STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: _____ B. WING _____	03/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	34 SMITH GRAVEYARD ROAD ASHEVILLE, NC 28806

(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 conducted an annual survey March 24, 2021.	C 000		
C 079	10A NCAC 13G .0315(a)(6) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (6) have supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure two of two sampled resident bathrooms had paper towels or hand towels available for resident use. The findings are: Tour of the facility on 03/24/21 at 9:58am revealed bathroom #1 had no paper towels or hand towels available for resident use. Tour of the facility on 03/24/21 at 10:00am revealed bathroom #2 had no paper towels or hand towels available for resident use. Interviews with residents on 03/24/21 between 10:00am and 1:30pm revealed: -" I would love to have paper towels in there, I don't like drying my hands on my pants." -"They don't have hand towels or paper towels in the bathroom but I would like to have some." -"There is never any paper towels or hand towels	C 079		

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C 079	Continued From page 1 in the bathroom. I have my own wash clothes and hand towels in my room. I would prefer paper towels or hand towels in the bathroom, so I don't have to take mine down there to dry my hands." Observation of bathroom #1 and bathroom #2 on 03/24/21 at 10:32am revealed no paper towels or hand towels available for resident use. Observation of bathroom #1 and bathroom #2 on 03/24/21 at 12:12pm revealed no paper towels or hand towels available for resident use. Observation of bathroom #1 and bathroom #2 on 03/24/21 at 1:23pm revealed no paper towels or hand towels available for resident use. Interview with the Supervisor in Charge (SIC) on 03/24/21 at 1:44pm revealed: -He was told by another staff member that the only things that were allowed in the bathroom were hand soap, toilet paper and a trash can. -There was currently no paper towels in the storage closet inside the facility. -The paper towels were kept in the storage shed outside. -He was not supposed to leave the house when residents were present so he would tell the Administrator what he needed from the storage shed. Interview with the Administrator on 03/24/21 at 1:50pm revealed: -He was not aware the residents did not have hand towels in the bathrooms. -He preferred hand towels in the bathrooms versus paper towels. -If staff needed any supplies for anywhere in the facility, they were supposed to let him know.	C 079		

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C 266	10A NCAC 13G .0904 (c-3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure substitutions made in the menu were of equal nutritional value and documented to indicate the foods served to residents. The findings are: Review of the daily census revealed 5 residents resided in the facility on 03/24/21. Review of 5 of 5 residents' diet orders revealed the three residents were ordered a regular diet. Review of the Regular Diet Menu for the lunch meal on 03/24/21 revealed 1 oz. Turkey, 1 oz. slice of Swiss cheese, 1 tsp of mayonnaise, two slices of bread, 1 dill pickle, ½ cup of low-fat yogurt, 1 medium apple and a 2"x 2" sq. brownie. Observation of the lunch meal served on 03/24/21 at 12:36pm revealed: -One resident received two chicken pot pies. -Two residents received 8 chicken nuggets, approximately 1 cup of pinto beans and 2 -1/2 slices of apricot in juice. -One resident did not want to eat lunch and only wanted a glass of milk.	C 266		

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C 266	Continued From page 3 -One resident was out of the facility during the lunch meal. Observation of the food supply on 03/24/21 at 10:27am compared to the facility's regular menu for 03/24/21 revealed: -Items were available to accommodate the menu except for the pickle and yogurt. -The lettuce could have been substituted for the pickle, vanilla pudding could have been substituted for the yogurt. There was no dietary substitution menu or substitution log provided by the facility during the survey. Interview with the medication aide (MA) on 03/24/21 at 10:52am revealed: -He was responsible for preparing the residents' meals. -He did not usually go by the menu. -He did not always have what the menu called for and the residents would not eat what was on the menu. -He had picky eaters in the facility and usually he just made them what they wanted to eat. -The staff were trained on how to follow the menus. -The staff were trained to make substitutions if needed with equal nutritional value. -He had not documented any of his substitutions nor had he reviewed the substitution menu suggestions. -He did not have an answer as to why there were no substitutions documented. Interview with the Administrator on 03/24/21 at 2:10pm revealed: -He expected staff to follow the menus. -The shopping list was geared towards the	C 266		

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C 266	Continued From page 4 menus. -He realized that not all residents would like what was on the menu, but he expected staff to follow the menus with respect to residents likes and dislikes.	C 266		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the Medication Administration Records for 1 of 3 sampled residents (Resident #1).	C 342		

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C 342	Continued From page 5 The findings are: Review of Resident #1's current FL-2 dated 06/01/20 revealed diagnoses included major depression, hypertension, alcohol induced encephalopathy. Review of the hospital record for Resident #1 dated 03/17/21 revealed: -He had surgery to his left ankle and foot on 03/17/21. -Resident #1 had a physician's order for Tramadol (used to treat pain) 50 mg one tablet every four hours as needed for pain. Review of Resident #1's March 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Tramadol 50mg one tablet every four hours as needed for pain. -There was documentation Tramadol 50mg one tablet every four hours as needed for pain was administered on twice on 03/18/21, three times on 03/19/21, four times on 03/20/21, three times on 03/21/21, three times on 03/22/21, four times on 03/23/21, and once on 03/24/21 with no times given as when administered. -There was documentation under the "Exceptions" of the eMAR system Tramadol 50mg one tablet every four hours as needed for pain was administered on 03/18/21 at 3:49pm and 7:17pm, on 03/19/21 at 7:29pm, 7:31pm and 7:35pm, on 03/20/21 at 8:27am, 7:24pm, 7:25pm, and 7:26pm, on 03/21/21 at 8:09am, 3:57pm and 7:43pm, on 03/22/21 at 7:50am, 12:06pm and 7:16pm, on 03/23/21 at 8:24am, 11:59am, 7:37pm and 7:47pm, and on 03/24/21 at 8:25am. Review of the Control Substance Record for	C 342		

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C 342	Continued From page 6 Resident #1 revealed Tramadol 50mg one tablet every four hours as needed for pain was administered at 8:00pm, four times on 03/20/21 at 8:00am, 12:00pm, 4:00pm and 8:00pm, four times on 03/21/21 at 8:00am, 12:00pm, 4:00pm and 8:00pm, three times on 03/22/21 at 8:00am, 12:00pm, 4:00pm, and no documentation on 03/23/21 and 03/24/21 of Tramadol 50mg being administered once on 03/17/21 at 8:00pm, four times on 3/18/21 at 8:00am, 3:48pm, 7:45pm and 11:45pm, four times on 03/19/21 at 8:00am, 12:00pm, 4:00pm Observation of Resident #1's medication on hand on 03/24/21 at 1:50pm revealed: -The medication was dispensed on 03/17/21. -There were 16 of 42 tablets available for administration. Interview with Resident #1 on 03/24/21 at 10:18am revealed: -He thought he was receiving his Tramadol 50mg one tablet every four hours as needed for pain. -He continued to have pain. -On a scale of 1-10 his pain was a 6. Interview with the supervisor in charge (SIC) on 03/24/21 at 2:26pm revealed: -He had administered Resident #1's Tramadol 50 mg one tablet as the Resident #1 needed it. -He was aware the Tramadol 50mg was not documented accurately on the eMAR. -He could not explain why the Tramadol 50mg was not documented accurately on the eMAR. Interview with the Administrator on 03/16/21 at 2:50pm revealed: -He was not aware the eMAR was not accurate for Resident #1 regarding the Tramadol 50mg. -He expected the SICs to administer and	C 342		

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C 342	Continued From page 7 Resident #1's medications according the physicians orders and document the administration accurately on the EMAR.	C 342		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the record of controlled substances was maintained and reconciled accurately with the documented receipt and administration of controlled substances for 1 of 1 sampled resident (Resident #1) with an order for a controlled pain medication. The findings are: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the Medication Administration Records for 1 of 3 sampled residents (Resident #1). The findings are: Review of Resident #1's current FL-2 dated 06/01/20 revealed diagnoses included major depression, hypertension, alcohol induced	C 367		

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C 367	Continued From page 8 encephalopathy. Review of the hospital record for Resident #1 dated 03/17/21 revealed: -He had surgery to his left ankle and foot on 03/17/21. -Resident #1 had a physician's order for Tramadol (used to treat pain) 50 mg one tablet every four hours as needed for pain. Review of Resident #1's March 2021 electronic medication administration record (eMAR) revealed: -There was an entry for Tramadol 50mg one tablet every four hours as needed for pain. -There was documentation Tramadol 50mg one tablet every four hours as needed for pain was administered on twice on 03/18/21, three times on 03/19/21, four times on 03/20/21, three times on 03/21/21, three times on 03/22/21, four times on 03/23/21, and once on 03/24/21 with no times given as when administered. -There was documentation under the "Exceptions" of the eMAR system Tramadol 50mg one tablet every four hours as needed for pain was administered on 03/18/21 at 3:49pm and 7:17pm, on 03/19/21 at 7:29pm, 7:31pm and 7:35pm, on 03/20/21 at 8:27am, 7:24pm, 7:25pm, and 7:26pm, on 03/21/21 at 8:09am, 3:57pm and 7:43pm, on 03/22/21 at 7:50am, 12:06pm and 7:16pm, on 03/23/21 at 8:24am, 11:59am, 7:37pm and 7:47pm, and on 03/24/21 at 8:25am. Review of the Control Substance Record for Resident #1 revealed Tramadol 50mg one tablet every four hours as needed for pain was administered and 8:00pm, four times on 03/20/21 at 8:00am, 12:00pm, 4:00pm and 8:00pm, four times on 03/21/21 at 8:00am, 12:00pm, 4:00pm and 8:00pm, three times on 03/22/21 at 8:00am,	C 367		

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C 367	Continued From page 9 12:00pm, 4:00pm, and no documentation on 03/23/21 and 03/24/21 of Tramadol 50mg being administered once on 03/17/21 at 8:00pm, four times on 3/18/21 at 8:00am, 3:48pm, 7:45pm and 11:45pm, four times on 03/19/21 at 8:00am, 12:00pm, 4:00pm. Observation of Resident #1's medication on hand on 03/24/21 at 1:50pm revealed: -The medication was dispensed on 03/17/21. -There were 16 of 42 tablets available for administration. -There were 7 tablets unaccounted for Resident #1. Interview with Resident #1 on 03/24/21 at 10:18am revealed: -He thought he was receiving his Tramadol 50mg one tablet every four hours as needed for pain. -He continued to have pain. -On a scale of 1-10 his pain was a 6. Interview with the supervisor in charge (SIC) on 03/24/21 at 2:26pm revealed: -He had administered Resident #1's Tramadol 50 mg one tablet as the Resident #1 needed it. -He usually would pop out the Tramadol 50 mg from the bubble pack into the medicine cup, document on the Control Substance Log, give the Resident #1 the medication to take and then document the medication as administered on the EMAR after Resident #1 had taken the medication. .-He was aware the Tramadol 50mg was not documented accurately on the Control Substance Record. -"I do not know why I didn't fill it out like I usually do." -He could not explain why the Tramadol 50mg was not documented accurately on the Control	C 367		

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C 367	Continued From page 10 Substance Record. -He could not account for the missing Tramadol 50mg medication. Interview with the Administrator on 03/16/21 at 2:50pm revealed: -He was not aware the Control Substance Record was not accurate for Resident #1 regarding the Tramadol 50mg. -He could offer no explanation as to why there were 7 missing Tramadol 50 mg tablets as he had previously had no issues with missing or inaccurate Control Substance Records . -He expected the SICs to administer and Resident #1's medications according the physicians orders and document the administration accurately on the Control Substance Record.	C 367		