STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345103	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matthews Health & Rehab Center	600 Fullwood Lane Matthews, NC 28105

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345103	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matthews Health & Rehab Center	600 Fullwood Lane Matthews, NC 28105

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews with staff, the Nurse Practitioner (NP), and the Medical Director, the facility failed to notify the physician/NP when ordered laboratory services could not be obtained for 1 of 3 residents reviewed (Resident #1).Findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus type II and adult failure to thrive. A physician's order dated 11/19/25 directed that a comprehensive metabolic panel (CMP) and a complete blood count (CBC) be collected the following morning. On 12/18/25 at 9:24 AM a telephone interview was conducted with Nurse #1. During the interview she stated the phlebotomist had arrived at the facility on 11/20/25 during the morning hours to collect Resident #1's lab work, however, they were unable to obtain a specimen. Nurse #1 stated it was standard practice for the lab to reschedule collection for the following day, which would have been on the morning of 11/21/25. She stated she did not notify the Nurse Practitioner or Medical Director that the labs were not obtained on 11/20/25 because the Nurse Practitioner had ordered the labs on a routine and not Stat (immediately) basis. On 12/17/25 at 1:21 PM a telephone interview was conducted with the Nurse Practitioner. During the interview he stated he examined Resident #1 on 11/19/25 due to reports of decreased appetite and lethargy and ordered the CMP and CBC to be collected the next morning. He stated he was not notified that the laboratory work was not obtained on 11/20/25. He further stated nursing staff should have notified him when the labs could not be collected so he could determine whether additional interventions were necessary, including possible hospital transfer or approval to delay collection. On 12/17/25 at 1:38 PM an interview was conducted with the Medical Director. The Medical Director stated that because the Nurse Practitioner ordered the labs, it would be his decision whether notification was required if the labs were not obtained. On 12/18/25 at 9:40 AM a telephone interview was conducted with the Director of Nursing (DON). The DON stated facility protocol was to reschedule lab work for the following day if collection was unsuccessful and stated she believed staff followed protocol. The interview revealed the Nurse Practitioner stated to the DON that nursing staff should notify providers immediately if labs are delayed or not drawn to ensure proper follow up was completed. On 12/18/25 at 10:01 AM a telephone interview was conducted with the Administrator. She stated nursing staff should be following facility protocol regarding lab work and contact the provider when necessary. The Administrator stated she felt Nurse #1 followed the facility protocol and did not need to notify the Nurse Practitioner because the labs were scheduled for the following morning. The facility provided the following corrective action plan with a compliance date of 12/2/25. 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. On 11/19/2025 Resident #1 was noted to have decreased fluid intake and food consumption by both the day and evening licensed nurses. The physician was notified, and new orders were obtained for IV (intravenous) fluids. A midline was inserted, and IV fluids were administered at 10:00pm. On 11/19/2025, Nurse Practitioner (NP) conducted an acute visit due to Resident #1 having increased lethargy, somnolence and decreased oral intake. The NP ordered 100ml (milliters) normal saline for possible dehydration, a CMP and a CBC to check electrolytes. The labs were ordered as routine at 9:40am. On 11/20/2025, the Licensed Nurse completed a SBAR Communication Form (Situation, Background, Assessment and Recommendation Form) to identify a change in condition for Resident #1 as she was noted to have decreased intake. On 11/20/2025 Carolina Medical Lab attempted to draw Resident #1's blood at 5:15am unsuccessfully. On 11/21/2025, Resident #1 was sent to the hospital at 11:00am for being unresponsive and heavy breathing. Carolina Medical Lab arrived at 2:00pm to complete the blood draw, but Resident #1 was in the hospital. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. On 11/24/2025, the Director of Nursing and/or designee conducted a review of current residents with recent changes in condition or pending laboratory orders to ensure that all labs were completed and that the Nurse Practitioner or Physician was notified of any delays or missed labs. Any identified issues were immediately corrected, and appropriate notifications were made and documented. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 11/24/2025, the Director of Nursing and Assistant Director of Nursing re-educated all licensed nurses in person to reinforce the change in condition policy and laboratory follow-up process to include: -Immediate notification to the Nurse Practitioner or physician if ordered labs are not drawn as scheduled. -Clear documentation of all provider notifications and responses in