Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025		
NAME OF PROVIDER OR SUPPLIER The Lodge at Mills River		STREET ADDRESS, CITY, STATE, ZIP CODE 5593 Old Haywood Road Mills River, NC 28759			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Based on record review, observation information was provided on the data 12/9/24, 11/21/24, 12/18/24, 12/19 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5 Findings included: a. A review of the daily nursing stata 12/26/24, 1/6/25, 3/25/25, 3/26/25, hours were included. A review of the Director of Nursing records revealed at least 8 consecta 11/14/24, 12/9/24, 12/19/24, 12/26/5/20/25, and 5/31/25. A joint interview with the Regional PM. The Regional Clinical Manage staff postings. She revealed either hours, but their RN hours were not with residents administering medica not included on the daily nursing statand Regional Clinical Manager reveculd be included on daily nursing the could be included on daily nursing statand 11/21/24, 6 RN hours were record worked eleven hours on 11/21/24.	Post nurse staffing information every day. 37538 Based on record review, observation and staff interviews, the facility failed to ensure accurate and updated information was provided on the daily nursing staff postings for 24 of 154 days: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 11/21/9/24, 12/18/24, 12/19/24, 12/23/24, 12/26/24, 11/12/5, 1/6/25, 1/13/25, 2/7/25, 2/17/25, 3/3/25, 3/25/25, 3/36/25, 3/36/25, 3/31/25, 4/3/25, 5/11/25, 5/15/25, 5/20/25, 5/31/25, and 6/1/25 reviewed for staffing. Findings included: a. A review of the daily nursing staff postings revealed on: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 12/19/24, 12/26/24, 1/6/25, 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5/11/25, 5/15/25, 5/16/25, 5/20/25, and 5/31/25 on RN hours were included. A review of the Director of Nursing (DON) and Assistant Director of Nursing (ADON) employee time clock records revealed at least 8 consecutive Registered Nurse (RN) hours were recorded on: 11/6/24, 11/11/24, 11/14/24, 12/9/24, 12/26/24, 1/6/25, 3/25/25, 3/26/25, 3/31/25, 3/31/25, 3/31/25, 3/31/25, 3/31/25, 3/31/25, 5/15/25, 5/16/25, 5/20/25, and 5/31/25. A review of the Director of Nursing (DON) and Assistant Director of Nursing (ADON) employee time clock records revealed at least 8 consecutive Registered Nurse (RN) hours were recorded on: 11/6/24, 11/11/24, 11/11/24, 11/19/24, 12/19/24, 12/26/24, 1/6/25, 3/25/25, 3/26/25, 3/31/25, 4/3/25, 5/1/25, 5/15/25, 5/16/25, 5/20/25, and 5/31/25. A joint interview with the Regional Clinical Manager and Administrator was conducted on 06/03/25 at 4:00 PM. The Regional Clinical Manager revealed it was a 50 bed facility, and she had filled out the daily nursing staff postings. She revealed either her as the interim DON or the ADON had worked at least 8 consecutive hours, but their RN hours were not included on the daily nursing staff posting unless they administrator confirmed the DON and ADON RN hours were not included on the daily nursing staff posting unless they administered medications. Both the Administrator and Regional Clini			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 345253

If continuation sheet Page 1 of 2

Department of Health & Human Services Centers for Medicare & Medicaid Services

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			No. 0936-0391	
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