STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID # OHNF11.	F 000		
F 278 SS=E	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the	F 278	•Corrective action was taken on	12/9/16

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

Electronically Signed | 12/05/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 1 facility failed to accurately code the Minimum Data Set (MDS) to reflect the Level II Preadmission Screening and Resident Review (PASRR) determination for 3 of 3 residents (Resident #22, Resident #67, and Resident #23) identified as a Level II PASRR and failed to accurately code oral/dental status on 2 of 4 residents (Resident #123 and Resident #106). Findings included: 1. Resident #22 was readmitted to the facility on 10/22/14 and diagnoses included depression. A review of the annual Minimum Data Set (MDS) dated 10/28/16 indicated Resident #22 was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting, and a set of recommendations for services to help develop an individual's plan of care. A review of the facility's list of Level II PASRR residents provided on entrance to the facility revealed that Resident #22 was included among the residents named on the list. An interview was conducted with the MDS Coordinator #2 on 11/10/2016 at 8:15 AM who stated he coded the annual MDS assessment on Resident #22 dated 10/28/16. The MDS Coordinator #2 stated he had not verified that Resident #22 was determined as Level II PASRR before he coded the annual MDS assessment and it was missed for coding for Level II PASRR. The MDS Coordinator #2 stated he submitted a corrected annual MDS assessment on 11/09/16 to indicate Resident #22 was Level II PASRR.	F 278	identifying the Level II PASRR's that were affected by the deficient practice on 11/9/16. A 100% audit was conducted on all level II PASRR's on 11/9/16. All assessments for the remainder of Level II PASRR residents were corrected on 11/9/16. •Corrective action was taken in coding residents that were identified as edentulous on 11/10/16. A 100% audit was done on those that wore dentures. Corrective action was taken on 11/10/16 in correcting the coding on those that had dentures and those that were edentulous. • All residents have the potential to be affected with inaccurate coding related to their care and needs. On 11/14/16 the MDS's coordinators reached out to RAI Clinical Coordinator for direction on the F278 Tag. This person was able to give guidance and recommend that a team member attend one of next years conferences. Pisgah Manor will send a member of the team (MDS coordinator) to the next MDS conference available (Dates have not yet been released). •Upon admission to the facility the admissions director will verify all PASRR numbers before the resident may enter the facility. The admissions director will then add the PASRR number to the face sheet and the residents chart. A copy of the PASRR number verification will then go in the resident's chart in the social service office. With this system in place	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 2 On 11/10/2016 at 8:30 AM an interview was conducted with the Director of Nursing (DON) who stated the social worker (SW) who no longer worked at the facility was responsible to provide Resident #22's Level II PASRR determination to MDS Coordinator #2 for coding the annual MDS dated 10/28/16. The DON stated because MDS Coordinator #2 had not received Resident #22's PASRR Level II determination from the SW the annual MDS Level II PASRR was missed for coding. The DON stated it was her expectation that the annual MDS dated 10/28/16 would have been coded accurately to reflect Resident #22 was determined as Level II PASRR. The DON stated her expectation was that MDS Coordinator #2 would correct Resident #22 ' s annual MDS to reflect Level II PASRR. On 11/10/2016 at 8:40 AM an interview was conducted with the Administrator who stated Resident #22 was determined as Level II PASRR. The Administrator stated the annual MDS assessment dated 10/28/16 should have been coded to reflect Resident #22 was Level II PASRR. The Administrator stated the facility had a turnover in the SW department and the SW was responsible to provide Resident #22's Level II PASRR determination to the MDS Coordinator #2 for coding. The Administrator stated Resident #22's annual MDS dated 10/28/16 was missed for coding for Level II PASRR. The Administrator stated it was his expectation that Resident #22's annual MDS would have been accurately coded to reflect Level II PASRR determination. The Administrator stated his expectation was that the MDS Coordinator #2 would correct Resident #22's annual MDS to reflect Level II PASRR.	F 278	the MDS coordinators will then be able to identify level II PASRR's and properly be able to code them in the system. Corrective action was taken on 11/10/16 by the administrator informing the admissions director to add all PASRR's to the face sheet and put a copy of the verification in the residents chart. •The DON/Administrator will audit the various sections of the MDS for accuracy in coding. A 20% sample size will be taken from the monthly submitted MDS's. The DON/Administrator will then report those results in our quarterly QAPI meetings until 100% compliance is met for a period of 6 months. The facilities QAPI team will monitor this throughout the year.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 3	F 278		

2. Resident #67 was readmitted to the facility on 10/27/14 and diagnoses included non-Alzheimer ' s dementia, anxiety disorder, and depression.
A review of the admission MDS dated 12/31/15 indicated Resident #67 was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting, and a set of recommendations for services to help develop an individual's plan of care.
A review of the facility's list of Level II PASRR residents provided on entrance to the facility revealed that Resident #67 was included among the residents named on the list.
The MDS Coordinator #1 was interviewed on 11/09/2016 at 4:06 PM regarding the accuracy of Resident #67's annual MDS dated 12/31/15. The annual MDS did not reflect the Level II PASRR determination for Resident #67 and the MDS Coordinator #1 stated the MDS should have been coded to reflect Resident #67 was Level II PASRR and was missed for coding. The MDS Coordinator #1 stated the admission MDS would require a correction to reflect Resident #67 was determined as Level II PASRR.
On 11/09/2016 at 4:17 PM an interview was conducted with the Director of Nursing (DON) who stated the social worker (SW) who no longer worked at the facility was responsible to provide Resident #67's Level II PASRR determination to MDS Coordinator #1 for coding the annual MDS dated 12/31/15. The DON stated because MDS Coordinator #1 had not received Resident #67's PASRR Level II determination from the SW the annual MDS Level II PASRR was missed for coding. The DON stated it was her expectation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 4	F 278		

that the annual MDS dated 12/31/15 would have been coded accurately to reflect Resident #67 was determined as Level II PASRR. The DON stated her expectation was that MDS Coordinator #1 would correct Resident #67's annual MDS to reflect Level II PASRR.

On 11/09/2016 at 4:31 PM an interview was conducted with the Administrator who stated Resident #67 was determined as Level II PASRR. The Administrator stated the annual MDS assessment dated 12/31/15 should have been coded to reflect Resident #67 was Level II PASRR. The Administrator stated the facility had a turnover in the SW department and the SW was responsible to provide Resident #67's Level II PASRR determination to MDS Coordinator #1 for coding. The Administrator stated Resident #67's annual MDS dated 12/31/15 was missed for coding for Level II PASRR. The Administrator stated it was his expectation that Resident #67's annual MDS would have been accurately coded to reflect Level II PASRR determination. The Administrator stated his expectation was that MDS Coordinator #1 would correct Resident #67's annual MDS to reflect Level II PASRR.

3. Resident #23 was admitted to the facility on 01/28/15 and diagnoses included depression and manic depression.

A review of the significant change Minimum Data Set (MDS) dated 02/06/16 indicated Resident #23 was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 5	F 278		

appropriate care setting, and a set of recommendations for services to help develop an individual's plan of care.
A review of the facility's list of Level II PASRR residents provided on entrance to the facility revealed that Resident #23 was included among the residents named on the list.
An interview was conducted with MDS Coordinator #1 on 11/10/2016 at 8:57 AM who stated she coded the significant change MDS assessment on Resident #23 dated 02/06/16. The MDS Coordinator #1 stated she had not verified that Resident #23 was determined as Level II PASRR before she coded the significant change MDS assessment and it was missed for coding Level II PASRR. The MDS Coordinator #1 stated she submitted a corrected significant change MDS assessment on 11/09/16 to indicate Resident #23 was Level II PASRR.

On 11/10/2016 at 9:05 AM an interview was conducted with the Director of Nursing (DON) who stated the social worker (SW) who no longer worked at the facility was responsible to provide Resident #23's Level II PASRR determination to MDS Coordinator #1 for coding the significant change MDS dated 02/06/16. The DON stated because MDS Coordinator #1 had not received Resident #23's Level II PASRR determination from the SW the significant change MDS Level II PASRR was missed for coding. The DON stated it was her expectation that the significant change MDS dated 02/06/16 would have been coded accurately to reflect Resident #23 was determined as Level II PASRR. The DON stated her expectation was that MDS Coordinator #1 would correct Resident #23's significant change MDS to reflect Level II PASRR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 6	F 278		

On 11/10/2016 at 9:10 AM an interview was conducted with the Administrator who stated Resident #23 was determined as Level II PASRR. The Administrator stated the significant change MDS assessment dated 02/06/16 should have been coded to reflect Resident #23 was Level II PASRR. The Administrator stated the facility had a turnover in the SW department and the SW was responsible to provide Resident #23's Level II PASRR determination to MDS Coordinator #1 for coding. The Administrator stated Resident #23's annual MDS dated 10/28/16 was missed for coding for Level II PASRR. The Administrator stated it was his expectation that Resident #23's significant change MDS would have been accurately coded to reflect Level II PASRR determination. The Administrator stated his expectation was that MDS Coordinator #1 would correct Resident #23's significant change MDS to reflect Level II PASRR.

4. Resident #123 was admitted on 11/28/12.

The annual Minimum Data Set (MDS) dated 3/15/16 coded Resident #123 as severely cognitively impaired for daily decision making skills. The MDS oral/dental status section indicated there were no problems present.

An interview was conducted with the MDS Coordinator #1 on 11/9/16 at 4:30 PM. The MDS Coordinator #1 stated when determining how to code the oral/dental status section of the annual MDS, she did not always make an observation of the resident but did review the nursing assessments, nursing notes, Physician notes, and dietary notes to see if the resident had any oral issues during the assessment period. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 7	F 278		

MDS Coordinator #1 confirmed Resident #123 was edentulous during the assessment period for the annual MDS dated 3/15/16 and acknowledged the MDS assessment had been inaccurately coded for oral/dental status. The MDS Coordinator #1 stated the annual MDS would require a correction to indicate Resident #123 was edentulous.

An interview was conducted with the Director of Nursing (DON) on 11/9/16 at 5:50 PM who stated it was her expectation for the MDS assessments to be accurately coded. The DON confirmed the MDS Coordinator #1 had submitted a corrected annual MDS assessment dated 11/9/16 for Resident #123 to accurately reflect her oral status.

An interview was conducted with the Administrator on 11/10/16 at 8:33 AM who stated it was his expectation for the MDS assessments to be accurately coded.

5. Resident #106 was admitted on 7/24/15.

The annual MDS dated 8/2/16 coded Resident #106 as moderately, cognitively impaired for daily decision making skills. The MDS oral/dental status section indicated there were no problems present.

Review of Resident #106's medical record revealed a dental note dated 5/6/16 which indicated "patient is edentulous."

An interview was conducted with MDS Coordinator #1 on 11/9/16 at 4:30 PM. The MDS Coordinator #1 stated when determining how to code the oral/dental status section of the annual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 278	Continued From page 8 MDS, she did not always make an observation of the resident but did review the nursing assessments, nursing notes, Physician notes, and dietary notes to see if the resident had any oral issues during the assessment period. The MDS Coordinator #1 confirmed Resident #106 was edentulous during the assessment period for the annual MDS assessment dated 8/2/16 and acknowledged the MDS assessment had been inaccurately coded for oral/dental status. The MDS Coordinator #1 stated the annual MDS would require a correction to indicate Resident #106 was edentulous. An interview was conducted with the Director of Nursing (DON) on 11/9/16 at 5:50 PM who stated it was her expectation for the MDS assessments to be accurately coded. The DON confirmed the MDS Coordinator #1 had submitted a corrected annual MDS assessment dated 11/9/16 for Resident #106 to accurately reflect her oral status. An interview was conducted with the Administrator on 11/10/16 at 8:33 AM who stated it was his expectation for the MDS assessments to be accurately coded.	F 278		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced	F 312		12/9/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 9 by: Based on Observations, record reviews, resident and staff interviews, the facility failed to provide nail care for 3 of 4 residents sampled for providing activities of daily living (ADL) care for dependent residents (Resident # ' s 7, 110, 67). The findings included: 1. Resident # 7 was admitted to the facility on 01/19/16 with diagnoses which included history of urinary tract infections, depression, weakness, history of stroke, and dementia without behaviors. A review of the most recent quarterly Minimum Data Set (MDS) dated 08/22/16 revealed Resident # 7 had short and long term memory deficits and was moderately impaired cognitively for daily decision making skills. The MDS further revealed Resident # 7 required extensive assistance with activities of daily living (ADLs) which included mobility, transfers, walking, toileting and personal hygiene. The MDS coded Resident # 7 showed little interest in activities, with no behaviors coded or rejection of care. A review of a care plan last revised 08/22/16 revealed Resident # 7 required 1 person extensive assistance with all Activities of daily living (ADL) related to progressing dementia. The interventions indicated Resident # 7 would be encouraged to participate with her care and with facility activities, A review of the daily care guide for Nurse Aides (NAs) to provide resident care indicated Resident # 7 required assistance with grooming. The approaches revealed daily care for Resident #7 included bed bath on non-shower days including	F 312	• Corrective action was put into place on 11/10/16. The residents that were found to be affected had their nails trimmed and cleaned by the CNA's. •CNA's were in serviced by the DON on 11/16/16 on nail care protocol. Nails are to be trimmed by the CNA on the 1st shower day of the week, and checked for cleanliness on 7-3 and 3-11 shifts on a daily basis. Diabetic resident's nails are to be trimmed by the treatment nurse on a weekly basis. Any residents participating in nail spa will have nails checked daily. If chips in nail polish are noted or rough edges CNA's will remove polish and file nails. Activity department will be notified for resident to attend the next nail spa. If a resident refuses nail care the charge nurse will be notified. Charge nurse will then visit resident and encourage compliance and assist in providing nail care. If resident continues to refuse their family will be notified and the charge nurse will document in the residents record. Nurses will be in serviced by the DON on 12/7/16 of correct nail care protocol. The DON will review the nail care reports provided by the charge nurses and supervisors on a weekly basis for three months. Then on a monthly basis throughout the year. The DON will report her findings from her weekly reports in the quarterly QAPI meeting. If problematic areas occur, they will be addressed at the time of the findings and brought to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 10 hand care, showers on day shift Monday and Thursday with nail care. A review on the shower schedules revealed Resident # 7 ' s shower days were on Monday and Thursday on the day shift. On 11/07/16 at 12:27 PM Resident # 7 was observed with all fingernails of both hands approximately ¼ to ½ " long nails with rough edges that were not trimmed with a yellowish white substance under the nails. On 11/07/16 at 3:46 PM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observation. On 11/08/16 at 9:16 AM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations. On 11/08/16 at 4:20 PM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations. On 11/09/16 at 9:37 AM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations. On 11/09/16 at 12:10 PM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations. On 01/09/16 at 4:42 PM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations. On 11/09/16 at 1:55 PM Resident # 7 was observed in the dining room eating her lunch	F 312	attention of the QAPI committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 11	F 312		

which consisted of mechanical soft turkey and dumplings. Resident # 7 was further observed using a fork in her right hand pushing the food onto the fork with her left hand. She then licked her fingers and picked up a buttered roll with her fingers to eat. Resident # 7 ' s fingernails of both hands were unchanged from the previous observation with long nails with rough edges that were not trimmed with a yellowish white substance under the nails.

On 11/10/16 at 8:17 AM Resident # 7 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/10/16 at 8:18 AM Nursing Assistant (NA) #2 who was familiar with the care for Resident # 7 was interviewed. NA #2 explained that Resident #7 received showers on Mondays and Thursday. NA #2 further explained that nail care was normally provided during Monday showers but also as needed, and on nail spa days. NA # 2 stated he provided care for Resident # 7 yesterday and today and provided a shower this morning (Thursday). NA #2 verified Resident # 7 nails needed cleaning and trimming. NA #2 further verified he did not provide nail care for Resident # 7 yesterday, or today during her shower.

An interview was attempted with NA #3 who provided care for Resident # 7 on Monday. NA # 3 was unable to be interviewed.

On 11/10/16 at 10:00 AM the Activity Director (AD) was interviewed. The AD revealed nail spa days for residents were held each Wednesday and was one of the most attended activities she held. The AD stated they try not to do nail care in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 12	F 312		

rooms unless a resident missed spa day because of appointments then they would do an in room manicure. The AD revealed Resident #7 received a hand massage on 09/28/16 but could not recall her attending the nail spa day.

On 11/10/16 at 9:29 AM the Director of Nursing (DON) was interview. The DON verified Resident # 7 ' s fingernails were not clean and trimmed. The DON stated that nail care should be completed the first day of the week during shower care which is Monday for these ladies, and as needed. The DON explained the activity director provides nail spa manicures each week for some residents and sometimes provides nail care in their rooms. The DON further stated it was her expectation that Residents ' nails would be cleaned and trimmed in the shower on showers days and as needed.

2. Resident # 110 was admitted to the facility on 06/20/13 with diagnoses which included depression, anxiety, generalized muscle weakness, lack of coordination, and Alzheimer ' s dementia.

A review of the most recent quarterly Minimum Data Set (MDS) dated 08/31/16 revealed Resident # 110 had was moderately impaired cognitively for daily decision making skills. The MDS further revealed Resident # 110 required extensive assistance with activities of daily living (ADLs) which included mobility, transfers, walking, toileting and personal hygiene. The MDS indicated Resident # 110 showed little interest in activities, with no behaviors coded or rejection of care.

A review of a care plan dated 01/01/16 revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 13	F 312		

Resident # 110 required assistance from staff with grooming and personal hygiene. The interventions indicated Resident # 110 would be encourage and praised for participation in personal hygiene tasks, tasks were to be accomplished in smaller steps. The care plan dated 01/01/16 for Resident # 110 to attend group activities would be encouraged to participate with her care and with facility activities. The interventions included engage in group activities such as nail spa, and if declining group attendance provide room visits for activities such as nail care.

A review of the daily care guide for Nurse Aides (NAs) to provide resident care indicated Resident # 110 required assistance with grooming. The approaches revealed daily care for Resident # 110 included bed bath on non-shower days including hand care, showers on day shift Monday and Thursday with nail care, and ensure nails were trimmed.

A review on the shower schedules revealed Resident # 110 ' s shower days were on Monday and Thursday on the day shift.

On 11/07/16 at 3:52 PM Resident # 110 was observed with all fingernails on both hands with a brown substance under all ten digits and approximately 1/2" or more in length with rough edges and red chipped polish.

On 11/08/16 at 10:01 AM Resident # 110 was observed with all fingernails of both hands unchanged from the previous observation.

On 11/08/16 at 4:27 PM Resident # 110 was observed with all fingernails of both hands

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 14	F 312		

unchanged from the previous observations.

On 11/09/16 at 9:41 AM Resident # 110 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/09/16 at 12:10 PM Resident # 110 was observed with all fingernails of both hands unchanged from the previous observations.

11/09/2016 1:29:28 PM Resident # 110 was observed in the dining room eating her lunch which consisted of turkey and dumplings, mixed vegetable and roll with jelly and butter. Resident # 110 was further observed eating her roll with her hands. Resident # 110 ' s fingernails of both hands were unchanged from the previous observation with a brown substance under all ten digits and approximately 1/2" or more in length with rough edges and red chipped polish.

On 11/09/16 at 4:42 PM Resident # 110 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/10/16 at 8:22 AM Resident # 110 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/10/16 at 9:00 AM Resident # 110 was observed having breakfast with toast with butter and jelly eating with her hands. Resident #110 was further observed with all fingernails of both hands unchanged from the previous observations with a brown substance under all ten digits and approximately 1/2" or more in length with rough edges and red chipped polish.

On 11/10/16 at 10:22 AM Nursing Assistant (NA)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 15	F 312		

4 who was familiar with the care for Resident # 110 was interviewed. NA # 4 explained that Resident #110 received showers on Mondays and Thursday. NA # 4 further explained that nail care was normally provided during Monday showers but also as needed, and on nail spa days. NA # 4 verified he provided care for Resident # 110 during Monday, but did not provide nail care. NA # 4 stated Resident # 110 complained when trying to provide nail care. NA # 4 further stated he did not report her refusal of nail care on Monday.

On 11/10/16 at 9:52 AM Nursing Assistant (NA) # 5 who was familiar with the care for Resident # 110 was interviewed. NA # 5 explained that Resident #110 received showers on Mondays and Thursday. NA # 5 further explained that nail care was normally provided during Monday showers but also as needed, and on nail spa days. NA # 5 verified she provided Resident # 110 her shower this morning (Thursday) but did not do her nail care. NA #5 stated she was in a hurry and did not pay attention to providing nail care.

On 11/10/16 at 10:00 AM the Activity Director (AD) was interviewed. The AD revealed nail spa days for residents were held each Wednesday and was one of the most attended activities she held. The AD stated they try not to do nail care in rooms unless a resident missed spa day because of appointments then they will do an in room manicure. The AD revealed Resident # 110 attended nail spa and received a manicure on 09/14/16 and 10/26/16, but did not attend nail spa this week. The AD verified she did not offer in room nail care.

On 11/10/16 at 9:29 AM the Director of Nursing (DON) was interview. The DON verified Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 16	F 312		

110 ' s fingernails were not clean and trimmed. The DON stated that nail care should be completed the first day of the week during shower care which is Monday for these ladies, and as needed. The DON explained the activity director provides nail spa manicures each week for some residents and sometimes provides nail care in their rooms. The DON further stated it was her expectation that Residents ' nails would be cleaned and trimmed in the shower on showers days and as needed.

3. Resident # 67 was admitted to the facility on 10/02/14 with diagnoses which included lack of coordination, essential tremors, history of stroke, osteoporosis, abnormal gait and mobility, generalized muscle weakness, and depression.

A review of the most recent quarterly Minimum Data Set (MDS) dated 09/27/16 revealed Resident # 67 was moderately impaired cognitively for daily decision making skills. The MDS further revealed Resident # 67 required extensive assistance with activities of daily living (ADLs) which included mobility, transfers, walking, toileting and personal hygiene. The MDS coded Resident # 67 showed little interest in activities, with no behaviors coded or rejection of care.

A review of a care plan last updated 09/27/16 revealed Resident # 67 required assistance from staff with grooming and personal hygiene. The interventions indicated Resident # 67 would be encouraged, assisted and praised for participation in personal hygiene tasks, tasks were to be accomplished in smaller steps. The care plan dated 01/01/16 for Resident # 67 required encouragement to attend group

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 17	F 312		

activities. The interventions included engage in group activities such as nail spa, and if declining group attendance provide room visits for activities.

A review of the daily care guide for Nurse Aides (NAs) to provide resident care indicated Resident # 67 required assistance with grooming. The approaches revealed daily care for Resident # 67 included bed bath on non-shower days including hand care, showers on day shift Monday and Thursday with nail care and ensure nails were trimmed.

A review on the shower schedules revealed Resident # 67 ' s shower days were on Monday and Thursday on the day shift.

On 11/08/16 at 9:52 AM Resident # 67 was observed with all fingernails on both hands approximately 1/2 " or more in length with rough chipped edges. Resident # 67 stated she did not particularly like them long, and could not bite them off.

On 11/08/16 at 4:29 PM Resident # 67 was observed with all fingernails of both hands unchanged from the previous observation.

On 11/09/16 at 9:35 AM Resident # 67 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/09/2016 at 12:105 PM Resident # 67 was observed with all fingernails of both hands unchanged from the previous observations.

On 11/10/16 at 8:24 AM Resident # 67 was observed with all fingernails of both hands

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345393	A. BUILDING _____ B. WING _____	C 11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PISGAH MANOR HEALTH CARE CENTER	104 HOLCOMBE COVE ROAD CANDLER, NC 28715

(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) COMPLETION DATE
F 312	Continued From page 18	F 312		

unchanged from the previous observations.

On 11/10/16 at 9:48 AM Nursing Assistant (NA) # 6 who was familiar with the care for Resident # 67 was interviewed. NA # 6 explained that Resident # 67 received showers on Mondays and Thursday. NA # 6 further explained that nail care was normally provided during Monday showers but also as needed, and on nail spa days. NA # 6 stated she provided care for Resident # 67 today (Thursday), but did not provide nail care for her.

On 11/10/16 at 10:00 AM the Activity Director (AD) was interviewed. The AD revealed nail spa days for residents were held each Wednesday and was one of the most attended activities she held. The AD stated they try not to do nail care in rooms unless a resident misses spa day because of appointments then they will do an in room manicure. The AD revealed Resident # 67 rarely attends group activities, and did not attend nail spa days. The AD was unable to verify nail care was provided on an in room visit.

On 11/10/16 at 9:29 AM the Director of Nursing (DON) was interviewed. The DON verified Resident # 67 ' s fingernails were not clean and trimmed. The DON stated that nail care should be completed the first day of the week during shower care which is Monday for these ladies, and as needed. The DON explained the activity director provides nail spa manicures each week for some residents and sometimes provides nail care in their rooms. The DON further stated it was her expectation that Residents ' nails would be cleaned and trimmed in the shower on showers days and as needed.