STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36217 Based on record review and staff interviews, the facility failed to complete the Care Area Assessment (CAA) comprehensively to address the underlying causes and contributing factors of the triggered areas for 2 of 5 sampled residents reviewed for unnecessary medications (Residents #10 and Resident #11). The findings included: a. Resident #10 was admitted to the facility on [DATE] with diagnoses including non-Alzheimer's dementia, anxiety disorder, and osteoarthritis. A review of Section V (CAA Summary) of the significant change in status MDS assessment dated [DATE] revealed 10 care areas were triggered for Resident #10. The MDS Coordinator did not provide any information in the analysis of findings for 9 of the 10 triggered areas to describe the nature of Resident 10's problems, possible causes, contributing factors, risk factors related to the care area, and reasons to proceed with care planning for the following triggered care areas: 1. Delirium 2. Cognitive loss/dementia 3. Visual functions 4. Communication 5. Urinary incontinence and indwelling catheter 6. Behavioral symptoms 7. Falls 8. Pressure ulcer/injury 9. Psychotropic drug usage (continued on next page)

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
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. Resident #11 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, non-Alzheimer's dementia, anxiety disorder, and depression. A review of Section V (CAA Summary) of the annual MDS assessment date 08/23/24 revealed 8 care areas were triggered for Resident #11. The facility did not provide any information in analysis of findings for all 8 triggered areas to describe the nature of Resident 11's problems, possible causes, contributing factors, risk factors related to the care area, and reasons to proceed with care planning for the following triggered care areas: 1. Cognitive loss/dementia 2. Activities of daily living functional/rehabilitation potential 3. Urinary incontinence and indwelling catheter 4. Mood stated 5. Falls 6. Nutritional status 7. Pressure ulcer/injury 8. Psychotropic drug use During an interview conducted on 02/04/25 at 9:55 AM, the MDS Coordinator confirmed 9 of the 10 triggered care areas for Resident #10's MDS dated [DATE] and all 8 triggered care areas for Resident #11's MDS dated [DATE] were submitted without providing pertinent information in the analysis of findings in Section V. She explained she started working as the MDS Coordinator last November and both MDS assessments were submitted by the former MDS Coordinator. She did not know how both incidents occurred and acknowledged that it was an error to submit an annual or significant change in status MDS without completing analysis of findings for all the triggered areas comprehensively. On 02/04/25 at 11:25 AM an interview was conducted with the Director of Nursing. She stated all the CAAs must be individualized and completed comprehensively. It was her expectation for the MDS Coordinators to complete the analysis of findings for all the triggered areas in Section V comprehensively before submission. An interview was conducted with the Administrator on 02/04/25 at 2:54 PM. She expected the MDS Coordinator to follow MDS guidelines to ensure all the CAAs included at least the nature of problems, causative factors, and reasons to proceed to care plan before submission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41069 Based on record review and staff interviews, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) application was completed for a resident who had a new psychiatric diagnosis for 1 of 1 resident (Resident #10) reviewed for PASRR. The findings included: Resident #10 was admitted to the facility 9/2/23 with diagnoses that included polyosteoarthritis, and generalized anxiety disorder. Resident #10's care plan initiated on 4/8/24 indicated Resident #10 had actual acute confusional state characterized by behaviors, altered thought process, delusions and hallucinations related to legal blindness and hearing deficit. A review of Resident #10's medical record indicated hallucinations was added to her diagnoses list effective 8/1/24. There was no information in Resident #10's medical record regarding the PASRR number or if a new application for PASRR was completed by facility staff after Resident #10 was diagnosed with hallucinations. The most recent quarterly Minimum Data Set assessment dated [DATE] indicated Resident #10 did not have hallucinations. An interview with the Social Worker (SW) on 2/3/25 at 3:07 PM revealed he had worked at the facility since the end of November 2024, but he did not have anything to do with PASRR. The SW stated that the Business Office Manager was responsible for PASRR, but he was able to look up Resident #10's PASRR information during the interview. The SW shared that Resident #10 currently had a PASRR Level I. An interview with the Business Office Manager on 2/3/25 at 3:11 PM revealed she was responsible for obtaining the PASRR information prior to residents being admitted to the facility, but she was not sure who would have submitted a new PASRR application for residents who had new mental health diagnoses. The Business Office Manager stated that the previous Social Worker used to be responsible for PASRR, but after she left employment the Business Office Manager had taken over obtaining the PASRR information for the new admissions. During a follow-up interview with the Business Office Manager on 2/5/25 at 8:33 AM, she retrieved Resident #10's PASRR information which revealed that the last time a request for evaluation was submitted was on 8/29/23 wherein Resident #10 was given a PASRR Level I. The Business Office Manager stated that the previous Social Worker was responsible for submitting a new PASRR application whenever there were new mental health diagnoses, but she did not know who was supposed to do it now. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Administrator on 2/5/25 at 8:38 AM revealed the Admissions Director and the Business Office Manager shared responsibility in obtaining PASRR information for new residents. The Administrator stated that they talked about any new mental health diagnoses in the morning meetings, and the Social Worker would be responsible for submitting a new PASRR application, but he had not been trained yet. She further stated that the current Social Worker was getting ready to be trained on the PASRR process. The Administrator shared that the previous Social Worker used to deal with PASRR, but they did have a vacancy at some point, which could have contributed to the PASRR applications not being done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51464 Based on observations, record review, and staff interviews, the facility failed to post cautionary and safety signage outside a resident's room that indicated the use of oxygen for 1 of 1 resident reviewed for respiratory care (Resident #239). The findings included: Resident #239 was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure with hypoxia (a condition in which there is an inadequate supply of oxygen to the body's tissues). A review of Resident #239's physician orders revealed an order dated 01/17/25 for oxygen to be administered continuously via nasal cannula at 2 liters per minute, may titrate to keep oxygen (O2) saturation greater than 90%. A review of the Admission Minimum Data Set (MDS) dated [DATE] indicated Resident #239 was cognitively intact and coded for oxygen use. An observation on 02/02/25 at 11:54 AM revealed Resident #239 sitting in his wheelchair by his bed with oxygen being administered by an oxygen concentrator. He was holding the nasal cannula in his left hand and indicated he had just removed the nasal cannula to go to the bathroom. There was no signage posted outside Resident #239's room indicating supplemental oxygen was in use. An observation of Resident #239 on 02/03/25 at 8:13 AM revealed he was sitting in his wheelchair by his bed with oxygen being administered via nasal cannula by an oxygen concentrator. There was no cautionary or safety signage posted outside his room indicating supplemental oxygen was in use. An interview conducted on 02/04/25 9:46 AM with Nurse #1 revealed when there was a new resident with orders for oxygen, the nurse who completed the admission would place oxygen in use signage on the resident's door. She indicated any staff member who was aware of oxygen being in use could put up a sign. She was not aware Resident #239 did not have oxygen signage posted. On 02/04/25 at 9:52 AM an interview was held with the Director of Nursing (DON). She indicated the nurse who admitted a new resident was responsible for placing the oxygen in use signage on the resident's door. The DON continued to voice the oxygen in use signage should have been placed on Resident #239's door and was not certain why the signage was not in place. An interview with the Administrator on 02/05/25 at 9:43 AM revealed nurses should validate physician orders related to oxygen and place oxygen signage on the resident's door.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 36217 Based on observations, staff interviews and record review, the facility failed to remove expired medication in accordance with manufacturer's expiration date and failed to date a time sensitive eye drops after it was opened and stored at room temperature for 1 or 2 medications carts observed during medication storage checks (Medication Cart #1). The findings included: Review of the manufacturer's package insert for Latanoprost eye drops revealed an unopened bottle should be stored under refrigeration between 36 to 46 Fahrenheit (F) and protected from light. Once opened, Latanoprost may be stored at room temperature up to 77 F for up to six weeks. An observation was conducted on 02/03/25 at 3:49 PM for Medication Cart #1 in the presence of Nurse #2. The observation revealed the following: - One opened bottle of Latanoprost 0.005% eye drop (medication used to treat glaucoma) for Resident #14 was stored at room temperature without an opening date and ready to be used. A sticker for the nurse to record the opening date remained blank. - One opened bottle of docusate sodium liquid (Medication used to prevent and treat occasional constipation) with concentration of 50 milligrams (mg) per 5 milliliters (ml) expired on 01/31/25 with 15 ounces remaining in the bottle and ready to be used. Review of physician's orders revealed Resident #14 had an active order to receive one drop of Latanoprost solution in both eyes once daily in the evening started 04/18/24. The medication administration records indicated Resident #14 had received Latanoprost eye drops as ordered since its initiation on 04/18/24. During an interview conducted on 02/03/25 at 3:53 PM, Nurse #2 stated the medication carts were checked thoroughly by the third shift nurse on each Sunday to ensure proper storage condition and discard expired medications. Nurse #2 stated they had been instructed to check the medication for expiration each time before administration. She did not know why the eye drops and the stool softener laxative was not identified by the nurse who checked the medication cart last Sunday. She acknowledged that the eye drops needed to be dated after the bottle had been opened and stored in the room temperature, and the expired docusate solution needed to be discarded. An interview was conducted with the Director of Nursing (DON) on 02/04/25 at 10:17 AM. She stated it was her expectation for all the nurses to date latanoprost eye drops once a new bottle was opened, and keep the facility free of expired medication all the time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345396	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smoky Mountain Health and Rehabilitation Center	1349 Crabtree Road Waynesville, NC 28785

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted with the Administrator on 02/04/25 at 2:54 PM, she expected nursing staff to check the expiration date of medication routinely and date latanoprost once it was opened. It was her expectation for all the nurses to follow the manufacturer's guidelines to ensure the facility was free of expired medications.