

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-ELKIN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>560 JOHNSON RIDGE ROAD ELKIN, NC 28621</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments	E 000			
	An unannounced recertification and complaint investigation survey was conducted on 6/2/25 through 6/5/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BP8D11.				
F 000	INITIAL COMMENTS	F 000			
	A recertification and complaint investigation survey was conducted from 06/02/25 through 06/05/25. Event ID# BP8D11. The following intakes were investigated NC00221434 and NC00228962.				
	7 of the 7 complaint allegations did not result in deficiency.				
F 645	PASARR Screening for MD & ID	F 645			6/23/25
SS=D	CFR(s): 483.20(k)(1)-(3)				
	§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.				
	§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:				
	(i) Mental disorder as defined in paragraph (k)(3)				
	(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,				
	(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;				
	and				
	(B) If the individual requires such level of services, whether the individual requires specialized services; or				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/16/2025

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.

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F 645	<p>Continued From page 1</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews the facility failed to refer residents with serious mental disorders to the state's mental health authority for Preadmission Screening and Resident Review (PASRR) assessments, upon admission for 2 of 2 residents reviewed with serious mental disorders (Residents #21 and #42).</p> <p>Findings included:</p> <p>1. Resident #21 was admitted to the facility on 1/28/25 with diagnoses which included bipolar disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 4/23/25 indicated Resident #21 was cognitively intact with the diagnosis of bipolar disorder and received antipsychotic medication.</p> <p>Review of the facility's records indicated Resident #21 was not referred to the state-designated authority for PASRR screening.</p> <p>On 6/4/25 at 11:14 a.m., the facility's Financial Counselor revealed she was responsible for requesting PASSR screenings of residents by the state-designated authority when notified by the MDS nurse of newly admitted residents who had</p>	F 645	<p>Corrective action for the residents found to be affected by the deficient practice. Resident #21 and Resident #42 both had Preadmission Screening and resident Review assessments sent to state designated authority for PASSR Review on June 4th, 2025.</p> <p>Corrective action for other residents having the potential to be affected by the same deficient practice.</p> <p>All current in-house residents reviewed by the Interdisciplinary team to determine the need to do further PASSR screening based on mental, behavioral, emotional disorders that result in serious functional impairment significantly interfering with one or more major life activities as per Resident Assessment Instrument guidelines.</p> <p>Out of 86 residents reviewed twelve residents required further Level 2 PASSR screening and was completed by June 16th, 2025.</p> <p>Systemic changes made to ensure that the deficient practice will not recur.</p> <p>On June 4th, 2025, Inservice was conducted by Senior Nurse consultant to Administrator, Director of Nursing and</p>		

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F 645	<p>Continued From page 3</p> <p>diagnoses requiring a PASRR screening.</p> <p>An interview was conducted on 6/4/25 at 11:27 a.m. with MDS Nurse #1. She indicated a resident's diagnoses and/or medications determined if a resident required screening for a level II PASRR. MDS#1 revealed Resident #21 was screened and determined as a level II PASSR on 9/30/19. She stated the resident was upset with this determination and telephoned the state-designated authority demanding his PASSR number changed to Level 1; and it was changed to Level 1 on the next day. as indicated.</p> <p>During an interview on 6/4/25 at 10:59 a.m., the Administrator acknowledged a request for PASRR screening should have been submitted to the state-designated authority for Resident #21 at the time of his admission due to his diagnosis of bipolar disorder.</p> <p>During an interview on 6/4/25 at 11:53 a.m., the Administrator stated there was no paper trail at the facility indicating Resident #21 was referred for PASRR screening.</p> <p>2. Resident #42 was admitted on 3/26/25 with diagnoses including: Bipolar Disorder and Anxiety.</p> <p>Resident #42's PASRR Level I Determination Notification document dated 8/16/24 revealed nursing facility placement was appropriate and that there were no diagnoses that would require a PASRR Level II to be done. This was sent with Resident #42 from the hospital when discharged to the facility. There was no expiration date.</p> <p>The admission Minimum Data Set (MDS)</p>	F 645	<p>Case Mix Director when the screening process needed to be completed.</p> <p>Administrator in-service Social Worker and Admission Director and Case Mix Coordinator on June 5th, 2025.</p> <p>The Case Mix Director during the clinical meeting will review all new admissions For PASSR Screening and that level is appropriate based on Resident Assessment Instrument guidelines. If inappropriate the Social Worker will complete the new screening.</p> <p>This audit will be done by the administrator three times per week, 4 weeks then weekly times 4 weeks then monthly times three.</p> <p>Plans to monitor its performance to make sure that the solutions are sustained. All findings will be taken to Quality Assurance Performance Committee by the administrator monthly for three months and until substantial compliance is maintained. The Medical Director attends the committee meeting monthly. Adhoc Quality Assurance Committee Meeting was held on June 6, 2025</p> <p>Date of compliance: June 23, 2025</p>		

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F 645	<p>Continued From page 4</p> <p>assessment dated 3/30/25 revealed Resident #42 was not cognitively impaired. Resident #42 was on an antidepressant and an antianxiety medication.</p> <p>Resident #42's current medication orders showed two active orders dated 4/18/25 for Clonazepam (an antianxiety medication) 0.25 milligrams twice daily and Duloxetine (an antidepressant medication) 30 milligrams once daily.</p> <p>During an interview with the facility's Financial Counselor on 6/4/25 at 11:16 am she stated she was in charge of submitting the information for PASRR screening for a resident with a severe mental health diagnosis if the initial screening recommended her to do so. The Financial Counselor reported that MDS Nurse #1 will let her know when one needs to be done and she will take care of it. The Financial Counselor was unaware that Resident #42 had a mental disorder that would require additional screening.</p> <p>During an interview with the facility MDS Nurse #1 on 6/4/25 at 11:27 am, she stated she had not submitted a PASRR screen for Resident #42 based on her bipolar disorder diagnosis because she was waiting for Resident #42 to provide the facility with her previous medical records. MDS Nurse #1 reported that she should have had one completed upon entry to the facility.</p> <p>An interview was conducted with the facility's Administrator on 6/5/25 at 2:39 PM who stated she was aware of Resident #42's diagnosis but was unaware that she had not had an updated PASRR screening based on her mental health diagnosis. The facility's Administrator stated that the facility should have submitted the request for</p>	F 645			

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F 645	Continued From page 5  PASRR screening for Resident #42 to the state-designated authority at the time of her admission due to her diagnosis of bipolar disorder.	F 645			