

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  NC State Veterans Home - Black Mountain		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Lake Eden Road Black Mountain, NC 28711	

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 - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews, the facility failed to submit a request for an evaluation for a Level II Preadmission Screening and Resident Review (PASRR) determination for residents with serious mental health disorders for 4 of 6 residents reviewed for PASRR (Resident #48, Resident #71, Resident #7, and Resident #73). Findings included:</p> <p>1. A PASRR Determination Notification letter dated 04/14/22 revealed Resident #48 had a Level I PASRR with no expiration date.</p> <p>Resident #48 was admitted to the facility on [DATE] with diagnoses that included vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of Resident #48's list of cumulative diagnoses revealed active diagnoses of Post Traumatic Stress Disorder (PTSD), major depressive disorder, delusional disorder, restlessness and agitation.</p> <p>A care plan last revised on 11/12/25 revealed Resident #48 was at risk for PTSD related his to Navy service during the Vietnam war and active diagnoses of PTSD, depression, insomnia, delusional disorder, and vascular dementia. Interventions included nightmares were triggers and to assist Resident #48 in identifying situations that trigger traumatic feelings.</p> <p>The annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #48 was not currently considered by the state Level II PASRR process to have a serious mental illness or intellectual disability. Resident #48's active psychiatric/mood disorder diagnoses included anxiety disorder and PTSD. He received antianxiety, antidepressant and anticonvulsant medications during the MDS assessment period.</p> <p>Review of Resident #48's medical record revealed there was no Level II PASRR evaluation.</p> <p>A Psychiatric progress note dated 10/09/25 revealed Resident #48 was seen for follow-up of vascular dementia with mood disturbance that was severe, chronic and progressive. He was taking sertraline (antidepressant) daily for mood disturbance and lamotrigine (anticonvulsant). It was noted Resident #48 had been doing much better since starting lamotrigine and no changes to the medication was needed.</p> <p>The facility was unable to provide documentation that a request for an evaluation for a Level II PASRR determination had been submitted for Resident #48.</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 - Some</p>	<p>During an interview on 12/02/25 at 4:48 PM with the Administrator present, the Social Worker (SW) revealed since taking over the PASRR process in April 2025, she had not submitted a request for an evaluation for a Level II PASRR determination for any resident.</p> <p>During a follow-up interview on 12/04/25 at 1:30 PM, the SW explained when the previous SW moved to Admissions and then left employment shortly thereafter, she wasn't really shown what to do regarding PASRR and up to this point, she had not known what to look for or when a Level II PASRR re-evaluation request needed to be submitted.</p> <p>During an interview on 12/04/25 at 2:00 PM, the Administrator revealed she started employment at the facility in April 2025 and was not sure if requests for evaluations for Level II PASRR determinations had been submitted for Resident #48 or any resident since they were unable to locate any documentation. The Administrator stated she would expect the SW to submit a request for an evaluation for a Level II PASRR determination if a resident was admitted with a mental health diagnosis and had a Level I PASRR or when a new mental health diagnosis was later identified.</p> <p>2. A PASRR Determination Notification letter dated 04/19/21 revealed Resident #71 had a Level I PASRR with no expiration date.</p> <p>Resident #71 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation, hypertension and chronic obstructive pulmonary disease.</p> <p>Review of Resident #71's cumulative diagnoses revealed the following active diagnoses: depression, bipolar disorder, and anxiety disorder due to known physiological condition.</p> <p>Review of Resident #71's medical record revealed there was no Level II PASRR evaluation.</p> <p>A Psychiatric progress note dated 07/16/25 revealed Resident #71 was seen for follow-up of bipolar disorder, currently in remission. It was noted Resident #71's bipolar disorder appeared to be well-managed on current medications of sertraline (antidepressant) and lamotrigine (anticonvulsant). No changes were made to the medications.</p> <p>The annual Minimum Data Set (MDS) dated [DATE] revealed Resident #71 was not currently considered by the state Level II PASRR process to have a serious mental illness or intellectual disability. Resident #71's active psychiatric/mood disorder diagnoses included depression (other than bipolar) and bipolar disorder. He received antidepressant and anticonvulsant medications during the MDS assessment period.</p> <p>A physician progress note dated 10/14/25 revealed Resident #71 had a past medical history of bipolar disorder, and his current medications included sertraline 50 milligrams (mg) and lamotrigine 25 mg every morning.</p> <p>The facility was unable to provide documentation that a request for an evaluation for a Level II PASRR determination had been submitted for Resident #71.</p> <p>During an interview on 12/02/25 at 4:48 PM with the Administrator present, the Social Worker (SW) revealed since taking over the PASRR process in April 2025, she had not submitted a request for an evaluation for a Level II PASRR determination for any resident.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a follow-up interview on 12/04/25 at 1:30 PM, the SW explained when the previous SW moved to Admissions and then left employment shortly thereafter, she wasn't really shown what to do regarding PASRR and up to this point, she had not known what to look for or when a Level II PASRR re-evaluation request needed to be submitted.</p> <p>During an interview on 12/04/25 at 2:00 PM, the Administrator revealed she started employment at the facility in April 2025 and was not sure if requests for evaluations for Level II PASRR determinations had been submitted for Resident #71 or any resident since they were unable to locate any documentation. The Administrator stated she would expect for the SW to submit a request for an evaluation for a Level II PASRR determination if a resident was admitted with a mental health diagnosis and had a Level I PASRR or when a new mental health diagnosis was later identified.</p> <p>3. A PASRR Determination Notification letter dated 10/13/23 revealed Resident #7 had a Level I PASRR with no expiration date.</p> <p>Resident #7 was admitted to the facility on [DATE] with diagnosis that included Post-Traumatic Stress Disorder (PTSD), adjustment disorder with depressed mood (a mental health reaction to a major stressor characterized by sadness, hopelessness, tearfulness, and low energy), depression, and anxiety.</p> <p>Review of a psychotherapy note dated 4/8/25 revealed Resident #7 was being treated for major depressive disorder, chronic post-traumatic stress disorder, and generalized anxiety disorder. Goals of treatment were to process grief and loss issues. Increase Adjustment to loss of function as indicated by treatment team feedback and resident feedback. Decrease depression by 25% as indicated by the treatment team feedback, improved measure of depression score, and resident feedback.</p> <p>The quarterly MDS assessment dated [DATE] revealed Resident #7 was not currently considered by the state Level II PASRR process to have serious mental or intellectual disability. Resident #7's active psychiatric/mood disorder diagnosis included anxiety disorder, depression, adjustment disorder with depressed mood, and PTSD. Resident #7 received antidepressant and anticonvulsant medications during the MDS assessment period. Review of the care plan last revised on 10/02/25 revealed Resident #7 was at risk for complications related to post traumatic stress disorder related to his military time in the United States Marine Core (USMC). He denies having any triggers but reports that he exercises daily to help with his mental and physical state. Goals included Resident #7 will use effective coping mechanisms to manage post-traumatic stress disorder through the next review. Resident #7 joined the USMC and was in Force Recon/Special Forces. Resident #7 was sent to Vietnam where he served. He additionally served in [NAME], Italy and Greece as a mercenary. Interventions included Resident #7 liked all music except opera, he was a drummer in a band and played football. Resident #7 liked Chinese food and chicken wings, but not fish, and was Baptist. Staff could use these things for diversion/redirection as needed. Obtain a psychiatric consult/psychosocial therapy as indicated. Administer medications per orders. Monitor and record for effectiveness. Monitor and report any adverse side effects. Encourage Resident #7 to verbalize his feelings and fears. Maintain a calm environment to approach Resident #7. Assess if PTSD endangers him and/or others. Intervene if necessary.</p> <p>Review of Resident #7's medical record revealed there was no Level II PASRR evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A psychiatry progress note dated 11/26/25 revealed Resident #7 was being treated for major depressive disorder and anxiety disorder. Resident #7 was doing well at this time, and no changes needed to be made to his treatment plan. Resident #7 was taking Lamictal 50 MG (An anticonvulsant and mood stabilizing medication) daily, Wellbutrin 150 MG (a medication used to treat major depressive disorder) daily, and mirtazapine 30 MG (A medication used to treat major depressive disorder) at night for appetite stimulation and depression.</p> <p>The facility was unable to provide documentation that a request for an evaluation for a Level II PASRR determination had been submitted for Resident #7.</p> <p>During an interview on 12/02/25 at 4:48 PM with the Administrator present, the Social Worker (SW) revealed since taking over the PASRR process in April 2025, she had not submitted a request for an evaluation for a Level II PASRR determination for any resident.</p> <p>During a follow-up interview on 12/04/25 at 1:30 PM, the SW explained when the previous SW moved to Admissions and then left employment shortly thereafter, she wasn't really shown what to do regarding PASRR and up to this point, she had not known what to look for or when a Level II PASRR re-evaluation request needed to be submitted.</p> <p>During an interview on 12/04/25 at 2:00 PM, the Administrator revealed she started employment at the facility in April 2025 and was not sure if requests for evaluations for Level II PASRR determinations had been submitted for Resident #7 or any resident since they were unable to locate any documentation. The Administrator stated she would expect the SW to submit a request for an evaluation for a Level II PASRR determination if a resident was admitted with a mental health diagnosis and had a Level I PASRR or when a new mental health diagnosis was later identified.</p> <p>4. A PASRR Determination Notification letter dated 05/11/23 revealed Resident #73 had a Level I with no expiration date.</p> <p>Resident #73 was admitted to the facility on [DATE] with diagnosis that included post-traumatic stress disorder (PTSD) and adjustment disorder with depressed mood.</p> <p>A significant change in status Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #73 was not considered by the PASRR process to have a serious mental illness. The MDS active diagnoses checked for psychiatric/mood disorders were PTSD and depression. The medications Resident #73 was taking included an antidepressant.</p> <p>The care plan last revised on 10/27/25 revealed Resident #73 was at risk for complications of post-traumatic syndrome related to his service in the Navy, diagnoses of PTSD, insomnia, depression, and anxiety. The care plan indicated there were no known triggers identified. Interventions included to assist with identifying situations that may trigger traumatic feelings, report and document signs and symptoms of post-traumatic syndrome such as social isolation, detachment, guilt, flashbacks, hyper-vigilance, and poor concentration, and obtain a psychiatric consult or psychosocial therapy as indicated.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Psychiatry progress note dated 11/12/25 revealed Resident #73 was seen for major depressive disorder that was recurrent and moderate, PTSD that was chronic, and psychophysiological insomnia that was moderate and chronic. Resident #73 was taking trazodone (antidepressant) at bedtime as needed for managing insomnia and noted to be stable, doing well, and had denied experiencing or re-experiencing trauma. The treatment plan was to continue the current medication regimen and alert provider to any decompensations.</p> <p>Resident #73's active physician orders included trazodone 25 milligrams at bedtime as needed for insomnia.</p> <p>The facility was unable to provide documentation that a request for an evaluation for a Level II PASRR determination had been submitted for Resident #73.</p> <p>During an interview on 12/02/25 at 4:48 PM in the presence of the Administrator, the Social Worker (SW) revealed since she took over PASSR in April 2025 she had not submitted a request for an evaluation for a Level II PASRR review for Resident #73.</p> <p>During a second interview on 12/04/25 at 1:30 PM, the SW revealed she was not shown how or what to do related to PASRR and did not know when a referral for a Level II review needed to be submitted or what to look for.</p> <p>During an interview on 12/04/25 at 2:00 PM, the Administrator revealed that since she started her employment at the facility in April 2025, she was not sure if request for evaluations for Level II PASRR determination had been submitted for any resident and was unable to locate the documentation. The Administrator stated she would expect the SW to submit a request for an evaluation for a Level II PASSR determination when a resident was admitted with a mental health diagnosis and had a Level I PASRR or when a new mental health diagnosis was identified.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, observations, and staff interviews, the facility failed to implement their infection control policy and procedures when a Nurse Aide (NA) did not follow droplet-contact isolation precautions before entering Resident #14's room who had tested positive for influenza. This occurred for 1 of 3 staff members reviewed for infection control (NA #1). Findings included: The facility's Infection Control Policy and Procedure Measures for Influenza (Flu) last revised on 02/26/25 read in part, Residents will be placed on droplet-contact precautions for 7 days and can be taken off on day 8 if symptoms are improved and afebrile (no fever) for the last 24 hours of isolation period. A review of the test results dated 11/24/25 revealed Resident #14 was positive for influenza A. An observation of meal tray service was conducted on 12/01/25 at 12:44 PM. A droplet-contact precaution sign was posted on the door of Resident #14's room with directions to follow the instructions before entering the room. The instructions included everyone must clean hands before entering and when leaving, wear a gown, a face mask, and gloves when entering and remove before leaving. A storage bin was placed beside the door that contained face masks and disposable gowns and gloves. An alcohol-based hand sanitizer dispenser was placed on top of the storage bin and available for use. NA #1 had on a face mask, knocked on Resident #14's door, entered the room, and placed the meal tray on the overbed table in front of the resident then left the room. NA #1 did not clean her hands or wear a gown and gloves before entering the room as listed on the instructions. During an interview on 12/01/25 at 12:44 PM, NA #1 revealed she had received infection control training that included isolation precautions and the use of personal protective equipment (PPE). NA #1 revealed she entered the room to deliver the meal tray and then left. NA #1 acknowledged the droplet-contact sign on Resident #14's door and PPE storage bin located by the door and stated she should have followed the instructions listed on the sign before she entered the room but had forgotten. An interview was conducted on 12/03/25 at 3:23 PM with the Infection Preventionist. The Infection Preventionist revealed Resident #14 tested positive for influenza and droplet-contact precautions were implemented on 11/24/25. The Infection Preventionist revealed NA #1 was expected to read the precaution signs posted on resident doors and follow the instructions before entering the room. During an interview on 12/04/25 at 1:11 PM, the Director of Nursing (DON) revealed she expected NA #1 to read the sign posted on Resident #14's door and follow the instructions for droplet-contact precautions before entering the resident's room. During an interview on 12/04/25 at 1:54 PM, the Administrator revealed NA #1 was expected to read the sign posted on Resident #14's door and to follow the instructions for droplet-contact precautions before entering the room.</p>		