STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Saluda	501 Esseola Circle Saluda, NC 28773

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of pressure ulcers for 1 of 2 residents reviewed for pressure ulcers (Resident #2).Findings included:Resident #2 was admitted to the facility on [DATE].Review of Resident #2's admission skin assessment dated [DATE] identified a pressure ulcer located on sacrum (the bone at the base of spine and top inner area of the buttock). The stage of the pressure ulcer was not included in the assessment. Review of a nurse's progress note dated 01/07/26 revealed Resident #2 had a reddened area on the bilateral inner/top area of the buttock that was covered with foam dressing.Review of Resident #2's Medication Administration Record (MAR) revealed a physician's order was transcribed with directions to cleanse the bilateral inner area on the buttock with normal saline and apply a foam border dressing. The treatment was initialed by the nurse to indicate it was done on 01/08/26.Review of a nurse's progress note dated 01/08/26 read in part, Resident #2's dressing to the sacrum was changed. Review of the admission MDS assessment dated [DATE] indicated Resident #2 did not have an unhealed stage one pressure ulcer (intact skin with a localized area of non-blanchable redness usually over a bony prominence) during the look-back period.During an interview on 04/22/26 at 9:48 AM, the MDS Coordinator was asked to clarify if Resident #2 had a pressure ulcer that was present on admission. The MDS Coordinator stated the admission MDS dated [DATE] should have been coded to reflect Resident #2 had a stage one pressure ulcer that was present on admission.During an interview on 04/23/26 at 12:55 PM, the Director of Nursing stated MDS assessments should be coded correctly, and she expected Resident #2's admission MDS assessment dated [DATE] was coded to show a stage one pressure ulcer was present on admission. An interview with the Administrator was conducted on 04/23/26 at 1:26 PM. The Administrator stated Resident #2's admission MDS assessment dated [DATE] should have been correctly coded to reflect a stage one pressure ulcer was present on admission.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345351	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Saluda	501 Esseola Circle Saluda, NC 28773

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and staff interviews, the facility failed to complete quarterly smoking risk assessments (assessment of a resident to determine if they are safe to smoke where a score between 0-9 indicates a resident was a safe smoker) for 1 of 2 residents reviewed for smoking (Resident #54).The findings included:Resident #54 was admitted to the facility on [DATE] with diagnoses which included mood disorder, nicotine dependence, and muscle weakness. Review of the facility's smoking policy dated 09/09/25 revealed a smoking risk assessment must be completed upon admission, quarterly, and upon changes in the resident's condition.Review of Resident #54's annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact and coded for tobacco use.Review of Resident #54's quarterly MDS dated [DATE] revealed the resident was cognitively intact and independent for most activities of daily living (ADL). The MDS indicated Resident #54 was independent for ambulation. Review of Resident #54's smoking risk assessments revealed smoking assessments were completed on 06/05/25 with a score of 7, 08/28/25 with a score of 8 and 02/26/26 which indicated the resident was not a current smoker.Review of Resident #54's care plan updated 04/10/26 revealed the resident was a supervised smoker. The goal was for Resident #54 to follow the facility's smoking policy. Interventions included explaining the facility's smoking policy to Resident #54 as needed and monitoring Resident #54 for unsafe smoking signs.Resident #54 was observed smoking on 04/21/26 at 11:18 AM. Resident #54 was supervised while smoking and no concerns or issues were noted.An interview was conducted with the Social Worker (SW) on 04/22/26 at 10:02 AM, and she revealed smoking assessments were expected to be completed quarterly by the SW. She indicated the computer notified her when the next quarterly smoking risk assessment was pending. She confirmed she completed Resident #54's last quarterly smoking risk assessment on 02/26/26 and that he was a nonˆsmoker at that time. The SW stated Resident #54 lost his smoking privileges in January 2026 due to escalating behavior he exhibited towards other residents during designated smoking times. She stated Resident #54's smoking privileges were reinstated on 04/10/26 by the Administrator. She confirmed she updated Resident #54's care plan on 04/10/26 to include smoking but did not complete a new smoking risk assessment. She stated she should have completed the smoking safety assessment due to the change in Resident #54's smoking status.During an interview with the Director of Nursing (DON) on 04/22/26 at 10:12 AM, she revealed Resident #54 had smoked at the facility since his admission but lost his smoking privileges in January 2026 due to escalating behaviors. Resident #54's smoking privileges were reinstated by the Administrator on 04/10/26. The DON stated the SW should have completed a new smoking risk assessment after Resident #54's smoking privileges were reinstated, as that was a change in his smoking status.The Administrator was interviewed on 04/22/26 at 10:23 AM and confirmed he revoked Resident #54's smoking privileges in January 2026 and reinstated them on 04/10/26. His expectation was the smoking risk assessments should be completed quarterly and after changes in a resident's condition, as stated in the smoking policy.