STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011338	A. BUILDING: _____ B. WING _____	12/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE OF ASHEVILLE	3199 SWEETEN CREEK ROAD ASHEVILLE, NC 28803

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D 000	Initial Comments The Adult Care Licensure Section and Buncombe County Department of Social Services conducted an annual survey on December 19 and 20, 2017.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to shall assure referral and follow-up for 1 of 5 residents (Resident #5) with a physician order for a Speech and Occupational therapy referral. The findings are: Review of Resident #5's current FL2 dated 11/9/17 revealed: -Diagnoses included left femur fracture, dementia, osteoporosis, left forehead subdural hematoma, depression and bipolar disorder. -Cognitive status was noted as intermittent disorientation. Review of Resident #5's Resident Register revealed an admission date of 11/10/17. Review of Resident #5's note from the primary care physician dated 11/14/17 revealed: -"Physical therapy and Occupational therapy ordered to evaluate treat the patient's strength, endurance, balance, stability and safety for	D 273		

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transfers and ambulation for activities of daily living."
-"Speech therapy ordered for communication ability and prescribe cognitive therapy as indicated."
-"In my judgment there is a reasonable expectation that the patient can and will demonstrate improved function as a result of this intervention over the next two months."

Review of the Resident #5's record revealed:
-Documentation of an initial physical therapy evaluation dated 11/16/17.
-Documentation of a physical therapy visit dated 11/22/17.
-There was no documentation of occupational therapy or speech therapy evaluating Resident #5 in the record.

Telephone interview with the home health agency representative on 12/20/17 at 2:18pm revealed they had not received any physician orders for occupational or speech therapy for Resident #5.

Based on record review and observation Resident #5 was not interviewable.

Interview with the Supervisor on 12/20/17 at 2:35pm revealed:
-She was not aware of Resident #5 having had an order for occupational or speech therapy.
-She did not remember any therapist coming in to work with Resident #5.
-The Special Care Coordinator (SCC) was responsible for making the referrals for any of the therapies.

Interview with the SCC on 12/20/17 at 2:37pm revealed:
-She was responsible for making the therapy

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referrals for the resident on the special care unit.
-She would look to see which therapy agency the family/resident preferred in the resident record.
-She would call the home health agency with the referral and fax them the information they requested.
-The home health agency would then come to the facility and work with the Resident.
-She had notified the home health agency of the order for therapies but could not show any documentation the referral had been made or followed up on.

Interview on 12/20/17 at 3:17pm with Resident #5's family member revealed:
-She was aware of the referrals for physical, occupational, and speech therapies.
-She had not had a recent update from the facility about the therapies but was scheduled to have a care plan meeting with the facility on 12/21/17.
-Resident #5 was to receive physical and occupational therapy as she had experienced multiple falls.
-Resident #5 had "trouble swallowing", had also had a "very hard time with her recent move" to the facility and the therapy was to assist with those issues.

Interview with the Administrator on 12/20/17 at 2:49pm revealed:
-She was not aware the referral had not been made for Resident #5 for occupational and speech therapy.
-She would have expected home health to come out after they were notified by the SCC.
-She had had trouble in the past getting the home health agencies to document they had evaluated the resident.
-The SCC was currently working with the home health agency regarding the occupational and

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D 273	Continued From page 3 speech therapy referrals. Attempted phone interview with Resident #5's physician on 12/20/17 at 3:16pm was not returned prior to survey exit.	D 273		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure for 1 of 5 sampled residents (Resident #3) was served a mechanical soft meat diet as ordered. The findings are: A. Review of Resident #3's current FL2 dated 12/14/17 revealed: -Diagnoses included hypertension, dementia, diabetes, gastroesophageal reflux disease, coronary artery disease, hiatal hernia, and hyperlipidemia. -There was an order for mechanical soft meat diet. Review of the therapeutic diet list dated 12/14/17 posted in the kitchen revealed Resident #3 was to be served a no concentrated sweets diet.	D 310		

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D 310	Continued From page 4 Review of the therapeutic diet menu on 12/19/17 for mechanical soft lunch revealed: -One serving of green beans. -One serving of sweet potato casserole. -One serving of dressing with gravy. -One turkey turnover. Observation on 12/19/17 at 12:20pm of the lunch meal revealed: -Resident #3 was served one slice of ham, one slice of turkey, one roll, and one serving each of green beans, sweet potato casserole, and dressing with gravy. -The ham and turkey were not mechanically modified as ordered. -Resident #3 had not eaten the ham or turkey. Interview on 12/19/17 at 12:25pm with the Dietary Director revealed "we must not have gotten that new order". Interview with the Dietary Director on 12/19/17 at 2:00pm revealed: -Dietary staff prepared the plates and the direct care staff placed the food on the tables for each resident. -He received verbal communication from management, but did not remember who, that Resident #3 was on a mechanical soft meat diet. -There was lack of communication at the noon meal on 12/19/17 between the direct care staff serving the plates and the dietary staff who were preparing the plates. -He did not know which direct care staff served Resident #3 his plate. Interview on 12/19/17 at 3:33pm with Resident #3 revealed: -"My meat is not chopped usually."	D 310		

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D 310	Continued From page 5 -"I don't have any problems swallowing since I was in the hospital (rehabilitation) four days ago." Interview on 12/19/17 at 3:35pm with Resident #3's private duty sitter revealed: -"We have him on our list that his meat is to be chopped". -The private duty sitters do not stay in the dining room with Resident #3 during meals. -The sitter had not seen Resident #3 choke or have difficulty swallowing. Interview on 12/20/17 at 9:22am with a first shift Personal Care Assistant (PCA) revealed: -Resident #3 was supposed to get "chopped food, really small pieces". -The PCA did not know of a time when his food was not chopped. -"I've never seen (Resident #3) have any problems swallowing because his food is always chopped up small." Interview on 12/20/17 at 9:27am with a second first shift PCA revealed Resident #3's food was to be chopped. Interview on 12/19/17 at 3:55pm with the Resident Care Coordinator (RCC) revealed: -The admissions office at the facility reads over new FL2s. -The admissions office was to put a dietary communication form in the dietary communication mailbox. -Changes to orders were copied and the RCC gave a copy to the kitchen. Interview on 12/19/17 at 2:50pm with the Administrator revealed: -The mechanical soft meat had been prepared. -Usually the plates came out to the dining tables	D 310		

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D 310	Continued From page 6 directly from the kitchen. -"Today was the Christmas party and it was not given to (Resident #3) directly from the kitchen." -"It (the meal) was served buffet style and he got the wrong plate." Telephone interview on 12/19/17 at 4:03pm with the facility's Medical Director revealed: -Resident #3 had a long rehabilitation stay due to swallowing issues. -The Medical Director would order a speech therapy consult to reevaluate Resident #3. -Resident #3 could have choked on the large pieces of meat he was served. The facility failed to ensure the physician ordered diet was served to 1 of 5 sampled residents (Resident #3) related to mechanical soft meat. The facility's failure to ensure a resident with swallowing problems was served the appropriate modified texture diet increased the risk of the resident choking (food getting stuck in the upper airway). his failure was detrimental to the health, safety, and welfare of the resident affected and constitutes a Type B Violation. The facility provided a Plan of Protection on 12/19/17 that included: -Staff will be re-educated verbally at shift changes. -The dietary roster will be generated by the care staff and updated monthly and as any changes occur. -The Dietary Director has posted current dietary orders in the front and back of the kitchen viewable by care staff as well as dietary staff. -The dietary roster will be generated by the care staff based off of the FL2 and any new orders.	D 310		

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D 310	Continued From page 7 -The Resident Care Coordinator and Program Care Coordinator will communicate new orders directly to the Dietary Director. -The Dietary Director will train staff with any new dietary order. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 4, 2018.	D 310		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 reviews, the facility failed to assure all residents received care and services with were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food service. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure for 1 of 5 sampled residents (Resident #3) was served a mechanical soft meat diet as ordered. [Refer to Tag 310, 10A NCAC 13F .0904(e)(4) Nutrition and Food Service (Type B Violation).]	D912		