

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Wilkesboro Health and Rehabilitation			STREET ADDRESS, CITY, STATE, ZIP CODE 204 Old Brickyard Road , North Wilkesboro, North Carolina, 28659	
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E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 12/08/25 through 12/11/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1DD5EF-H1.	E0000		01/02/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 12/08/25 through 12/11/25. Event ID# 1DD5EF-H1. The following intakes were investigated: 761756, 761754, 761753, and 2690629. 1 of 10 complaint allegations resulted in deficiency.	F0000		01/02/2026
F0554 SS = D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, and resident and staff interviews, the facility failed to assess a resident's ability to keep over the counter lubricating eye drops for self-administration in the residents' room for 1 of 1 resident reviewed for self administration (Resident #28). The findings included: Resident #28 was admitted to the facility on 10/08/25 with diagnoses that included coronary artery disease and diabetes. Resident #28's admission Minimum Data Set (MDS) assessment dated 10/14/25 showed she was cognitively intact. A review of Resident #28's medical record revealed she had not been assessed for self administration of	F0554	Address how corrective action will be accomplished for the residents found to have been affected by the deficient practice: The facility failed to assess Resident #28's ability to keep over the counter lubricating eye drops for self-administration in the resident's room. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: On 12/11/25 the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) conducted a 100% audit of all resident rooms to ensure no residents had medications at bedside. No other medications at the bedside were found. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur: On 12/15/25 the DON and the ADON educated all nursing staff that residents cannot have medications at the bedside unless they have been assessed to self-administer meds. Staff were instructed to report and remove any medications at resident bedside to the DON or the Administrator if they do not have an order to self-administer.	12/30/2025

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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F0554 SS = D	<p>Continued from page 1 medication.</p> <p>On 12/08/25 at 1:52 PM, observation and interview with Resident #28 revealed a 10 milliliter bottle of over the counter lubricating eye drops containing .5% povidone (lubricant) on her overbed table, within reach as she sat in her wheelchair. She stated she had brought the eye drops from home when she moved into the facility and used them once a day or so when her eyes felt dry.</p> <p>On 12/09/25 at 8:38 AM, Resident #28 was observed lying in bed with the bottle of lubricating eye drops on the overbed table positioned next to her bed.</p> <p>During a telephone interview with Nurse #3 on 12/11/25 at 11:52 AM, she stated she had not seen the bottle of eye drops in Resident #28's room when she was assigned to her on 12/08/25 and 12/09/25 and would have removed it if she had. Nurse #3 reported she did not believe Resident #28 had been assessed for the ability to self administer medication and explained that residents should be evaluated for safety before being permitted to self administer their medications.</p> <p>On 12/11/25 at 12:03 PM, an interview with the Director of Nursing (DON) revealed the bottle of lubricating eye drops should not have been in Resident #28's room. The DON stated Resident #28 had not been assessed to self administer medication and explained that if she wanted to self administer the eye drops, she would need to be assessed as safe to do so, a physician order would have to be obtained, and the medication would be kept in a locked box in her room.</p> <p>On 12/11/25 at 1:37 PM, an interview with the Administrator revealed the bottle of eye drops should not have been left in Resident #28's room unless she had been assessed as safe to self administer medication and the medication was stored in a locked box.</p>	F0554	<p>Continued from page 1</p> <p>On 12/29/25 the DON and the ADON begin educating the facility staff to include the therapists, housekeeping/laundry staff, dietary staff, social services staff, administrative staff, weekend staff, and prn staff on reporting identified medications at resident's bedside to the licensed nurse. The Director of Nursing (DON)/ Unit Manager will ensure that all current staff will not be allowed to work until the education has been completed. The DON/ADON will ensure newly hired staff will receive education during the facility orientation, prior to working.</p> <p>All new Residents/Responsible Parties will be educated by Admissions Staff before/upon admission to facility regarding medication self-administration and not bringing outside medications to the facility; document created for post education acknowledgement. If a resident requests to self-administer a medication, the facility policy will be reviewed and followed.</p> <p>Interdisciplinary Team (IDT) members complete resident room rounds daily, Monday - Friday and report findings to Administrator and Nurse Managers on a Daily Resident Room Round Checklist form. IDT members will check for and remove and report any instances of medications appearing at bedside to the Administrator and/or Nurse Managers.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Director of Nursing will complete audits weekly for 4 weeks and monthly for 2 months to ensure continual compliance. The Director of Nursing will report the findings monthly for at least 6 months to the Quality Assurance Performance Improvement (QAPI) committee for review and/or revision.</p>	
F0695 SS = D	<p>Respiratory/Tracheostomy Care and Suctioning</p> <p>CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.</p> <p>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.</p>	F0695	<p>Address how corrective action will be accomplished for the residents found to have been affected by the deficient practice:</p> <p>Facility failed to remove petroleum-based jelly from Resident #96's room who received oxygen.</p> <p>On 12/11/25, the petroleum-based product was removed from the resident's room.</p> <p>On 12/11/25 the Director of Nursing (DON) provided education to Resident #96's family about not bringing in petroleum products due to the resident's use of</p>	12/30/2025

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F0695 SS = D	<p>Continued from page 2</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and staff and resident interviews, the facility failed to remove petroleum based jelly from a resident's room who received oxygen for 1 of 2 residents reviewed for respiratory care (Resident #96).</p> <p>The findings included:</p> <p>Resident #96 was admitted to the facility on 11/17/25 with diagnoses that included chronic obstructive pulmonary disease and chronic bronchitis.</p> <p>Resident #96 had a physician's order dated 11/17/25 for oxygen via nasal cannula at 1 to 5 liters per minute continuously.</p> <p>Resident #96's admission Minimum Data Set (MDS) assessment dated 11/23/25 revealed he was cognitively intact and coded for continuous oxygen therapy.</p> <p>A review of Resident #96's care plan dated 11/17/25 revealed a risk for potential breathing problems with interventions including assessing for signs and symptoms of respiratory distress and administering medications as ordered.</p> <p>An observation on 12/08/25 at 2:38 PM revealed Resident #96 sitting in his wheelchair in his room with oxygen being administered via nasal cannula by an oxygen concentrator set at 4 liters. There was a container of petroleum based jelly on the overbed table in front of Resident #96.</p> <p>An observation on 12/09/25 at 8:42 AM revealed Resident #96 sitting in his wheelchair in his room with oxygen being administered via nasal cannula by an oxygen concentrator set at 4 liters. There was a container of petroleum based jelly on the overbed table in front of Resident #96.</p> <p>An interview with Resident #96 on 12/10/25 at 8:53 AM revealed he used the petroleum based jelly on his lips when they felt dry and indicated he applied it maybe once a day. Resident #28 stated he wasn't sure who brought him the petroleum-based jelly but thought it was probably a family member.</p> <p>A telephone interview with Nurse #3 on 12/11/25 at 11:52 AM revealed she did not see the container of petroleum based jelly in Resident #96's room while taking care of him on 12/08/25 or 12/09/25. She</p>	F0695	<p>Continued from page 2</p> <p>oxygen, because they pose a fire hazard.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>On 12/11/25 the DON and the Assistant Director of Nursing conducted a 100% audit of all residents that utilize oxygen therapy to ensure no petroleum-based products were in use or available for use in the room. No negative findings were found.</p> <p>Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur:</p> <p>On 12/11/2025 the Administrator, Nurse Managers and Admission Coordinator were educated by the Regional Operator to ensure they provide education to all new admissions and their responsible parties about not bringing in petroleum-based products for the resident to use if they are receiving oxygen therapy.</p> <p>On 12/29/25 the Administrator and Nurse Managers completed a 100% re-education to all staff to ensure they are aware of oxygen use policies to include: residents who utilize oxygen therapy cannot use petroleum-based products due to risk of fire.</p> <p>On 12/18/25 the Administrator educated all staff who conduct daily room rounds to ensure no petroleum-based products are in resident rooms, when oxygen is in use.</p> <p>On 12/29/25 the Administrator informed the ADON it would be her responsibility to ensure all staff received the above training before working their next shift. She was also informed the education would be added to the new hire orientation and no new staff can work until it has been completed.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Administrator/designee will audit residents utilizing oxygen therapy 5x per week for 4 weeks, then 3x per week for 4 weeks, then weekly for 4 weeks to ensure respiratory standards of care are followed; audits to be random in nature to verify safe practices occur on all shifts and all days. All findings will be brought to the QAPI committee for review and need for further auditing or education.</p>	

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F0695 SS = D	Continued from page 3 indicated she knew petroleum based jelly was a potential hazard while oxygen was in use and it should not have been in his room. On 12/11/25 at 12:03 PM, an interview with the Director of Nursing (DON) revealed the container of petroleum based jelly should not have been in Resident #96's room as he was on oxygen and it was a potential hazard. The DON indicated she was going to remove the container immediately and educate nursing staff on removal of petroleum based products from the rooms of residents receiving oxygen therapy. An interview with the Administrator on 12/11/25 at 1:37 PM revealed she and the nursing staff knew that petroleum based products should not be in the rooms of residents on oxygen therapy, but families often did not remember even after education. She indicated nurses were educated to look for and remove petroleum based products during room rounds, and family members and residents were educated on admission. The Administrator confirmed the petroleum based jelly should not have been in Resident #96's room and she would immediately confirm it had been removed.	F0695		
F0761 SS = D	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	F0761	Address how corrective action will be accomplished for the residents found to have been affected by the deficient practice: Facility failed to store medicated powder in a secure locked storage area: Medicated powder immediately removed from Resident #15's room by Nurse #1 on 12/11/2025. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: On 12/11/25 the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) conducted a 100% audit of resident rooms to ensure no residents had medications at bedside that were not properly stored. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not reoccur: On 12/15/25 the DON and the ADON educated all nursing staff that residents cannot have medications at the bedside unless they have been assessed to self-administer meds. Staff were instructed to report and remove any medications at resident bedside to the DON or the Administrator if they do not have an order	12/30/2025

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F0761 SS = D	<p>Continued from page 4 systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to store medicated powder in a secure locked storage area for 1 of 1 resident observed with medication at bedside (Resident #15).</p> <p>Findings included:</p> <p>Resident # 15 was admitted to the facility 09/01/21.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 11/12/25 revealed Resident #15 was moderately cognitively impaired.</p> <p>Review of Resident #15's medical record revealed no order for miconazole nitrate 2% powder (an anti-fungal medication).</p> <p>An observation of Resident #15's room on 12/09/25 at 9:57 AM revealed a 3-ounce bottle of miconazole nitrate 2% powder sitting beside her bed on top of a dresser.</p> <p>An interview with Resident #15 was attempted on 12/09/25 at 9:57 AM but the resident did not answer when asked about the anti-fungal powder.</p> <p>Additional observations of Resident #15's room on 12/09/25 at 1:23 PM, 12/10/25 at 9:38 AM, 12/10/25 at 1:05 PM, and 12/11/25 at 10:10 AM revealed a 3-ounce bottle of miconazole nitrate 2% powder sitting beside her bed on top of a dresser.</p> <p>An observation of Resident #15's room with Nurse #1 on 12/11/25 at 10:19 AM revealed the 3-ounce anti-fungal powder on a dresser beside her bed. Nurse #1 removed the anti-fungal powder from Resident #15's room.</p> <p>An interview with Nurse #1 on 12/11/25 at 10:21 AM revealed she had been in Resident #15's room once that morning and did not notice the anti-fungal powder on top of her dresser. She stated if she had seen the anti-fungal powder in Resident #15's room she would have removed it at that time. Nurse #1 stated the anti-fungal powder should be stored on the treatment cart and not in the resident's room unless there was a physician order to leave in the room.</p> <p>A telephone interview with Nurse #2 on 12/11/25 at 1:21 PM revealed she cared for Resident #15 on 12/09/25</p>	F0761	<p>Continued from page 4 to self-administer.</p> <p>On 12/29/25 the DON and the ADON begin educating the facility staff to include the therapists, housekeeping/laundry staff, dietary staff, social services staff, administrative staff, weekend staff, and prn staff on reporting identified medications at resident's bedside to the licensed nurse. The Director of Nursing (DON)/ Unit Manager will ensure that all current staff will not be allowed to work until the education has been completed. The DON/ADON will ensure newly hired staff will receive education during the facility orientation prior to working.</p> <p>On 12/18/25 the Administrator provided education to the Nurse Managers and Admissions Coordinator to provide education to residents and responsible parties upon admission and periodically to ensure all are aware of self-administration and medication storage policy.</p> <p>On 12/18/25 the Administrator educated all staff who conduct daily room rounds to ensure medications are stored properly and not at bedside without an order to self-administer. Interdisciplinary Team (IDT) members complete resident room rounds daily, Monday - Friday and report findings to Administrator and Nurse Managers on a Daily Resident Room Round Checklist form. IDT members will check for and remove and report any instances of medications appearing at bedside to the Administrator and/or Nurse Managers.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Administrator/Admissions staff/Unit Managers/designee will audit/review completed education of policy upon on every admission for 4 weeks, then 3x per week for 4 weeks, then weekly for 4 weeks to ensure medication storage policy is followed. Audit added to daily room rounds to check for bedside medications. All findings will be brought to the QAPI committee for review and need for further auditing or education.</p>	

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F0761 SS = D	<p>Continued from page 5 during the 7:00 AM to 7:00 PM shift. She stated she did not notice anti-fungal powder in Resident #15's room, and if she had seen it, she would have removed it from the room. Nurse #2 stated unless Resident #15 had a physician order to leave the medication in her room it should be stored on the treatment cart.</p> <p>An interview with the Director of Nursing (DON) on 12/11/25 at 10:36 AM revealed the anti-fungal powder should not have been left in Resident #15's room. She stated the medicated powder should be stored in the treatment cart unless Resident #15 had a physician order to leave the medication in the room.</p> <p>An interview with the Administrator on 12/11/25 at 12:54 PM revealed the medication should not be left in Resident #15's room unless there was a physician order to do so.</p>	F0761		