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 01/30/2020

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
E 000	Initial Comments A recertification survey was conducted from 1/27/20 through 1/30/20. The facility was in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# QDZL11.	E 000		
F 000	INITIAL COMMENTS An unannounced annual recertification and complaint investigation was conducted 1/27/20 through 1/30/20. There were 34 allegations investigated and they were all unsubstantiated. Event ID# QDZL11. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000		

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

Electronically Signed

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 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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345393	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE 1/30/2020

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

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 656	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to complete a care plan for activities of daily living for 1 of 10 residents (Resident #47). The findings include: Resident #47 was admitted on 1/8/18 with diagnoses including; end stage renal disease, neurogenic bladder, obstructive uropathy, hyperlipidemia, epilepsy, anxiety, gastrostomy, hypothyroidism, and legally blind. The quarterly Minimum Data Set (MDS) dated 12/09/16 revealed Resident #47 had a cognitive skill for daily decision making with a BIMS score of 13. Resident #47 was totally dependent and required extensive care with all activities of daily living (ADLs) including eating (tube feeding), locomotion, bathing, dressing, toileting (suprapubic catheter), walking in the room and corridors (walker), and transfers. Bed mobility and oral care was self-performed. Further review of Resident #47's medical record revealed there was no care plan developed to address ADL and the ability to measure the effectiveness through goals and interventions.

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 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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345393	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE 1/30/2020

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

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 656	Continued From Page 1

An interview was conducted on 1/30/2020 at 10:35 AM with MDS Coordinator #1 concerning the ADL care plan for Resident #47. MDS Coordinator #1 confirmed Resident #47 did not have a current ADL care plan. MDS Coordinator #1 stated Resident #47 had an initial ADL care plan on 2/18/2018, however due to the ownership change-over and a change in the software with the new consultant, it appeared the care plan was lost. MDS Coordinator #1 stated all residents, whether dependent or independent with ADL should have an ADL care plan that would mimic Section G documentation of the MDS. The MDS Coordinators stated they perform quarterly and annual MDS and care plan reviews on all residents and including all significant changes.

An interview was conducted on 1/30/2020 at 10:35 AM with MDS Coordinator #2 stated a call would be placed to the consultant to find out why Resident #47's care plan was missing. MDS Coordinator #2 acknowledged that care plan reviews were performed on all residents quarterly and annually.

An interview was conducted on 1/30/2020 at 3:30 PM with the facility's Administrator concerning the care plan findings for Resident #47. The Administrator stated all residents should have an ADL care plan with goals and interventions regardless of how independent or dependent they may be. The Administrator stated the MDS Coordinators perform a review of care plans each quarter and annually on all the residents in the facility.

A subsequent interview was conducted on 1/30/20 at 4:30 PM with the Administrator and MDS Coordinators concerning the findings of the undocumented care plan for Resident #47. Both MDS Coordinators acknowledged that after 2/28/2019, two quarterly and one annual review, Resident #47's ADL care plan had not yet been completed.