

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345522	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026
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NAME OF PROVIDER OR SUPPLIER Fletcher Rehabilitation and Healthcare Center	STREET ADDRESS, CITY, STATE, ZIP CODE 86 Old Airport Road , Fletcher, North Carolina, 28732
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F0000	INITIAL COMMENTS An unannounced complaint investigation survey was conducted from 03/24/2026 through 03/25/2026. Event ID # 22BF6D-H1. The following intakes were investigated NC002712422, NC002746930, NC2747256 and NC002797978. 1 of the 12 complaint allegations resulted in deficiency.	F0000		
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 record review, observations, and resident, and staff interviews, the facility failed to provide setup assistance with oral hygiene for 1 of 3 residents reviewed for activities of daily living (Resident #1). Findings included: Resident #1 was admitted to the facility on 1/7/26 with diagnoses including thoracic vertebrae fractures (T1 through T6) with routine healing and diabetes mellitus. Review of the Kardex (a care plan reference guide) utilized by Nurse Aide (NA) staff specified Resident #1's routine oral care included brush teeth, rinse dentures, clean gums and rinse with mouthwash. The activities of daily living care plan revised on 1/9/26 revealed Resident #1 had a self-care performance deficit related to thoracic vertebrae fractures, weakness, and pain. Interventions included provide partial to moderate set up assistance with oral care. The admission Minimum Data Set (MDS) assessment dated	F0677	F677 – ADLs for Dependent Residents Resident #1 received oral hygiene and denture care without adverse outcomes from deficient practice on 3/25/26 with set up assistance and was provided denture cup, toothbrush, toothpaste, mouthwash and denture adhesive. All residents have the potential to be affected. Beginning on 3/27/2026 The Director of Nursing/Designee completed an audit for all residents using dentures to ensure all necessary supplies required to perform denture	04/03/2026

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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F0677 SS = D	<p>Continued from page 1 1/10/26 indicated Resident #1's cognition was intact, his upper extremity range of motion was impaired on both sides, and he needed setup or clean-up assistance with oral hygiene.</p> <p>An observation and interview with Resident #1 was conducted on 3/24/26 at 12:38 PM. Resident #1 revealed he had an upper denture and his own lower teeth and stated he could not recall the last time he was provided setup assistance for oral care. Resident #1 showed his upper denture had a buildup of a white colored substance on the gums and teeth. Resident #1 revealed he could brush his upper denture and lower teeth if given a toothbrush and toothpaste but did not know if he had a denture cup. There was no denture cup observed in Resident #1's bathroom or room.</p> <p>An interview with NA #1 was conducted on 3/25/26 at 8:50 AM. NA #1 confirmed she was assigned to provide care for Resident #1 on 3/24/26 and 3/25/26 on day shift. When asked if oral hygiene was provided for Resident #1, NA #1 stated Resident #1 had his own teeth he could brush, and she provided setup assistance for oral hygiene. NA #1 explained for setup assistance she sat Resident #1 up in the bed or in the wheelchair and gave him a toothbrush and toothpaste for him to perform oral hygiene. NA #1 stated to her knowledge Resident #1 did not have an upper denture and there was no denture cup in his room to indicate he did. NA #1 did not state she provide Resident #1 setup assistance with oral hygiene on 3/24/26 or 3/25/26 during her shift.</p> <p>During an observation on 3/25/26 at 11:48 AM, there was no change in the appearance of Resident #1's upper denture that continued to have a buildup of a white colored substance on the gums and teeth.</p> <p>An interview and observation with the Director of Nursing (DON) was conducted on 3/25/26 at 11:48 AM. The DON observed Resident #1 had an upper denture. Resident #1 removed his upper denture to show that it continued to have a buildup of a white colored substance around the gums and teeth. The DON stated oral hygiene included brushing teeth and dentures and was done daily. She revealed a denture cup should have been provided for Resident #1 to soak his upper denture overnight and confirmed Resident #1 did have a toothbrush but there was no denture cup in the room or bathroom.</p>	F0677	<p>Continued from page 1 care and oral hygiene are available.</p> <p>Any concerns were immediately corrected.</p> <p>Beginning on 3/27/2026</p> <p>The Director of Nursing/Designee assessed all residents' oral cavity and prepare a list for provider review if needed or refer to the dentist if needed.</p> <p>Oral care was completed if indicated during assessment.</p> <p>Beginning on 3/27/26, The Director of Nursing/Designee Reviewed all care plans to ensure residents using dentures were care planned and reflects denture use are on Kardex. Any concerns were immediately corrected.</p>	

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F0677 SS = D	Continued from page 2 During an interview on 3/25/26 at 3:58 PM, the Administrator stated she expected NA staff to review the Kardex that specified if a resident had dentures and that oral hygiene was offered daily. The Administrator stated oral hygiene was done daily and she expected NA #1 to be aware Resident #1 had an upper denture and his own lower teeth and setup assistance for oral hygiene was provided.	F0677	Continued from page 2 These audits were completed on 3/27/26. Beginning on 3/27/2026 the Director of Nursing/Designee began Education with all Nursing Staff, including Licensed Nurses, Medication Aides and Nursing Aides, including all Nursing Agency Staff on the facility policy and procedure for oral hygiene and denture care twice a day and as needed. This education was completed on 4/1/2026 and will be added to the facility orientation program to include all Nursing agency staff. To monitor and maintain ongoing compliance, beginning on 4/2/2026 the Director of Nursing/Designee will randomly observe 5 residents' that utilize dentures weekly for 12 weeks to ensure oral hygiene	

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F0677 SS = D		F0677	Continued from page 3 supplies are available and oral hygiene care is completed. Beginning on 4/2/2026 the Director of Nursing/Designee will randomly observe 5 nursing staff, including but not limited to licensed nurses, nursing assistants, medication aides and agency licensed nurses, agency nursing assistants, agency medication aides, performing oral hygiene care to ensure oral hygiene supplies are available and oral hygiene care is completed per facility policy weekly for 12 weeks. The Director of Nursing or designee will be responsible for reporting the results of these audits to the facility's monthly QAPI committee meeting for 3 months. The QAPI committee will make recommendations and changes as indicated based upon the findings of the audits. Date of Compliance: 4/3/26	