

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>345321</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING   | (X3) DATE SURVEY COMPLETED<br><b>02/12/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>Kerr Lake Nursing and Rehabilitation Center</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1245 Park Avenue , Henderson, North Carolina, 27536</b>  |   |
| (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<br><br>An unannounced recertification and complaint investigation survey was conducted on 2/09/26 through 2/12/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1E2FEA H1.   | E0000   |  | 03/06/2026                                      |
| F0000  | INITIAL COMMENTS<br><br>A recertification and complaint investigation survey was conducted from 2/09/26 through 2/12/26. Event ID#1 E2FEA H1. The following intakes were investigated: 763896, 763898, 763899, 763900, 763901, 763902, 763903, 763904, 763905, 2594529, and 2702777.<br><br>2 of the 31 complaint allegations resulted in deficiency.  | F0000   |  | 03/06/2026                                      |
| F0602<br>SS = D  | Free from Misappropriation/Exploitation<br><br>CFR(s): 483.12<br><br>§483.12<br><br>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, record reviews, staff and Pharmacist interviews, the facility failed to protect the resident's right to be free from misappropriation of narcotic medication (Oxycodone) for 1 of 4 residents reviewed for misappropriation of property (Resident #76).<br><br>The findings included:<br><br>Resident #76 was admitted to the facility on 2/25/25 with diagnoses including diabetes, chronic pain and | F0602   | F602 Free from Misappropriation/Exploitation<br><br>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.<br><br>Resident #76 no longer resides in the facility. At the time of the event, the resident had additional pain medication available and did not miss any doses of pain medication. In addition, the resident was interviewed with no complaints receiving pain medication when requested. The pharmacy reversed the charges for the missing card and billed cost of medications to the facility.<br><br>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.<br><br>On 3/4/26, the Director of Nursing completed an audit of the Pharmacy packing slips, narcotic declining count sheets and Pharmacy Return of Drug forms from 2/1/26 through 3/1/26 to ensure the facility followed the chain of custody and that medications were available to administered or were returned to the pharmacy per facility protocol. There were no identified areas of concern. | 03/13/2026                                      |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0602<br>SS = D  | <p>Continued from page 1 osteoarthritis.</p> <p>Resident #76's physician's orders revealed an order dated 2/25/25 for Oxycodone 10 milligrams (mg) (two 5 mg tablets) by mouth every 4 hours as needed for moderate pain; take 15 mg (three 5 mg tablets) by mouth every 4 hours as needed for severe pain.</p> <p>The admission Minimum Data Set (MDS) assessment dated 3/2/25 revealed Resident #76 was cognitively intact.</p> <p>A Pharmacy Narcotic Delivery Slip dated 5/6/25 revealed 3 medication cards (blister packs) each containing 30 pills of Oxycodone 5 mg were delivered by the pharmacy and signed in as being received by Nurse #3 and Nurse 4.</p> <p>Resident #76 was discharged from the facility on 6/20/25.</p> <p>Attempts were made to contact Nurse #3 and Nurse #4 on 2/10/26 at 3:10 p.m., and on 2/11/26 at 7:20 a.m. Both nurses were unable to be reached.</p> <p>An initial report dated 5/12/25 completed by the Administrator for an allegation of drug diversion indicated one medication card of 30 Oxycodone for Resident #76 was missing. Resident #76 had additional medication cards of Oxycodone and had not missed any medication.</p> <p>An interview was completed on 2/11/26 at 8:26 a.m. with Medication Aide #1. Medication Aide #1 stated she worked on the dayshift on 5/11/25 and handed over the medication cart to Nurse #1 at the end of the shift. Medication Aide #1 stated that her and Nurse #1 counted the controlled medication cards for all residents on their hall (the hall Resident #76 resided on) and there were 27 cards counted during shift to shift change. Medication Aide #1 stated that she could not explain how the Oxycodone medication card for Resident #76 went missing. Medication Aide #1 stated that she regularly worked on the medication cart on hall 1 and had not noticed narcotic medications missing in the past. Medication Aide #1 stated that she was suspended pending the investigation into the missing medication.</p> <p>During an interview with Nurse #1 on 2/11/26 at 7:25 a.m. she stated when she completed her shift-to-shift narcotic medication count with Medication Aide #1 on 5/11/25 at 11:00 p.m. the narcotic medication count was correct, and the number of narcotic count sheets matched the total number of narcotic medication cards. Nurse #1 stated that during shift change on 5/12/26 at</p> | F0602   | <p>Continued from page 1</p> <p>On 3/4/26, the RN Unit Manager completed an audit of all residents' Controlled Substance Count sheets in comparison to the narcotic medication blister packs in the medication cart to ensure there were no discrepancies in the count of the medications. During the audit the RN Unit Manager inspected blister packages for any evidence of tampering. There were no identified areas of concern.</p> <p>On 3/5/26, the Treatment Nurse initiated an assessment of all residents with a Brief Interview Mental Status of 12 or below who are unable to report signs/symptoms of pain not previously addressed. There were no identified areas of concern.</p> <p>On 3/4/26, the Administrator completed interviews with all alert and oriented residents regarding: "Do you have any concerns with medication administration to include pain medication?" There were no identified areas of concern.</p> <p>On 3/4/26, the Administrator initiated an audit of all nurses and medication aides' license verification and Health Care Personnel Registry checks for all staff to identify any substantial findings or pending investigations of abuse, neglect, fraud, misappropriation or drug diversion. There were no concerns identified during the audit.</p> <p>On 3/4/26, the Director of Nursing completed an audit of all early refill requests notifications from the pharmacy of narcotic medications from 2/1/26 through 3/1/26 to identify any concerns related to the use of narcotic medications or requests for early refills. There were no identified areas of concern.</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> <p>On 3/4/26, the Staff Development Coordinator initiated educational training with all nurses and medication aides regarding: (1) Controlled Substance Diversion to include: the definition, signs of drug diversion, reporting discrepancies and change of custody when handling narcotics. (2) Procedure for Returning Controlled Substances with emphasis on placing all controlled substances to be returned to pharmacy in a sealed bag, securing medication on a locked cart until picked up by designated pharmacy staff and reporting discrepancies to the Director of Nursing. The education will be completed by 3/12/26. After 3/12/26, any nurse or medication aide who has not worked or received the</p> |   |

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| F0602<br>SS = D  | <p>Continued from page 2<br/>7:00 a.m. she did a narcotic medication count with oncoming Nurse #2 when they noticed that one card of Oxycodone was missing. Nurse #1 stated that she was supposed to hand over 27 medication cards and records sheets but instead had 27 record sheets and 26 medication cards of controlled substance medications. Nurse #1 stated that she did not know how she ended up missing one card of Oxycodone for Resident #76. Nurse #1 stated that a mistake occurred and she was not sure how one card went missing. Nurse #1 stated that she informed the Unit Manager who counted the medications and found a total of 26 medication cards instead of 27. Nurse #1 revealed that she was suspended pending investigations.</p> <p>An interview with Nurse #2 on 2/11/26 at 8:04 a.m. revealed that during shift change on 5/12/25 at 7:00 a.m. she counted controlled medications with Nurse #1, and that they identified a missing medication card for Oxycodone. Nurse #2 stated that she informed the Unit Manager of the missing controlled medication for Resident #76. Nurse #2 stated that she had completed her shift-to-shift narcotic medication count with Nurse #1 many times in the past and it was the first time that medications cards were short. Nurse #2 revealed that she was suspended pending the investigation.</p> <p>An interview was completed on 2/11/26 at 8:16 a.m. with the Unit Manager. The Unit Manager stated that Nurse #2 reported to the missing Oxycodone card for Resident #76 on 5/12/25. The Unit Manager stated that she counted the medication in the cart and one card of Oxycodone was missing when comparing medication cards and the controlled substance count sheets. The Unit Manager revealed an investigation was initiated. The Unit Manager stated that a 100% audit was completed by her and the prior Director of Nursing (DON) of all medication carts and medication storage rooms, and the missing Oxycodone was unable to be located. The Unit Manager further stated that the investigation could not identify how the medication was lost.</p> <p>During an interview with the Social Work Director on 2/11/26 at 9:30 a.m. she revealed that she interviewed Resident #76 who disclosed to her that he got his medications for pain when he needed it. The Social Work Director stated that the missing medication did not have any effect on Resident #76.</p> <p>An attempt to contact the investigating officer on 2/11/26 was made, however it was unsuccessful.</p> <p>An interview with the Administrator on 2/11/26 at 11:12 a.m. revealed that on 5/12/25 she was notified by the</p> | F0602   | <p>Continued from page 2<br/>education will complete it upon the next scheduled work shift. All newly hired nurses and medication aides will be educated during orientation by the Staff Development Coordinator.</p> <p>On 3/4/26, the Staff Development Coordinator initiated educational training with all nurses and medication aides regarding Chain of Custody for Narcotics with emphasis on the process for receiving narcotics, adding/removing narcotics from shift change form, shift to shift count with 2 staff validation to include medications that are packaged for return to pharmacy and removing narcotics from medication cart. This in-service included a return demonstration by staff on the Chain of Custody of Narcotics to validate staff knowledge and understanding. The education/return demonstration will be completed by 3/12/26. After 3/12/26, any nurse or medication aide who has not worked or received the education will complete it upon the next scheduled work shift. All newly hired nurses and medication aides will be educated during orientation by the Staff Development Coordinator.</p> <p>On 3/4/26, the Administrator updated the daily/weekly tasks list for Registered Nurse (RN) Unit Manager, Staff Development nurse (SDC), Treatment Nurse, Second Shift Nurse Supervisors and the Weekend Nurse Supervisors to include weekly oversight of narcotic process with observations of shift to shift narcotic count exchange to include counting of narcotics, completion of declining count sheets, counting the number of cards and count sheets, process of receiving and transferring narcotics, and 2-person validation of the shift to shift count exchange. Observations will be ongoing, occur randomly and will encompass all shifts and days of the week. This process was initiated to ensure staff compliance with the narcotic process and chain of custody. The Registered Nurse (RN) Unit Manager, Staff Development nurse (SDC), Treatment Nurse, Second Shift Nurse Supervisors and the Weekend Nurse Supervisors will immediately report concerns to the DON and staff will be re-trained when indicated. The Administrator educated the Registered Nurse (RN) Unit Manager, Staff Development nurse (SDC), Treatment Nurse, Second Shift Nurse Supervisors and the Weekend Nurse Supervisors on the responsibility of the oversight of the narcotic process and the updated task list to include immediately reporting concerns to the DON and/or Administrator and education of staff when indicated.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> |   |

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| F0602<br>SS = D  | <p>Continued from page 3<br/>Unit Manager and the prior DON that there was a discrepancy with the narcotic count during shift change in the 100 hall medication cart (the hall Resident #76 resided on). She revealed that one narcotic card for Resident #76's Oxycodone 5 mg tablets containing 30 pills was missing from the medication cart. The Administrator revealed that before suspension, Nurse #1, Nurse #2 and Medication Aide #1 completed a drug screen on 5/13/25 and the results were negative. The Administrator revealed they did not have camera surveillance in the facility and Nurse #1, Nurse #2, and Medication Aide #1 were suspended pending investigation. The Administrator further revealed that a report was made on 5/12/25 to the Division of Health Service Regulation, the police, Adult Protective services and Drug Enforcement Agency. The Administrator revealed that upon completion of the facility investigation, they were unable to determine how the narcotic medication card was lost. She revealed the facility contacted the pharmacy who replaced the medication at the cost of the facility to ensure there was no interruption to Resident #76's medications.</p> <p>A telephone interview was conducted on 2/12/26 at 2:36 p.m. with the facility's Pharmacist. The Pharmacist verified that there was no Oxycodone 5 mg for Resident #76 returned to the pharmacy on or around the month of May of 2025.</p> <p>Multiple attempts made to contact the prior DON were unsuccessful.</p> <p>The facility provided a corrective action plan that was not acceptable to the State Agency. The plan did not include a systemic approach to prevent future incidents of misappropriation of residents' property. Education was completed on processes that were already in place and the monitoring plan would identify misappropriation of property after it already occurred.</p> | F0602   | <p>Continued from page 3</p> <p>The Administrative Nurses will complete 10 shift to shift narcotic count exchange observations weekly for 4 weeks then monthly for 1 month, utilizing the Controlled Substance Audit Tool to ensure outgoing and incoming nurses perform a correct and accurate count of narcotics to include review of declining count sheet to supply on hand, observation of blister packs for tampering or lose packaging, recording accurate count of narcotic cards/declining count sheets, 2 staff validate the shift to shift count exchange and immediately reporting any discrepancies to the Director of Nursing and/or Administrator to ensure continued compliance. The audit will cover all days of the week and all shifts. The Director of Nursing and/or Administrator will review the Controlled Substance Audit Tool weekly for 4 weeks then monthly for 1 month to ensure continued compliance.</p> <p>The Director of Nursing will audit all pharmacy notification of early refill requests weekly for 4 weeks then monthly for 1 month, to identify any concerns related to the use of narcotic medications or requests for early refills to ensure continued compliance. The Director of Nursing will address any concerns identified during the audit to include immediately reporting concern to the Administrator and initiating an investigation for early refill request and/or re-training of staff when indicated.</p> <p>The Administrator and/or DON will present the findings of the audit tools to the Quality Assurance Performance Improvement (QAPI) monthly for 2 months for review and to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p> <p>Include dates when corrective action will be completed.<br/>3/12/26</p> |   |
| F0812<br>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>   | F0812   | <p>F812 Food Procurement, Store/ Prepare/ Serve- Sanitary</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 2/13/26 the environmental concerns of 2/2 convection ovens were not clean were identified. The second shift cook, cleaned 2/2 convection ovens on 2/13/26.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p>   | 03/13/2026                                      |

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| F0812<br>SS = E  | <p>Continued from page 4</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 keep food service equipment clean, free of grease buildup, and/or dried spills by failing to clean the convection oven during two kitchen observations. This practice had the potential to affect food served to the residents who resided in the facility.</p> <p>The findings included:</p> <p>Review of the undated /blank "Weekly Deep Cleaning Schedule," sixth line down, indicated/listed "Convection Ovens" were included to be cleaned.</p> <p>Review of the Dietary Sanitation Checklist dated 12/23/25 completed by the Dietitian documented the kitchen equipment had been cleaned.</p> <p>Review of the Dietary Sanitation Checklist dated 1/28/26 completed by the Dietitian showed no documentation the kitchen equipment had been cleaned.</p> <p>During a kitchen tour on 2/09/26 at 11:03 AM, the following observations were made with the Dietary Manager:</p> <p>The double stacked convection ovens had a large volume of grease buildup inside of the oven, inside the door and on the seals. The bottom shelf of the top convection oven was noted with charred food particles.</p> <p>A second observation of the convection ovens on 2/12/26 at 8:45 AM revealed the convections ovens were in the same condition.</p> | F0812   | <p>Continued from page 4</p> <p>On 2/16/26, the Administrator completed a 100% observation of the dietary department to ensure all equipment had been cleaned. There were no areas of concern.</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> <p>On 2/13/26 the Administrator initiated an inservice with all dietary staff. The focus of the inservices included the completion of the Daily and weekly cleaning tools; Documentation of the cleaning, and review of the cleaning schedule to ensure all tasks are completed. The Inservice was completed by 2/18/26.</p> <p>On 2/17/26 the Dietary Manager was in-serviced by the Administrator regarding ensuring equipment is clean and in good repair.</p> <p>All newly hired dietary staff will be in-serviced by the Dietary Manager during orientation on the completion of the Daily and weekly cleaning tools; Documentation of the cleaning, and review of the cleaning schedule to ensure all tasks are completed.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Dietary Manager or designee will monitor all areas of the dietary department to ensure all daily and weekly cleaning task have been completed 5 times a week x 4 weeks, then weekly for one month utilizing the Environment QA tool.</p> <p>The Dietary Manager will address all identified areas of concern with the dietary team and will immediately address any identified areas of concern during the audit.</p> <p>The Administrator will review the Environment QA Audit Tool weekly x 4 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Administrator will present the findings of the Environmental QA Audit Tools to the QAPI Committee monthly for 2 months.</p> <p>The Executive QAPI Committee will meet monthly for 2 months and review the Environment QAPI Audit Tools to determine trends and/or issues that may need further interventions and the need for additional monitoring.</p> |   |

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| F0812<br>SS = E  | Continued from page 5<br>In an interview on 2/12/26 at 9:00 AM the Dietary Manager indicated they usually cleaned the convection ovens once a week, and it looked like they had not been cleaned in a while. She stated she would make a cleaning schedule and have staff clean the ovens that day.<br><br>The Administrator was interviewed on 2/12/26 at 9:10 AM. She revealed she would make sure there was a cleaning schedule and she would now monitor the kitchen to ensure the convection ovens were clean. | F0812   | Continued from page 5<br><br>Include dates when corrective action will be completed.<br>3/12/26                 |   |