

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Givens Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Barrett Lane Asheville, NC 28803	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to accurately code the fall history on the Minimum Data Set (MDS) assessment for 1 of 3 residents reviewed for accidents (Resident #4). Findings included: Resident #4 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, heart failure, and dementia. Review of the nurse's progress note dated 08/22/2025, a fall event record dated 09/06/2025, and the nurse's progress note dated 09/26/2025 revealed Resident #4 had three unwitnessed falls in her room where she was found sitting on floor. The notes and fall record revealed after each fall the nurse assessed Resident #4 and Resident #4 had no injury. The annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #4 had no falls since the prior assessment. During an interview of 03/18/2026 at 2:29 PM, the MDS Coordinator confirmed she completed Resident #4's fall history on the annual MDS dated [DATE]. She explained she reviewed the resident's fall event history when completing the assessment and coded any falls that occurred after the prior MDS. The MDS Coordinator confirmed the prior MDS was completed on 07/16/2025 and any falls from 07/17/2025 through 10/15/2025 should have been coded on Resident #4's annual MDS. She reviewed the nurse's progress notes and fall event history and stated the annual MDS dated [DATE] should have been coded to reflect 2 or more falls without injury and she would modify Resident #4's assessment. During an interview on 03/18/2026 at 2:59 PM, the Director of Nursing (DON) stated MDS assessments should be accurate and correctly coded. The DON indicated she expected the annual MDS dated [DATE] reflected Resident #4 had two or more falls without injury. During an interview on 03/18/2026 at 3:02 PM, the Administrator stated MDS assessments should be accurate and correctly coded, and the annual MDS dated [DATE] should have been coded to reflect Resident #4 had fallen since the prior assessment.</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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