STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011380	A. BUILDING: _____ B. WING _____	10/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 1	230 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 October 01, 2019.	C 000		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .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 interview, observation and record review the facility failed to assure physician notification for 1 of 3 sampled residents related to follow-up to assure nail care was provided for a resident with a diagnosis of diabetes mellitus (Resident #1). The findings are: Review of a current FL2 dated 07/01/19 for Resident #1 revealed: -Diagnoses of vascular dementia with psychosis, diabetes type II, COPD (chronic obstructive pulmonary disease), stroke, hypertension, and HLD (hypersensitivity in lung disease). Review of Licensed Health Professional Support (LHPS) for Resident #1 dated 11/20/18 revealed Resident #1 "does need her nails trimmed." Review of LHPS for Resident #1 dated 05/16/19 revealed that Resident #1 needed to have her nails trimmed. Interview with Resident #1 on 10/02/19 at	C 246		

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C 246	Continued From page 1	C 246		

12:15pm revealed:
-Her nails were too thick to trim herself.
-No one at the facility had trimmed her nails.
-Resident #1's had her toenails trimmed when she paid for a pedicure 2 years ago at a local nail salon.
-She was not experiencing pain with her toenails.

Observation of Resident #1 on 10/02/19 at 12:15pm revealed:
-Resident toenails were very long-extending 1/4 to 1/2 inch over the end of her toe.
-Toenails were curved and bending toward one side.
-Toenails appeared very thick.

Interview with the Supervisor-in-Charge (SIC) on 10/01/19 at 12:20pm revealed:
-He did not know Resident #1 needed to have her toenails trimmed.
-Resident #1 had not said anything or complained about her toenails.
-He was not responsible for reviewing the LHPS recommendations.

Interview with the Property Manager on 10/01/19 at 2:15pm and 3:45pm revealed:
-The Property Manager, the Assistant Property Manager and the Administrator were all responsible for following up on LHPS recommendations.
-The facility had a protocol that residents with diabetes had their nails trimmed professionally.
-She was not sure why Resident #1 had not been having her nails trimmed.
-She contacted the podiatrist today (10/01/19) after finding out that Resident #1 needed her nails trimmed.
-The podiatrist told her that if Resident #1 was not on insulin that Medicaid and Medicare would not

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C 246	Continued From page 2 pay for podiatry nail trimming. -She would contact the LHPS reviewer and the physician to determine what options were available to have Resident #1 nails trimmed. Interview with the facility Administrator on 10/01/19 at 4:30pm revealed: -She did not know why no one had followed up on the resident nail trimming. -She would be sure that all staff were trained in following up on LHPS recommendations and that there would be a "check and balance" procedure to be sure that all recommendations were followed up on.	C 246		