly each day by the dietary staff and the container had been overlooked.</p> <p>The Administrator stated on [DATE] at 9:18 AM the facility had switched from using and purchasing 48 oz thickened beverage containers to individual sized containers the previous summer and fall. The 48 oz thickened beverage containers should have been removed at that time. The Administrator also said the walk-in refrigerator was mopped 2 times each day by the DM, and that all areas of the walk-in refrigerator should have been cleaned.</p>		