STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **345288**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Compass Healthcare and Rehab Rowan, LLC	**1404 S Salisbury Avenue , Spencer, North Carolina, 28159**

(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
E0000	Initial Comments The survey team entered the facility on 11/17/25 to conduct a recertification and complaint investigation survey and exited on 11/20/25. During a Quality Assurance review, it was discovered there was an additional intake which required investigation. The survey team returned to the facility on 12/10/25 to investigate the additional intake and exited on 12/10/25. Therefore, the exit date was changed to 12/10/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1DB7D8-H1.	E0000		
F0000	INITIAL COMMENTS The survey team entered the facility on 11/17/25 to conduct a recertification and complaint investigation survey and exited on 11/20/25. During a Quality Assurance review, it was discovered there was an additional intake which required investigation. The survey team returned to the facility on 12/10/25 to investigate the additional intake and exited on 12/10/25. Therefore, the exit date was changed to 12/10/25. Event ID# 1DB7D8-H1. The following intakes were investigated 815031 and 2677062. 3 of the 3 complaint allegations did not result in deficiency.	F0000		
F0687 SS = D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for	F0687		

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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F0687 SS = D	Continued from page 1 transportation to and from such appointments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, Responsible Party (RP), resident, and staff interviews, the facility failed to arrange or coordinate podiatry care for 1 of 1 dependent resident reviewed for foot care (Resident #17). The findings included: Resident #17 was admitted to the facility on 09/22/25 with diagnoses which included muscle weakness, stroke, diabetes, and lack of coordination. Review of Resident #17's admission Minimum Data Set (MDS) dated 09/28/25 revealed the resident was severely cognitively impaired and was dependent on staff for assistance with personal hygiene. Review of Resident #17's care plan, revised 10/08/25, revealed the resident had potential for complications related to diabetes. Interventions included inspecting foot for bunions, calluses, cracking, encouraging proper foot care, referring to podiatrist for foot care, and trimming of nails. Review of Resident #17 physician order dated 09/22/25 revealed the resident may use podiatrist services. Review of a progress note dated 10/15/25 documented by the facility Social Worker (SW) revealed Resident #17's Responsible Party (RP) had called the facility with concerns and questions regarding podiatry care. The note further revealed Resident #17 would be added to the next podiatry list for the next visit. The note indicated the Director of Nursing (DON) was notified of concerns. An interview conducted with Resident #17's RP on 11/17/25 at 1:05 PM revealed the RP had requested multiple times since admission that Resident #17 needed to have her toenails trimmed. The RP could not recall who she had spoken to. The RP further revealed the facility had yet to trim Resident #17's toenails since admission and if they could not trim them then she would like Resident #1 to be seen by a podiatrist at an appointment outside of the facility. Review of the facility podiatry list indicated Resident #17 was not on the list to be seen by podiatry during the next scheduled podiatry visit to the facility on 12/01/25.	F0687		

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F0687 SS = D	Continued from page 2 An observation with Resident #17 on 11/20/25 at 8:50 AM revealed the free edge of the resident's great toe toenails, on both feet, to be extending beyond the end of her toes, and the nails were thick. An interview and observation were conducted with Nurse Aide #1 on 11/20/25 at 9:00 AM. NA #1 confirmed Resident #17's toenails were long, thick, and needed to be trimmed. NA #1 further revealed she was unable to trim Resident #17's toenails due to the resided being a diabetic. NA #1 stated she had recently notified Nurse #1 that Resident #17's toenails needed to be trimmed. An interview and observation were conducted with Nurse #1, who routinely worked with Resident #17 on 11/20/2 at 9:10 AM. Nurse #1 revealed she did not recall staff, notifying her the resident's toenails needed to be trimmed. Nurse #1 confirmed Resident #17's toenails were long and thick and needed to be trimmed. Nurse #1 indicated she would have Resident #17 added to the list for the next podiatry visit in December because the resident's toenails were thick and needed to be "buffed" by a podiatrist. An interview conducted with the Facility Scheduler on 11/20/25 at 9:25 AM revealed she handled appointments for residents and assisted with adding residents to in-house services as well. The Facility Scheduler further revealed that she had not been made aware Resident #17 was in need to be seen by podiatry. The Facility Scheduler stated if resident #17's toenails required immediate attention she would have made an appointment with an outside podiatrist. An interview conducted with the Administrator on 11/20/25 at 4:00 PM revealed she was not aware Resident #17's RP had concerns with Resident #17's toenails. It was further revealed she expected residents' toenails to remain trimmed and if there were issues, podiatry would be consulted. The Administrator indicated nursing staff should have communicated the residents' needs and the resident should have been added to the podiatry list.	F0687		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F0812		

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F0812 SS = D	Continued from page 3 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations and staff interviews, the facility failed to ensure the food and beverage items stored in the refrigerator/freezer in 1 of 1 nourishment room were dated and labeled and failed to dispose of expired cartons of single serve milk. These practices had the potential to affect food served to residents. The findings included: On 11/19/25 at 2:45 p.m., accompanied by Dietary Cook #1, the nourishment room was observed. The refrigerator contained 13 (8-ounce) cartons of whole milk with expiration dates of 11/17/25 and 11/18/25. The refrigerator also contained a small, clear, plastic container of peach cobbler and a blueberry bagel wrapped in foil. These items were not dated or labeled with a resident's name or room number. There were 2 commercially prepared entrees in the freezer section of the refrigerator that were not dated or labeled with a resident's name and room number. Dietary Cook#1 stated the expired cartons of milk should not have been in the refrigerator and the food items without a resident's name, room number and date were not placed in the refrigeration unit by the dietary department. She indicated the nursing staff were responsible for dating and labeling residents' personal food items before storing the items in the refrigerator or freezer.	F0812		

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F0812 SS = D	Continued from page 4 During an interview on 11/20/25 at 9:33 a.m., the Dietary Manager (DM) revealed the dietary department did not supply milk to the nourishment room. He stated the dietary department maintained a list of food items which dietary staff placed in the nourishment room for residents between 1:00 p.m. and 2:00 p.m., every day, including weekends. The DM further explained that if a resident requested extra milk, the nursing staff and/or resident would notify the dietary staff who would supply the milk from the refrigeration unit in the kitchen. He indicated dietary staff were on duty in the kitchen until 8:30 p.m., every night.	F0812		