

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

PRINTED: 08/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHITE OAK MANOR - TRYON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>70 OAK STREET</b> <b>TRYON, NC 28782</b>
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(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
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 645 SS=D	<p>PASARR Screening for MD &amp; ID CFR(s): 483.20(k)(1)-(3)</p> <p>§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(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,</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; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State</p>	F 645		8/2/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/25/2024
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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.

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F 645	<p>Continued From page 1</p> <p>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 disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p>	F 645			

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F 645	<p>Continued From page 2</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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to submit a request for a re-evaluation for Preadmission Screening and Resident Review (PASRR) determination for a resident who was diagnosed with a new mental health disorder and received a change in treatment (Resident #6) for 1 of 1 resident reviewed for PASRR.</p> <p>The findings included:</p> <p>Record review of the North Carolina Medicaid Uniform Screening Tool (NC MUST) inquiry document dated 05/08/21 revealed Resident #6 had a Level I PASRR effective 05/03/16. There were no requests for a Level II PASRR evaluation submitted or completed since 05/03/16.</p> <p>Resident #6 was admitted to the facility on 8/8/22 with a diagnosis that included mood disorder due to known psychological condition.</p> <p>Review of the annual minimum data set (MDS) dated 05/28/24 revealed Resident #6 had not been evaluated by Level II PASRR and determined to have a serious mental illness, intellectual disability or other related condition. Resident #6 received antianxiety, antidepressant medication on a routine.</p> <p>Review of Resident #6 cumulative medical diagnosis list revealed a new diagnosis of</p>	F 645	<p>F645</p> <p>White Oak Manor - Tryon will ensure the preadmission screening for individuals with a mental disorder and intellectual disability are completed, including the submission of reevaluations for Preadmission Screening and Resident Review (PASRR) determination for residents diagnosed with new mental health disorders and change in treatments.</p> <p>Social Services Director submitted a request on 7/17/24 for a reevaluation of PASRR determination for Resident #6 with diagnoses of mood and delusional disorder, and medication treatment of risperidone.</p> <p>An audit was completed by the Social Services Director beginning on 7/10/24 to 7/25/24 for current residents' PASRR determination to ensure compliance and requests for reevaluation of residents with new mental health disorders and change</p>		

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F 645	<p>Continued From page 3 delusional disorder on 6/19/24.</p> <p>Record review of the physicians' orders for Resident #6 revealed in part an order dated 06/19/24 for Risperidone 0.25 milligram (MG) tablet (antipsychotic medication) for delusional disorder.</p> <p>Record review of the medication administration records (MAR) from June 2024 to July 2024 revealed it was documented that Resident #6 was administered Risperidone 0.25 milligram (MG) tablet per the physician's order.</p> <p>An interview with the Social Service Director on 07/10/24 at 1:39 PM revealed that she was trained the focus was on schizophrenia and Huntington's only for a level 2 PASARR evaluation. She stated that she was not aware that any new mental health diagnosis needed a request for level 2 PASARR. She stated that the only PASARR they had for Resident #6 was the one dated 05/03/2016.</p> <p>An interview with the Administrator on 07/10/24 at 2:16 PM revealed that his expectation was that all residents have a current PASARR and at the level that was appropriate for their current diagnosis and condition.</p>	F 645	<p>in treatment.</p> <p>Newly admitted residents will be reevaluated for PASRR determination, as indicated, and will be submitted by the Social Services Director.</p> <p>The Social Services Department, Admissions Department, Nursing Administration, and Licensed Nurses will be re-educated by 8/2/24. The education will be completed by the Corporate Consultant regarding the PASRR determination process, reevaluations of PASRR determination and communication to and tasks (assessment reviews, psychological progress notes or pharmacy reports) by the Social Services Department to stay updated on newly diagnosed residents with mental health disorders and change in treatments, and to submit reevaluations for PASRR determination for the residents with new mental health disorders and change in treatments.</p> <p>Newly hired Social Services, Admissions and Nursing Administration will receive this education during their job specific orientation with their Corporate Consultant.</p> <p>The Administrator or Nursing Administration will monitor current and newly admitted residents for the need of a</p>		

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