

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/16/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Five Oaks Rehabilitation and Care Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 Winecoff School Road , Concord, North Carolina, 28027</b>	
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E0000	Initial Comments  An unannounced onsite recertification and complaint investigation survey was conducted 3/9/2026 through 3/13/2026. Additional information was obtained offsite through 3/16/2026. Therefore, the exit date was changed to 3/16/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 1F2D39-H1.	E0000		03/24/2026
F0000	INITIAL COMMENTS  An unannounced onsite recertification and complaint investigation survey was conducted 3/9/2026 through 3/13/2026. Additional information was obtained offsite through 3/16/2026. Therefore, the exit date was changed to 3/16/26. Event ID# 1F2D39-H1.	F0000		03/24/2026
F0761 SS = D	The following intakes were investigated 2722623, 2793695, 2601058, 2588342, 2739546, 2581023, 735686, 2718663, 2594290, 2808175 and 2799023. 1 of 22 complaint allegations resulted in deficiency.  Label/Store Drugs and Biologicals  CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F0761	On 3/10/26 the identified medications were removed from the 300 hall medication room by the assigned unit manager (UM), Cart 3 by the assigned unit manager (UM), 200 hall medication refrigerator by the assigned unit manager (UM) and destroyed making it unavailable for use.  To ensure no other residents are affected, on 3/13/2026, an audit of all medication storage areas (including medication carts, medication rooms, and medication refrigerators) was conducted by the director of nursing (DON) and unit manager to identify and remove any expired medications. None were identified.  Beginning 3/16/26, the DON educated the unit managers, registered nurse (RN) supervisor, nurse in charge (NIC), wound care nurse, and infection preventionist nurse (IPN) on checking medication rooms and medication carts on his/her assigned unit for any expired medications and removing/replacing any medication that is expired.	03/28/2026

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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F0761 SS = D	<p>Continued from page 1</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to remove expired medications stored in 2 of 3 medication rooms and 1 of 7 medication carts reviewed for medication storage (Medication Rooms for 200 and 300 halls and Medication Cart #3).</p> <p>The findings included:</p> <p>a. An observation of Medication Room for the 300 hall was conducted on 3/10/2026 at 12:22 PM in the presence of Nurse #2. The following medication was found in the medication room: one bottle of Jardiance 10 milligrams (mg) with 30 tablets (medication used to control blood sugar levels). The expiration date on the bottle was 2/17/2026. Nurse #2 confirmed the expiration date by reading aloud the date printed on the bottle.</p> <p>An interview with Nurse #2 was completed on 3/10/2026 at 12:25 PM. Nurse #2 reported the Unit Manager for the 300 hall would check the medication room weekly for expired medications.</p> <p>The interview conducted on 3/10/2026 at 12:27 PM with the 300 Hall Unit Manager revealed that she had been working at the facility for 2 months and needed to confirm with the Director of Nursing (DON) how often the Medication Room should be checked for expired medications.</p> <p>b. Nurse #2 remained present during the observation of Medication Cart #3 on 3/10/2026 at 12:47 PM. The observation revealed one box of Ocusoft eye cleanser wipes, 18 individually wrapped. The expiration date printed on the box was 10/2025. Nurse #2 confirmed the expiration date by reading aloud the date printed on the box.</p> <p>An interview with Nurse #2 on 3/10/2026 at 12:50 PM revealed that she was assigned to Medication Cart #3. Nurse #2 stated she checked her cart prior to each shift for expired medications and needed supplies. Nurse #2 reported she had checked Medication Cart #3 at the beginning of her shift but must have missed the box</p>	F0761	<p>Continued from page 1</p> <p>Beginning 3/20/26, the DON, IPN, and the RN supervisor will educate staff nurses and certified medication aides on reviewing his/her assigned cart each shift to ensure all medication carts remain in compliance with the facility policy of checking medication carts for expired medications and removing/replacing expired medications. No nurse/certified medication aide will be allowed to work after alleged compliance date of 3/28/2026 unless he/she has completed education of removing/replacing expired medications from medication carts and medication rooms. All newly hired nurses/medication aides will be educated on the facility policy on safe storage of medications and checking medication carts for expired medications and removing/replacing expired medications during classroom orientation.</p> <p>Beginning on 3/23/26, the DON, treatment nurse or unit manager or special assigned nurse will review each facility medication room and random medication carts twice a week for 4 weeks and then weekly for 2 months to ensure compliance. These audits will be in addition to required medication cart and medication room checks and removal/replacement of expired medications already in place.</p> <p>The DON or IPN will review the findings of these audits to the Intradisciplinary Team weekly then to the Quality Assurance &amp; Performance Improvement (QAPI) Committee monthly for 3 months and then as needed.</p> <p>The QA Committee will review this monitoring for further recommendations or follow-up as needed to ensure continued compliance.</p> <p>Completion Date: 3/28/2026</p>	

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F0761 SS = D	Continued from page 2 of eye cleanser pads.  c. An observation of the Medication Room for the 200 hall was conducted on 3/10/2026 at 1:19 PM in the presence of Nurse #3. The following medication was found in the refrigerator: Promethegan 12.5 mg suppositories (medication used to treat nausea, vomiting, allergies, and for sedation) in a box containing 6 suppositories with the expiration date 1/2026. Nurse #3 confirmed the expiration date by reading aloud the expiration date printed on the box and suppositories.  An interview with Nurse #3 was completed on 3/10/2026 at 1:22 PM. Nurse #3 stated that the unit managers are responsible for checking the medication rooms for expired medications weekly and a night shift nurse should check the medication room each night shift. Nurse #3 reported that if an expired medication was found, a return form should be completed and placed in return in for pharmacy to pick up on night shift.  The interview conducted with the DON on 03/13/2026 at 12:48 PM revealed that each unit manager checks medication expiration dates weekly in the medication rooms and medication carts. The DON reported that nurses should check their medication carts prior to each shift and the night shift nurses are to check for expired medications in the medication rooms. The DON stated that medication expirations dates were checked because expired medications could lose their effectiveness or become more potent over time.  An interview was completed on 3/13/2026 at 1:56 PM with the Administrator. The Administrator stated that he would refer to the DON for the process regarding staff checking for medication expiration dates.	F0761		
F0880 SS = E	Infection Prevention & Control  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	F0880	On 3/11/26, an Enhanced Barrier Precautions (EBP) sign was added to the door for Resident #7. A facility-wide audit was conducted on all residents by the director of nursing (DON), unit managers (UM) and special assigned nurse to identify those requiring EBP. Any discrepancies in precaution orders, signage, or Personal Protective Equipment (PPE) (gowns, gloves, masks) availability were to be corrected immediately. No other residents were noted to be affected; however, all residents requiring EBP were reviewed for compliance.  Beginning 3/20/26, the DON, infection preventionist nurse (IPN), and the RN supervisor will educate all nursing staff (nurses, certified medication aides (CMA)	03/28/2026

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F0880 SS = E	<p>Continued from page 3 control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F0880	<p>Continued from page 3 and certified nurse assistants (CNA)), therapy staff and ancillary staff that provide high contact care on infection control practices, including proper use of PPE and adherence to EBP per CDC guidelines. No nursing staff, therapy staff, or identified ancillary staff will be allowed to work after the alleged compliance date of 3/28/2026 until he/she has completed this Infection Control education. To ensure on-going compliance, all newly hired nursing staff, therapy staff, or identified ancillary staff will be educated on these requirements as part of their classroom orientation.</p> <p>In addition to their normal rounding, the infection preventionist (IP), unit managers (UM), director of nursing (DON), assigned Department Managers during their assigned rounding, and special assigned nurse will complete weekly audits to ensure a minimum of 4 documented observations per week for 4 weeks, and then 2 documented observations per week for 4 weeks, and then prn to ensure ongoing compliance with staff adherence to PPE and EBP protocols. Any identified non-compliance will lead to immediate correction and reeducation.</p> <p>The results of these audits will be reported to the Intradisciplinary Team weekly then to the Quality Assurance &amp; Performance Improvement (QAPI) Committee monthly for 3 months.</p> <p>All audit results will be reviewed in QAPI meetings monthly for 3 months and then as needed to ensure appropriate monitoring maintain.</p> <p>Completion Date: 3/28.2026</p>	

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F0880 SS = E	<p>Continued from page 4 §483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review and Resident Representative (RR) and staff interviews, the facility failed to follow their infection control policy and procedures for Enhanced Barrier Precautions (EBP) by not wearing personal protective equipment (PPE) when providing high contact care for a resident with a peripherally inserted central catheter (PICC) line (flexible tube placed in a vein to administer medications) (Resident #7), a resident with a feeding tube (Resident #18), and a resident with a chronic pressure ulcer (Resident #24). This deficient practice occurred for 5 of 15 staff members observed for infection control practices (Nurse #1, Nurse #3, Nurse #4, Nurse Aide (NA) #1 and NA #3).</p> <p>The findings included:</p> <p>A review of the facility's policy titled "Enhanced Barrier Precautions" dated 7/26/2022, indicated:</p> <p>Enhanced Barrier Precautions (EBP) referred to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) by using gowns and gloves during high-contact resident care activities.</p> <p>High-contact activities included dressing, bathing, transferring, providing hygiene, changing linens or briefs, assisting with toileting, device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, Peripherally Inserted Central Catheter (PICC) lines, midline catheters, and wound care if deemed chronic by a medical provider or if MDRO was present.</p> <p>1. An observation of medication administration through a feeding tube for Resident #18, provided by Nurse #1, was made on 3/11/2026 at 2:13 PM. Resident #18's room had an Enhanced Barrier Precautions (EPB) sign posted</p>	F0880		

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F0880 SS = E	<p>Continued from page 5 at left side of the front door. A sign indicating Enhanced Barrier Precautions (EBP) was posted on the left side of Resident #18's doorway, stating that gloves and a gown must be worn when providing high contact care, such as care involving a feeding tube. The personal protective equipment (PPE) was located across the hall in a white plastic bin with four drawers. Nurse #1 entered the room without wearing a gown. She cleansed hands with hand sanitizer gel and put on gloves. After completing medication administration via Resident #18's feeding tube, she cleaned and stored the medication administration syringe, then proceeded to wash her hands with soap and water at the sink.</p> <p>An interview with Nurse #1 on 3/11/2026 at 2:20 PM revealed she was aware that Resident #18 was on Enhanced Barrier Precautions. Nurse #1 stated that the EBP sign had check marks next to the required PPE needed were hand sanitizer and gloves. There was no check mark next to the gown. Nurse #1 stated that after reviewing the EBP sign, she realized she should have worn a gown while providing care for Resident #18's feeding tube. She explained after reading the sign, that the check marks were intended as bullet points for the EBP information, not as indicators of which PPE items were required.</p> <p>The interview conducted on 3/12/2026 at 2:34 PM with the Infection Preventionist (IP) revealed she provided training on Enhanced Barrier Precaution to all staff during orientation and throughout the year as needed and quarterly. She also reported she completed audits with staff quarterly to assess hand hygiene and donning PPE. The IP stated that Nurse should have worn gown and gloves when administering medications for Resident #18. The IP also reported that Nurse #18 should have used the EBP sign and previous infection control training to determine the correct PPE needed for residents on EBP.</p> <p>An interview with the Director of Nursing (DON) was completed on 3/13/2026 at 12:23 PM. The DON stated that Nurse #1 should have worn a gown and gloves when administering medications through Resident #18's feeding tube.</p> <p>An interview with the Administrator was completed on 3/13/2026 at 1:30 PM. The Administrator stated he expected all staff members to use the appropriate PPE according to the enhanced barrier signs posted for each resident.</p> <p>2. A review of the facility's policy titled "Enhanced Barrier Precautions" dated 7/26/2022, indicated:</p>	F0880		

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F0880 SS = E	<p>Continued from page 6</p> <p>Enhanced Barrier Precautions (EBP) referred to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) by using gowns and gloves during high-contact resident care activities.</p> <p>High-contact activities included dressing, bathing, transferring, providing hygiene, changing linens or briefs, assisting with toileting, device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, Peripherally Inserted Central Catheter (PICC) lines, midline catheters, and wound care if deemed chronic by a medical provider or if MDRO was present.</p> <p>An observation was conducted on 3/09/26 at 2:43 PM of Nurse #3, Nurse #4 and NA #1 entering Resident #7's room wearing gloves to transfer him from the wheelchair into bed using the mechanical lift. Nurse #4, Nurse #3 and NA #1 completed the transfer and Resident #7 was lowered into bed. NA #1 and Nurse #4 assisted Resident #7 with rolling to his right side to remove the lift pad, Nurse #4 placed it into a plastic bag and removed it from the room. Nurse #4, Nurse #3 and NA #1 were not wearing gowns while transferring Resident #7.</p> <p>A follow up observation and interview were conducted on 3/09/26 at 3:20 PM with Resident #7 and the Resident Representative (RR). Resident #7 was lying in bed with a sheet covering him from the waist down, but he was not wearing a shirt. Resident #7 was observed to have a PICC line with a single lumen catheter on the upper right side of his chest covered with a clear dressing. The RR stated Resident #7 was receiving antibiotics once a day through the PICC line to treat endocarditis (infection of the heart valve). There was no EBP signage posted inside or outside of Resident #7's room.</p> <p>An interview conducted with Nurse #3 on 3/10/26 at 1:19 PM revealed she was assigned to Resident #7 on 3/09/26 from 7:00 AM to 7:00 PM. She stated Resident #7 was admitted to the facility with a PICC line and was receiving IV antibiotics. Nurse #3 revealed she wore a gown and gloves when administering medication or providing any care related to the PICC line however she was not prompted to don a gown when she assisted with transferring Resident #7 because there was no EBP signage posted outside of his room. Nurse #3 indicated transferring a resident was considered a high contact care activity and she should have donned a gown prior to entering Resident #7's room.</p>	F0880		

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F0880 SS = E	<p>Continued from page 7</p> <p>An interview was conducted with Nurse #4 on 3/10/26 at 1:25 PM. Nurse #4 stated she was not assigned to Resident #7 when she worked on 03/09/26 and was not aware he had a PICC line in place. Nurse #4 indicated Nurse #3 requested her assistance with transferring Resident #7 but there was no EBP signage posted outside of his room to prompt her to don a gown. Nurse #4 revealed that transferring a resident was considered high contact care and she would have donned a gown for a resident that was on EBP prior to entering the room.</p> <p>During an interview with NA #1 on 3/13/26 at 8:00 AM she revealed she was not assigned to Resident #7 on 3/09/26 but Nurse #3 requested her assistance to transfer him using the mechanical lift. NA #1 indicated she relied on the EBP signage posted outside of resident's room to know what PPE she needed to wear when providing care. NA #1 revealed there was no EBP signage posted outside of Resident #7's room but if it was, she would have donned a gown prior to entering the room and assisting with the transfer.</p> <p>An interview was conducted with the Infection Preventionist on 3/12/2026 at 2:46 PM. She stated during the morning clinical meeting new admissions were discussed including if they had a catheter, feeding tube, PICC line and/or wounds. The Infection Preventionist revealed she was responsible for identifying when a resident should be placed on EBP, obtaining the physician's order and posting the signage outside of their room. She stated Resident #7 should have been placed on EBP due to having a PICC line but somehow it was overlooked and she did not obtain the order or post the signage outside of his room. The Infection Preventionist revealed Nurse #4, Nurse #3 and NA #1 should have donned a gown prior to entering Resident #7's room and assisting with the transfer</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/13/26 at 9:07 AM. She stated the Infection Preventionist was responsible for identifying residents that required EBP, obtaining the physician's order and posting the signage. The DON indicated when a resident was on EBP staff were required to wear a gown and gloves prior to entering the room to provide high contact care which included transfers. She stated due to Resident #7 having a PICC line he should have been placed on EBP when he was admitted to the facility and signage should have been posted outside of his room. The DON revealed Nurse #3, Nurse #4 and NA #1 should have donned a gown and gloves prior to entering Resident #7's room and assisting with the transfer.</p>	F0880		

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F0880 SS = E	<p>Continued from page 8</p> <p>3. A review of the facility's policy titled "Enhanced Barrier Precautions" dated 7/26/2022, indicated:</p> <p>Enhanced Barrier Precautions (EBP) referred to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) by using gowns and gloves during high-contact resident care activities.</p> <p>High-contact activities included dressing, bathing, transferring, providing hygiene, changing linens or briefs, assisting with toileting, device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, Peripherally Inserted Central Catheter (PICC) lines, midline catheters, and wound care if deemed chronic by a medical provider or if MDRO was present.</p> <p>An observation and interview was conducted with Resident #24 on 3/9/2026 at 10:45 AM. Two empty intravenous (IV) antibiotic bags were observed hanging by the bedside. Resident #24 stated that she had an infection and a wound on her buttocks. Resident #24 reported she received the IV antibiotic medication at night. When asked how she was given the medication, Resident #24 pulled down the neckline of her gown and revealed a central line catheter (a long flexible tube inserted into a large vein leading to the heart for intravenous access) in her chest with an intact dressing and stated, "I have this."</p> <p>An observation conducted on 3/10/2026 at 1:23 PM noted Nurse Aide (NA) #3 entering Resident #24's room carrying a pair of gloves. Resident #24's room had an Enhanced Barrier Precautions (EBP) sign posted to the right side of the door and personal protective equipment (PPE) was located outside of the door in a plastic 2-drawer storage container. The EBP sign indicated that everyone must clean their hands before entering and leaving the room. The sign went on to state that all healthcare personnel must wear gloves and a gown for the following high contact resident care activities: dressing/bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, and wound care for any skin opening requiring a dressing. NA #3 was not wearing a gown. NA #3 was observed after several minutes walking around the end of Resident #24's bed. NA #3 was wearing gloves but continued care without donning a gown. NA #3 was observed walking to Resident #24's closet and obtaining an item from the</p>	F0880		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/16/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Five Oaks Rehabilitation and Care Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 Winecoff School Road , Concord, North Carolina, 28027</b>	
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F0880 SS = E	<p>Continued from page 9 closet, returned to the bedside and was not wearing a gown. Upon completion of care for Resident #24, NA #3 exited the room wearing gloves and carrying a clear bag of trash.</p> <p>An interview with NA #3 was conducted on 3/10/2026 at 1:40 PM as she exited Resident #24's room. NA #3 was shown the Enhanced Barrier Precautions sign and asked what it meant. NA #3 stated she was aware Resident #24 was on Enhanced Barrier Precautions due to open wounds and infections. NA #3 stated a gown was only required when performing dressing changes.</p> <p>An interview was conducted 3/12/2026 at 1:30 PM with the Infection Preventionist. She stated that NA #3 should have worn both gloves and a gown when entering the room to provide high contact care to Resident #24 due to Resident #24's open wounds on her sacrum and current infections. The Infection Preventionist indicated that the Enhanced Barrier Precaution sign was posted next to the door and NA #3 had received training on Enhanced Barrier Precautions during orientation when hired and yearly through online training modules.</p> <p>An interview on 3/13/2026 at 12:44 PM with the Director of Nursing (DON) revealed Resident #24 had open wounds, infections, and a central line. Due to Resident #24 requiring Enhanced Barrier Precautions for these conditions, NA #3 should have worn both gown and gloves when she provided care to Resident #24.</p> <p>An interview was conducted on 3/13/2026 at 1:55 PM with the Administrator. The Administrator stated he expected staff to wear the required PPE when providing care to residents on Enhanced Barrier Precautions.</p>	F0880		