### Statement of Deficiencies and Plan of Correction

- **Provider/Supplier/CLIA Identification Number:** 345193
- **Date Survey Completed:** 08/06/2018
- **Multiple Construction Wing:**
  - **Building:**
  - **Wing:**

#### Name of Provider or Supplier

- **Mountain View Manor Nursing Ce**

#### Street Address, City, State, Zip Code

- **410 Buckner Branch Road**
- **Bryson City, NC 28713**

#### Summary Statement of Deficiencies

**Event ID:** GN9O12

**ID Prefix Tag:**
- **F 000**

**Initial Comments:**

An offsite paper follow up was completed 08/06/18. Monitoring tools and inservice information was reviewed. The facility is in compliance with F550, F641, F656, F657, F677, F689, F690, F867, and F880 effective 07/27/18. Event ID #GN9O12.

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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.