

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review and staff interviews, the facility failed to complete a comprehensive Minimum Data Set (MDS) assessment within 14 days of the Assessment Reference Date (abbreviated as ARD and referring to the last day of the assessment period) for 1 of 6 sampled residents (Resident #6).</p> <p>Findings included:</p> <p>Resident #6 was admitted to the facility on [DATE].</p> <p>Review of Resident #6's electronic health record revealed an annual MDS assessment with an ARD of 08/01/24 was noted as in progress.</p> <p>During a telephone interview on 08/22/24 at 6:09 PM, the Corporate MDS Consultant confirmed Resident #6's annual MDS assessment dated [DATE] was not completed within the regulatory timeframe. He explained the facility had been without a MDS Coordinator for some time and the staff that had been assisting from other facilities had focused on current MDS assessments to prevent more from being completed late. The Corporate MDS Consultant stated he was actively working on completing the MDS assessments that were currently late and hoped to have them all caught up by next week.</p> <p>During an interview on 08/22/24 at 7:00 PM, the Administrator stated she realized there was an issue with the timely completion of MDS assessments when she did an audit for the Plan of Correction from the recertification survey on 07/19/24. She stated the issue was discussed with the Corporate MDS Consultant but they had not had enough time to get them all caught back up. The Administrator felt the breakdown was due primarily to only having one permanent MDS Coordinator completing assessments and now that they have hired an additional MDS Coordinator, they would be able to stay caught up with completing MDS assessments. The Administrator stated it was her expectation for MDS assessments to be completed within the regulatory timeframes.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review and staff interviews, the facility failed to complete quarterly Minimum Data Set (MDS) assessments within 14 days of the Assessment Reference Date (abbreviated as ARD and referring to the last day of the observation period) for 3 of 6 sampled residents (Residents #2, #3, and #5).</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility on [DATE].</p> <p>Review of Resident #2's Electronic Health Record (EHR) on 08/22/24 revealed a quarterly MDS assessment with an ARD of 07/23/24 was noted as in progress.</p> <p>During a telephone interview on 08/22/24 at 6:09 PM, the Corporate MDS Consultant confirmed Resident #2's quarterly MDS assessment dated [DATE] was not completed within the regulatory timeframe. He explained the facility had been without a MDS Coordinator for some time and the staff that had been assisting from other facilities had focused on current MDS assessments to prevent more from being completed late. The Corporate MDS Consultant stated he was actively working on completing the MDS assessments that were currently late and hoped to have them all caught up by next week.</p> <p>During an interview on 08/22/24 at 7:00 PM, the Administrator stated she realized there was an issue with the timely completion of MDS assessments when she did an audit for the Plan of Correction from the recertification survey on 07/19/24. She stated the issue was discussed with the Corporate MDS Consultant but they had not had enough time to get them all caught back up. The Administrator felt the breakdown was due primarily to only having one permanent MDS Coordinator completing assessments and now that they have hired an additional MDS Coordinator, they would be able to stay caught up with completing MDS assessments. The Administrator stated it was her expectation for MDS assessments to be completed within the regulatory timeframes.</p> <p>2. Resident #5 was admitted to the facility on [DATE].</p> <p>Review of Resident #5's Electronic Health Record (EHR) on 08/22/24 revealed a quarterly MDS assessment with an ARD of 07/26/24 was noted as in progress.</p> <p>During a telephone interview on 08/22/24 at 6:09 PM, the Corporate MDS Consultant confirmed Resident #5's quarterly MDS assessment dated [DATE] was not completed within the regulatory timeframe. He explained the facility had been without a MDS Coordinator for some time and the staff that had been assisting from other facilities had focused on current MDS assessments to prevent more from being completed late. The Corporate MDS Consultant stated he was actively working on completing the MDS assessments that were currently late and hoped to have them all caught up by next week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/22/24 at 7:00 PM, the Administrator stated she realized there was an issue with the timely completion of MDS assessments when she did an audit for the Plan of Correction from the recertification survey on 07/19/24. She stated the issue was discussed with the Corporate MDS Consultant but they had not had enough time to get them all caught back up. The Administrator felt the breakdown was due primarily to only having one permanent MDS Coordinator completing assessments and now that they have hired an additional MDS Coordinator, they would be able to stay caught up with completing MDS assessments. The Administrator stated it was her expectation for MDS assessments to be completed within the regulatory timeframes.</p> <p>3. Resident #3 was admitted to the facility on [DATE].</p> <p>Review of Resident #3's Electronic Health Record (EHR) on 08/22/24 revealed a quarterly MDS assessment with an ARD of 08/06/24 was noted as in progress.</p> <p>During a telephone interview on 08/22/24 at 6:09 PM, the Corporate MDS Consultant confirmed Resident #3's quarterly MDS assessment dated [DATE] was not completed within the regulatory timeframe. He explained the facility had been without a MDS Coordinator for some time and the staff that had been assisting from other facilities had focused on current MDS assessments to prevent more from being completed late. The Corporate MDS Consultant stated he was actively working on completing the MDS assessments that were currently late and hoped to have them all caught up by next week.</p> <p>During an interview on 08/22/24 at 7:00 PM, the Administrator stated she realized there was an issue with the timely completion of MDS assessments when she did an audit for the Plan of Correction from the recertification survey on 07/19/24. She stated the issue was discussed with the Corporate MDS Consultant but they had not had enough time to get them all caught back up. The Administrator felt the breakdown was due primarily to only having one permanent MDS Coordinator completing assessments and now that they have hired an additional MDS Coordinator, they would be able to stay caught up with completing MDS assessments. The Administrator stated it was her expectation for MDS assessments to be completed within the regulatory timeframes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	
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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on record review and staff interviews, the facility failed to complete a discharge-return anticipated Minimum Data Set (MDS) within 14 days of the discharge date and an entry tracking record within 14 days of the admitted for 1 of 6 sampled residents (Resident #5).</p> <p>Findings included:</p> <p>Resident #5 was admitted to the facility on [DATE].</p> <p>Review of Resident #5's electronic health record on 08/22/24 revealed the following:</p> <p>a. A discharge-return anticipated MDS assessment dated [DATE] noted a status of in progress.</p> <p>b. An entry tracking record dated 07/24/24 noted a status of in progress.</p> <p>During a telephone interview on 08/22/24 at 6:09 PM, the Corporate MDS Consultant confirmed Resident #5's entry tracking record and discharge MDS assessment were not completed within the regulatory timeframe. He explained the facility had been without a MDS Coordinator for some time and the staff that had been assisting from other facilities had focused on current MDS assessments to prevent more from being completed late. The Corporate MDS Consultant stated he was actively working on completing the MDS assessments that were currently late and hoped to have them all caught up by next week.</p> <p>During an interview on 08/22/24 at 7:00 PM, the Administrator stated she realized there was an issue with the timely completion of MDS assessments when she did an audit for the Plan of Correction from the recertification survey on 07/19/24. She stated the issue was discussed with the Corporate MDS Consultant but they had not had enough time to get them all caught back up. The Administrator felt the breakdown was due primarily to only having one permanent MDS Coordinator completing assessments and now that they have hired an additional MDS Coordinator, they would be able to stay caught up with completing MDS assessments. The Administrator stated it was her expectation for MDS assessments to be completed within the regulatory timeframes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>36217</p> <p>Based on observation, staff interviews and record reviews, the facility failed to remove an opened eye medication from the medication cart as specified by manufacturer's guidelines and failed to discard expired antiseptic wound care solutions from another medication cart in accordance with the manufacturer's expiration date for 2 of 5 medication carts observed during medication storage checks (200 halls and 600 halls).</p> <p>The findings included:</p> <p>a. The manufacturer's package inserts for Latanoprost eye drops revealed an unopened bottle should be stored under refrigeration between the temperature of 36 to 46 Fahrenheit (F) and protected from light. Once it was opened, Latanoprost could be stored at room temperature up to 77 F for up to six weeks.</p> <p>A medication storage audit was conducted on 08/22/24 at 10:10 AM for 200 halls medication cart in the presence of Nurse #1. One opened bottle of Latanoprost 0.005% eye drops was found in the medication cart under room temperature and ready to be used. The handwriting on the label indicated it was opened on 04/28/24.</p> <p>An interview was conducted with Nurse #1 on 08/22/24 at 10:11 AM. She acknowledged that the bottle of Latanoprost eye drops was opened and stored in the medication cart since 04/28/24. She stated that she saw the eye drops when she checked the medication cart in the morning. She did not discard it as she thought it could be stored in the medication cart under room temperature until the manufacturer's expiration date in June 2026.</p> <p>b. During a medication storage audit conducted on 08/22/24 at 11:09 AM for 600 halls medication cart in the presence of Nurse #2, an opened bottle containing approximate 90 milliliters (ml) of Povidone Iodine 10 % solution expired on 10/31/23 was found in the medication cart and ready to be used.</p> <p>An interview was conducted with Nurse #2 on 08/22/24 at 11:12 AM. She stated the topical solution was for wound care and it had not been used for quite a while. She explained she checked the medication cart in the morning and did not know why she missed the topical solution. She acknowledged that the topical solution should be removed from the medication cart as it was expired.</p> <p>During an interview conducted on 08/22/24 at 11:25 AM, the Director of Nursing (DON) stated Latanoprost should be stored in the refrigerator until it was opened. Once it was opened, it could be stored in room temperature for up to 42 days. She stated that the facility had conducted in-service after the previous survey and the administrative staff had audited the medication carts and storage rooms as outlined in the auditing tools. She did not understand why the staff missed the expired eye drops and the topical solution. It was her expectation for the facility to remain free of expired medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Thompson Street Hendersonville, NC 28792	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with the Administrator on 08/22/24 at 6:51 PM. She expected the facility to remain free of expired medication and discard eye drops in a timely manner as specified by the manufacturer's guidelines.</p>