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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (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, NC 28112 | |

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) |
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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.The findings included: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.1a. A review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #67 was cognitively intact.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 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. 1b. A review of the Minimum Data Set (MDS) annual assessment dated [DATE] revealed Resident #86 was cognitively intact.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. 1c. A review of the Minimum Data Set (MDS) annual assessment dated [DATE] revealed Resident #36 was cognitively intact.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. 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 (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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 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. 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. 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.</p> | | |