

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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 Autumn Care of Waynesville		STREET ADDRESS, CITY, STATE, ZIP CODE 360 Old Balsam Road Waynesville, NC 28786	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. 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 [DATE] 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.</p>

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.

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