STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088014	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR MOUNTAIN HOUSE	11 SHERWOOD RIDGE ROAD BREVARD, NC 28712

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 08/05/26 to 08/06/26.	D 000	The response in the cited statement of deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to meet the acute health care needs for 2 of 5 sampled residents (#4 and #3) related to scheduling a cardiology appointment (Resident #4) and scheduling an appointment with a vascular specialist (Resident #3). The findings are: 1. Review of Resident #4's current FL2 dated 10/24/25 revealed diagnoses included congestive heart failure (CHF) and high blood pressure. Review of Resident #4's Resident Register revealed an admission date of 09/10/24. Review of Resident #4's physician's progress note dated 07/07/26 revealed schedule an appointment with cardiology as soon as possible. Telephone interview with the scheduler at the cardiology office on 08/06/26 at 10:00am revealed Resident #4 did not have an appointment and had not been to the cardiology office since 2024. Interview with Resident #4 on 08/06/26 at 10:20am revealed:	D 273	The Resident Care Coordinator and Executive Director were re-educated on the facility's process for reviewing physician progress notes, identifying new physician orders, documenting receipt of those orders, scheduling specialty referrals and follow-up appointments, verifying appointments have been scheduled when referrals are expected to be completed by outside providers, and documenting completion of each action in the resident record. The Facility Executive Director will complete a weekly audit of resident records to verify physician orders, specialist referrals, and follow-up appointments are appropriately scheduled, verified, and documented. These audits will be completed no less than weekly for 60 days. Any concerns identified during the audit process will be corrected immediately, and additional education will be provided as warranted.	8/6/26 10/5/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Virginia Shelton TITLE Executive Director (X6) DATE 08/31/2026

Reviewed and acknowledged 9/1/26
AP

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-He had CHF and atrial fibrillation (heart rhythm disorder that causes an irregular heartbeat).
-Sometimes he was short of breath when he walked down the hallway.
-Sometimes his lower extremities would swell.
-He had not been to see a cardiologist in a long time and did not know his primary care provider (PCP) wanted him to go see one.

Interview with the Resident Care Coordinator (RCC) on 08/06/26 at 10:05am revealed:
-She was responsible for scheduling all appointments.
-She received the primary care provider's (PCP) progress note dated 07/07/26 for Resident #4 but overlooked the order to schedule an appointment with a cardiologist.

Telephone interview with Resident #4's PCP on 08/06/26 11:02am revealed:
-Resident #4 had a diagnosis of CHF and had lower extremity edema.
-She wrote the order for a cardiology appointment "as soon as possible" because she knew it sometimes took months to become an established patient.
-She monitored Resident #4's cardiac status and she wanted him to see a cardiologist but it was not urgent.

Interview with the Administrator on 08/06/26 at 10:35am revealed:
-The RCC received all progress notes and scheduled appointments.
-Sometimes the PCP would send a referral for an appointment to the medical office themselves and then the medical office would call the facility to schedule the appointment.
-The cardiology appointment order for Resident #4 was overlooked by the RCC.

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2. Review of Resident #3's current FL2 dated 07/10/26 revealed diagnoses included history of coronary artery bypass graft, bullous pemphigoid (a rare, chronic autoimmune condition that causes large fluid-filled blisters to form on the skin), hypertension, and history of a cerebrovascular accident (CVA).

Review of Resident #3's Resident Register revealed:
-He was his own responsible person.
-He was admitted on 09/18/25.

Review of Resident #3's primary care provider's (PCP's) progress note dated 07/07/26 revealed:
-Resident #3 was seen for wounds consisting of a mixture of scabs and blisters around the right lower extremity.
-Resident #3 was referred to a vascular specialist provider for the wounds.

Review of Resident #3's PCP's progress note dated 07/12/26 revealed:
-Resident #3 was seen for complaints of pain with blisters covering both ankles, the stomach, a blister under the right arm, and a blister on top of the left thigh.
-The PCP ordered for Resident #3 to be sent to the local hospital emergency room (ER) for an evaluation for the blisters spreading to the upper body.

Review of Resident #3's hospital discharge instructions dated 07/17/26 revealed:
-Resident #3 was admitted on 07/13/26 for bullous pemphigoid and pneumonia.
-Resident #3 had orders for wet to dry dressings applied bilaterally to the lower extremities and an

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order to follow up at the local wound care center for wound care.

Review of Resident #3's record revealed there were no progress notes indicating Resident #3 was seen by a vascular specialist provider.

Interview with Resident #3 on 08/06/26 at 9:25am revealed:
-He recently had painful blisters form on his body.
-He had a new blister on his back but the blisters on his lower legs were getting better.
-He saw a provider a couple of weeks ago for his heart issues and chronic obstructive pulmonary disease (COPD), but he did not know if the provider was a vascular specialist.

Telephone interview with an office scheduler at a local cardiology office on 08/06/26 at 9:58am revealed:
-Resident #3 was seen in the office by a cardiologist on 07/09/26.
-The cardiologist was not a vascular specialist, but the office did have a vascular specialist Resident #3 could see with a referral.
-The office did not receive a referral for Resident #3 to see a vascular specialist.
-She saw in Resident #3's office record that Resident #3 previously saw a vascular specialist at another local office in 2021.

Telephone interview with an office scheduler at a second local cardiology office on 08/06/26 at 10:15am revealed:
-Resident #3 was last seen in the office by a vascular specialist in 2021.
-There had not been any referrals sent for Resident #3 to be seen in the office by a vascular specialist.

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D 273	Continued From page 4 Interview with the Resident Care Coordinator (RCC) on 08/06/26 at 10:40am revealed: -She was responsible for reviewing providers' progress notes and scheduling referrals and follow up appointments for residents if a referral was not sent directly by a provider. -She knew Resident #3 was seen by his cardiologist on 07/09/26. -She did not call to verify if the cardiology appointment was with a vascular specialist. -She missed Resident #3's referral to a vascular specialist when she reviewed the PCP's progress note. Telephone interview with Resident #3's PCP on 08/06/26 at 11:00am revealed: -Resident #3 had wounds and blisters that started on his lower legs. -She initially thought the blisters on Resident #3's legs were caused by vascular issues, so she ordered a referral for Resident #3 to be seen by a vascular specialist. -The blisters on Resident #3 started spreading to his upper body so she sent Resident #3 to the local ER to be evaluated. -Resident #3's blisters were caused from bullous pemphigoid per the hospital record. Interview with the Administrator on 08/06/26 at 10:30am revealed: -All progress notes from providers were reviewed by the RCC. -The RCC was responsible for scheduling appointments for referrals if a provider did not directly send a referral to another provider themselves. -The RCC should have called to verify that an appointment was made for Resident #3 to see a vascular specialist provider.	D 273		