

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Orchard Valley Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Heritage Circle Hendersonville, NC 28791	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews with the Speech Therapist and staff, the facility failed to revise the care plan to reflect the current diet as ordered by the physician for 1 of 1 resident reviewed for nutrition (Resident #1). The findings including: Resident #1 was admitted to the facility on [DATE] with diagnoses including vascular dementia and dysphagia (difficulty swallowing). The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had moderate cognitive impairment. He required partial to moderate assistance with eating, and no signs or symptoms of a swallowing disorder were noted. The care plan last revised on 4/23/25 indicated Resident #1 received a regular diet with thin liquids and included the intervention to provide the diet as ordered by the physician. A review of Resident #1's active physician orders included provide a mechanical soft diet and nectar thick liquids for overt signs and symptoms of aspiration (inhaling food or fluids into the lungs) dated 05/27/25. An active physician's order dated 05/28/25 revealed pureed meats was added to the diet order. An interview was conducted with the Speech Therapist on 07/24/25 at 9:48 AM. The Speech Therapist revealed she had evaluated Resident #1's ability to safely eat and drink due to concerns of coughing during meals. The Speech Therapist revealed she identified Resident #1 as a high risk for aspiration and recommended his diet be downgraded from regular textured foods to mechanical soft with pureed meats and nectar thick liquids. During an interview on 07/24/25 at 3:36 PM, the MDS Coordinator revealed changes made to diet orders were reviewed during their morning Interdisciplinary Team meetings. She revealed she was responsible for updating the residents' care plans to reflect the current diet as ordered by the physician. She was unaware of the changes made to Resident #1's diet orders on 05/27/25 and 05/28/25 and stated the care plan should have been updated to reflect the current diet order. An interview was conducted on 07/24/25 at 3:33 PM with the Director of Nursing (DON) who explained resident care plans were updated by the MDS Coordinator. The DON stated Resident #1's care plan should have been updated to reflect the current diet as ordered by the physician on 05/27/25 and 05/28/25.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interviews with the Speech Therapist and staff, the facility failed to provide fluids of a nectar thick consistency as ordered by the physician for 1 of 1 resident reviewed for nutrition (Resident #1). The findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses including vascular dementia and dysphagia (difficulty swallowing). The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1's cognition was moderately impaired. Resident #1 had upper extremity impairment on both sides, needed partial to moderate assistance with eating, and had no signs or symptoms of a swallowing disorder. The care plan dated 04/23/25 indicated Resident #1 received a regular diet with thin liquids. Interventions included provide diet as ordered. A review of the physician's diet order dated 05/27/25 revealed Resident #1 was downgraded from a regular diet to a mechanical soft consistency and nectar thick liquids for overt signs and symptoms of aspiration (inhaling food or fluids into the lungs). During an observation 07/23/25 at 12:03 PM, Resident #1 was being fed lunch while in the bed. The head of the bed was elevated approximately 90 degrees. Resident #1's meal tray included a cup of thin liquid hot tea that was covered with a lid. Resident #1 was being fed by Nurse Aide (NA) #1. The meal card on the tray included directions for nectar thick hot tea. Resident #1 was not observed to drink the hot tea and it was removed by NA #1. During an interview on 07/23/25 at 12:03 PM, NA #1 revealed she delivered the lunch tray to Resident #1. NA #1 confirmed the hot tea on the tray was a thin liquid consistency. After reading the directions on the meal card, NA #1 stated Resident #1 could not have the hot tea because it was not of a nectar thick consistency. NA #1 stated she did not notice the hot tea was not nectar thick prior to feeding Resident #1 and had not given any of the tea to drink. An interview was conducted on 07/24/25 at 9:00 AM with the Regional Dietary Manager and Dietary Manager. The Dietary Manager confirmed Resident #1's diet order was for nectar thick liquids. The Regional Dietary Manager revealed the hot tea sent on Resident #1's meal tray was an oversight by dietary staff and should have been a nectar thick consistency. The Regional Dietary Manager revealed the facility purchased pre-thickened fluids that dietary and nursing staff did not have to thicken. An interview was conducted with the Speech Therapist on 07/24/25 at 9:48 AM. The Speech Therapist revealed she had evaluated Resident #1's ability to safely eat and drink due to concerns of coughing during meals. The Speech Therapist revealed she identified Resident #1 as a high risk for aspiration and recommended liquids of a nectar thick consistency. During an interview on 7/24/25 at 10:53 AM, the Director of Nursing (DON) revealed Resident #1's diet order was for nectar thick liquids and should be served on the meal tray. During an interview, the Administrator revealed the meal card read nectar thickened liquids and should be served with Resident #1's meal as directed by the physician's order.</p>		