STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345385	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cardinal Healthcare and Rehabilitation	931 N Aspen Street Lincolnton, NC 28092

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, the facility failed to complete a significant change in status Minimum Data Set (MDS) assessment following hospice election for 1 of 1 resident reviewed for hospice (Resident #11).The findings included:Resident #11 was admitted to the facility on [DATE] with diagnoses which included fracture of left femur (thigh bone) with routine healing, disorientation, and atrial fibrillation (an abnormal heart rhythm). A medical record review revealed Resident #11 was admitted to Hospice on 12/09/25 with a primary hospice admission diagnosis of senile degeneration of the brain (a progressive cognitive decline in older adults).A review of Resident #11's MDS assessments revealed significant change in status MDS assessment was not completed during the required 14-day period after Resident #11 was admitted to hospice services. A quarterly MDS assessment was completed on 01/15/26 and Hospice was coded. An interview with the facility MDS Nurse was conducted on 05/28/26 at 12:14 PM. The MDS Nurse stated that when a resident was admitted to hospice services, a significant change in status MDS assessment should be completed within 14 days. The MDS Nurse reported that no significant change in status MDS assessment was completed for Resident #11 within the required 14-day period due to confusion about her payment source. An interview was conducted with the Director of Nursing (DON) on 05/28/26 at 3:34 PM. The DON stated when a resident was admitted to hospice services, that was considered a significant change in status and a significant change MDS assessment should be completed within 14 days of the hospice admission date.

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