

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2025
NAME OF PROVIDER OR SUPPLIER  Ahoskie Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  604 Stokes Street East Ahoskie, NC 27910	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and staff interviews, the facility failed to secure the indwelling urinary catheter tubing to prevent tugging or pulling for 1 of 1 resident reviewed for indwelling urinary catheter (Resident #11). The findings included:Resident #11 was admitted to the facility on [DATE] with diagnoses that included bladder rupture and urinary retention.The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #11 was cognitively intact. She was coded as having an indwelling urinary catheter.A Physicians' Order dated 12/16/25 indicated Resident #11 had an indwelling urinary catheter for urinary retention.An observation was conducted on 12/17/25 at 10:22 AM of Nurse Aide #2 performing catheter care for Resident #11. The indwelling catheter tubing had no securement device to prevent pulling of the catheter tubing. There was no tension on the catheter tubing during observation.An interview was conducted with Nurse Aide #2 on 12/17/25 at 10:30 AM. NA #2 stated she was assigned to Resident #11 and had provided care for this resident. NA #2 stated the nurse caring for the resident was responsible for making sure the indwelling catheter tubing had a securement device.An interview was conducted with Resident #11 on 12/17/25 at 11:22 AM. Resident #11 stated that staff did not consistently place a securement device on her indwelling urinary catheter. During an interview with Nurse #1 on 12/18/25 at 10:44 AM, she stated that the nurse was responsible for making sure residents had a securement device on urinary catheter tubing. Nurse #1 stated the nurse aide usually informed the nurse if the securement device was missing or soiled.An interview was conducted with the Director of Nursing (DON) on 12/18/25 at 12:36 PM The DON stated the nurse aide, or nurse could apply the securement device for the urinary catheter. The DON stated that she expected that indwelling urinary catheter would have a securement device in place.During an interview with the Administrator on 12/18/25 at 1:00 PM, the Administrator stated she expected that staff would have placed a urinary catheter securement device and checked for placement each shift.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>(continued on next page)</p>

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and staff interviews, the facility failed to monitor the North Carolina (NC) Nurse Aide (NA) Registry to ensure 1 of 6 nurse aides employed at the facility remained listed on the NC Nurse Aide Registry with an active Nurse Aide I certification (NA#1). The findings included: A review of Nurse Aide #1's employment record reported a hired date as [DATE]. The Nurse Aide Registry Verification form revealed the facility requested verification of Nurse Aide #1's certification on [DATE] and the NA's certification was current. During an interview with the Nurse Aide Registry Representative on [DATE] at 10:38 am, she stated NA #1's Nurse Aide I Registry expired on [DATE]. She stated NA #1's Nurse Aide registry was submitted and processed on [DATE]. A review of NA #1's time sheet since [DATE] listed NA #1 worked the following dates: On [DATE] at 06:59 am to 07:01 pm as a Nurse Aide On [DATE] at 06:54 am to 07:01 pm as a Nurse Aide On [DATE] at 07:14 am to 07:04 pm as a Nurse Aide On [DATE] at 07:08 am to 07:00 pm as a Nurse Aide On [DATE] at 07:09 am to 07:01 pm as a Nurse Aide On [DATE] at 07:00 am to 07:02 pm as a Nurse Aide On [DATE] at 07:00 am to 07:01 pm as a Nurse Aide On [DATE] at 07:15 am to 07:01 pm as a Nurse Aide On [DATE] at 06:56 am to 07:03 pm as a Nurse Aide On [DATE] at 06:54 am to 07:04 pm as a Nurse Aide On [DATE] at 06:54 am to 06:54 pm as a Nurse Aide On [DATE] at 06:53 am to 06:56 pm as a Nurse Aide On [DATE] at 06:52 am to 01:28 pm as a Nurse Aide On [DATE] at 06:55 am to 07:00 pm as a Nurse Aide On [DATE] at 06:53 am to 06:55 pm as a Nurse Aide On [DATE] at 06:55 am to 06:57 pm as a Nurse Aide On [DATE] at 06:54 am to 07:03 pm as a Nurse Aide On [DATE] at 06:53 am to 06:56 pm as a Nurse Aide On [DATE] at 06:54 am to 07:05 pm as a Nurse Aide On [DATE] at 06:53 am to 07:01 pm as a Nurse Aide On [DATE] at 06:59 am to 07:01 pm as a Nurse Aide On [DATE] at 06:54 am to 07:05 pm as a Nurse Aide On [DATE] at 07:09 am to 07:00 pm as a Nurse Aide On [DATE] at 06:53 am to 07:08 pm as a Nurse Aide On [DATE] at 07:05 am to 07:06 pm as a Nurse Aide On [DATE] at 06:54 am to 07:02 pm as a Nurse Aide On [DATE] at 06:57 am to 06:59 pm as a Nurse Aide On [DATE] at 06:52 am to 07:04 pm as a Nurse Aide On [DATE] at 06:53 am to 06:59 pm as a Nurse Aide On [DATE] at 06:55 am to 07:01 pm as a Nurse Aide On [DATE] at 06:57 am to 06:59 pm as a Nurse Aide On [DATE] at 07:09 am to 06:58 pm as a Nurse Aide On [DATE] at 07:00 am to 07:01 pm as a Nurse Aide On [DATE] at 07:05 am to 07:06 pm as a Nurse Aide On [DATE] at 07:01 am to 07:00 pm as a Nurse Aide On [DATE] at 07:03 am to 06:59 pm as a Nurse Aide On [DATE] at 07:11 am to 07:05 pm as a Nurse Aide On [DATE] at 06:53 am to 06:58 pm as a Nurse Aide On [DATE] at 06:54 am to 07:02 pm as a Nurse Aide On [DATE] at 06:59 am to 07:00 pm as a Nurse Aide On [DATE] at 07:00 am to 07:00 pm as a Nurse Aide On [DATE] at 07:00 am to 07:00 pm as a Nurse Aide On [DATE] at 07:00 am to 07:00 pm as a Nurse Aide On [DATE] at 06:59 am to 07:02 pm as a Nurse Aide On [DATE] at 06:59 am to 07:00 pm as a Nurse Aide On [DATE] at 06:50 am to 06:58 pm as a Nurse Aide On [DATE] at 06:54 am to 06:58 pm as a Nurse Aide On [DATE] at 06:53 am to 07:00 pm as a Nurse Aide On [DATE] at 06:53 am to 07:01 pm as a Nurse Aide On [DATE] at 06:55 am to 07:01 pm as a Nurse Aide On [DATE] at 06:52 am to 07:09 pm as a Nurse Aide On [DATE] at 06:58 am to 03:32 pm as a Nurse Aide During an interview with Nurse Aide #1 on [DATE] at 10:32 AM, she stated that her Nurse Aide certification had expired at the end of August. NA #1 stated she was not aware that her certification had expired because she did not receive any notification via mail or email. NA #1 stated she had worked about a month when she found out that her Nurse Aide certification had expired. NA #1 stated that she completed the necessary online forms and got the nurse to sign off. NA #1 reported this was close to the end of [DATE]. An interview was conducted with Nurse Manager #1 on [DATE] at 11:04 PM. Nurse Manager #1 stated she had signed off electronically on NA #1's Nurse Aide Registry renewal form the end of [DATE]. A follow up phone call was made to the Nurse Aide Registry Representative on [DATE]. She stated the process was for the Nurse Aide to complete their section of the electronic Nurse Aide Registry renewal form. The Nurse Aide Registry Representative stated once the Nurse Aide completed her section, she would then notify the Registered Nurse (RN) to go in and fill out her section on the renewal form. The Nurse Aide Registry Representative added that if the RN waited longer than 7 days to complete her section, the renewal form would reset, and the process would restart and the Nurse Aide had to resubmit her section. The Nurse Aide Registry Representative further stated that Nurse Aides were to check the system to see when the Nurse Aide Registry renewal was effective. On [DATE] at 12:33 PM an interview was</p>		