STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bladen East Health and Rehab	804 S Poplar Street Elizabethtown, NC 28337

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on record review and staff interviews, the facility failed to employ a director of food and nutrition services that met the minimum qualifications. This had the potential to affect 58 of 62 residents who consumed food. Findings included: During an interview on 6/15/26 at 10:36 AM with the Dietary Manager she revealed that she did not have any of the following: certification as a dietary manager or food manager, national certification for food service management and safety, an associate's or higher degree in food service management or in hospitality, 2 or more years of experience in the position of Director of Food and Nutrition Services in a nursing facility setting. The Dietary Manager stated that she was not Serv Safe certified and that she was waiting for the Administrator to enroll her for the dietary/food manager training. She stated that she started in her current position on 12/8/25 after the former Dietary Manager left abruptly and that she had been a cook for around 10 years. The Dietary manager reported that the Corporate Registered Dietitian (RD) came to the facility weekly and she was also available over the phone if the Dietary Manager needed to call the RD.An interview was conducted with the RD on 6/17/26 at 9:30 AM. She reported that she was the Corporate RD and oversaw another building and came to the facility once a week every Thursday. The RD stated that she had been training the Dietary Manager on what was needed, such as hour of sleep snack and that she had not wanted to overwhelm her with the dietary/food manager course initially, and she would be registered for the food manager training soon.During an interview with the Administrator on 6/18/26 at 8:55 AM she stated that she thought the Dietary Manager had a grace period to be certified and that she had since enrolled the Dietary Manager in the food manager course since she became aware on 6/17/26 that the Dietary Manager did not meet the minimum qualifications.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation and staff interviews, the facility failed to ensure the Skilled Unit Medication Cart #1 was secured while unattended for 1 of 4 medication carts observed for medication storage (Skilled Unit Medication Cart #1).The findings included: On 06/16/2026 at 4:29 PM, Nurse #1 was observed walking on an adjacent hall away from the Skilled Unit Medication cart. The cart was not in her line of sight because we had to turn the corner from another hall to get back to her cart. When the Nurse and this surveyor walked back to her cart at 4:31 PM, due to a question about a medication she administered, the lock button was not pushed in to secure the cart. The Nurse pushed the lock button in when it was bought to her attention. During an interview on 06/16/2026 at 4:31 PM, Nurse #1 stated she usually locked her cart, but she forgot to lock her cart when she walked away. An interview with the Director of Nursing (DON) was conducted on 06/16/2026 at 4:33 PM. The DON stated she expected all nurses to make sure all carts were locked prior to walking away. An interview with the Administrator was conducted on 6/17/2026 at 11:09 AM. The Administrator stated she expected the nurses to lock their carts prior to leaving their carts.