

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Gastonia Health & Rehab Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 Oak Hollow Road , Gastonia, North Carolina, 28054	
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E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 12/15/25 through 12/18/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1DDED0-H1	E0000		
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 12/15/25 through 12/18/25. Event ID# 1DDED0-H1. The following intakes were investigated: #2571949, #2600131, #2636422, #2639665, #2668421, #2676369, and #2675765. 14 of the 14 complaint allegations did not result in a deficiency.	F0000		
F0644 SS = E	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the	F0644	•Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding. F 644 Coordination of PASSRR and Assessments: Step 1: The Social Worker applied for LEVEL 2 PASSRR's on the following residents #8, #9, #18, #19, #22, #42 on (Date: 12/19/2025). Step 2: Social Worker completed an audit on all Residents on mental illness DX on Level II PASSRR on 12/29/25. Any resident found to require a screening for level 2 PASSRR was completed immediately. Date: _01/02/2026_ Step 3: To prevent this from happening again the Social Worker and NHA was educated on the process and guidelines for applying for level 2 PASSRR's by the VP of Social Services on 12/29/25. Any newly hired SW and NHA will receive this education during orientation from the SW or designee. Step 4: To monitor and maintain ongoing compliance, the Social Worker will audit all new admissions, new diagnosis, and/or medications weekly for need to apply for Level II PASSRR for 12 weeks. The Nursing Home	01/03/2026

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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F0644 SS = E	<p>Continued from page 1 facility failed to submit a request for an evaluation for a Level II Preadmission Screening and Resident Review (PASRR) for residents with new mental health diagnoses for 6 of 6 residents (Resident #8, Resident #9, Resident #18, Resident #19, Resident #22, and Resident #42) reviewed for PASRR.</p> <p>The findings include:</p> <p>a. Review of Resident #8's medical record revealed PASRR level I was completed on 3/06/24 prior to admission with a recommendation to resubmit paperwork for PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #8 was admitted to the facility on 11/07/25 with diagnoses including anxiety disorder, bipolar disorder, and major depressive disorder.</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>b. Review of Resident #9's medical record revealed PASRR level I was completed on 2/03/25 prior to admission to the facility with a recommendation to resubmit paperwork for PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #9 was admitted to the facility on 10/28/25.</p> <p>The electronic medical record revealed Resident #9 was diagnosed with anxiety disorder and major depressive disorder with psychotic symptoms on 10/30/25.</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>c. Review of Resident #18's medical record revealed PASRR level I was completed 9/08/23 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #18 was admitted to the facility on 12/22/23 and readmission on 11/14/25.</p> <p>Review of Resident #18's medical record also revealed</p>	F0644	<p>Continued from page 1 Administrator will audit three new admissions per week for 12 weeks to determine if a Level II PASSRR was applied for if needed. The results of the audits will be taken to QAPI for review and recommendations for the next 3 months.</p> <p>Date of Compliance: 01/03/2026</p>	

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F0644 SS = E	<p>Continued from page 2</p> <p>her current active diagnoses included psychotic disorder (diagnosed on 12/22/23) and anxiety disorder (diagnosed on 4/18/24).</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>d. Review of Resident #19's medical record revealed PASRR level I was completed 8/13/18 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #19 was admitted to the facility on 6/09/25.</p> <p>Review of Resident #19's medical record also revealed his current active diagnosis included coronary artery disease, hypertension, end stage renal disease, type 2 diabetes, malnutrition, major depressive disorder (diagnosed on 6/10/25), bipolar disorder (diagnosed on 6/25/25), and anxiety disorder (diagnosed on 11/12/25).</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>e. Review of Resident #22's medical record revealed PASRR level I was completed 7/28/19 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #22 was admitted to the facility on 10/02/23 and readmission on 8/01/25.</p> <p>Review of Resident #22's medical record also revealed her current active diagnoses included schizoaffective disorder (diagnosed on 10/02/23) and major depressive disorder (diagnosed on 10/11/24).</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>f. Review of Resident #42's medical record revealed PASRR level I was completed 3/07/24 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health</p>	F0644		

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F0644 SS = E	<p>Continued from page 3 diagnosis was suspected or if there was a significant change in the resident's condition.</p> <p>Resident #42 was admitted to the facility on 3/14/24 and readmission on 11/08/25.</p> <p>Review of Resident #42's medical record also revealed his current active diagnoses included major depressive disorder (diagnosed on 4/12/24) and psychotic disorder (diagnosed on 3/20/25).</p> <p>There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR.</p> <p>An interview on 12/17/25 at 11:55 AM with the Social Worker (SW) revealed she had begun working at the facility in August 2025 and was responsible for completing PASRR paperwork for residents. She stated she was aware PASRR level II should be completed for residents with mental health diagnosis upon their admission or readmission, when they received a new mental health diagnosis, or had a significant change. The SW stated that since she had begun her position at the facility she had been focused on making sure PASRR paperwork was being completed for any new admissions or residents that had received any new diagnosis but had not had time to go back and review residents with mental health diagnosis that were admitted prior to her starting at the facility or residents that had been readmitted. She revealed she did not have a good reason as to why the sampled residents did not have an evaluation for a Level II PASRR completed but after reviewing their mental health diagnoses, Level II PASRR evaluations should have been completed.</p> <p>During an interview on 12/18/25 at 12:55 PM with the Administrator, he communicated he had just started his position at the facility in October 2025. He revealed he was not aware of who was responsible for completing PASRR level II prior to his employment but since he started his position in October the responsibility of the requests for Level II PASRR evaluations was the Social Worker. The Administrator revealed he was not aware of the sampled resident's diagnosis or that they did not have a PASRR level II evaluation completed and did not know why a PASRR level II evaluation request had not been submitted. He stated that his understanding was that a PASRR level II should be completed in a timely manner upon the admission or readmission of a resident with a mental health diagnosis and anytime a resident has had a change of condition or received a new mental health diagnosis and</p>	F0644		

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F0644 SS = E	Continued from page 4 that according to the sampled resident's diagnoses a PASRR level II should have been completed.	F0644		
F0729 SS = D	<p>Nurse Aide Registry Verification, Retraining</p> <p>CFR(s): 483.35(e)(4)-(6)</p> <p>§483.35(e)(4) Registry verification.</p> <p>Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless-</p> <p>(i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or</p> <p>(ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.</p> <p>§483.35(e)(5) Multi-State registry verification.</p> <p>Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.</p> <p>§483.35(e)(6) Required retraining.</p> <p>If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, review of the Nurse Aide Registry forms, and staff interviews, the facility failed to monitor the North Carolina (NC) Nurse Aide Registry to ensure that 1 of 37 Nursing Assistants (NA)</p>	F0729	<p>•Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.</p> <p>F 729 Nurse Aide Registry Verification</p> <p>Certified Nursing Assistant #__1__ license expired on 11/30/2025 and was removed from the schedule by the Director of Nursing on 12-17-2025. Certified Nursing Assistant #1 renewed her license on 12-22-2025 and returned to work on 12/-24-2025.</p> <p>The Human Resource Manager and Nursing Home Administrator pulled all active Nurses and Certified Nursing Assistants including agency staff license on 12-18-2025 to ensure all license were active. No other areas of concern was identified.</p> <p>The Regional Director of Clinical Services educated the Human Resource Manager and the Nursing Home Administrator on the Licensure Compliance Policy and that no one is allowed to work with an expired license on 12-18-2025. Human Resource Managers or Nursing Home Administrators will receive this education in orientation upon hire by the RVPO.</p> <p>To monitor and maintain compliance the Nursing Home Administrator/Designee will audit 5 Nurses and or Certified Nursing Assistants including agency staff weekly for 12 weeks to ensure their license are active and current. Any negative findings will be corrected immediately. Results of audits will be submitted to the QAPI committee for further review and recommendation monthly for 3 months.</p> <p>Date of Compliance: 1/3/2026</p>	01/03/2026

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F0729 SS = D	<p>Continued from page 5 that were employed at the facility remained listed on the on the NC Nurse Aide Registry with an active Nurse Aide I recertification (NA#1).</p> <p>The findings included:</p> <p>NA #1 was hired by the facility on 10/6/2025 to work with residents in need of care and treatment. Review of NA #1's personnel file indicated that NA #1's Nurse Aide Certification had expired on 11/30/2025.</p> <p>A review of the staffing schedule sheets from 12/1/2025 to 12/18/2025 revealed NA #1 had worked with an expired Nurse Aide Certification during the timeframe of schedules reviewed.</p> <p>On 12/17/2025 the Administrator was notified that NA#1's Nurse Aide Certification had expired on 11/30/2025, and NA #1's timecard for December 2025 was requested.</p> <p>Review of NA #1's timecard for December 2025 revealed NA #1 had worked the following days and time at the facility after her Nurse Aide Certification had expired on 11/30/2025:</p> <ul style="list-style-type: none"> · 12/1/2025 7:30 AM to 7:30 PM · 12/12/2025 7:45 AM to 7:15 PM · 12/15/2025 8:45 AM to 7:30 PM <p>During an interview on 12/18/2025 at 12:13 PM the Human Resources (HR) Director stated she recalled she had verbally informed the Former Scheduler that NA #1's certification would expire on 11/30/2025 but could not recall the specific date the notification was made. The HR Director stated she was responsible for notifying the scheduler when an NAs certification was going to expire.</p> <p>During a telephone interview on 12/18/2025 at 2:35 PM the Former Scheduler stated normally HR Director would notify her if a NAs certification was going to expire. The Former Scheduler did not recall if she had been notified that NA #1's Nurse Aide Certification was getting ready to expire. The Former Scheduler stated when she received notification that a NAs certification was going to expire, she would notify the employee and if the NAs certification was not renewed the NA would be removed from the schedule until the NAs certification was active.</p> <p>During an interview on 12/18/2025 at 12:21 PM the</p>	F0729		

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F0729 SS = D	<p>Continued from page 6 Director of Nursing (DON) stated she expected the NAs Nurse Aide Certification to be active and for the NA to be removed from the schedule if their Nurse Aide Certification expired. The DON stated the HR Director was responsible for notifying the scheduler when a NAs certification was going to expire. The scheduler would notify the employee, if the certification was not renewed the NA would be removed from the schedule until the certification was active. The DON stated there was not documented communication regarding NA #1's certification expiration and so verifying it was renewed had not occurred.</p> <p>During an interview on 12/18/2025 at 12:37 PM the Administrator stated he expected all NAs to have active Nurse Aide Certification and if their certification expired for the NA to be removed from the schedule. The Administrator stated the HR director was responsible for notifying the scheduler when a NAs certification was going to expire. The Administrator stated there was only verbal communication that NA #1's NA certificate was going to expire, and no one verified that it was renewed.</p>	F0729		