STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345447	A. Building B. Wing	11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Ridge Health and Rehabilitation	25 Reynolds Mountain Boulevard Asheville, NC 28804

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. (continued on next page)

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
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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews with staff, the facility failed to complete an accurate Minimum Data Set (MDS) in the areas of behaviors, wandering, and the use of a wanderguard bracelet (used to protect residents from elopement) for 1 of 2 residents review for accuracy of assessments (Resident #1). The findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses of cerebral infarction (stroke), cognitive communication deficient and unspecified symptoms and signs involving cognitive functions and awareness. On 10/29/25 the Medical Director added the diagnosis adjustment reaction with aggression. The admission assessment dated [DATE] indicated that Resident #1's mood was described as combative with staff, and his behavior was physically abusive. On 10/26/25 a behavioral note indicated that Resident #1 was exit seeking and unable to be redirected. He was striking staff and knocked over a water dispenser. Resident #1 had been up all night wandering the unit searching for exits. The on-call psychiatry provider was notified. The on-call psychiatrist ordered hydroxyzine (antihistamine) 50 milligrams (mg) every 6 hours as needed and trazodone (antidepressant) 50 mg to be given at night. He also ordered a wanderguard bracelet (used to protect residents from elopement) to be applied to the left ankle. On 10/26/25 an alert note indicated a Nurse Aide (NA) was summoned to a room via call bell and yelling. When the NA arrived, she saw Resident #1 standing by his roommate's bed with a broken wooden hanger in his hand and the roommate had facial injuries. Resident #1 was quickly assigned 1 on 1 and continued to be combative to the staff person assigned. Resident #1 was walking around the hall and urinated on the floor and continued to be combative. After several minutes Resident #1 was willing to lay down in his bed and rest. There were no further behaviors and 1 on 1 continued. The 10/29/25 Initial History and Physical completed by the facility's Medical Director indicated that Resident #1 had ongoing cognitive deficit and he demonstrated some elopement behaviors upon admission to the facility. On 10/26/25 Resident #1 was found to be next to his roommate with a broken wooden hanger and roommate had trauma to his face. This was an unwitnessed incident and Resident #1 was placed on 1 on 1 supervision. There had not been any more aggressive behaviors since but Resident #1 will get agitated. The 5-day admission Minimum Data Set (MDS) dated [DATE] revealed that Resident #1 was cognitively intact, had no behaviors and no wanderguard. On 11/6/25 at 5:04 PM an interview was held with the Social Worker Manager. The Social Worker Manager stated that he did not indicate Resident #1 had a behavior of wandering because Resident #1 had a purpose to why he had been trying to exit the facility. Resident #1 stated he wanted to go home. The Social Worker Manger stated that if the resident was trying to exit the facility and had no purpose then he would indicate wandering on the MDS. The Social Worker Manager stated that he did not indicate any behavioral issues because the incident happened after he had completed his part of the MDS, which was on 10/24/25. On 11/7/25 at 9:59 AM an interview was conducted with the MDS Nurse. She stated the look back period for the 5-day admission MDS for Resident #1 was from 10/23/25 through 10/29/25. She stated that if a staff person enters information into the MDS and something changes during the look back period the staff person would need to go into the MDS and make the changes. Since Resident #1 had been exiting seeking the MDS should have been marked as a yes to wandering. The MDS Nurse was unsure why the Social Worker Manager did not make this change. Also since there was documentation of Resident #1 being both verbal and physically agitated towards staff and other residents during the look back period the Social Worker Manager should have reflected that by answering yes. The MDS Nurse did not know why the Social Worker Manager did not go back and make changes to the MDS. The MDS Nurse stated that she would make changes to the MDS by marking yes for the wanderguard and for both verbal and physical behaviors.On 11/7/25 at 10:53 AM there was an interview held with the Administrator. She stated she had been ill during the time of the MDS assessment for Resident #1 and felt if she had been at the facility the MDS would have been completed correctly because she would have reviewed the MDS.