

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER White Oak Manor - Tryon		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Oak Street Tryon, NC 28782	

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** 47683</p> <p>Based on record review and staff interviews the facility failed to submit a request for a re-evaluation for Preadmission Screening and Resident Review (PASRR) determination for a resident who was diagnosed with a new mental health disorder and received a change in treatment (Resident #6) for 1 of 1 resident reviewed for PASRR.</p> <p>The findings included:</p> <p>Record review of the North Carolina Medicaid Uniform Screening Tool (NC MUST) inquiry document dated 05/08/21 revealed Resident #6 had a Level I PASRR effective 05/03/16. There were no requests for a Level II PASRR evaluation submitted or completed since 05/03/16.</p> <p>Resident #6 was admitted to the facility on [DATE] with a diagnosis that included mood disorder due to known psychological condition.</p> <p>Review of the annual minimum data set (MDS) dated [DATE] revealed Resident #6 had not been evaluated by Level II PASRR and determined to have a serious mental illness, intellectual disability or other related condition. Resident #6 received antianxiety, antidepressant medication on a routine.</p> <p>Review of Resident #6 cumulative medical diagnosis list revealed a new diagnosis of delusional disorder on 6/19/24.</p> <p>Record review of the physicians' orders for Resident #6 revealed in part an order dated 06/19/24 for Risperidone 0.25 milligram (MG) tablet (antipsychotic medication) for delusional disorder.</p> <p>Record review of the medication administration records (MAR) from June 2024 to July 2024 revealed it was documented that Resident #6 was administered Risperidone 0.25 milligram (MG) tablet per the physician's order.</p> <p>An interview with the Social Service Director on 07/10/24 at 1:39 PM revealed that she was trained the focus was on schizophrenia and Huntington's only for a level 2 PASARR evaluation. She stated that she was not aware that any new mental health diagnosis needed a request for level 2 PASARR. She stated that the only PASARR they had for Resident #6 was the one dated 05/03/2016.</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>An interview with the Administrator on 07/10/24 at 2:16 PM revealed that his expectation was that all residents have a current PASARR and at the level that was appropriate for their current diagnosis and condition.</p>