

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345241	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Eden Rehabilitation and Healthcare Center			STREET ADDRESS, CITY, STATE, ZIP CODE 226 N Oakland Avenue , Eden, North Carolina, 27288	
(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 and complaint investigation survey was conducted from 02/16/2026 through 02/19/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Survey #1E4276-H1.	E0000		03/03/2026
F0000	INITIAL COMMENTS A recertification survey and complaint investigation was conducted from 02/16/2026 through 02/19/2026. Survey #1E4276-H1. The following intake was investigated: 2722257. 2 of the 2 complaint allegations did not result in deficiency.	F0000		03/03/2026
F0641 SS = A	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-	F0641		03/03/2026

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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F0641 SS = A	<p>Continued from page 1</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff interviews and record reviews, the facility inaccurately coded the Minimum Data Set (MDS) assessment for the use of insulin for one of one resident (Resident #81) reviewed for resident assessment.</p> <p>Findings included:</p> <p>Resident #81 was admitted on 4/11/24, with diagnoses that included Type 2 diabetes mellitus with diabetic neuropathy.</p> <p>A review of the physician's orders dated 6/14/25, revealed the following: Trulicity (a glucagon-like peptide -1 (GLP-1) that helps regulate blood sugar levels by stimulating insulin secretion.) Subcutaneous Solution Pen-injector 0.75 milligrams (mg)/0.5 milliliters (ml) (Dulaglutide), inject 0.5 ml subcutaneously one time a day every Sunday for Type 2 diabetes.</p> <p>A review of the Medication Administration Record (MAR) for December 2025 revealed that Trulicity was administered on 12/7/25, 12/14/25, 12/21/25, and 12/28/25.</p> <p>A review of the MAR for January 2026 revealed that Trulicity was administered on 1/4/26,1/11/26,1/18/26, and on 1/25/26.</p> <p>Review of the Physician orders for December 2025 and January 2026 did not have any orders for insulin administration.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated 1/ 9/26, indicated that Resident #81 received one insulin injection during the seven-day look-back period.</p>	F0641		

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F0641 SS = A	Continued from page 2 During an interview on 2/19/26, at 12:00 PM, the Director of Nursing (DON) stated that Resident #81 was not receiving insulin. During an interview on 2/19/26, at 1:00 PM, the MDS Director stated that she had received varied information regarding GLP-1 (Glucagon-like Peptide-1—a natural hormone produced in the gut that helps regulate blood sugar levels by stimulating insulin release) medications such as Ozempic and Trulicity. She explained that these new medications were used for diabetic patients to lower blood sugar and promote weight loss. The MDS Nurse stated that this was an injectable medication used to lower blood sugar levels and that she had marked it as insulin during the look-back period. During an interview on 2/19/26, at 1:26 PM, the Administrator stated that Trulicity was a new medication used to lower blood sugar levels for diabetic residents. He confirmed that the MDS Nurse had made an error.	F0641		
F0761 SS = D	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. §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.	F0761	F761 Preparation and submission of this plan of correction have been done to comply with the requirements of State and Federal law that mandate submission of a plan of correction as a condition to participate in Title 18 Medicare Program. This plan of correction is the facility's letter of credible allegation of compliance. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected by alleged deficient practice. On 02/16/2026, two open and undated multi-dose pen injectors of Lantus insulin, one opened Lispro, one opened Aspart Flex, one opened Glargine insulin marked as expired were removed from the 500 Medication Cart by the 500 hall nurse. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: No other multi-dose pen injectors of insulin were identified to be without date or marked as expired on	03/10/2026

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F0761 SS = D	<p>Continued from page 3</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, manufacturer instructions review, and staff interviews, the facility failed to date opened multi-dose pen injectors of insulin and failed to remove expired multi-dose pen injectors of insulin from 1 of 5 medication administration carts (500-hall).</p> <p>Findings Included:</p> <p>On 2/16/26 at 1:25 PM, an observation of the 500-hall medication cart with Nurse #1 revealed 2 open and undated multi-dose vials of Lantus insulin pens injectors. Review of the manufacturer's instructions indicated to discard Lantus insulin multi-dose vial 28 days after opening. In the second drawer of the 500-hall medication cart, there were: one opened Lispro insulin multi-dose pen injector, marked as expired on 2/10/26, one opened Aspart Flex insulin pen injector, marked as expired on 1/15/26, and one opened Glargine insulin multi-dose pen injector, marked as expired on 2/9/26.</p> <p>On 2/16/26 at 1:30 PM, during an interview, Nurse #1 indicated the nurses who worked on the medication carts were responsible for discarding open and undated multi-dose vials. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medication vials. The nurse acknowledged she had not checked the date of opening or expiration date on insulin pen injectors in her medication administration cart at the beginning of her shift. Nurse #1 confirmed she had not administered open and undated or expired medications during her shift.</p> <p>On 2/16/26 at 1:55 PM, during an interview, the Director of Nursing indicated that the nurses were responsible for checking the date of opening and the expiration dates of the medications in the medication administration carts at the beginning of the shift. She expected that no expired items be left in the medication carts.</p>	F0761	<p>Continued from page 3</p> <p>any of the other medication carts, on 02/16/2026 per the Director of Nursing.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Education of current licensed nurses, by the Director of Nursing or designee, on the responsibility of each nurse to date injector pens of insulin and to remove any expired injector pens of insulin from the medication cart when identified. Current licensed nurses not educated by compliance date will be educated upon next scheduled shift. Licensed nurses newly employed or sourced through agency to be educated upon hire or upon next scheduled shift.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Director of Nursing or designee to audit, on random day of the week, 500 hall med cart weekly x 12 to verify no open and undated or expired multi-dose pen injectors of insulin are present on med cart. Additionally, all other medication carts will be audited, on random day of the month, monthly x 3.</p> <p>Audit results will be reported to the QAPI committee monthly x 3, by the Director of Nursing or designee, for review and any further recommendations.</p> <p>Dates when corrective action will be completed: 03/10/26</p>	
F0812 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>	F0812	<p>F812</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were affected by alleged deficient practice.</p>	03/10/2026

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F0812 SS = E	<p>Continued from page 4</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</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 record review, observation, and staff interviews, the facility failed to label and date food and discard expired food from two nourishment refrigerators reviewed for food storage (400 hallway and 500 hallway nourishment refrigerators). These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>a. On 2/16/26, at 1:35 PM, an observation with the Dietary Manager of nourishment refrigerator #1 (400 hallway) revealed that the refrigerator contained a gallon-size clear plastic bag with a sandwich, a 4-ounce juice carton, and a snack bag with no name or date on them; a peanut butter and jelly sandwich in a plastic bag with no name or date; a takeout box containing pinto beans and seasoned rice with the date "Feb 8th – 15th" written on it; food wrapped in aluminum foil with no name or date; an opened 16-ounce soda bottle with no name or date; and a takeout 20-ounce coffee cup with no name or date.</p> <p>b. On 2/16/26, at 1:42 PM, an observation with the Dietary Manager of nourishment refrigerator #2 (500 hallway) revealed a small plastic container with homemade food that had no label indicating the resident's name or date; a gallon-size plastic container with homemade food with no resident name and the date "2/5 – 2/9" written on it; and a grocery bag containing a box of fried chicken with no name or date.</p>	F0812	<p>Continued from page 4</p> <p>On 02/16/2026, identified undated or food items past seven days of dating were discarded from nourishment refrigerators by the dietary manager.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>No other undated or food items past seven days of dating remained in nourishment refrigerators, on 02/16/26 per dietary manager.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Education of current nursing, activity and dietary departments, by Administrator or designee, on the responsibility to label and date when resident food items are placed in nourishment refrigerator and to discard any items on or after seven days. Current nursing, activity or dietary staff not educated by compliance date will be educated upon next scheduled shift. Newly employed, nursing, activity or dietary or nursing sourced through agency to be educated upon hire or upon next scheduled shift.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Dietary Manager or designee to audit nourishment refrigerators, weekly x 12, to verify no unlabeled or out of date food items are present in nourishment refrigerators.</p> <p>Audit results will be reported to the QAPI committee monthly x 3, by the Director of Nursing or designee, for review and any further recommendations.</p> <p>Dates when corrective action will be completed: 03/10/26</p>	

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F0812 SS = E	<p>Continued from page 5</p> <p>During an interview on 2/16/26, at 1:37 PM, the Dietary Manager stated that the nursing staff were responsible for labeling and dating food brought in by visitors for residents. He explained that food could be stored in the refrigerator for seven days before being discarded. He further stated that either he or the dietary staff checked the nourishment refrigerators daily when restocking snacks and drinks and discarded any expired food.</p> <p>During an interview on 2/18/26, at 1:30 PM, the Director of Nursing (DON) stated that all nursing staff (nurses and nurse aides) were responsible for labeling and dating any food brought in by family for residents before placing it in the nourishment refrigerator. She explained that food should be discarded within seven days and that no personal staff food should be placed in the nourishment refrigerator. She added that the dietary staff were responsible for ensuring all food was discarded after seven days.</p> <p>During an interview on 2/18/26, at 2:00 PM, the Administrator stated that residents' food should be labeled and dated before being placed in the nourishment refrigerators. She emphasized that staff should follow policy related to residents' food brought in by their families and that dietary staff should ensure all expired food was discarded.</p>	F0812		