STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345110	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Waynesville	**360 Old Balsam Road , Waynesville, North Carolina, 28786**

(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
F0000	INITIAL COMMENTS A complaint investigation survey was conducted on 9/09/25. Event ID# 1D66E4-H1. The following intakes were investigated 838246, 2576828, 2581028, 2596629, and 2604021. 8 of the 8 complaint allegations did not result in deficiency.	F0000		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F0880	•Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding. F880 Infection Control Step 1: The wound nurse was educated on 9/9/2025 by the Regional Director of Clinical Services on Enhanced Barrier Precautions and ensuring proper procedure is followed during wound care to include donning Personal Protective Equipment based on the precautions required. Resident #3 was evaluated by the wound physician on 9/15/2025 and no s/s of infection were noted. Step 2: To identify like residents The Director of Nursing/Designee observed all residents requiring Enhanced Barrier Precautions to ensure staff donned PPE based on the transmission based precautions, this audit was complete on 9/10/2025. No areas of concerns were identified. Step 3: To prevent this from happening again, The Director of Nursing/Designee educated all staff on infection control policy and ensuring proper procedure is followed for Enhanced Barrier Precautions and donning PPE as required. This education was completed on 9/12/2025. Any staff not working will receive education prior to working their first shift. The DON/Designee will ensure all agency staff receive this education prior to their first shift of working. All newly hired staff will have this education during	09/19/2025

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	Continued from page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, and staff interviews, the facility failed to implement their policy for Enhanced Barrier Precautions (EBP) for a resident (Resident #3) when Nurse #1 performed wound care without donning a gown. The deficient practice occurred for 1 of 1 staff member (Nurse #1) observed for infection control practices during wound care.	F0880	Continued from page 1 orientation. To monitor and maintain compliance The Director of Nursing/Designee will audit 3 residents who require Enhanced Barrier Precautions to ensure staff is wearing appropriate PPE weekly for 12 weeks. Results will be taken to QAPI for review and revision as needed for the next 3 months. Date of Compliance: September 19, 2025	

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F0880 SS = D	Continued from page 2 Findings included: The facility's Enhanced Barriers policy last revised 5/19/2025 revealed "EBP are indicated for high contact care activities for high-risk residents. High-risk residents are those with chronic wounds and indwelling devices. Staff engaging in high-contact activities will don (put on) both gloves and gown before initiating the activity and remove before exiting the room. Review of Resident #3's 5-day Minimum Data Set dated 6/20/25 revealed he had an unstageable pressure injury. An observation was conducted on 9/09/25 at 10:38 AM while Resident #3 received wound care to his left heel. Nurse #1 was observed to enter Resident #3's room without a gown. Nurse #3 performed hand hygiene and donned gloves. She removed the soiled dressing, removed her gloves and performed hand hygiene. She donned gloves and washed and dried the wound and removed her gloves. She performed hand hygiene, donned gloves, applied skin prep, applied clean gauze, covered wound with pad and clean gauze which was secured with tape. She removed her gloves and performed hand hygiene. She did not wear a gown during the process. An interview on 9/09/25 at 10:50 AM with Nurse #1 revealed she had forgotten to wear her gown during wound care. She stated she had received infection prevention education on EBP and knew she was supposed to follow EPB during wound care, but her nerves had gotten the better of her. An interview on 9/09/25 at 12:05 PM with the Director of Nursing and the Administrator revealed Nurse #1 had received Infection Prevention training and should have worn a gown during wound care. They stated Nurse #1 was nervous and had made a human mistake.	F0880		