STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345393	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pisgah Manor Health Care Center	**104 Holcombe Cove Road , Candler, North Carolina, 28715**

(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 5/17/26 through 5/20/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #232562-H1.	E0000		05/23/2026
F0000	INITIAL COMMENTS A recertification survey and complaint investigation survey was conducted from 5/17/26 through 5/20/26. Event ID# 232562-H1. The following intakes were investigated 2626770, 2626190, 2684525, 2616349, 2672409, 2718080, 2717693, 2983805, 3005471, 3013571, 2717925, 2792146, 2709513, 2692830, and 2703495. 1 of the 33 complaint allegations resulted in deficiency.	F0000		05/23/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to	F0880	F880 INFECTION CONTROL Corrective action for affected residents. For resident #3- On 5/20/2026 Resident assessed by Assistant Director of Nursing with no acute distress noted. MD notified with no new orders. Personal Protection Equipment (PPE) to include gloves and gowns were noted in cart in resident's room. For Nurse #1- on 5/20/2026, reeducation provided related Infection Control (Enhanced Barrier/Standard Precautions) including Enhanced Barrier Precautions protocols when providing high contact resident care including indwelling device care Corrective Action for Potentially Affected Residents. All current residents and staff have potential to be affected by deficient infection control practices. On 5/20/2026 and 5/21/2026 the Infection Control licensed nurse completed random Infection Control observations of care being provided for Enhanced Barrier Precautions residents to include high contact care and indwelling device care on day and evening	05/23/2026

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 reverse for further 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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F0880 SS = D	Continued from page 1 §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F0880	Continued from page 1 shift for licensed nurses, certified nursing assistants and medication aides to determine if deficient practices noted related to donning of appropriate PPE to include gloves and gowns prior to performing high contact resident care activities to include indwelling device care. The results were no issues noted. Systemic Changes On 5/20/2026, the Director of Nursing began education related to Infection Control (Enhanced Barrier/Standard Precautions) including donning appropriate PPE prior to performing high contact resident care activities including indwelling device care with all full-time, part-time, PRN, and agency licensed nurses, certified nursing assistants and medication aide. Any of the above identified staff who does not complete education by 5/22/2026 will not be allowed to work until education completed. This education is incorporated into new hire training for all direct care staff. Any newly hired or agency licensed nurse, certified nursing assistant and medication aide will be in-serviced as part of their facility orientation. Quality Assurance Beginning 5/25/2026, the Director of Nursing or designee will complete 5 random observations of care being provided for residents on Enhanced Barrier Precautions including day and evening shifts of high contact care and indwelling device care for licensed nurses, medication aides and certified nursing assistants. The monitoring will be completed weekly x 4 weeks then monthly x 2 months to ensure that staff are following Infection Control policy including Enhanced Barrier Precautions related to donning appropriate PPE prior to performing high contact resident care and indwelling device care. QA Reports will be presented in the weekly Quality of Life/Quality Assurance meeting by the Administrator or Director of Nursing/designee to ensure that the corrective action for trends or any concerns is initiated as appropriate for compliance with regulatory requirements. The weekly QA meeting is attended by Administrator, Director of Nursing, Medical Director, Infection Control Nurse, Minimum Data Set Registered Nurse, Environmental Services Director, Social Services Director, Dietary Manager, Health Information Manager, and Activities Director, Maintenance Director and Rehab Director. Date of Compliance: 5/23/2026	05/23/2026

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F0880 SS = D	Continued from page 2 This REQUIREMENT is NOT MET as evidenced by: Based on observation and staff interviews, the facility failed to follow their infection control policies and procedures for Enhanced Barrier Precautions (EBP) when Nurse #1 failed to wear a gown while performing catheter care for Resident #3. This deficient practice occurred for 1 of 5 staff members observed for infection control practices (Nurse #1). Findings included: Review of the facility's policy and procedure last approved 6/2025 entitled “Enhanced Barriers” read in part: “It is the policy of this facility to use enhanced barrier precautions (EBP) based on guidance from the center of Disease Control (CDC). Enhanced barrier precautions expand use of personal protective equipment (PPE) beyond situations in which exposure to blood and body fluid is anticipated (standard precautions). Enhanced precautions refer to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of multi drug resistant organisms (MDROs) to staff hands and clothing.” “Applies to all residents with any of the following;” “wounds and or indwelling medical devices regardless of MDRO colonization.” “Indwelling medical devices that have exit ports outside of the body.” “Central line catheters, urinary catheters, feeding tube, tracheostomy.” “Examples of high contact resident care activities requiring enhanced barriers; device care (central lines, catheters, tubes, trachs/vents).” An observation was completed on 5/20/26 from 11:14 AM to 11:31 AM of Resident #3’s room and of Nurse #1 performing catheter care for Resident #3. An EBP sign was outside of Resident #3 door and there was a PPE cart located inside his room that contained gowns. Nurse #1 performed hand hygiene when she entered Resident #3’s room and put on clean gloves. She did not put on a gown. She used a premoistened disposable cleaning cloth and cleaned around Resident #3’s indwelling urinary catheter at the urinary meatus and disposed of the wipe in the trash. She used another premoistened disposable cleaning cloth to clean down the length of the indwelling urinary catheter and disposed of the wipe in the trash. Nurse #1 repeated the same	F0880		05/23/2026

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F0880 SS = D	Continued from page 3 process of cleaning around and down Resident #3 indwelling urinary catheter 3 to 4 times. Nurse #1 then removed her gloves, disposed of the gloves in the trash, and performed hand hygiene. Nurse #1 put on new gloves and adjusted the catheter securement device on Resident #3's thigh; she did not put on a gown. She removed her gloves, disposed of her gloves in the trash, and performed hand hygiene when she exited the room. An interview was conducted with Nurse #1 on 5/20/26 at 11:33 AM. Nurse #1 said she thought EBP were for residents who had wounds. She explained a gown and gloves were supposed to be worn for wound care. She reported Resident #3 had a wound and said the EBP were just for his wound care. She did not think EBP were needed when doing catheter care or for indwelling devices. Nurse #1 stated she did not need to wear a gown when doing Resident #3's catheter care that she was aware of. Nurse #1 explained performing hand hygiene and wearing gloves was all that was required when providing care for catheters and indwelling devices. Nurse #1 reviewed the EBP sign outside of Resident #3 door. After reviewing the EBP sign, Nurse #1 said she was wrong and stated the sign said EBP were supposed to be used when caring for indwelling devices. Nurse #1 stated she was not aware EBP were supposed to be used for catheters or indwelling devices and that was why she had not worn a gown. Nurse #1 reported she had received training from the facility on EBP. An interview was conducted with the Director of Nursing (DON), who was the facility's Infection Preventionist, and Nurse #1 on 5/20/26 at 12:51 PM. Nurse #1 said she had been nervous when doing Resident #3's catheter care. She explained she did know EBP were supposed to be used when caring for indwelling devices and when doing catheter care. She stated she was nervous when the surveyor had asked her about EBP and that was why she initially stated she did not know EBP were needed for indwelling devices. Nurse #1 stated she knew she should have worn a gown when doing Resident #3's catheter care but had been nervous and forgot to put one on. The DON stated EBP should be used for residents with catheters and indwelling devices. The DON stated Nurse #1 should have worn a gown when performing Resident #3's catheter care. An interview was conducted with the Administrator on 5/20/26 at 1:51 PM. The Administrator said the facility should follow their infection prevention and control policies.	F0880		05/23/2026