

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345015	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Clapp's Convalescent Nursing Home Inc			STREET ADDRESS, CITY, STATE, ZIP CODE 500 Mountain Top Drive , Asheboro, North Carolina, 27203	
(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 An unannounced recertification and complaint investigation survey was conducted from 12/08/2025 through 12/11/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1DD500-H1	E0000		12/30/2025
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 12/08/2025 through 12/11/2025. Event ID# 1DD500-H1. The following intakes were investigated: 876413, 2683219, 2683400. 3 of the 3 complaint allegations did not result in deficiency.	F0000		12/30/2025
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observations and staff interviews, the facility failed to post cautionary and safety signage that indicated the storage of oxygen and the potential hazard on the outside of 3 of 4 oxygen storage locations (100-300 hall, 400-600 hall and 700 hall medication storage rooms). The findings included: Observations and an interview were conducted with the	F0689	For the Resident affected: No resident was directly affected by the lack of oxygen storage signs. For the Residents with the potential to be affected/Measures put in place to prevent reoccurrence: Oxygen storage signs were posted on the doors of each of the three medication rooms at the appropriate height on 12/11/2025 by the Owner/Administrator. Monitoring: Administrator or designee will observe the signage monthly x 6 months to ensure the signage has not been removed. This plan of correction will be reviewed monthly by the Quality Assurance Performance Improvement Committee and any areas of concern will be addressed timely by the appropriate members of the committee. Frequency of this audit will be determined by the QAPI committee after monthly audit has been completed x 6 months. The date of compliance for this plan of correction is 12/11/2025.	12/12/2025

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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F0689 SS = D	<p>Continued from page 1 Director of Nursing (DON) on 12/10/2025 at 10:50 AM. An observation was conducted of the medication storage room on the 700 hall, the shared medication room for the 400-600 hall and the shared medication room for the 100-300 hall. Each room had a combination of full and empty oxygen tanks stored in these locations with no sign to identify the rooms as oxygen storage areas. An observation in the 100-300-hall, 400-600 hall, and 700 hall medication storage room revealed oxygen cylinders stored in separated storage racks. A sign posted on the wall in the 100-300 hall, 400-600 hall and 700 hall medication storage rooms showed the full oxygen tanks were stored on the left side of rack, and the empty tanks were stored on the right side of the rack. There was no signage on the outside of these medication storage rooms to show oxygen was stored in these areas. During the interview DON stated they did not have any signs for oxygen storage in the facility because they were a smoke free facility.</p> <p>An interview was conducted on 12/10/2025 at 8:55 AM with Nurse Aide (NA) #1. NA #1 stated that the oxygen tanks were in the locked medication room located on the 700- hall at the nurse's station. NA #1 stated she observed the oxygen stored while working the day shift (7:00 AM- 3:00 PM). NA #1 stated she did not recall seeing any oxygen signs where the oxygen was stored in the building.</p> <p>An interview was conducted with Nurse #1 on 12/10/2025 at 8:57 AM. He stated the oxygen tanks were stored in the medication room located on the 700- hall where he worked. Nurse #1 explained the nurses changed the empty tanks for full tanks when necessary. Nurse #1 stated there were no oxygen warning signs at the 700-hall medication storage room and he did not remember seeing oxygen warning signs where oxygen is stored.</p> <p>An interview was conducted on 12/10/25 at 9:30 AM with the Director of Operations. She stated they were a smoke free facility. There were signs posted at the main entrance to notify the public not to smoke and that oxygen was in use. Oxygen in use signs were also posted at the front and back entrance doors. She stated the facility was a smoke free facility and warning signs for oxygen were posted at the two entrances.</p> <p>An interview with the Administrator on 12/11/2025 at 1:50 PM. He indicated he was made aware that there were no cautionary signs for oxygen outside the medication</p>	F0689		

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F0689 SS = D	Continued from page 2 storage rooms. He stated that he understood the concern and he would refer to the facilities oxygen policy.	F0689		
F0812 SS = E	<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> <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 and staff interviews, the facility failed to dispose of expired foods and remove foods with signs of spoilage stored for use in 1 of 1 dry goods storage room. The facility also failed to label, date and remove expired leftover foods stored for use in 1 of 1 walk-in cooler, and in 1 of 1 freezer. This deficient practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>a. During an initial tour of the kitchen conducted with the Dietary Manager on 12/08/25 at 10:45 AM, the following problems were identified in the dry goods storage room:</p> <p>- Two opened seasoning products with the expiration date of 6/1/25.</p>	F0812	<p>For the Resident affected: All items listed in the statement of deficiencies were thrown out and reordered if needed.</p> <p>For the Residents with the potential to be affected/Measures put in place to prevent reoccurrence: Re-education was provided by Dietary Manager to all dietary staff members on 12/8/2025, the same day the items were discovered. Re-education was completed on 12/8/2025 as well. Re-education included how to label and date opened items when opened or taken out of original packaging, as well as the importance of checking expiration dates prior to use. The education also covered proper "use by" dates depending on the type of food.</p> <p>Monitoring: Dietary Manager or designee will check the dry storage room, refrigerators and freezers weekly x 4 weeks to ensure nothing is expired, with no signs of spoilage and all necessary products are labeled correctly according to food storage regulations. Should there be no areas of concerns with the weekly audits, the audits will be reduced to monthly on-going. This plan of correction will be reviewed monthly by the Quality Assurance Performance Improvement Committee and any areas of concern will be addressed timely by the appropriate members of the committee. The Quality Assurance Performance Improvement Committee will determine the duration of the monthly audit. Date of compliance for this plan of correction is 12/8/2025.</p>	12/12/2025

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F0812 SS = E	<p>Continued from page 3</p> <ul style="list-style-type: none"> - One jar of pickles with the expiration date of 9/30/25. - Two lemon extract bottles with the expiration date of 9/15/25. - Two cans of baking soda with the expiration date of 11/1/2025. - Three bananas exhibited visible dark spotting, a strong foul odor, when gently pressed during observation, the bananas were soft and mushy in texture. The bananas were stored on top of fresh bananas. <p>An interview was conducted with the Dietary Manager on 12/08/25 at 10:45AM in the dry goods storage room. The Dietary Manager stated that once food items were opened, the staff member who opened the item was responsible for labeling the opening date and expiration date. The Dietary Manager further stated that all kitchen staff were responsible for routinely checking food items for expiration. The Dietary Manger also indicated that the expired items identified were overlooked and should have been removed.</p> <p>b. During the observation of the walk-in cooler with the Dietary Manager on 12/08/25 at 11:00 AM, the following problems were identified:</p> <ul style="list-style-type: none"> - Four opened packages of sliced cheese that were removed from their original packaging, placed in a resealable plastic bag without labeling. - Two gravy vegetable base packs with the expiration date of 05/13/25. - Five bags of diced potatoes that were removed from original packaging and stored in a resealable plastic bag labeled with the expiration date of 12/07/25. <p>An interview conducted with the Dietary Manger on 12/08/25 at 11:00 AM in the walk-in cooler revealed the expired foods should have been used or discarded on or before the expiration date. The items were removed and put into the trash. The Dietary Manager stated it was the responsibility of all dietary staff to check expiration dates.</p> <p>c. During the observation of the freezer with the Dietary Manager on 12/8/25 at 11:25 PM the following problems were identified:</p>	F0812		

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F0812 SS = E	<p>Continued from page 4</p> <ul style="list-style-type: none"> - Five opened bags of hash browns that were removed from original package and stored without labeling. - Three opened bags of french fries that were removed from original package and stored without labeling; the french fries were noted to have ice crystals. - Three opened boxes of frozen pancakes that were removed from original package and stored without labeling. - Fifteen slices of pizza that were removed from original package and stored without labeling and noted to have ice crystals. - Two opened bags of mixed vegetables that were removed from original package, with ice crystals, and stored without labeling. - Three opened packages of labeled fatback with the expiration date of 12/03/24. <p>An interview conducted with the Dietary Manager on 12/8/25 at 11:25AM revealed all dietary staff were responsible for checking expiration dates of food in the freezer. The Dietary Manager stated she last checked the freezer on 12/1/25 (the last time she received a food shipment). The Dietary Manager indicated that if the expiration date was not visible, it was every member of the dietary staff's responsibility to check and put the expiration date on the package.</p> <p>A follow-up interview with the Dietary Manager on 12/10/25 at 1:45PM revealed that once food was opened, staff were to label the item with the open date and expiration date before placing it in the refrigerator. The Dietary Manager reported there was no system in place to ensure food items were consistently labeled after being opened and if a label on a food item cannot be read, the item should be discarded. She stated that all kitchen staff shared responsibility for identifying expired or improperly labeled items. Any staff member could perform a weekly kitchen check of the dry storage and refrigerated areas. She acknowledged she did not check expiration dates on seasonings and some dry storage items as often as she should because these items were stored toward the back of the kitchen and not near the stove, where she spent most of her time. She further stated that any food removed from its original packaging should be placed into a clean container and labeled with both the product name and the date it was opened. Dietary Manger reported that the expired food items were overlooked and should have</p>	F0812		

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F0812 SS = E	Continued from page 5 been discarded. An interview with the Administrator was conducted on 12/10/25 at 2:00 PM. He stated that kitchen staff were to follow the facility's food-storage policy and conduct frequent checks to ensure expired or unlabeled food items were not kept in the kitchen. He reported that kitchen staff were responsible for monitoring food storage areas on a routine basis to maintain compliance.	F0812		