

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345174	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/22/2025
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NAME OF PROVIDER OR SUPPLIER Elevate Health and Rehabilitation	STREET ADDRESS, CITY, STATE, ZIP CODE 91 Victoria Road , Asheville, North Carolina, 28801
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F0000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted on 12/22/25. Event ID# 1DF289-H1. The following intakes were investigated: 2609024, 2645068, 2682207, 2692956 and 2693583.</p> <p>14 of the 14 complaint allegations did not result in deficiency.</p>	F0000		
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or</p> <p>infections before they can spread to other persons in</p>	F0880		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0880 SS = D	<p>Continued from page 1 the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews, observations and staff interviews, the facility failed to follow their infection control policies and procedures for Enhanced Barrier Precautions (EBP) for two residents with chronic wounds when the Treatment Nurse did not wear Personal Protective Equipment while providing wound care for Resident #7 and Resident #8. In addition, the Treatment Nurse failed to change her gloves and perform</p>	F0880		

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F0880 SS = D	<p>Continued from page 2 hand hygiene during wound care. This deficiency occurred for 1 of 3 staff members reviewed for infection control practices (Treatment Nurse).</p> <p>The findings included:</p> <p>A review of the facility's policy titled "Enhanced Barrier Precautions," revised on 6/4/25, indicated:Enhanced Barrier Precautions (EBP) referred to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) by using gowns and gloves during high-contact resident care activities.High-contact activities included dressing, bathing, transferring, providing hygiene, changing linens or briefs, assisting with toileting, device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, midline catheters), and wound care if deemed chronic by a medical provider or if MDRO was present.An order for EBP was required for residents with chronic wounds (such as pressure ulcers, diabetic foot ulcers, chronic venous stasis ulcers) and/or indwelling medical devices, even if the resident was not known to be infected or colonized with MDRO.</p> <p>The facility's policy titled "Hand Hygiene," revised on 1/1/25, stated under section 6, Additional Considerations:The use of gloves did not replace hand hygiene. If a task required gloves, staff were to perform hand hygiene before donning gloves and immediately after removing gloves.Under the Hand Hygiene Table, staff were required to use either soap and water or alcohol-based hand rub when performing the following tasks:Before and after handling clean or soiled dressings or linensAfter handling items potentially contaminated with blood, body fluids, secretions, or excretionsWhen moving from a contaminated body site to a clean body site during resident carea. An observation of wound care for Resident #7 by the Treatment Nurse was made on 12/22/25 at 10:12 AM. Resident #7's room door did not have a sign for enhanced barrier precautions. The Treatment Nurse entered the room without wearing a gown. She washed her hands and put gloves on. She removed the dressing which was partially soiled with stool from Resident #7's coccyx. Resident #7 had a stage 2 pressure ulcer to his coccyx. Without removing gloves and performing hand hygiene, the Treatment Nurse proceeded to wipe the ulcer with gauze sprayed with wound cleanser. She discarded the gauze and applied a collagen dressing directly to the wound and covered it with a bordered dressing. She then discarded any unused supplies and her gloves and proceeded to wash her hands</p>	F0880		

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F0880 SS = D	<p>Continued from page 3 with soap and water at the sink.</p> <p>An interview with the Treatment Nurse on 12/22/25 at 10:47 AM revealed Resident #7 was recently admitted with a stage 2 pressure ulcer to his coccyx, but she couldn't find an order for enhanced barrier precautions for Resident #7. The Treatment Nurse stated she wasn't sure whether Resident #7 was supposed to be on enhanced barrier precautions which was why she did not wear a gown when providing wound care to Resident #7. She also stated that she knew she was supposed to change her gloves after cleaning Resident #7's wound, and she insisted that she did, but she wasn't sure about doing hand hygiene after removing her gloves. The Treatment Nurse stated that she received education on hand hygiene, but she would need to check the facility's infection policy before answering any more questions. The Treatment Nurse stated that she knew she needed to wash her hands before and after providing care but was not sure whether she had to do hand hygiene after removing gloves and before putting new gloves on.</p> <p>b. An observation of wound care for Resident #8 by the Treatment Nurse was made on 12/22/25 at 10:28 AM. Resident #8's room door did not have a sign for enhanced barrier precautions. The Treatment Nurse entered the room without wearing a gown. She washed her hands and put gloves on. Resident #8 had dressings around both ankles. The Treatment Nurse cut the dressings off from each ankle. She sprayed the left ankle wound with wound cleanser and then sprayed the right ankle wound with wound cleanser and started wiping the right ankle wound with a gauze. The Treatment Nurse then sprayed another gauze with wound cleanser and wiped Resident #8's right ankle wound. Without removing gloves and performing hand hygiene, the Treatment Nurse proceeded to spray another gauze with wound cleanser and wiped Resident #8's left ankle wound. The Treatment Nurse removed her gloves from both hands and without doing hand hygiene, put on new gloves to both hands. She applied collagen powder to the right ankle wound, placed a petrolatum-based gauze on the wound bed, covered it with a non-stick wound pad and wrapped the right ankle with rolled gauze. The Treatment Nurse then proceeded to apply collagen powder to the left ankle wound, place a petrolatum-based gauze on the wound bed, cover it with a non-stick wound pad and wrap the left ankle with rolled gauze. She then removed both gloves and washed her hands with soap and water at the sink.</p> <p>An interview with the Treatment Nurse on 12/22/25 at 10:47 AM revealed Resident #8 was recently admitted with wounds to both ankles which she obtained from a</p>	F0880		

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F0880 SS = D	<p>Continued from page 4 motor vehicle accident back in August 2025, but she couldn't find an order for enhanced barrier precautions for Resident #8. The Treatment Nurse stated she wasn't sure whether Resident #8 was supposed to be on enhanced barrier precautions which was why she did not wear a gown when providing wound care to Resident #8. She also stated that she knew she was supposed to change her gloves after cleaning Resident #8's wound, but she wasn't sure about doing hand hygiene after cleaning each wound and after removing her gloves. The Treatment Nurse stated that she received education on hand hygiene, but she would need to check the facility's infection policy before answering any more questions. The Treatment Nurse stated that she knew she needed to wash her hands before and after providing care but was not sure whether she had to do hand hygiene after removing gloves and before putting new gloves on.</p> <p>An interview with the Director of Nursing (DON) on 12/22/25 at 3:33 PM revealed she was also the facility's Infection Preventionist. The DON stated they only placed residents with wounds on enhanced barrier precautions if they had chronic wounds, and that they were still verifying whether Resident #7's pressure ulcer was chronic or not. The DON stated that she did not think Resident #7 needed to be on enhanced barrier precautions because he was just admitted to the facility with his pressure ulcer. The DON also stated that she did not think Resident #8 should be on enhanced barrier precautions because her wounds started out as trauma wounds. The DON further stated that hand hygiene during wound care should be done before starting the procedure, between taking off old dressing and putting a new dressing on, and after removing gloves. She added that the Treatment Nurse should have performed hand hygiene whenever she removed old dressings, after removing her gloves and prior to putting on new gloves.</p>	F0880		