STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Landing at Sandy Ridge	**1575 John Knox Drive , Colfax, North Carolina, 27235**

(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 survey was conducted from 01/05/2026 through 01/08/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Survey ID# 1DF7CD-H1.	E0000		02/02/2026
F0000	INITIAL COMMENTS A recertification survey was conducted from 01/05/2026 through 01/08/2026. Survey ID# 1DF7CD-H1.	F0000		02/02/2026
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews, and staff interviews, the facility performed perineal care by wiping from back to front and wiping back to front with the same area of the wipe for 1 of 2 residents reviewed for activities of daily living (Resident #4). The findings included: Resident #4 was readmitted on 12/2/25 with diagnoses including fractured left femur and Alzheimer's disease. The significant change in status Minimum Data Set (MDS) dated 12/5/25 showed Resident #4 was severely cognitively impaired. She required substantial to maximum assistance for toileting hygiene and set up/clean up assistance with personal hygiene. Resident #4's Care Plan dated 12/18/25 had a focus for Activities of Daily Living (ADL) self-care deficit with an intervention of assistance with toileting and dressing as needed.	F0677	Preparation and submission of this plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. River Landing at Sandy Ridge shall ensure that the rights of all residents guaranteed under 131E-117, Declaration of Patient Rights, are maintained and may be exercised without hindrance. Immediate Actions Taken for the Resident(s) Affected: Upon notification that NA #1 had performed perineal care by wiping the Resident #4 from back to front and wiping back to front with the same area of the wipe, the resident's skin integrity was assessed and monitored by a Licensed Nurse, with no adverse outcomes noted. The resident's comfort and dignity were ensured. NA #1 was provided with education regarding proper perineal care and techniques on 1/7/2026. How River Landing identified other residents at risk: A review of all residents requiring assistance with toileting and/or incontinence care was completed by licensed nursing staff. Skin assessments were conducted for all residents dependent on staff for perineal care. No concerns or issues requiring intervention were identified at the time of review. Training began on 1/7/2026 regarding proper perineal care and techniques with all Nursing Staff. Measures to be put in place/systemic changes:	02/02/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

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F0677 SS = D	Continued from page 1 On 01/05/26 at 2:58 PM an observation revealed Nurse Aide (NA) #1 who was assigned to Resident #4, had assisted her up from the toilet after urination and having a bowel movement. Resident #4 stood in front of the toilet while leaning forward on her walker for support. NA #1 put on gloves, stood on Resident #4's side facing her back, and first wiped Resident #4's anal area with a disposable wipe in an upward motion toward her back. NA #1 then turned the wipe to a clean area and wiped Resident #4's anal area three times in an up-and-down motion from her anal area toward the lower back, down to the anal area then up toward the lower back without turning to a clean area of the disposable wipe after each wipe. NA#1 disposed of her soiled gloves, put on clean gloves and repositioned herself in front of the resident. NA #1 then wiped Resident #4's vaginal area and with a clean wipe, having reached between the Resident #4's legs and wiped beginning in back near the anal area toward the front near the vaginal area. With a clean area if the same wipe, NA #1 then wiped again from the anal area forward toward the vaginal area. During an interview on 01/05/26 at 3:05 PM with NA #1, she revealed being familiar with Resident #4's needs for assistance with toileting care. She elaborated that Resident #4 sometimes wiped herself if she just urinated but always needed perineal care assistance after a bowel movement. On 01/07/26 at 4:33 PM a follow up interview was conducted with NA #1. She stated she remembered during the observation on 01/05/2026 having cleaned Resident #4's anal area first and changed her gloves after doing that. NA#1 explained the usual process for performing perineal care would have been to clean the vaginal area first then the anal area, using a clean side of the wipe each time until the resident was clean. NA #1 further explained she knew not to wipe from the anal area toward the vaginal area, but when Resident #4 had been leaning forward it had been hard to see. NA #1 stated she didn't think she touched Resident #4's anal area when reaching back while cleaning the resident's vaginal area. NA #1 explained she thought she had received perineal care training when she first started at the facility about 5 years ago. She further explained that during the annual skills fair this spring she had practiced perineal care and been checked off. NA#1 explained the skills fair training was to wipe the vaginal area starting in the front and moving back toward the anal area and not wipe more than once	F0677	Continued from page 1 All nursing staff were reeducated regarding proper perineal care and techniques. All nursing staff upon hire will receive education regarding proper perineal care and techniques with successful skills validation. On each skilled household, Beginning on 1/26/26 continuing through 4/13/26, the Nurse Mentor or Designee will conduct random care observation audits to ensure proper perineal care techniques are being performed through observation/ return demonstration. These random care observation audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks and then once per week for 4 weeks. Monitoring to Ensure Ongoing Compliance The Nurse Mentor or Designee will conduct random care observation audits to ensure proper perineal care techniques are being performed through observation/ return demonstration. These random care observation audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks and then once per week for 4 weeks. Results of these observation audits will be brought to and reviewed in the Quality Assurance meeting for 3 months. Any issues identified during the observational audits will be corrected by the Nurse Mentor and the Staff member will be immediately educated. The Quality Assurance Committee will identify any trends and make recommendations as necessary. Completion Date: 2/2/2026	

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F0677 SS = D	Continued from page 2 without turning to a clean area of the wipe. NA #1 revealed it had been hard to see when wiping Resident #4's vaginal area, she was nervous and had probably been rushing at the end. Record Review of the Nurse Aide Skills Fair Verification Checklist dated 3/31/25 for NA #1. The checklist was marked completed with return demonstration for giving Incontinent/Perineal Care. An interview was done with Nurse Mentor #1 (resident unit Nurse Supervisor) on 01/07/26 4:48 PM. Nurse Mentor #1 stated nurse aides had been taught to begin female perineal care at the vaginal area wiping front to back and then do the anal area from the anus up toward the resident's back using a clean area of the cloth for each wipe. Nurse Mentor #1 revealed the NAs should follow their training when doing perineal care because it was an infection control issue to help prevent urinary tract infections. Nurse Mentor #1 explained that the facility had not had concerns with perineal care that she knew about. She stated she did daily rounds to assist the NAs with resident care and observed perineal care several times a week. Nurse Mentor #1 didn't remember observing NA #1 doing perineal care because their schedules didn't often overlap. During an interview with the Director of Nursing (DON) with the Administrator present on 01/07/26 at 5:22 PM, the DON stated the NAs received annual education at a skills fair which included demonstrating perineal care. The DON explained that standard practice for perineal care was to have wiped the vaginal area from front to back then the anal area from front to back, using a clean surface of the cloth each time. A follow up interview with the DON was done on 01/08/26 at 12:34 PM. The DON explained facility practice was that Nurse Mentors do rounds to observe care and assist staff as needed. If the Nurse Mentors noticed an NA having trouble with a skill they would have done on the spot education and offered suggestions. The DON stated the facility took urinary tract prevention seriously and proper perineal care was a big part of this. The DON further explained that NA #1 was usually a thorough aide and participated in required education but in this case made a choice she shouldn't have.	F0677		
F0880 SS = D	Infection Prevention & Control	F0880	Preparation and submission of this plan of correction	02/02/2026

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F0880 SS = D	Continued from page 3 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.	F0880	Continued from page 3 does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal laws. River Landing at Sandy Ridge shall ensure that the rights of all residents guaranteed under 131E-117, Declaration of Patient Rights, are maintained and may be exercised without hindrance. Immediate Actions Taken for the Resident(s) Affected: Upon notification that Nurse #1 had failed to follow the policy and procedure related to disinfecting a glucometer after use, the Glucometer was immediately removed from use and properly cleaned and disinfected according to the facility's policy prior to reuse. The resident involved was assessed by the Clinical Mentor. No adverse outcome was identified. Nurse #1 was immediately provided with education regarding the policy and procedure related to disinfecting a glucometer after use with an emphasis on allowing the glucometer to have the required two-minute wet contact time and allowing it to air dry before returning it to the residents individual storage bag. How River Landing identified other residents at risk: All residents who receive blood glucose monitoring were identified via Physician orders. Licensed nursing staff ensured all glucometers in use were properly disinfected per our policy and procedure. Training began on 1/7/2026 with all Licensed Nurses and Medication Aides regarding the policy and procedure related to disinfecting a glucometer after use with an emphasis on allowing the glucometer to have the required two-minute wet contact time and allowing it to air dry before returning it to the residents individual storage bag. Measures to be put in place/ systemic changes: All Licensed Nurses and Medication Aides will receive education regarding the policy and procedure related to disinfecting a glucometer after use with an emphasis on allowing the glucometer to have the required two-minute wet contact time and allowing it to air dry before returning it to the residents individual storage bag. All Licensed Nurses and Medication Aides will receive education upon hire and prior to delivering resident care regarding the policy and procedure related to disinfecting a glucometer after use with an emphasis on allowing the glucometer to have the required two-minute	

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F0880 SS = D	Continued from page 4 (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to implement manufacturer instructions and their policy and procedure to disinfect a blood glucose meter (glucometer). Nurse #1 did not allow the individually assigned glucometer to have the required two-minute wet contact time or allow the glucometer to air-dry before returning it to the individual's plastic storage bag. This occurred for 1 of 1 observation of glucometer disinfection (Nurse #1). The findings included: Review of an undated facility document titled "Glucometer Cleaning Protocol" read in part: Glucometers were assigned to individual residents; they will not be shared by multiple residents. Clean and sanitize glucometer machines after each use. Glucometer will be thoroughly wiped with approved disinfectant and allowed to air-dry after every use. 1 - Use an approved disinfectant wipe after each time	F0880	Continued from page 4 wet contact time and allowing it to air dry before returning it to the residents individual storage bag. On each skilled household, the Nurse Mentor or Designee will conduct observation audits to ensure glucometers are disinfected after each use in accordance with our policy and procedures through observation/ return demonstration with an emphasis on allowing the glucometer to have the required two-minute wet contact time and allowing it to air dry before returning it to the residents individual storage bag. These observation audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks and then once per week for 4 weeks. How corrective actions will be monitored: The Nurse Mentor or Designee will conduct random observation audits to ensure glucometers are disinfected after each use in accordance with our policy and procedures through observation/ return demonstration with an emphasis on allowing the glucometer to have the required two-minute wet contact time and allowing it to air dry before returning it to the residents individual storage bag. These observation audits will occur 5 times per week for 4 weeks, then 3 times per week for 4 weeks and then once per week for 4 weeks. Results of these observation audits will be brought to and reviewed in the Quality Assurance meeting for 3 months. Any issues identified during the observational audits will be corrected by the Nurse Mentor and the Staff member will be immediately educated. The Quality Assurance Committee will identify any trends and make recommendations as necessary. Completion Date: 2/2/2026	

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F0880 SS = D	Continued from page 5 the glucometer was used. 2 - Wipe all surfaces, top, bottom, and sides. Follow contact time for disinfectant. 3 – Allow to air dry. Then place glucometer in a clean area away from contamination. Note: the contact time recommended was two-minutes. A review of the manufacturer's user instruction manual for disinfection using germicidal wipes read in part: Cleaning and Disinfecting Guidelines: Cleaning and disinfecting can be completed by using a commercially available Environmental Protection Agency–registered disinfectant or germicide wipe. To use a wipe, remove from the container and follow product label instructions to disinfect the meter. Many wipes act as both disinfectant and cleaner. With all the recommended meter disinfecting and cleaning methods, it was critical that the meter be completely dry before testing a resident's glucose level. Please follow the disinfectant product label instructions to ensure proper cleaning time. A review of the disinfecting wipe instructions for use as a disinfectant read in part: Use of the disinfecting wipes was a two-step process. One wipe was required to preclean then a second wipe was used to disinfect. Repeated use of the product may be required to ensure that the surface remains visibly wet for two minutes at room temperature. A continuous observation was conducted on 1/6/26 at 4:30 PM of Nurse #1 obtaining a finger stick blood sugar (FSBS). Nurse #1 returned to the medication cart, wiped the glucometer with an approved disinfecting wipe. She then tossed the wipe into the trash bin, placed the glucometer in a clear plastic storage bag, and placed the open plastic bag in the medication cart. Continuous observation and timing of the glucometer revealed the disinfectant solution did not have a two-minute contact time and the surface was not dry when it was placed in the clear plastic bag. Nurse #1 did not ensure the glucometer remained wet with disinfectant solution for a full two minutes or allow the glucometer to air dry prior to placing the	F0880		

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F0880 SS = D	Continued from page 6 glucometer in the clear plastic bag. An interview with Nurse #1 on 1/6/26 at 4:33 PM revealed her process for cleaning and disinfecting a glucometer was she wiped the glucometer with a disinfectant wipe, immediately placed it into a plastic storage bag, and placed the opened plastic storage bag into the medication cart to air-dry. Nurse #1 indicated she would return later to seal the plastic storage bag closed. She did not like to leave the glucometers on top of the medication cart to dry because they should be locked in the medication cart. Nurse #1 confirmed she worked part-time and was educated on glucometer use, cleaning, and disinfecting at new hire orientation. There had not been a skills fair since she was hired less than one year ago. During an interview on 1/6/26 at 4:36 PM, the House Mentor (Unit Manager) for the Wingfoot unit stated glucometers were only cleaned when visibly soiled with blood. She further revealed staff were trained to clean glucometers only when visibly soiled because each resident was assigned a glucometer for individual use. She did not have any concerns with the way Nurse #1 disinfected and stored the glucometer. The House Mentor did not mention the two-minute contact time for the disinfectant or the need to air dry prior to placing the glucometer into the plastic bag. On 1/6/26 at 4:40 PM, the House Mentor for the Wingfoot unit provided the facility protocol for cleaning and disinfecting glucometers. She directed this surveyor's attention to the section of the protocol that stated glucometers were to be cleaned after every use, not when visibly soiled. On 1/8/26 at 12:24 PM an interview with the Assistant Clinical Mentor revealed all part-time and full-time nursing staff were educated on glucometer use, cleaning, and disinfecting at new hire orientation and then during annual skills fair. The last skills fair was in April 2025. During annual skills fair, a House Mentor would be assigned to a "station" to provide education with return demonstration. Education included wiping glucometers to be visibly wet and allowed the appropriate dry time in open air before the glucometer was placed in the plastic bag and medication cart. The Assistant Clinical Mentor stated Nurse #1 should have wiped all surfaces on the glucometer with the appropriate disinfectant wipe, let it air dry, and then	F0880		

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F0880 SS = D	Continued from page 7 placed it in the bag. The facility did not have a process in place to measure the two-minute contact time for the disinfectant. During an interview on 1/8/26 at 1:06 PM, the Clinical Mentor stated nurses received education on cleaning and disinfecting glucometers when they were hired and during an annual skills fair. They were educated to use a disinfectant wipe to clean/disinfect a glucometer after each use and ensure the glucometer had air dried before it was placed and sealed into the clear plastic bag. She stated the system failed when Nurse #1 chose not to wait for two minutes and time management also played a role. The Clinical Mentor indicated she would want the cleaning/disinfecting process to stay the same as the facility's current protocol. The Clinical Mentor did not feel there was a failure in the process. On 1/8/26 at 1:24 PM, the Administrator stated licensed nursing staff were trained upon hire and at an annual skills fair. She stated Nurse #1 was hired after the annual skills fair which was in April 2025. The Administrator stated Nurse #1 should have wiped the glucometer with an approved wipe, allowed the glucometer to sit for two minutes, then air dry and store in a clear plastic bag. The Administrator indicated that would be the process for all licensed nursing staff. She did not feel there was a breakdown in the process, but a poor human decision and difficulty transitioning from a hospital setting to long-term care.	F0880		