

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2025
NAME OF PROVIDER OR SUPPLIER Davie Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 498 Madison Road Mocksville, NC 27028	

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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and resident and staff interviews, the facility failed to post cautionary and safety signs that indicated the use of oxygen (Resident #3, #7, and #13) and failed to maintain a clean oxygen concentrator (Resident #55) for 4 of 4 residents reviewed for respiratory care (Resident #3, Resident #7, Resident #13, and Resident #55). The findings included:</p> <p>1. Resident #3 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease and heart failure.</p> <p>Review of Resident #3's physician orders dated 12/26/24 revealed oxygen at 2 liters per minute via oxygen tank or 3 liters per minute via oxygen concentrator continuously via a nasal cannula.</p> <p>Review of Resident #3's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident was cognitively intact and received oxygen therapy.</p> <p>An observation and interview were conducted on 09/29/25 at 12:39 PM of Resident #3 sitting in her wheelchair by her bed. The Resident explained that she had required oxygen since she was admitted to the facility. There was no cautionary oxygen signage posted near the Resident's room or in her environment.</p> <p>An observation was made of Resident #3 sitting in the doorway of her room and wearing oxygen via the nasal cannula on 10/01/25 at 11:00 AM. There was no oxygen cautionary sign posted near the Resident's room or in her environment.</p> <p>An interview conducted with Nurse #1 was conducted on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary signage on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>(continued on next page)</p>

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
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #7 was admitted to the facility 03/28/24 with diagnoses that included heart failure and chronic obstructive pulmonary disease.</p> <p>Review of Resident #7's physician orders revealed an order dated 03/28/25 for oxygen at 2 liters per minute via nasal cannula.</p> <p>Review of Resident #7's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident's cognition was moderately impaired and she received oxygen therapy.</p> <p>An observation was made on 09/29/25 at 11:41 AM of Resident #7 lying in bed sleeping and wearing oxygen via a nasal cannula and delivered by a concentrator. There was no oxygen cautionary sign posted near the Resident's room or in her environment.</p> <p>On 10/01/25 at 8:43 AM an observation was made of Resident #7 sitting up in bed and eating breakfast. The Resident was wearing oxygen via the nasal cannula being delivered by the oxygen concentrator. There was no oxygen cautionary sign posted near the Resident's door or in her environment.</p> <p>An interview conducted with Nurse #1 on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary sign on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>3. Resident #13 was admitted to the facility on [DATE] with diagnoses that included heart failure.</p> <p>Review of Resident #13's physician orders dated 05/27/24 revealed an order for oxygen at 2 liters per minute via nasal cannula.</p> <p>Review of Resident #13's annual Minimum Data Set (MDS) assessment 08/12/25 revealed the Resident was cognitively intact and he received oxygen therapy.</p> <p>On 09/29/25 at 11:30 AM an observation was made of Resident #13 lying in bed sleeping wearing a nasal cannula and oxygen was being delivered at 2 liters per minute. There was no oxygen cautionary sign posted near the Resident's door or in his environment.</p> <p>An observation was made of Resident #13 on 10/01/25 at 8:50 AM lying in bed and wearing oxygen delivered via a nasal cannula. There was no oxygen cautionary sign posted near the Resident's door or in his environment.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview conducted with Nurse #1 on 10/01/25 at 3:18 PM. The Nurse acknowledged there were no oxygen cautionary signs posted by the Resident's door and explained that since the facility was a smoke free facility, they only had to post the oxygen cautionary sign on the front door entrance.</p> <p>During an interview with the Director of Nursing (DON) on 10/02/25 at 9:45 AM the DON explained that they only posted the oxygen cautionary sign on the front door entrance because the facility was smoke free.</p> <p>An interview was conducted with the Administrator on 10/02/25 at 10:30 AM. The Administrator explained that it was his understanding that if the facility was smoke free that they did not have to post the oxygen cautionary signs on each residents' door with oxygen and by posting the signage on the front door would suffice for the regulation.</p> <p>4. Resident #55 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease and dependence on supplemental oxygen.</p> <p>Review of Resident #55's physician orders revealed the following orders:</p> <p>4/01/25- Oxygen: Clean oxygen concentrator and filter, change tubing once per week. Special Instructions: Wipe down concentrator, remove filter, clean, and air dry, once a day shift on Sundays.7/21/25- Oxygen: Administer oxygen via nasal cannula continuously at 4 liters per minute, every shift.</p> <p>Review of Resident #55's quarterly Minimum Data Set assessment dated [DATE] revealed Resident #55 to be cognitively intact with no delusions, behaviors, rejection of care, or instances of wandering. Resident was coded as receiving oxygen therapy while admitted as a resident.</p> <p>An observation of Resident #55's oxygen concentrator on 09/29/25 at 11:57 AM revealed the intake filter on Resident #55's oxygen concentrator to be caked with gray dust and debris.</p> <p>An interview with Resident #55 on 09/29/25 at 12:01 PM revealed she used oxygen on a continuous basis. Resident #55 also reported that she did not know who was responsible for cleaning the oxygen concentrator nor had she observed any staff members cleaning the oxygen concentrator.</p> <p>Another observation of Resident #55's oxygen concentrator on 10/01/25 at 3:13 PM revealed it continued to have gray dust and debris caked on the intake filter.</p> <p>Review of facility provided staffing schedules with hall assignments revealed Nurse #6 was assigned to Resident #55 on 09/28/25, the Sunday prior.</p> <p>Multiple attempts to reach Nurse #6 via telephone call on 10/01/25 and 10/02/25 were unsuccessful.</p> <p>An interview with the Director of Nursing on 10/02/25 at 12:40 PM revealed oxygen concentrator cleaning was the responsibility of the facility maintenance department and the Director of Maintenance. The Director of Nursing reported she did expect her hall nurses to monitor the oxygen concentrators and report to the maintenance department any oxygen concentrators that needed to be cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility failed to discard 7 doses of expired COVID-19 vaccines and one bottle of expired eye drops in accordance with manufacturer's expiration date and storage guidelines for 2 of 2 medication storage rooms (South Wing and North Wing). A review of manufacturer's package insert indicated that after thawing Spikevax (Moderna COVID-19 vaccine 2024-2025 formula), it should be refrigerated with temperature between 2 to 8 Celsius (C) (36 F to 46 Fahrenheit (F)) for up to 60 days, or until the expiration date printed on the carton, whichever comes first. A review of manufacturer's package insert revealed an unopened bottle of Latanoprost eye drop should be stored under refrigeration at 2 to 8 C or (36 to 46 F). Once the bottle was opened for use, it could be stored at room temperature up to 25 C (77 F) for up to 6 weeks. a. During a medication storage audit conducted on [DATE] at 12:38 PM, an opened carton of COVID-19 vaccine containing 7 doses of unused Spikevax 2024-2025 formula injectable suspension was found in the refrigerator of South Wing medication storage room and they were ready to be used. Each dose of COVID-19 vaccine contained 0.5 milliliter (ml) of the formula. A label stated Discard unused portion after the expiration date of [DATE] was found on the carton. A review of the manufacturer's expiration date printed on the carton confirmed these vaccines were expired on [DATE]. The carton did not have a date indicating when the vaccines were thawed. An interview was conducted with Nurse #2 on [DATE] at 12:42 PM. She stated all the medications in the medication storage rooms were supposed to be checked by the third shift nurse at least once per week on Sunday. She could not explain what had happened and acknowledged that all the expired COVID-19 vaccines should be discarded. b. Resident #14 was admitted to the facility on [DATE] with diagnoses including glaucoma. A review of physician's order dated [DATE] revealed Resident #14 had an order to receive one (1) drop of Latanoprost 0.005% for both eyes once daily at bedtime. The quarterly Minimum Data Set (MDS) assessment dated [DATE] coded Resident #14 with severe impairment in cognition. The medication administration records for September and [DATE] indicated Resident #14 had received Latanoprost as ordered before bedtime during the past 2 months. During a medication storage check conducted on [DATE] at 1:02 PM, one bottle of Resident #14's Latanoprost ophthalmic solution with the strength of 0.005% that was opened on [DATE] was found in the refrigerator of North Wing medication storage room and it was ready to be used. An interview was conducted with Nurse #3 on [DATE] at 1:05 PM. She could not explain why the expired Latanoprost that opened on [DATE] was stored in the refrigerator in medication storage room. She stated once Latanoprost was opened and being used, it should be stored in room temperature and discarded after 42 days. She stated Resident #14 had another bottle of Latanoprost that was opened on [DATE] and stored in the medication cart. Nurse #3 denied she had ever used the expired Latanoprost for Resident #14 so far. An immediate observation of 100 Hall medication cart confirmed Resident #14 had another bottle of Latanoprost opened on [DATE]. During an interview conducted with the Director of Nursing (DON) on [DATE] at 1:18 PM, she explained one of the nurses who checked the refrigerator in the morning saw the expired Latanoprost and thought it was opened on [DATE]. She expected nursing staff to follow manufacturer's guideline when storing Latanoprost and Spikevax and added both expired eye drops and vaccines should be discarded. An interview was conducted on [DATE] with the Administrator. He stated it was his expectation for nursing staff to follow facility's medication storage policy and manufacturer's guidelines to discard the expired latanoprost and COVID-19 vaccines.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations the facility failed to discard expired beverages, label and date open food items, remove food items with signs of spoilage, and maintain a clean and sanitary floor in 1 of 1 walk-in cooler; label and date food items in 1 of 1 walk-in freezer; maintain a clean and sanitary ice machine for 1 of 3 ice machines (kitchen ice machine); failed to implement their infection control policies when Dietary Aide #1 failed to perform hand hygiene after handling dirty dishes and before touching clean items in the kitchen; label and date opened food items in 1 of 3 reach-in coolers; and discard expired beverages in 1 of 1 dry storage room. These failures had the potential to affect food served to residents. Findings included: 1. An initial observation of the walk-in cooler on 09/29/25 at 09:27 AM revealed the following: a. dried white stains and scattered debris across the entire floor. b. an opened and undated 46-ounce box of thickened orange juice sitting on a shelf. c. an opened and undated 46-ounce box of thickened apple juice with a best-by date of 09/15/25 sitting on a shelf. d. an opened and undated 46-ounce box of thickened cranberry juice sitting on a shelf. e. a bag of salad mix with an open date of 09/18/25 and a use-by date of 09/24/25. [NAME] discoloration was noted on the lettuce. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all opened food items to be labeled and dated. She stated all food and beverage items should be used or discarded on or before the expiration date. The Dietary Manager stated it was the responsibility of all kitchen staff to label and date food and beverage items and to check for expiration dates. She stated the floor in the walk-in cooler should be clean. An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage and kitchen cleanliness. 2. An observation of the walk-in freezer on 09/29/25 at 09:35 AM revealed the following: a. an undated bag of potato wedges sitting on a shelf. b. an opened and undated bag of potato wedges sitting on a shelf. c. an undated bin of pre-packaged waffles and pancakes sitting on a shelf. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed food items should be labeled and dated. She stated it was the responsibility of all kitchen staff to label and date food items. An interview with the Administrator on 10/02/25 at 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage. 3. A observation of both vents of the ice machine located in the kitchen on 09/29/25 at 09:39 AM revealed a build-up of gray debris. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed the maintenance department was responsible for cleaning the ice machine vents. An interview with the Maintenance Director on 10/01/25 at 03:50 PM revealed his assistant cleaned the ice machine once a week and it was last cleaned 5 or 6 days ago. An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for kitchen cleanliness. 4. An observation of Dietary Aide #1 on 09/29/25 from 09:45 AM through 09:49 AM revealed she loaded the dish washer rack with a dirty plate, walked over to the dish washer rack containing clean cup lids, picked up 4 clean cup lids and placed them on a kitchen shelf, walked to the dish washer rack containing clean plate covers, and picked up 3 plate covers and placed them on a rack in the dish room. Dietary Aide #1 did not perform hand hygiene after touching a dirty plate and before touching clean items in the kitchen. When an attempt to interview Dietary Aide #1 about hand hygiene on 09/29/25 at 09:49 AM was made, Dietary Aide #1 walked off. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed she expects staff to perform hand hygiene when going from dirty to clean tasks. An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for hand hygiene. 5. An observation of the reach-in cooler on 09/29/25 at 09:52 AM revealed an undated bowl of potato salad sitting on a shelf. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all opened food items to be labeled and dated and it was the responsibility of all kitchen staff to label and date food items. An interview with the Administrator on 10/02/25 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage. 6. An observation of the dry storage room on 09/29/25 at 09:56 AM revealed two 46-ounce boxes of thickened apple juice with a best-by date of 09/15/25 sitting on a shelf. An interview with the Dietary Manager on 09/30/25 at 11:12 AM revealed all beverage items should be used or discarded on or before the expiration date. The Dietary Manager stated it was the responsibility of all kitchen staff to check for expiration dates. An interview with the Administrator on 10/02/25 at 12:45 PM revealed he expected dietary staff to comply with the regulations for food storage.</p>		