STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on 05/03/22 and 05/04/22.	D 000		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure a medication aide (MA) recorded the administration of morning medications immediately after administering the medications and did not observe a resident taking their morning medications for 1 out of 3 sampled residents (Resident #2). The findings are: Review of the facility's Medication Policy and Procedures Manual dated October 2014 revealed: -Medications are administered in accordance with written orders of the physician or other authorized prescriber. -Medications should be administered at the time they are prepared.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 366	Continued From page 1 -For a resident whose medications are administered by Assisted Living (AL) staff, medication administration is documented on the resident's medical record at the time the medication is given by the person administering the dose. Review of Resident #2's current FL2 dated 04/22/22 revealed diagnoses included depression, chronic obstructive pulmonary disease, vitamin D deficiency and nutritional deficiency. Review of Physician's Orders dated 04/26/22 revealed: -There was an order for sertraline (treats depression) 50mg tablet - take one tablet every day. - There was an order for NAC 600mg (treats cough and other lung conditions) capsule - take one capsule every day. - There was an order for calcium 600 plus vitamin D 400 (treats low calcium and low vitamin D levels) - take one tablet every day. - There was an order for folic acid 0.4 mg (treats depression in the elderly and taken due to low levels of folate) - take one tablet every day. Review of the May 2022 electronic Medication Administration Record (eMAR) revealed: There was an entry for sertraline 50mg tablet scheduled daily for 8:00am. -There was an entry for NAC 600mg capsule scheduled daily for 8:00am. -There was an entry for calcium 600mg plus vitamin D 400 international units (IU) tablet scheduled daily for 8:00am. -There was an entry for folic acid 0.4mg tablet scheduled daily for 8:00am.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 366	Continued From page 2	D 366		

Observation during initial tour of Resident #2's room on 05/03/22 at 8:58am revealed:
-There was a medication cup on the bedside table.
-The medication cup had 3 tablets and 1 capsule inside.

Interview during initial tour with Resident #2 on 05/03/22 at 8:58am revealed:
-The MA often brought her morning medications to her and left them on her bedside table.
-She would take her morning medications after she got up in the morning.

Interview with the MA on 05/03/22 at 9:11am revealed:
-She identified the 4 medications in the medication cup for Resident #2 as sertraline, NAC, calcium plus vitamin D and folic acid.
-She brought these 4 medications to Resident #2 the morning of 05/03/22.
-She did not always stay with Resident #2 when Resident #2 took her morning medications.
-She was trained not to leave medications at the bedside.

Observation of the MA on 05/03/22 at 9:14am revealed she administered the 4 medications in the medication cup to Resident #2.

Interview with the Resident Care Coordinator on 05/03/22 at 2:48pm revealed:
-The sertraline, NAC, calcium plus vitamin D and folic acid for Resident #2 were documented as administered at 7:03am on 05/03/22.
-The MA should not have signed off on medications before they were administered to Resident #2.
-The MA should not have left medications unattended on the bedside table for Resident #2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 366	Continued From page 3 -The MA had not been trained to pre-sign medications or leave medications unattended for any resident. A second interview with the MA on 05/04/22 at 7:38am revealed: -She documented on the eMAR when she removed the morning medications for administration for Resident #2 on 05/03/22. -Resident #2 was still asleep when she entered her room the morning of 05/03/22. -She did not want to disturb Resident #2, so she left her medications on Resident #2's bedside table. -She should have taken the medications back to the medication cart instead of leaving them in the room. -She should have waited to document the medications for Resident #2 after she observed her taking them and not before. Interview with the Administrator on 05/04/22 at 8:09am revealed: -She was made aware yesterday that the MA sometimes left Resident #2's morning medictions on her bedside table. -She should not have left the medications at the bedside table. -The MA should observe the resident take all medications before leaving the room. -The MA should not document a medication was given until after the medication was administered.	D 366		
D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies	D 611		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 611	Continued From page 4	D 611		

and procedures are established and implemented consistent with
the federal CDC published guidelines, which are hereby incorporated by reference including subsequent
amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following:
(1) Standard and transmission-based precautions, for which guidance can be found on the CDC
website at
https://www.cdc.gov/infectioncontrol/basics, including:
(A) respiratory hygiene and cough etiquette;
(B) environmental cleaning and disinfection;
(C) reprocessing and disinfection of reusable resident medical equipment;
(D) hand hygiene;
(E) accessibility and proper use of personal protective equipment (PPE); and
(F) types of transmission-based precautions and when each type is indicated, including
contact precautions, droplet precautions, and airborne precautions;
(2) When and how to report to the local health department when there is a suspected or confirmed
reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section;
(3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 611	Continued From page 5	D 611		

the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
(4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
of illness, as well as posting signage for visitors regarding screening and restriction procedures;
(5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
from working;
(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs
of the residents during a communicable disease outbreak;
(7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance
on infection control; and
(8) a process for updating policies and procedures to reflect guidelines and recommendations by the
CDC, local health department, and North Carolina Department of Health and Human Services
(NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.

This Rule is not met as evidenced by:
Based on observations, record review and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 611	Continued From page 6	D 611		

coronavirus (COVID-19) pandemic related to the screening of visitors and use of Personal Protective Equipment (PPE).

The findings are:

Review of the CDC guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21 revealed all visitors should be screened for the presence of fever and symptoms of COVID-19 when entering the building.

Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARS-CoV-2 (COVID-19) in Nursing Homes and Long-Term Care Facilities updated 01/21/22 revealed a Health Care Provider (HCP) should wear a face mask when they are in areas of the healthcare facility where they could encounter patients.

Review of the NCDHHS guidelines for the prevention and spread of COVID-19 in LTC facilities, updated 02/10/22, revealed facilities should continue to screen all who enter for visitation.

Review of the NCDHHS guidelines for prevention and spread of COVID-19 in LTC facilities updated 11/19/21 revealed facilities should adhere to the core principles of COVID-19 infection prevention to mitigate risk associated with potential exposure.

Review of the facility's undated COVID-19 Infection Control policy revealed:
-All visitors will be screened for the presence of fever and symptoms consistent with COVID-19.
-All staff will wear a face face mask while in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 611	Continued From page 7 facility. Observations at the main entrance of the facility on 05/03/22 at 8:30am revealed: -A staff member was cleaning near the main entrance and was not wearing a face mask. -A personal care aide (PCA) entered the living room from the dining room and was not wearing a face mask. -Two medication aides (MAs) were at the front desk helping residents and were not wearing face masks. -There was no screening station set up to screen visitors for COVID-19. -The 3 surveyors were not screened upon entry. Interview with a MA on 05/03/22 at 8:35am revealed the Administrator informed the facility staff they could stop screening visitors and stop wearing face masks about 2 weeks ago. Interview with a resident on 05/03/22 at 9:15am revealed staff were wearing a face mask when she moved in about a month ago but stopped wearing them about 2 weeks ago. Interview with another resident on 05/03/22 at 9:21am revealed staff stopped wearing face masks just recently. Observation of all staff on 05/03/22 at 2:00pm revealed they were wearing a face mask. Interview with the Administrator on 05/03/22 at 12:36pm and 2:17pm revealed: -The local county face mask regulations had recently relaxed so she thought they could do the same. -She told the staff about 2 weeks ago they could wear face masks if they preferred but since it was	D 611		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011005	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHER'S FAIRVIEW REST HOME	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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
D 611	Continued From page 8	D 611		

optional everywhere else out in the public it could be optional at the facility.
-She thought the MA's were still screening visitors even though the doors had been unlocked.
-She received all updates from NCDHHS and had access to all the CDC guidelines but did not remember receiving anything recently.
-She did not think to check if the guidance had changed before she told staff face masks could be optional.

Interview with the Resident Care Coordinator on 05/03/22 at 2:26pm revealed:
-The facility stopped screening visitors because the facility's Nurse Practitioner (NP) came to the facility about 2 weeks ago and told them that other facilities had unlocked their doors, allowing visitors to enter more easily.
-She asked the Administrator about the NP's statement and they decided to unlock the facilty's doors.
-She assumed they did not need to screen anymore since they could unlock their doors.

Review of the facility's COVID-19 visitor screening log revealed:
-The log was stored in a cabinet in the nurses station.
-The last date a visitor was documented as screened for COVID-19 upon entry to the facility was on 04/08/22.