

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345254	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Monroe Rehabilitation Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1212 Sunset Drive East , Monroe, North Carolina, 28112	
(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 03/16/2026 through 03/19/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1F3719-H1.	E0000		04/07/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 03/16/2026 through 03/19/2026. Event ID #1F3719-H1. The following intakes were investigated: 2799833, 2795387, 2716456, 2649467, and 2621433 11 of the 11 complaint allegations did not result in deficiency.	F0000		04/07/2026
F0565 SS = D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their	F0565	Criteria I · Residents #67, #87, and #36 were noted to be affected by the deficient practice. On 3.23.2026, resident #87 was discharged. Monday, 4. 6. 2026, the administrator met with resident #67 and resident #36 and reviewed the grievance process. In review of the grievance process, each resident was told how grievances are communicated as well as how resolutions are communicated. During these meetings any concerns received were written up as grievances with documented resolutions to follow. No harm was noted to any of the residents cited. Criteria II · An ad hoc resident council meeting was held on 4/6/2026 with both administrator and Dietary Manager invited and present. Concerns voiced during the meeting were written up as grievances. No dietary concerns were discussed. Criteria III · Education was provided to the Activity Director and the activity assistants by the administrator 4/6/2026, on the Grievance Policy with a focus on documentation of resident concerns verbalized during resident council meetings. This education also included the process for communicating grievance resolutions.	04/07/2026

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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F0565 SS = D	<p>Continued from page 1 response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and staff and resident interviews, the facility failed to communicate the facility's efforts to address concerns voiced by the Resident Council members and to resolve repeat concerns in 3 of the 14 Resident Council meeting minutes reviewed for Resident Council meeting grievances (12/10/2025, 01/14/ 2026, and 02/11/2026) and to maintain evidence that demonstrated the facility's response to grievances/recommendations made by the Resident Council from December 2025 through February of 2026.</p> <p>The findings included:</p> <p>A review of Resident Council meeting minutes dated 12/10/2025, 01/14/ 2026, and 02/11/2026 revealed the minutes only documented "open discussion" and no concerns related to cold food were documented.</p> <p>1a. A review of the Minimum Data Set (MDS) quarterly assessment dated 03/05/2026 revealed Resident #67 was cognitively intact.</p> <p>On 03/17/2026 at 11:06 AM, during a Resident Council meeting, Resident #67, the Resident Council President, stated during the February 2026 (02/11/2026) Resident Council meeting, she had reported her concern of cold food. Resident #67 stated she specifically complained about the grits being cold and not warm enough for the cheese to melt. Resident #67 continued and stated the Activities Director informed her she would address the concerns with the Dietary Manager; however, the Activities Director did not specify when the concerns would be addressed regarding cold food. Resident #67 further reported the Resident Council did not receive any follow-up regarding food concerns from either the</p>	F0565	<p>Continued from page 1</p> <p>4) The administrator has been approved by the resident council to attend biweekly resident council meetings x's 3 months to ensure resident concerns related to food voiced during these meetings are being communicated and followed up on according to the grievance process.</p> <p>Any concerns related to Dietary/Food Services voiced during resident council will be tracked and trended and submitted to the QAPI committee. Further monitoring after 3 months will be determined by the QAPI committee.</p>	

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F0565 SS = D	<p>Continued from page 2 Dietary Manager or the Activities Director. Resident #67 stated the food concerns were ongoing issues that Resident #67 had reported in 2025, but she was not certain of the date.</p> <p>1b. A review of the Minimum Data Set (MDS) annual assessment dated 01/29/2026 revealed Resident #86 was cognitively intact.</p> <p>On 03/17/2026 at 1:00 PM, an interview was conducted with Resident #86, who stated she attended the January 2026 (01/14/2026) Resident Council meeting and regularly attended Resident Council meetings. Resident #86 reported she voiced concerns on several occasions during Resident Council meetings dating back to 2025 to the Activities Director regarding cold food served at breakfast and dinner. Resident #86 reported she submitted a verbal complaint to the Activities Director during the January 2026 Resident Council meeting; however, she could not recall the exact date and reported she did not receive a grievance response or follow-up regarding her grievance. Resident #86 stated the Activities Director indicated she would look into the concerns but did not specify when the concerns would be addressed for receiving cold meals. There was no evidence of any response or follow-up to concerns voiced during the Resident Council meetings.</p> <p>1c. A review of the Minimum Data Set (MDS) annual assessment dated 1/23/2026 revealed Resident #36 was cognitively intact.</p> <p>On 03/17/2026 at 4:02 PM, an interview was conducted with Resident #36, who reported she regularly received cold breakfast meals and that breakfast was often served late. Resident #36 reported these concerns were discussed during the 12/10/2025, 1/14/2026, and 2/11/2026 Resident Council meetings. Resident #36 further reported the Activities Director stated she would address the concerns with the Dietary Manager. There was no evidence of any response or follow-up to concerns voiced during the Resident Council meetings.</p> <p>On 03/18/2026 at 8:51 AM, an interview was conducted with the Activities Assistant, who reported her role, including providing support during Resident Council meetings. The Activities Assistant reported the Activities Director was responsible for documenting resident concerns during Resident Council meetings. The Activities Assistant stated she had heard concerns regarding cold coffee and food a few months prior but could not recall specific dates. The Activities Assistant reported that the Activities Director informed her that she communicated the concerns of cold</p>	F0565		

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F0565 SS = D	<p>Continued from page 3 food to the Kitchen Manager three to four months ago, and she believed those concerns were resolved because residents no longer complained. The Activities Assistant confirmed she did not document Resident Council minutes, as this responsibility was assigned to the Activities Director. The Activities Assistant stated she was unsure about the food concerns and if they were being documented, but believed the concerns were being documented. The Activities Assistant also reported that if concerns were identified, a resident council grievance form should have been initiated, which she stated was based on her experience and understanding of the facility's process for handling resident concerns. The Activities Assistant stated she was not sure if a resident council grievance form was completed for food concerns.</p> <p>On 03/18/2026 at 10:52 AM, an interview was conducted with the Activities Director. The Activities Director stated she was responsible for leading Resident Council meetings and documenting the meeting minutes. She reported she had heard occasional concerns related to cold food approximately three to four months prior. The Activities Director stated that when food-related concerns were identified, she addressed them with the Dietary Manager and invited the Dietary Manager to attend Resident Council meetings approximately three to four months ago to address concerns. The Activities Director stated she did not document concerns voiced during Resident Council meetings because she was unaware that documentation was required. The Activities Director reported that during the February 2026 Resident Council meeting, residents stated the food was good and no concerns were expressed and she believed the concerns regarding food had been resolved. However, she stated she was unaware of ongoing concerns related to cold food and was surprised by concerns expressed by residents during the March 2026 Resident Council meeting. When asked how concerns voiced during Resident Council meetings were recorded, the Activities Director stated she verbally notified department heads and the Administrator rather than documenting the concerns in the Resident Council meeting minutes. The Activities Director acknowledged she did not document concerns voiced during Resident Council meetings in the meeting minutes or through the grievance process and stated she was not aware she was required to document concerns discussed during meetings. The Activities Director stated she was not aware that concerns voiced during Resident Council meetings were required to be documented and was unable to describe how the process of documenting and addressing concerns was implemented, resulting in a breakdown in the handling of resident concerns.</p>	F0565		

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F0565 SS = D	Continued from page 4 On 03/19/2026 at 2:16 PM, an interview was conducted with the Administrator. He stated he was aware of the concerns related to cold food last year. The Administrator explained he had met with the Activities Director after each Resident Council meeting and followed up with residents regarding concerns that were discussed. The Administrator reported that concerns were not documented in writing but were addressed verbally. The Administrator stated he would follow up with the Activities Director to ensure concerns were documented moving forward. He reported the expectation was to follow the regulation.	F0565		