STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345312	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Greens at Hendersonville	1870 Pisgah Drive Hendersonville, NC 28791

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on observations, record review and staff interviews, the facility failed to ensure the armrest of Resident #75's wheelchair remained in good repair for 1 of 3 wheelchairs observed for safe, clean and homelike environment. Findings included: Resident #75 was admitted to the facility on [DATE]. The significant change Minimum Data Set (MDS) dated [DATE] revealed Resident #75 had severe cognitive impairment. During an observation on 10/29/24 at 12:28 PM Resident #75 was sitting up in his wheelchair in his room eating lunch. On the left side of Resident #75's wheelchair, the padded armrest was being held in place to the armrest frame by 4 rows of purple tape that were wrapped around the bar of the armrest frame and top of the padded armrest. The material of the padded armrest was not cracked, broken or frayed. Subsequent observations conducted on 10/30/24 at 8:55 AM and 10/31/24 at 1:45PM revealed the condition of the armrest on Resident #75's wheelchair remained unchanged. During an interview on 10/31/24 at 1:49 PM, Nurse Aide (NA) #4 revealed Resident #75 usually sat up in his wheelchair when eating his meals. NA #4 stated when she noticed a wheelchair needing repair, she notified the Unit Manager or Nurse Supervisor who then notified the Maintenance Director. NA #4 confirmed the left armrest on Resident #75's wheelchair had purple tape wrapped around the wheelchair frame holding it into place. NA #4 stated she had not previously noticed the condition of the armrest on Resident #75's wheelchair and had not notified anyone that it needed repair. An observation of Resident #75's wheelchair and subsequent interview was conducted with the Maintenance Director on 10/31/24 at 1:57 PM. The Maintenance Director explained he replaced armrests on wheelchairs when informed by staff that repairs were needed but stated he had not been notified that the armrest on Resident #75's wheelchair needed to be replaced. The Maintenance Director confirmed the left armrest of Resident #75's wheelchair had 4 rows of purple tape wrapped around the wheelchair frame holding it into place and stated it was something that he should have been made aware of for repair to be made. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/31/24 at 2:15 PM, the Nurse Supervisor revealed staff usually let her know when repairs were needed and she informed the Maintenance Director. The Nurse Supervisor stated no one had mentioned anything to her regarding the armrest on Resident #75's wheelchair needing repaired. During an interview on 11/01/24 at 2:41 PM, the Director of Nursing (DON) stated staff should have notified the Maintenance Director when Resident #75's wheelchair armrest was noticed needing repair. During an interview on 11/01/24 at 3:42 PM, the Administrator stated she would have expected for staff to have notified the Maintenance Director that the armrest of Resident #75's wheelchair needed repair so that it could have been fixed sooner.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45272 Based on observations and staff interviews the facility failed to store a staff member's opened drink bottle separate from residents' stored food in 1 of 3 kitchen refrigerators. The facility failed to maintain and clean 1 of 1 milk cooler, 1 of 2 ice machines, and 1 of 1 floor kitchen drains, and 1 of 1 baking sheet storage rack. The facility failed to date an opened nutritional supplement in 1 of 1 nourishment refrigerators. This practice had the potential to affect one-hundred and five (105) residents who resided at the facility. Findings Included 1. On [DATE] at 9:13 AM an observation of the reach-in milk cooler was found with an opened soda bottle laying on top of stored milk cartons. The morning cook stated on [DATE] at 9:15 AM the opened soda bottle belonged to kitchen staff, and she was unsure which staff it belonged to. She stated the drink bottle should not be kept in the cooler. 2. On [DATE] at 9:13 AM an observation of the reach-in milk cooler revealed the bottom of the milk cooler contained baking sheets which were covered with parchment paper. Multiple areas of parchment paper on each baking sheet contained dried white substance with a fuzzy greenish to brownish substance. 3. An observation of the inside of the kitchen ice maker on [DATE] at 9:17 AM found the white plastic ice shield to be unclean. The bottom of the plastic shield was directly touching the ice in the machine and the plastic shield contained an orange/pink substance that spanned the length of the ice shield. On [DATE] a follow-up kitchen observation was made with the District Dietary Manager. The ice machine plastic shield remained unchanged at 11:38 AM on [DATE]. 4. At 11:40 AM on [DATE] the in-floor drain cover for the two-compartment sink was observed to contain a thick layer of slimy white and pinkish/red colored substance covering a large portion of the drain cover. 5. At 12:33 PM on [DATE], the observation found the storage rack for ready-to-use baking sheets to contain a thick buildup of yellow and waxy to touch substance directly under the baking sheets. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The District Dietary Manager stated on [DATE] at 3:34 PM she had been the temporary Dietary Manager for the kitchen since the end of [DATE]. She stated the previous Dietary Manager did not use a cleaning sheet for the kitchen staff to sign off what had been cleaned and she had started a daily cleaning sheet with assignments for kitchen staff. The District Dietary Manager said kitchen staff should not store personal food items in resident areas, the kitchen staff have their own refrigerator for personal items. She said the ice machine was cleaned monthly by the maintenance department and maintenance would clean it in between when notified. Additionally, the District Dietary Manager stated the reach-in milk cooler would be cleaned monthly or when needed. The clean storage racks, the floor drains and reach in cooler were not on a cleaning list and were assigned to be cleaned on weekends and should have been cleaned. 6. The nourishment room refrigerator was observed on [DATE] at 4:02 PM with the District Dietary Manager. The refrigerator door contained one small carton of nutritional supplement that was opened without an open date on it. The District Dietary Manager stated during the observation that the nutritional supplement was placed by a nurse without an open date after the refrigerator had been checked for opened and expired items earlier that day. The Maintenance Director was interviewed on [DATE] at 3:20 PM. He stated he cleaned the ice machine in the kitchen and nourishment room once monthly regularly and when needed. He stated he was not aware the kitchen ice machine needed to be cleaned, normally a kitchen staff would let him know or place it on the maintenance log. The Administrator stated on [DATE] at 3:30 PM dirty areas of the kitchen should be cleaned regularly and when dirty. She said the items in the nourishment room refrigerator should be dated when opened and disposed of when it expired.