STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345313	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northampton Nursing and Rehabilitation Center	Hwy 305 North Jackson, NC 27845

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, record reviews, and staff interviews, the facility failed to post an updated daily nurse staffing sheet for residents and visitors for 1 of 4 days during the survey period (4/19/26).The findings included:On 4/19/26 (Sunday), during the initial tour of the facility at 9:40 AM the daily nurse staffing sheet posted near the facility entrance was dated 4/16/26 (Thursday). The daily nurse staffing sheet was not updated to reflect the current date, census, and staffing information.During an interview on 4/19/26 at 10:15 AM, Nurse #1 stated the Scheduler prepared the daily nurse staffing sheets and placed them in a binder on Fridays at the nurses' station for nurses to update and post on the weekends. Nurse #1 indicated she worked on 4/18/26 (Saturday) and the day of the interview (4/19/26) and had not noticed the daily nurse staffing sheet posted near the facility entrance had not been updated since 4/16/26.During an interview with the Scheduler on 4/19/26 at 2:01 PM, the Scheduler confirmed she completed and posted the daily nurse staffing sheets. The Scheduler explained she had last worked on Thursday (4/16/26) and had given the completed daily nurse staffing sheets for 4/17/26, 4/18/26, and 4/19/26 to the Assistant Director of Nursing before leaving work. The Scheduler further stated the facility nurses usually ensured the daily nurse staffing sheet was current and updated to reflect the actual staff working in the facility.During an interview with the Assistant Director of Nursing (ADON) on 4/19/26 at 2:33 PM. The ADON stated the Scheduler had given her the daily nurse staffing sheets for 4/17/26, 4/18/26, and 4/19/26 on 4/16/26. The ADON stated that she placed the daily nursing staffing sheets in the green staffing binder that was kept at the nurse's station. The ADON stated the nurses usually ensured the daily nurse staffing was current and updated. She did not know what happened to the documents that she had placed in the binder.During an interview with the Director of Nursing (DON) on 4/19/26 at 11:24 AM, the DON stated facility charge nurse was responsible for ensuring that the daily nurse staffing sheets were posted. The DON verified that Nurse #1 was the charge nurse that weekend and would have been responsible for updating and posting the staffing sheets. During an interview on 4/19/25 at 3:37 PM, the Administrator stated that it was the Scheduler's responsibility to complete the daily nurse staffing sheet Monday through Friday. The Administrator stated nurses were responsible for posting the daily nurse staffing sheets on weekends. The Administrator stated the charge nurse should have updated the daily nurse staffing sheet to reflect the current date, current census and staffing information and posted the document so it clearly visible to residents and visitors.

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