

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Elkin		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Johnson Ridge Road Elkin, NC 28621	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and staff interviews the facility failed to refer residents with serious mental disorders to the state's mental health authority for Preadmission Screening and Resident Review (PASRR) assessments, upon admission for 2 of 2 residents reviewed with serious mental disorders (Residents #21 and #42).</p> <p>Findings included:</p> <p>1. Resident #21 was admitted to the facility on [DATE] with diagnoses which included bipolar disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #21 was cognitively intact with the diagnosis of bipolar disorder and received antipsychotic medication.</p> <p>Review of the facility's records indicated Resident #21 was not referred to the state-designated authority for PASRR screening.</p> <p>On 6/4/25 at 11:14 a.m., the facility's Financial Counselor revealed she was responsible for requesting PASSR screenings of residents by the state-designated authority when notified by the MDS nurse of newly admitted residents who had diagnoses requiring a PASRR screening.</p> <p>An interview was conducted on 6/4/25 at 11:27 a.m. with MDS Nurse #1. She indicated a resident's diagnoses and/or medications determined if a resident required screening for a level II PASRR. MDS#1 revealed Resident #21 was screened and determined as a level II PASSR on 9/30/19. She stated the resident was upset with this determination and telephoned the state-designated authority demanding his PASSR number changed to Level 1; and it was changed to Level 1 on the next day. as indicated.</p> <p>During an interview on 6/4/25 at 10:59 a.m., the Administrator acknowledged a request for PASRR screening should have been submitted to the state-designated authority for Resident #21 at the time of his admission due to his diagnosis of bipolar disorder.</p> <p>During an interview on 6/4/25 at 11:53 a.m., the Administrator stated there was no paper trail at the facility indicating Resident #21 was referred for PASRR screening.</p> <p>(continued on next page)</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
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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #42 was admitted on [DATE] with diagnoses including: Bipolar Disorder and Anxiety.</p> <p>Resident #42's PASRR Level I Determination Notification document dated 8/16/24 revealed nursing facility placement was appropriate and that there were no diagnoses that would require a PASRR Level II to be done. This was sent with Resident #42 from the hospital when discharged to the facility. There was no expiration date.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #42 was not cognitively impaired. Resident #42 was on an antidepressant and an antianxiety medication.</p> <p>Resident #42's current medication orders showed two active orders dated 4/18/25 for Clonazepam (an antianxiety medication) 0.25 milligrams twice daily and Duloxetine (an antidepressant medication) 30 milligrams once daily.</p> <p>During an interview with the facility's Financial Counselor on 6/4/25 at 11:16 am she stated she was in charge of submitting the information for PASRR screening for a resident with a severe mental health diagnosis if the initial screening recommended her to do so. The Financial Counselor reported that MDS Nurse #1 will let her know when one needs to be done and she will take care of it. The Financial Counselor was unaware that Resident #42 had a mental disorder that would require additional screening.</p> <p>During an interview with the facility MDS Nurse #1 on 6/4/25 at 11:27 am, she stated she had not submitted a PASRR screen for Resident #42 based on her bipolar disorder diagnosis because she was waiting for Resident #42 to provide the facility with her previous medical records. MDS Nurse #1 reported that she should have had one completed upon entry to the facility.</p> <p>An interview was conducted with the facility's Administrator on 6/5/25 at 2:39 PM who stated she was aware of Resident #42's diagnosis but was unaware that she had not had an updated PASRR screening based on her mental health diagnosis. The facility's Administrator stated that the facility should have submitted the request for PASRR screening for Resident #42 to the state-designated authority at the time of her admission due to her diagnosis of bipolar disorder.</p>		