

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/14/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Davie Nursing and Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>498 Madison Road , Mocksville, North Carolina, 27028</b>	
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E0000	Initial Comments  An unannounced recertification and complaint survey was conducted from 09/29/25 through 10/02/25. The survey was paused on 10/02/25 due to the Federal government shut down. At the end of the government shut down the survey team returned onsite to complete the survey. The survey was completed on 11/14/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1D7960-H1.  Due to QSO 26-01 ALL the completion of this survey was paused and will resume when the government shutdown is over.	E0000		11/25/2025
F0000	INITIAL COMMENTS  An unannounced annual recertification along with complaint investigation survey was conducted from 09/29/25 through 10/02/25. Event ID# 1D7960-H1. The survey was paused on 10/02/25 due to the federal government shut down. At the end of the government shutdown the survey team returned onsite to complete the survey on 11/14/25. The following intakes were investigated: 789415, 789435, 2592939 and 2650905.  5 of the 5 complaint allegations did not result in deficiency.  Due to QSO memo 26-01 ALL the completion and posting of this survey was paused and will resume when the government shutdown is over.	F0000		11/27/2025
F0695 SS = E	Respiratory/Tracheostomy Care and Suctioning  CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.  The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.	F0695	This plan of correction constitutes our written plan of compliance for deficiencies cited; however, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal laws.  On 10/2/25 resident # 55 had concentrator and filter cleaned of dust and debris by DON/designee.  On 10/2/25 resident #3, #7, #13 doors had oxygen in use signs placed to ensure no smoking by administrator/designee.	11/25/2025

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 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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F0695 SS = E	<p>Continued from page 1 This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record reviews, and resident and staff interviews, the facility failed to post cautionary and safety signs that indicated the use of oxygen (Resident #3, #7, and #13) and failed to maintain a clean oxygen concentrator (Resident #55) for 4 of 4 residents reviewed for respiratory care (Resident #3, Resident #7, Resident #13, and Resident #55).</p> <p>The findings included:</p> <p>1. Resident #3 was admitted to the facility on 12/26/24 with diagnoses that included chronic obstructive pulmonary disease and heart failure.</p> <p>Review of Resident #3's physician orders dated 12/26/24 revealed oxygen at 2 liters per minute via oxygen tank or 3 liters per minute via oxygen concentrator continuously via a nasal cannula.</p> <p>Review of Resident #3's quarterly Minimum Data Set (MDS) assessment dated 07/18/25 indicated the Resident was cognitively intact and received oxygen therapy.</p> <p>An observation and interview were conducted on 09/29/25 at 12:39 PM of Resident #3 sitting in her wheelchair by her bed. The Resident explained that she had required oxygen since she was admitted to the facility. There was no cautionary oxygen signage posted near the Resident's room or in her environment.</p> <p>An observation was made of Resident #3 sitting in the doorway of her room and wearing oxygen via the nasal cannula on 10/01/25 at 11:00 AM. There was no oxygen cautionary sign posted near the Resident's room or in her environment.</p> <p>An interview conducted with Nurse #1 was conducted on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary signage on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke</p>	F0695	<p>Continued from page 1</p> <p>To identify residents that have the potential to be affected the Director of Nursing/Designee reviewed all residents being provided respiratory services were audited and concentrators were cleaned on 10/2/25. All residents in facility had no smoking oxygen in use signs placed on outside of door frames including common areas on 10/2/25 by administrator/designee.</p> <p>To prevent this from happening again on 10/2/25 Director of nursing/designee educated all licensed staff to ensure we are cleaning concentrators per orders to keep clean of debris and dust. Residents to have no smoking signs on door frames of residents on oxygen at all times including all common areas with oxygen in use. All new hires and agency staff will receive this training prior to working their first shift.</p> <p>The Director of Nursing/ Designee beginning week of 10/05/25 will observe five residents per week on oxygen to ensure cleanliness of concentrators and oxygen in use signs are posted on their doors. Audits will continue for 12 weeks. The Interdisciplinary team will review and provide recommendations on the audit results provided by the Director of Nursing and or Designee during the QAPI meeting for the next 3 months to ensure compliance. If noncompliance is identified during these three months, immediate correction, re-education of staff members and an ADHOC QAPI meeting will be held to address the noncompliance and make recommendations for adjustments to the plan. The Administrator and Director of Nursing will ensure the corrective action plan is implemented. Alleged Date of Compliance 11/25/25.</p>	

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F0695 SS = E	<p>Continued from page 2 free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>2. Resident #7 was admitted to the facility 03/28/24 with diagnoses that included heart failure and chronic obstructive pulmonary disease.</p> <p>Review of Resident #7's physician orders revealed an order dated 03/28/25 for oxygen at 2 liters per minute via nasal cannula.</p> <p>Review of Resident #7's quarterly Minimum Data Set (MDS) assessment dated 08/09/25 revealed the Resident's cognition was moderately impaired and she received oxygen therapy.</p> <p>An observation was made on 09/29/25 at 11:41 AM of Resident #7 lying in bed sleeping and wearing oxygen via a nasal cannula and delivered by a concentrator. There was no oxygen cautionary sign posted near the Resident's room or in her environment.</p> <p>On 10/01/25 at 8:43 AM an observation was made of Resident #7 sitting up in bed and eating breakfast. The Resident was wearing oxygen via the nasal cannula being delivered by the oxygen concentrator. There was no oxygen cautionary sign posted near the Resident's door or in her environment.</p> <p>An interview conducted with Nurse #1 on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary sign on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>3. Resident #13 was admitted to the facility on 08/25/23 with diagnoses that included heart failure.</p>	F0695		

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F0695 SS = E	<p>Continued from page 3</p> <p>Review of Resident #13's physician orders dated 05/27/24 revealed an order for oxygen at 2 liters per minute via nasal cannula.</p> <p>Review of Resident #13's annual Minimum Data Set (MDS) assessment 08/12/25 revealed the Resident was cognitively intact and he received oxygen therapy.</p> <p>On 09/29/25 at 11:30 AM an observation was made of Resident #13 lying in bed sleeping wearing a nasal cannula and oxygen was being delivered at 2 liters per minute. There was no oxygen cautionary sign posted near the Resident's door or in his environment.</p> <p>An observation was made of Resident #13 on 10/01/25 at 8:50 AM lying in bed and wearing oxygen delivered via a nasal cannula. There was no oxygen cautionary sign posted near the Resident's door or in his environment.</p> <p>An interview conducted with Nurse #1 on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary sign on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>4. Resident #55 was admitted to the facility on 04/01/25 with diagnoses that included chronic obstructive pulmonary disease and dependence on supplemental oxygen.</p> <p>Review of Resident #55's physician orders revealed the following orders:</p> <p>4/01/25- Oxygen: Clean oxygen concentrator and filter, change tubing once per week. Special Instructions: Wipe down concentrator, remove filter, clean, and air dry, once a day shift on Sundays.</p> <p>7/21/25- Oxygen: Administer oxygen via nasal cannula continuously at 4 liters per minute, every shift.</p>	F0695		

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F0695 SS = E	<p>Continued from page 4</p> <p>Review of Resident #55's quarterly Minimum Data Set assessment dated 09/03/25 revealed Resident #55 to be cognitively intact with no delusions, behaviors, rejection of care, or instances of wandering. Resident was coded as receiving oxygen therapy while admitted as a resident.</p> <p>An observation of Resident #55's oxygen concentrator on 09/29/25 at 11:57 AM revealed the intake filter on Resident #55's oxygen concentrator to be caked with gray dust and debris.</p> <p>An interview with Resident #55 on 09/29/25 at 12:01 PM revealed she used oxygen on a continuous basis. Resident #55 also reported that she did not know who was responsible for cleaning the oxygen concentrator nor had she observed any staff members cleaning the oxygen concentrator.</p> <p>Another observation of Resident #55's oxygen concentrator on 10/01/25 at 3:13 PM revealed it continued to have gray dust and debris caked on the intake filter.</p> <p>Review of facility provided staffing schedules with hall assignments revealed Nurse #6 was assigned to Resident #55 on 09/28/25, the Sunday prior.</p> <p>Multiple attempts to reach Nurse #6 via telephone call on 10/01/25 and 10/02/25 were unsuccessful.</p> <p>An interview with the Director of Nursing on 10/02/25 at 12:40 PM revealed oxygen concentrator cleaning was the responsibility of the facility maintenance department and the Director of Maintenance. The Director of Nursing reported she did expect her hall nurses to monitor the oxygen concentrators and report to the maintenance department any oxygen concentrators that needed to be cleaned.</p> <p>An observation of Resident #55's oxygen concentrator was completed on 10/02/25 at 12:43 PM with the Director of Nursing. After observing Resident #55's oxygen concentrator the Director of Nursing stated that Resident #55's oxygen concentrator did not appear clean and that there should not be visible gray dust and debris coming out of the intake filter.</p> <p>An interview with the Maintenance Director on 10/02/25 at 1:05 PM revealed the maintenance department was responsible for ensuring that intakes and intake filters were clean and free from dust and debris on resident oxygen concentrators. He stated he tried to</p>	F0695		

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F0695 SS = E	Continued from page 5 check the oxygen concentrators every week or if he is notified by hall staff that one needs cleaning. Regarding Resident #55's oxygen concentrator, the Maintenance Director stated it must have been missed on his weekly check.  An interview with the Administrator on 10/02/25 at 2:40 PM revealed he expected his staff to follow the regulations regarding cleanliness of oxygen concentrators and indicated that oxygen concentrators in the facility should be clean and free from dust and debris in the intake and filter.	F0695		
F0761 SS = E	Label/Store Drugs and Biologicals  CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is NOT MET as evidenced by:  Based on observation and staff interviews, the facility failed to discard 7 doses of expired COVID-19 vaccines and one bottle of expired eye drops in accordance with manufacturer's expiration date and storage guidelines for 2 of 2 medication storage rooms (South Wing and North Wing).	F0761	On 9/30/25 during annual survey expired covid vaccines and eye drops were discovered in medication storage fridge. On 9/30/25 expired covid vaccines and expired eye drops discarded immediately.  To identify other infractions an entire medication storage audit was completed for entire facility on 9/30/25 by DON/designee with no other expired items discovered.  To prevent this from happening again on 9/30/25 Director of nursing/designee educated licensed nursing staff to ensure all expired medications are disposed of properly and timely, All new hires including agency staff will receive this training prior to working their first shift.  Beginning the week of 10/02/25 Director of Nursing/Designee will audit 2 medication carts and one medication storage room every week. Audits will continue for 12 weeks. Any negative findings will be followed by the Administrator. The Interdisciplinary team will review and provide recommendations on the audit results provided by the Director of Nursing and or Designee during the QAPI meeting for the next 3 months to ensure compliance. If noncompliance is identified during these three months, immediate correction, re-education of staff members and an ADHOC QAPI meeting will be held to address the noncompliance and make recommendations for adjustments to the plan. The Administrator and Director of Nursing will ensure the corrective action plan is implemented. Alleged Date of Compliance 11/25/25.	11/25/2025

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F0761 SS = E	<p>Continued from page 6</p> <p>A review of manufacturer's package insert indicated that after thawing Spikevax (Moderna COVID-19 vaccine 2024-2025 formula), it should be refrigerated with temperature between 2° to 8° Celsius (C) (36°F to 46° Fahrenheit (F)) for up to 60 days, or until the expiration date printed on the carton, whichever comes first.</p> <p>A review of manufacturer's package insert revealed an unopened bottle of Latanoprost eye drop should be stored under refrigeration at 2° to 8° C or (36° to 46° F). Once the bottle was opened for use, it could be stored at room temperature up to 25°C (77°F) for up to 6 weeks.</p> <p>a. During a medication storage audit conducted on 09/30/25 at 12:38 PM, an opened carton of COVID-19 vaccine containing 7 doses of unused Spikevax 2024-2025 formula injectable suspension was found in the refrigerator of South Wing medication storage room and they were ready to be used. Each dose of COVID-19 vaccine contained 0.5 milliliter (ml) of the formula. A label stated "Discard unused portion after the expiration date of 09/06/2025" was found on the carton. A review of the manufacturer's expiration date printed on the carton confirmed these vaccines were expired on 09/06/2025. The carton did not have a date indicating when the vaccines were thawed.</p> <p>An interview was conducted with Nurse #2 on 09/30/25 at 12:42 PM. She stated all the medications in the medication storage rooms were supposed to be checked by the third shift nurse at least once per week on Sunday. She could not explain what had happened and acknowledged that all the expired COVID-19 vaccines should be discarded.</p> <p>b. Resident #14 was admitted to the facility on 01/23/24 with diagnoses including glaucoma.</p> <p>A review of physician's order dated 04/28/25 revealed Resident #14 had an order to receive one (1) drop of Latanoprost 0.005% for both eyes once daily at bedtime.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 07/30/25 coded Resident #14 with severe impairment in cognition.</p>	F0761		

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F0761 SS = E	<p>Continued from page 7</p> <p>The medication administration records for September and October 2025 indicated Resident #14 had received Latanoprost as ordered before bedtime during the past 2 months.</p> <p>During a medication storage check conducted on 09/30/25 at 1:02 PM, one bottle of Resident #14's Latanoprost ophthalmic solution with the strength of 0.005% that was opened on 08/05/25 was found in the refrigerator of North Wing medication storage room and it was ready to be used.</p> <p>An interview was conducted with Nurse #3 on 09/30/25 at 1:05 PM. She could not explain why the expired Latanoprost that opened on 08/05/25 was stored in the refrigerator in medication storage room. She stated once Latanoprost was opened and being used, it should be stored in room temperature and discarded after 42 days. She stated Resident #14 had another bottle of Latanoprost that was opened on 09/06/25 and stored in the medication cart. Nurse #3 denied she had ever used the expired Latanoprost for Resident #14 so far. An immediate observation of 100 Hall medication cart confirmed Resident #14 had another bottle of Latanoprost opened on 09/06/25.</p> <p>During an interview conducted with the Director of Nursing (DON) on 09/30/25 at 1:18 PM, she explained one of the nurses who checked the refrigerator in the morning saw the expired Latanoprost and thought it was opened on 08/25/25. She expected nursing staff to follow manufacturer's guideline when storing Latanoprost and Spikevax and added both expired eye drops and vaccines should be discarded.</p> <p>An interview was conducted on 10/01/25 with the Administrator. He stated it was his expectation for nursing staff to follow facility's medication storage policy and manufacturer's guidelines to discard the expired latanoprost and COVID-19 vaccines.</p>	F0761		
F0812 SS = F	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p>	F0812	On 9/29/2025 after survey brought items to the attention of the dietary manager the floor to the walk in cooler was immediately mopped and cleaned and any debris was discarded. The opened box of thickened orange juice was discarded. The opened box of thickened apple juice dated 9/15/2025 was discarded. The opened box of thickened cranberry juice was discarded and the discolored lettuce dated 9/24/2025 was discarded. The	11/25/2025

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F0812 SS = F	<p>Continued from page 8</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations the facility failed to discard expired beverages, label and date open food items, remove food items with signs of spoilage, and maintain a clean and sanitary floor in 1 of 1 walk-in cooler; label and date food items in 1 of 1 walk-in freezer; maintain a clean and sanitary ice machine for 1 of 3 ice machines (kitchen ice machine); failed to implement their infection control policies when Dietary Aide #1 failed to perform hand hygiene after handling dirty dishes and before touching clean items in the kitchen; label and date opened food items in 1 of 3 reach-in coolers; and discard expired beverages in 1 of 1 dry storage room. These failures had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1. An initial observation of the walk-in cooler on 09/29/25 at 09:27 AM revealed the following:</p> <p>a. dried white stains and scattered debris across the entire floor</p> <p>b. an opened and undated 46-ounce box of thickened orange juice sitting on a shelf</p> <p>c. an opened and undated 46-ounce box of thickened apple juice with a best-by date of 09/15/25 sitting on a shelf</p>	F0812	<p>Continued from page 8</p> <p>undated bowl of potato salad was discarded. On 9/29/2025 in the walk in freezer the undated bag of potato wedges, and the opened bag of potato wedges were discarded, and the undated waffles and pancakes were discarded. On 9/30/2025 the ice machine was cleaned of debris and dust. On 9/29/2025 the dietary aide was immediately educated that she must wash her hands after touching dirty dishes before she touched clean dishes.</p> <p>On 9/29/2025 all dishes were re-washed. On 9/29/2025, the dietary manager or designee conducted an audit in the walk in cooler, walk in freezer, nutrition rooms, and any other areas where food is stored. Any items that were opened and not labeled or expired were discarded. On 10/2/2025 all ice machines were cleaned by maintenance.</p> <p>To prevent this from happening again, on 9/30/2025 Certified Dietary Manager educated dietary staff on proper procedures for food procurement, storage, preparation, and serving of food in a sanitary manner. Also, on 10/2/2025, Administrator educated maintenance on proper cleaning of ice machines. Education to be carried out with all new hires by the Certified Dietary Manager or Administrator prior to working their first shift.</p> <p>To monitor and maintain ongoing compliance, beginning the week of 10/2/2025, the Certified Dietary Manager will audit all refrigerators, freezers, and storage areas once weekly. The certified dietary manager will observe staff washing the dishes once weekly to ensure sanitation is maintained. The Administrator or designee will audit the ice machines weekly to ensure they have been cleaned per schedule. Audits will continue for 12 weeks. Any negative findings will be followed by the Administrator. The Interdisciplinary team will review and provide recommendations on the audit results provided by the Certified Dietary Manager, Administrator, and or Designees during the QAPI meeting for the next 3 months to ensure compliance. If noncompliance is identified during these three months, immediate correction, re-education of staff members and an ADHOC QAPI meeting will be held to address the noncompliance and make recommendations for adjustments to the plan. The Administrator and Certified Dietary Manager will ensure the corrective action plan is implemented. Alleged Date of Compliance 11/25/2025.</p>	

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/14/2025</b>
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F0812 SS = F	<p>Continued from page 9</p> <p>d. an opened and undated 46-ounce box of thickened cranberry juice sitting on a shelf</p> <p>e. a bag of salad mix with an open date of 09/18/25 and a use-by date of 09/24/25. Brown discoloration was noted on the lettuce.</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all opened food items to be labeled and dated. She stated all food and beverage items should be used or discarded on or before the expiration date. The Dietary Manager stated it was the responsibility of all kitchen staff to label and date food and beverage items and to check for expiration dates. She stated the floor in the walk-in cooler should be clean.</p> <p>An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage and kitchen cleanliness.</p> <p>2. An observation of the walk-in freezer on 09/29/25 at 09:35 AM revealed the following:</p> <p>a. an undated bag of potato wedges sitting on a shelf</p> <p>b. an opened and undated bag of potato wedges sitting on a shelf</p> <p>c. an undated bin of pre-packaged waffles and pancakes sitting on a shelf</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed food items should be labeled and dated. She stated it was the responsibility of all kitchen staff to label and date food items.</p> <p>An interview with the Administrator on 10/02/25 at 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage.</p> <p>3. A observation of both vents of the ice machine located in the kitchen on 09/29/25 at 09:39 AM revealed a build-up of gray debris.</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed the maintenance department was responsible for cleaning the ice machine vents.</p> <p>An interview with the Maintenance Director on 10/01/25 at 03:50 PM revealed his assistant cleaned the ice machine once a week and it was last cleaned 5 or 6 days ago.</p>	F0812		

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F0812 SS = F	<p>Continued from page 10</p> <p>An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for kitchen cleanliness.</p> <p>4. An observation of Dietary Aide #1 on 09/29/25 from 09:45 AM through 09:49 AM revealed she loaded the dish washer rack with a dirty plate, walked over to the dish washer rack containing clean cup lids, picked up 4 clean cup lids and placed them on a kitchen shelf, walked to the dish washer rack containing clean plate covers, and picked up 3 plate covers and placed them on a rack in the dish room. Dietary Aide #1 did not perform hand hygiene after touching a dirty plate and before touching clean items in the kitchen.</p> <p>When an attempt to interview Dietary Aide #1 about hand hygiene on 09/29/25 at 09:49 AM was made, Dietary Aide #1 walked off.</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed she expects staff to perform hand hygiene when going from dirty to clean tasks.</p> <p>An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for hand hygiene.</p> <p>5. An observation of the reach-in cooler on 09/29/25 at 09:52 AM revealed an undated bowl of potato salad sitting on a shelf</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all opened food items to be labeled and dated and it was the responsibility of all kitchen staff to label and date food items.</p> <p>An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage.</p> <p>6. An observation of the dry storage room on 09/29/25 at 09:56 AM revealed two 46-ounce boxes of thickened apple juice with a best-by date of 09/15/25 sitting on a shelf.</p> <p>An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all beverage items should be used or discarded on or before the expiration date. The Dietary Manager stated it was the responsibility of all kitchen staff to check for expiration dates.</p> <p>An interview with the Administrator on 10/02/25 at 12:45 PM revealed he expected dietary staff to comply</p>	F0812		

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F0812 SS = F	Continued from page 11 with the regulations for food storage.	F0812		