STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011375	A. BUILDING: _____ B. WING _____	C 12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 2	231 COUNTRY TIME CIRCLE LEICESTER, NC 28748

(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 survey on 12/19/18.	C 000	C249 Administrator discussed with staff the importance of following all physician orders and accurately documenting care that is provided. Staff will inform ordering provider of any treatment refusals or request by resident for changes in treatment plan. Staff will document all communication with providers Staff will inform administrator or designee of any changes in treatment ordered for	1/18/19
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 1 of 3 sampled residents (Resident #2) order for hot compresses daily were completed as ordered by the physician. The findings are: Review of Resident #2's current FL2 dated 11/16/18 revealed a diagnosis of impaired cognition. Review of Resident #2's record revealed a physician note from an Ophthalmologist appointment dated 10/08/18 with the following documentation: -The resident had diagnoses of cataracts and blepharitis (inflammation of the eyelids). -There was an order for hot compresses to the eyelids daily. Review of the November and December 2018	C 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/18/19

Reviewed and Accepted
Date: 01/18/19
cs

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C 249	Continued From page 1 electronic Medication Administration Records (eMARs) revealed: -An entry for hot compress apply to both eyes daily scheduled for 10:00am to 10:00pm. -Staff (Supervisor-In-Charge (SIC) and Relief SIC) had initialed as administered daily beginning 11/01/18 through 12/18/18. Interview with Resident #2 on 12/19/18 at 10:45am revealed: -She had been having trouble with her eyes for "a long time, like irritation in both eyes." -She had gone to "eye doctor" some time ago and her eyes had not improved. -She thought the irritation was from "maybe little flakes of paint or something falling from the ceiling in her room." -She had told the SIC that her eyes were irritated and "I think she did not believe me." -She was not aware of an order for hot compresses to her eyes. -She did not recall the Ophthalmologist discussing anything about putting hot compresses on her eyes. -Staff had not been applying any compresses to her eyes. -She would sometimes at night, when she was washing her face, rub a warm washcloth over her eyes and that seemed to help. Interview with the Supervisor-in-Charge (SIC) on 12/19/18 at 11:00am revealed: -When the order was first written, she did do the hot compresses a couple times. -Then the resident told her when she offered to do the hot compresses, she had already done them so she did not offer to do them anymore. -The resident always stayed in the bathroom a long time and she (SIC) thought the resident was "probably putting compresses on then."	C 249	residents. Administrator or designee will interview residents at least twice monthly to ensure they are receiving care as ordered by their physician and documented by facility staff until compliance is reached. facility staff educated to ensure compliance with providing care as ordered and accurate documentation on the eMAR of the care being provided.	

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C 249	Continued From page 2 -She had not asked the resident specifically if she was placing compresses on her eyes daily. -She had been documenting the eMARs as administering, because she thought the resident was completing the task. -She did not recall the resident telling her that her eyes were irritated. Interview with the Relief SIC on 12/19/18 at 11:15am revealed: -He had applied the hot compress "a couple of times," but thought the resident was "doing it herself." -The resident had not mentioned to him that her eyes were irritated. Telephone interview with the nurse from the Ophthalmologist office on 12/19/18 at 11:40am revealed: -Because of the Blepharitis diagnosis, the physician ordered the hot compress to both eyes to avoid inflammation of eyelids which could lead to infection. -Often patients with Blepharitis will have swelling, redness or "crusting" around the eyelids, especially if they had poor hygiene or irritation of their eyes. Observation of Resident #2 on 12/19/18 revealed: -The resident wore eye glasses. -There was no "crusting", swelling, or redness of either eye.	C 249		