STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345265	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yanceyville Rehabilitation and Healthcare Center	1086 Main Street North Yanceyville, NC 27379

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and record review, the facility failed to provide an on-going activity program that met the individual interests and needs for 3 of 4 cognitively impaired residents reviewed for activities (Residents #32, Resident #44 and Resident #9). The findings included: 1. Resident #32 was admitted to the facility on [DATE] with diagnoses that included dementia with psychotic behavior and Alzheimer's disease. Review of the Modified Annual Minimum Data Set (MDS) dated [DATE] revealed the resident was severely cognitively impaired and dependent on staff for all Activities of Daily Living (ADL). The assessment indicated Resident #32 preferred listening to music, keeping up with news, participating in group activities, and spending time outdoors when the weather was good. Review of the care plan dated 2/13/26 revealed the resident was careˆplanned for activities and was dependent on staff to meet emotional, intellectual, physical, and social needs. Interventions included ensuring activities were compatible with the resident's physical and mental capabilities and aligned with known interests and preferences. The plan also required 1:1 bedside or inˆroom activities when the resident could not attend outˆofˆroom events, as well as staff assistance and escort to and from activities. The resident enjoyed snacks, music, movies, and spending time outdoors in favorable weather. An activity note dated 3/9/26 showed an activity staff member spent 15 minutes with the resident, discussed the weather, and talked about working in her vegetable garden. The resident asked about the staff member's family and what they did for fun. Record review revealed no activity notes or documentation after 3/9/26 through 5/28/26 showing the resident's participation in activities of interest. Record review also showed that on 5/15/26, the resident transferred from the Life Engagement Unit (LEU) to the 500 hallway (Rehabilitation Unit). Observations on 5/26/26 at 11:26 AM revealed the resident sitting in a wheelchair in the Rehabilitation unit dining room, staring at the table, with no television, music, or staff interaction except for another resident nearby. Continuous observations on 5/27/26 from 11:08 AM to 11:20 AM revealed Resident #32 was in a wheelchair sitting alone near the nursing station, bending down and looking at a white towel on her (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
	345265	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yanceyville Rehabilitation and Healthcare Center	1086 Main Street North Yanceyville, NC 27379

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lap, with no social interaction. On 5/27/26 at 2:40 PM, Resident #32 was observed laying in bed talking to herself while a television played on low volume on the opposite side of the room. The resident was unable to see the television from her bed. The volume of the television was low and could only be heard when someone stood very close to the television Continuous observations on 5/28/26 from 9:23 AM to 9:30 AM revealed the resident in a wheelchair sitting alone in the dining room, staring out the window, with no music, television, or staff interaction. On 5/28/26 at 11:30 AM, the resident was observed sitting in the 500ˆhallway dining room staring at staff and another resident. No television or music was playing. On 5/28/26 at 2:00 PM, Resident #32 was observed lay in bed, looking toward the hallway and talking to herself. The television volume remained low. During an interview on 5/28/26 at 11:15 AM, Nurse Aide #1 stated that no activity staff came to the rehab unit. She stated Resident #32 was totally dependent on staff for ADL care and could not attend activities without assistance. She stated nurse aides could not take the resident to activities on the other end of the building when they were providing care. She confirmed the resident did not receive 1:1 activities and that there was no music system or television available in the dining room to keep the resident engaged. During an interview on 5/28/26 at 2:44 PM, the Activity Director stated the resident enjoyed preaching, pastor services, color sorting, and matching games. She explained that LEU nursing staff previously assisted activity staff with activities and transport, but staff on the 500 hallway did not. She stated the resident would not be triggered for 1:1 activities until she updated the care plan. She acknowledged no 1:1 activities were completed and no music or television was available in the dining room. She stated the census was large and she needed to determine how to conduct 1:1 activities based on residents and staffing ratio. During an interview on 5/29/26 at 11:24 AM, the Administrator stated that every resident who needed 1:1 activities and could not attend group activities should receive 1:1 activities that enriched them emotionally and intellectually. She stated the resident had been moved from LEU due to declining clinical status. She stated the resident's activity preferences needed review and revision and that activity staff must document all activities provided. 2. Resident #44 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia, and major depressive disorder. Review of the Annual MDS dated [DATE] revealed the resident was severely cognitively impaired and dependent on staff for all Activities of Daily Living (ADL). The assessment indicated preferred activities such as listening to music, being around pets, attending religious services, participating in group activities, and going outdoors in good weather. Review of the care plan dated 2/25/26 showed the resident required staff support to meet emotional, intellectual, and social needs related to cognitive impairment. Interventions included inviting the resident to activities, ensuring activities matched interests and abilities, and providing assistance or escort to activities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345265	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yanceyville Rehabilitation and Healthcare Center	1086 Main Street North Yanceyville, NC 27379

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed on 12/9/26, Resident #44 was moved from the LEU to the 500 hallway (Rehabilitation unit). Record review revealed no activity notes or documentation. Continuous observation on 5/26/26 from 11:00 AM to 11:07 AM revealed Resident #44 in a wheelchair, sitting in the dining room, staring ahead, with no television, music, or staff interaction. On 5/27/26 at 11:08 AM, the resident was observed in a wheelchair sitting near the nursing station watching therapy staff work with other residents. No staff or resident were interacting with her. Observations on 5/28/26 at 9:23 AM and 11:30 AM revealed the resident sitting in the 500ˆhallway dining room, staring out the window and looking around, with no television, music, or staff interaction. On 5/28/26 at 2:00 PM, Resident #44 was observed lay in bed while the television played at low volume. The resident appeared disinterested and looked around the room. During an interview on 5/28/26 at 11:10 AM, Nurse Aide #1 stated the resident moved from the memory care unit to the rehab hallway because she required more care. She stated the resident was totally dependent, responded with only simple yes or no answers, and did not receive activities because activity staff never came to the rehab unit. She stated there was no music or television available in the dining room, and although she requested music for the resident, activity staff had not provided it. She stated she could not take the resident to group activities on the other end of the building as she needed to provide care and assistance to other residents. During an interview on 5/28/26 at 2:44 PM, the Activity Director stated Resident #44 preferred music. She stated activity staff conducted 1:1 visits about once per month and acknowledged Resident #44 had not received activities since moving to the 500 hallway. She stated she would educate staff to bring the resident to activities or provide 1:1 visits. She stated the census was large and she needed to determine how to complete 1:1 activities based on staffing. During an interview on 5/29/26 at 11:24 AM, the Administrator stated residents who could not attend group programs should receive 1:1 activities. She stated Resident #44 required updated activity preferences and that activity staff must document resident participation in activities. The findings included: 3.Resident #9 was admitted to the facility on [DATE] with diagnoses that included legal blindness and adjustment disorder with mixed anxiety and depressed mood. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 had severe cognitive impairment. Resident #9's assessment of daily activity preferences revealed it was somewhat important for him to listen to music and to go outside. Review of the care plan last revised on 3/11/26 revealed no goals or interventions related to activities. Review of Resident #9's activity participation documentation for the month of May 2026 revealed self-directed activities included watching tv and relaxing in room, and 1:1 activity noted staff provided (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345265	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Yanceyville Rehabilitation and Healthcare Center	1086 Main Street North Yanceyville, NC 27379

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hydration and snacks. There was no documentation of Resident #9 listening to music or going outside. An observation was completed of Resident #9 on 5/27/26 at 2:55 PM and he was in his room, lying in bed with eyes open facing toward the wall, no music was playing, shared television was not on, and no independent activities were being performed or available in Resident #9's room. An observation was completed of Resident #9 on 5/29/26 at10:25 AM and he was observed in his room lying in bed toward the wall with no music playing and no independent activities available in room and television was not on. An interview was conducted with Nurse Aide (NA) #2 on 5/27/26 at 2:58 PM who revealed Resident #9 was blind and did not like to go to group activities. NA #2 also revealed that she had not seen activity staff provide him with music or assist him with any outdoor activities. The Activity Director was interviewed on 5/29/26 at10:30 AM and she indicated that upon review of Resident #9's activity documentation staff had only provided Resident #9 with snacks and hydration and Resident #9's independent activities in room included relaxing in room and watching television. The Activity Director revealed she was aware that Resident #9's activity preferences included listening to music and going outdoors but that due to a busy staff schedule the staff had not been able to provide Resident #9 with his preferred activities. An interview was conducted with the Administrator on 5/29/26 at 5:18 PM and she indicated that the Activity staff should have provided Resident #9 with activities that met his preferences.