STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345179	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Health & Rehabilitation	**752 E Center Avenue , Mooresville, North Carolina, 28115**

(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
F0000	INITIAL COMMENTS An unannounced complaint investigation was conducted on 04/20/26. Additional information was gathered offsite through 04/23/26 therefore the exit date was changed to 04/23/26. Event ID: 2301EF-H1. The following intakes were investigated: 2976776 and 2673769. 1 of the 3 complaint allegations resulted in deficiency.	F0000		
F0628 SS = A	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and	F0628		

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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F0628 SS = A	Continued from page 1 effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section	F0628		

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F0628 SS = A	Continued from page 2 must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the	F0628		

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F0628 SS = A	Continued from page 3 facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications	F0628		

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F0628 SS = A	Continued from page 4 with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on record reviews and staff interviews, the facility failed to complete an accurate discharge notice and did not provide the resident a copy of the discharge notice until the day of discharge for 1 of 3 residents reviewed for discharge (Resident #1). The findings included: Resident #1 was admitted to the facility on 08/29/25. Review of Resident #1's quarterly Minimum Data Set assessment dated 03/06/26 indicated Resident #1 was cognitively intact and active discharge planning was already occurring for Resident #1 to return to the community. Review of Resident #1's discharge documentation revealed a document titled "Nursing Home Notice of Transfer/Discharge" dated 04/02/26. Per the document the reason for Resident #1's transfer or discharge was, "You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at this facility." The document also indicated that the Regional Long Term Care Ombudsman was notified of the transfer or discharge. Resident #1 discharged from the facility on 04/02/26 to her home with family support. Attempts on 04/20/26, 04/21/26, and 04/22/26 to reach Resident #1 by telephone were unsuccessful. Attempts to reach the Regional Long Term Care Ombudsman via telephone on 04/20/26 and 04/21/26 were also unsuccessful. An interview with the Social Worker on 04/20/26 at 1:45 PM revealed she had worked at the facility as the social worker for 3 years and was highly involved with the discharge process and planning. She reported she was very familiar with Resident #1 and was involved with her discharge from the facility on 04/02/26. Per the Social Worker, Resident #1	F0628		

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F0628 SS = A	Continued from page 5 admitted to the facility for short term rehabilitation. The Social Worker reported that the facility scheduled a care plan meeting with Resident on 03/23/26 due to Resident #1 failing to have provided payment for services after her Medicare funded stay ended. She reported that during the care plan meeting, the facility discussed Resident #1's outstanding bill with Resident #1. She indicated she asked Resident #1 if she would like to continue to stay in the facility and begin working to pay down the outstanding bill or if she would like to start planning for discharge home. The Social Worker stated Resident #1 reported she could not make that decision at the time and asked for a couple days to think about it. The Social Worker stated she checked back with Resident #1 on 03/28/26 and Resident #1 reported she had decided to discharge home. The Social Worker stated the facility then began actively working with Resident #1 to prepare to discharge home which included ordering durable medical equipment, speaking with therapy, setting up home health and follow up appointments, and completing a home visit. The Social Worker stated she completed the notice of transfer or discharge form on 04/02/26 because that was the date that the facility determined that the discharge planning process was complete and thorough. The SW indicated Resident #1 was provided a copy of the discharge notice on 04/02/26. She reported the notice was not provided to Resident #1 as a 30-day discharge notice. In regard to why the Social Worker indicated on the notice that the discharge or transfer from the facility was due to non-payment, the Social Worker stated she checked that box because that was the understanding she had for the reason they began to work with Resident #1 to prepare to discharge home. An interview with the Director of Therapy on 04/20/26 at 3:20 PM revealed he was involved in Resident #1's discharge planning. He reported he made recommendations for durable medical equipment that Resident #1 would require at home and assisted with the pre-discharge home assessment that was completed at Resident #1's private home. The Director of Therapy indicated he felt Resident #1 was appropriate for discharge back to the community as she had met her rehabilitation goals. During an interview with the Director of Nursing on 04/20/26 at 3:40 PM, she revealed that Resident #1 was admitted to the facility for short term rehabilitation but had extended her stay and that she had an unpaid balance from her stay. The Director of	F0628		

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F0628 SS = A	Continued from page 6 Nursing indicated there was a care plan meeting that occurred around 03/23/26 to discuss Resident #1's options to either plan to discharge or begin to pay down her balance. She stated that she went back to speak to Resident #1 on 03/25/26 or 03/26/26 about Resident #1 needing to either plan to discharge home or begin working to pay down her outstanding balance and reported that Resident #1 informed her that she would prefer to go home so the facility began working with Resident #1 to prepare her to discharge home. She also stated that Resident #1 stated she wanted to go home on 03/30/26 but that she was able to talk Resident #1 into staying until the facility could appropriately prepare for Resident #1 to discharge home to which Resident #1 agreed. The Director of Nursing reported they then completed the discharge planning process and Resident #1 discharged home on 04/02/26 and the discharge notice was provided to the resident. She stated that since Resident #1 elected to go home voluntarily, the reason for Resident #1's discharge from the facility should not have been indicated as occurring for non-payment. The Director of Nursing reported a more appropriate reason for Resident #1's discharge from the facility would have been, "Your health has improved sufficiently so that you no longer need the services provided by this facility." An interview with the Administrator on 04/23/26 at 11:06 AM revealed she was familiar with Resident #1 and that she met with her around 03/27/26 to discuss options for Resident #1 to either discharge home, if safe to do so, or for Resident #1 to begin to pay down her outstanding bill. The Administrator reported that Resident #1 ultimately decided to discharge home and so the discharge planning process was completed and Resident #1 discharged home with home health, durable medical equipment, and follow up appointments on 04/02/26. The Administrator reported the notice of discharge or transfer form was completed incorrectly when it indicated that Resident #1 was being discharged due to non-payment of services and she believed that because the Social Worker was aware there was an unpaid balance, that she checked that box instead of indicating that Resident #1's health had improved to the point where the services offered at the facility were no longer needed.	F0628		