

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345103	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025
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NAME OF PROVIDER OR SUPPLIER Matthews Health & Rehab Center	STREET ADDRESS, CITY, STATE, ZIP CODE 600 Fullwood Lane , Matthews, North Carolina, 28105
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(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
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F0000	INITIAL COMMENTS A complaint investigation survey was conducted on 12/15/25. Additional information was obtained offsite through 12/18/25 therefore, the exit date was changed to 12/18/25. Event ID# 1DE580-H1. The following intake was investigated: 2687888. 1 of the 1 complaint allegation did not result in a deficiency.	F0000		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F0580	"Past Noncompliance - no plan of correction required"	

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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F0580 SS = D	<p>Continued from page 1</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interviews with staff, the Nurse Practitioner (NP), and the Medical Director, the facility failed to notify the physician/NP when ordered laboratory services could not be obtained for 1 of 3 residents reviewed (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 06/23/25 with diagnoses that included diabetes mellitus type II and adult failure to thrive.</p> <p>A physician's order dated 11/19/25 directed that a comprehensive metabolic panel (CMP) and a complete blood count (CBC) be collected the following morning.</p> <p>On 12/18/25 at 9:24 AM a telephone interview was conducted with Nurse #1. During the interview she stated the phlebotomist had arrived at the facility on 11/20/25 during the morning hours to collect Resident #1's lab work, however, they were unable to obtain a specimen. Nurse #1 stated it was standard practice for the lab to reschedule collection for the following day, which would have been on the morning of 11/21/25. She</p>	F0580		

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F0580 SS = D	<p>Continued from page 2 stated she did not notify the Nurse Practitioner or Medical Director that the labs were not obtained on 11/20/25 because the Nurse Practitioner had ordered the labs on a "routine" and not "Stat" (immediately) basis.</p> <p>On 12/17/25 at 1:21 PM a telephone interview was conducted with the Nurse Practitioner. During the interview he stated he examined Resident #1 on 11/19/25 due to reports of decreased appetite and lethargy and ordered the CMP and CBC to be collected the next morning. He stated he was not notified that the laboratory work was not obtained on 11/20/25. He further stated nursing staff should have notified him when the labs could not be collected so he could determine whether additional interventions were necessary, including possible hospital transfer or approval to delay collection.</p> <p>On 12/17/25 at 1:38 PM an interview was conducted with the Medical Director. The Medical Director stated that because the Nurse Practitioner ordered the labs, it would be his decision whether notification was required if the labs were not obtained.</p> <p>On 12/18/25 at 9:40 AM a telephone interview was conducted with the Director of Nursing (DON). The DON stated facility protocol was to reschedule lab work for the following day if collection was unsuccessful and stated she believed staff followed protocol. The interview revealed the Nurse Practitioner stated to the DON that nursing staff should notify providers immediately if labs are delayed or not drawn to ensure proper follow up was completed.</p> <p>On 12/18/25 at 10:01 AM a telephone interview was conducted with the Administrator. She stated nursing staff should be following facility protocol regarding lab work and contact the provider when necessary. The Administrator stated she felt Nurse #1 followed the facility protocol and did not need to notify the Nurse Practitioner because the labs were scheduled for the following morning.</p> <p>The facility provided the following corrective action plan with a compliance date of 12/2/25.</p> <p>1. Address how corrective action will be accomplished for those residents found to have been</p>	F0580		

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F0580 SS = D	<p>Continued from page 3 affected by the deficient practice.</p> <p>On 11/19/2025 Resident #1 was noted to have decreased fluid intake and food consumption by both the day and evening licensed nurses. The physician was notified, and new orders were obtained for IV (intravenous) fluids. A midline was inserted, and IV fluids were administered at 10:00pm.</p> <p>On 11/19/2025, Nurse Practitioner (NP) conducted an acute visit due to Resident #1 having increased lethargy, somnolence and decreased oral intake. The NP ordered 100ml (milliliters) normal saline for possible dehydration, a CMP and a CBC to check electrolytes. The labs were ordered as routine at 9:40am.</p> <p>On 11/20/2025, the Licensed Nurse completed a SBAR Communication Form (Situation, Background, Assessment and Recommendation Form) to identify a change in condition for Resident #1 as she was noted to have decreased intake.</p> <p>On 11/20/2025 Carolina Medical Lab attempted to draw Resident #1's blood at 5:15am unsuccessfully.</p> <p>On 11/21/2025, Resident #1 was sent to the hospital at 11:00am for being unresponsive and heavy breathing. Carolina Medical Lab arrived at 2:00pm to complete the blood draw, but Resident #1 was in the hospital.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>On 11/24/2025, the Director of Nursing and/or designee conducted a review of current residents with recent changes in condition or pending laboratory orders to ensure that all labs were completed and that the Nurse Practitioner or Physician was notified of any delays or missed labs. Any identified issues were immediately corrected, and appropriate notifications were made and documented.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p>	F0580		

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F0580 SS = D	<p>Continued from page 4</p> <p>On 11/24/2025, the Director of Nursing and Assistant Director of Nursing re-educated all licensed nurses in person to reinforce the change in condition policy and laboratory follow-up process to include:</p> <ul style="list-style-type: none"> -Immediate notification to the Nurse Practitioner or physician if ordered labs are not drawn as scheduled. -Clear documentation of all provider notifications and responses in the medical record. (SBAR) <p>On 11/24/2025, the Director of Nursing and Assistant Director of Nursing re-educated all licensed nurses on these procedures, emphasizing the responsibility to notify the provider when ordered labs are delayed or not completed, especially during a change in condition. No licensed nurses were permitted to work until education was completed. This education has been added to orientation for all new hires. Agency nurses will receive this education prior to working in the facility. Staff will not be permitted to work until education is completed.</p> <p>In clinical morning meeting, the Director of Nursing and/or designee will review all labs, SBARs and change in condition to ensure labs were drawn as ordered, proper clinical follow up was done and proper notification was made to physician and family.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. Include dates when corrective action will be completed.</p> <p>On 12/1/2025, an Ad Hoc QAPI was conducted by the Administrator to review the plan of correction.</p> <p>Starting the week of 11/24/2025, The Director of Nursing and/or designee will audit 5 Resident's Physician ordered labs weekly for 12 weeks to ensure:</p> <ul style="list-style-type: none"> -All Labs ordered are completed as ordered by a Physician. -Providers are notified immediately if labs are delayed or not drawn. 	F0580		

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F0580 SS = D	Continued from page 5 -Documentation reflects appropriate assessment, notification, and follow up. Results of audits will be reviewed during Quality Assurance and Performance Improvement meetings. Any identified concerns will result in additional education or corrective action as needed. Alleged compliance date: 12/2/25 On 12/15/25, the corrective action plan was validated by onsite verification through facility staff interviews and review of documents. The interviews revealed all nursing staff were educated on notification and change of condition. Nurses received education to notify the physician immediately if ordered labs were not drawn per the physician orders. The facilities in-service log and training materials were reviewed. Review of the audits revealed they were completed as specified in the corrective action plan with no concerns identified. The corrective action plan compliance date of 12/2/25 was validated.	F0580		