

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/05/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Yadkin Nursing and Care Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>903 W Main Street , Yadkinville, North Carolina, 27055</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  An unannounced recertification and complaint investigation survey was conducted from 03/02/2026 through 03/05/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1F1C1B-HI.	E0000		
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 03/02/2026 through 03/05/2026. Event ID# 1F1C1B-HI. The following intakes were investigated: 820925, 820929, 820931, 2647781, 2673720, 2688491, and 2740914.  1 of the 28 complaint allegations resulted in deficiency.	F0000		
F0584 SS = B	Safe/Clean/Comfortable/Homelike Environment  CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment.  The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide-  §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.  (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584		

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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F0584 SS = B	<p>Continued from page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain a clean and homelike environment in 3 of 21 resident rooms on 1 of 3 halls (100 hall) reviewed for a safe, comfortable, and homelike environment (Resident #9, Resident #21, Resident #28, Resident #69, and Resident # 72).</p> <p>The findings included:</p> <p>An observation of Resident #9's room on 03/02/26 at 1:01PM revealed a large area on the floor on the right side of the bed covered with a black residue that was able to be removed. A napkin, dental floss pick, and an empty medication cup were observed under bed. Crumbs and a heavy layer of dust were observed on the floor under the head of the bed, and on the top left side and under the base of the Packaged Terminal Conditioner (PTAC). A used glove was noted on the floor in front corner of room. The overbed tabletop was covered with sticky residue and the base of the table was covered with a raised, white residue. Resident #9 did not have a roommate.</p> <p>On 03/03/26 at 4:06PM an observation of Resident #9's room revealed a large area on the floor on the right side of the bed covered with a black residue. A napkin, dental floss pick, and an empty medication cup were</p>	F0584		

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F0584 SS = B	<p>Continued from page 2 observed under bed. Crumbs and a heavy layer of dust were observed on the floor at the head of the bed, and on the left side of the top and under the base of the PTAC unit. A used glove was noted on the floor in front corner of room. The overbed tabletop was covered with sticky residue and the base of the table was covered with a raised, white residue. The trashcan in the room had no liner but was full of trash. A pink, raised residue was observed on 2/3 sides of the trashcan.</p> <p>An observation of Resident #21 and Resident #69's room on 03/02/26 at 1:21PM revealed a heavy layer of dirt and dust behind Bed B. Food, paper particles, pieces of an artificial flower, and a thick layer of dust and dirt were observed on the floor under the PTAC unit. There was a thick layer of dust on the top and bottom surfaces of the baseboard throughout the room. In the bathroom behind the toilet a wallpaper patch that did not match the rest of the wallpaper was observed; the patch was stapled in place.</p> <p>On 03/03/26 at 4:15PM an observation of Resident #21 and Resident #69's room revealed a heavy layer of dirt and dust behind Bed B. Food, paper particles, pieces of an artificial flower, and a thick layer of dust and dirt were observed on the floor under the PTAC unit. There was a thick layer of dust on the top and bottom surfaces of the baseboard throughout the room. In the bathroom behind the toilet a wallpaper patch that did not match the rest of the wallpaper was observed; the patch was stapled in place.</p> <p>An observation of Resident #28 and Resident #72's room on 3/2/26 at 3:09 PM revealed a trash can without a liner. Used gloves and food particles were observed on the bottom of the trashcan. Thick splatters of a pink dried material were observed on the sides and base of the trash can. In the bathroom, an approximately 6-inch piece of wallpaper under the sink had been cut and held in place with 2 thumbtacks.</p> <p>On 3/3/26 at 4:09 PM an observation of Resident #28 and Resident #72's room revealed a trash can without a liner. Used gloves and food particles were observed on the bottom of the trashcan. Thick splatters of a pink dried material were observed on the sides and base of the trash can. In the bathroom, an approximately 6-inch area of the wallpaper under the sink had been cut and was observed to be held in place with 2 thumbtacks.</p> <p>An interview was conducted with Housekeeper #1 on 3/3/26 at 3:43PM. She stated that her shift was 8:00AM to 4:00PM and she had been assigned to the 100 hall on</p>	F0584		

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F0584 SS = B	<p>Continued from page 3 3/2/26 and 3/3/26. She stated her daily responsibilities for each room on the hall included pulling trash from rooms and replacing the liner, cleaning the bathroom floor, sink, toilet, and mirror, dusting blinds, sweeping and mopping the room. She stated that floor cleaning included sweeping and mopping under the beds, pulling out and cleaning behind dressers and under the window units. She further stated she had completed the daily cleaning for Resident #9, Resident #21, and Resident #69's rooms on 3/2/26 and 3/3/26.</p> <p>An interview and observations of Resident #9, Resident #21/Resident #69 and Resident #28/Resident #72's rooms were conducted with the Director of Housekeeping on 3/3/26 PM from 4:43PM to 4:45PM. She stated that daily responsibilities for housekeepers included removing trash from each room and replacing the liner, cleaning the overbed tables tops and legs, cleaning the toilet, sink, and mirror, wiping the nightstands if needed, sweeping under each bed, and mopping from the window to door. The Director of Housekeeping stated that she conducts monthly inspections of every room using an audit sheet. She further stated if substandard work was observed, the assigned housekeeper must redo the room and training is provided. She stated housekeepers were trained to observe for potential needed room repairs and report to her. During her observation of Resident #9, Resident #21/Resident #69, Resident #28/Resident #72's rooms the Director of Housekeeping stated she stated the room cleanliness did not meet the standards of facility and she was embarrassed.</p> <p>An interview was conducted with the Maintenance Director on 3/4/26 at 3:31PM. He stated work orders were given to him through paper submission or staff approaching him on the unit. He stated that he did not conduct a routine inspection of each room to identify issues or to follow up on work completion by staff in his department.</p> <p>An observation of Resident #28/Resident #72's room was conducted with the Maintenance Director on 3/4/26 at 3:43PM. He observed the approximately 6-inch area of the wallpaper under the sink in the shared bathroom that had been cut and was held in place with 2 thumbtacks. The Director of Maintenance lifted the wallpaper held in place by thumbtacks which revealed a hole and exposed water pipes. He stated he was unaware of this issue, and the repairs were unacceptable and embarrassing. The Maintenance Director stated he had</p>	F0584		

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F0584 SS = B	Continued from page 4 not observed the repair prior to this walking round and had not been notified of the repair.  An observation of Resident #21/Resident #69's room was conducted with the Maintenance Director on 3/4/26 at 3:47PM. He observed the wallpaper patch that did not match the rest of the wallpaper behind the toilet in the shared bathroom; the patch was stapled in place. The Maintenance Director stated the wall repair appeared to be related to a major plumbing issue and the access needed was not properly repaired. The Maintenance Director stated he was unaware of the repair and that it was unsettling and unacceptable and not to facility standards. He further stated he did not have a work order for this room and had not been notified.  The Administrator was interviewed on 03/04/26 at 3:55PM. She stated she was unaware of the way the repairs had been completed in Resident #21/Resident #69, Resident #28/Resident #72's shared bathrooms. The Administrator indicated she was not aware Resident #9, Resident #21/Resident #69, Resident #28/Resident #72's rooms were not clean, and it was unacceptable to have dirty resident rooms. The Administrator stated she did not know why the Housekeeping Director and Maintenance Director were unaware.	F0584		
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI  CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence.  §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-  (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;  (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is	F0690		

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F0690 SS = D	<p>Continued from page 5 assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and resident, staff and physician interviews, the facility failed to ensure the urine catheter bag remained below the level of the bladder for 1 of 3 residents reviewed for indwelling urinary catheters (Resident #9).</p> <p>Findings included:</p> <p>Resident #9 was admitted to the facility on 9/16/24 with diagnoses that included chronic urinary retention with chronic indwelling urinary catheter, ureteroscopy with urethral stent placement (tube placement that ensures urine can flow freely from the kidney to the bladder), and a history of catheter-associated urinary tract infections (UTIs).</p> <p>Review of Resident #9's medical record revealed a urine culture positive for a urinary tract infection on 1/10/26.</p> <p>Resident #9's quarterly Minimum Data Set (MDS) assessment dated 1/19/26 documented the resident was cognitively intact and had an indwelling urinary catheter.</p> <p>A review of Resident #9's care plan dated 1/6/26 documented focus areas of indwelling urinary catheter with interventions that included positioning the catheter bag and tubing below the level of the bladder to prevent infection.</p> <p>A record review revealed a physician order dated 3/2/26 for an indwelling urinary catheter for neurogenic bladder</p> <p>On 3/4/26 at 2:53 PM during an observation of</p>	F0690		

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F0690 SS = D	<p>Continued from page 6</p> <p>incontinence care provided for Resident #9 by Nurse Aide #1 (NA) and Nurse Aide #2 and interview, the urinary catheter bag that contained urine was hanging on footboard on the bed when the room was entered. Urine was visible in the catheter tubing. When asked about the urinary catheter bag Nurse Aide #1 and Nurse Aide #2 stated Resident #9 wanted the urinary catheter bag to hang there during incontinence care, bathing, and repositioning. Nurse Aide #2 stated she would hang the urinary catheter bag below the bladder before she left the room. The Nurse Aides did not provide education regarding placement of the urine catheter bag to Resident #9. Both stated they had not told the nurse that Resident #9 requested the urinary catheter bag be hung on the foot of the bed above the level of the bladder during care. After care was provided, NA #1 moved the urinary catheter bag below the bladder.</p> <p>On 3/5/26 at 11:02 AM during an observation of incontinence care provided for Resident #9 by Nurse Aide #3, the urinary catheter bag that contained urine was hanging on footboard of Resident #9's bed when the room was entered. Urine was visible in the catheter tubing. During the observation Resident #9 stated she had asked the NAs to hang the urinary catheter bag on her footboard. She stated she knew it could lead to a UTI but felt more comfortable with it there during bathing, incontinence care, and repositioning. After care was provided, NA #3 moved the urinary catheter bag below the level of the bladder.</p> <p>On 3/5/25 at 11:16 AM an interview was conducted with Nurse Aide #3 who stated when caring for an individual with an indwelling urinary catheter keeping everything clean which included gloves, the urinary catheter bag should not touch floor and should be lower than the body because urine will flow back into the tubing. She stated Resident #9 did not like the urinary catheter bag hanging below the level of the bladder during bathing, incontinence care, and repositioning and requested it hang on the foot of bed. She stated she had not told a nurse Resident #9 had made this request.</p> <p>On 3/5/26 at 11:21 AM an interview was conducted with the Nurse Practitioner. She stated staff caring for an individual with an indwelling urinary catheter needed to keep the urinary catheter bag below the level of the bladder to help prevent a urinary tract infection. She stated she was unaware that Resident #9 had asked staff to do hang the urinary catheter bag on the foot of the bed.</p> <p>On 3/5/26 at 11:43 AM PM an interview was conducted with the Director of Nursing (DON). She stated urinary</p>	F0690		

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F0690 SS = D	Continued from page 7 catheter bags should be positioned below the level of the bladder to prevent the risk of a urinary tract infection. The DON stated she was unaware that Resident #9 requested her urinary catheter bag be hung on the foot board of the bed above the level of the bladder. She further stated this practice was unacceptable.  On 3/5/26 at 11:46 AM PM an interview was conducted with the Administrator. She stated a urinary catheter bag should be positioned below the level of the bladder to prevent the risk of a urinary tract infection. She further stated she was unaware that Resident #9 requested her urinary catheter bag be placed above the level of the bladder. She stated this practice was unacceptable.	F0690		