

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Gastonia Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 Oak Hollow Road Gastonia, NC 28054	

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to submit a request for an evaluation for a Level II Preadmission Screening and Resident Review (PASRR) for residents with new mental health diagnoses for 6 of 6 residents (Resident #8, Resident #9, Resident #18, Resident #19, Resident #22, and Resident #42) reviewed for PASRR. The findings include: a. Review of Resident #8's medical record revealed PASRR level I was completed on 3/06/24 prior to admission with a recommendation to resubmit paperwork for PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #8 was admitted to the facility on [DATE] with diagnoses including anxiety disorder, bipolar disorder, and major depressive disorder. There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. b. Review of Resident #9's medical record revealed PASRR level I was completed on 2/03/25 prior to admission to the facility with a recommendation to resubmit paperwork for PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #9 was admitted to the facility on [DATE]. The electronic medical record revealed Resident #9 was diagnosed with anxiety disorder and major depressive disorder with psychotic symptoms on 10/30/25. There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. c. Review of Resident #18's medical record revealed PASRR level I was completed 9/08/23 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #18 was admitted to the facility on [DATE] and readmission on [DATE]. Review of Resident #18's medical record also revealed her current active diagnoses included psychotic disorder (diagnosed on [DATE]) and anxiety disorder (diagnosed on [DATE]). There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. d. Review of Resident #19's medical record revealed PASRR level I was completed 8/13/18 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #19 was admitted to the facility on [DATE]. Review of Resident #19's medical record also revealed his current active diagnosis included coronary artery disease, hypertension, end stage renal disease, type 2 diabetes, malnutrition, major depressive disorder (diagnosed on [DATE]), bipolar disorder (diagnosed on [DATE]), and anxiety disorder (diagnosed on [DATE]). There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. e. Review of Resident #22's medical record revealed PASRR level I was completed 7/28/19 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #22 was admitted to the facility on [DATE] and readmission on [DATE]. Review of Resident #22's medical record also revealed her current active diagnoses included schizoaffective disorder (diagnosed on [DATE]) and major depressive disorder (diagnosed on [DATE]). There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. f. Review of Resident #42's medical record revealed PASRR level I was completed 3/07/24 prior to admission to the facility with a recommendation to resubmit paperwork for a PASRR level II if a new mental health diagnosis was suspected or if there was a significant change in the resident's condition. Resident #42 was admitted to the facility on [DATE] and readmission on [DATE]. Review of Resident #42's medical record also revealed his current active diagnoses included major depressive disorder (diagnosed on [DATE]) and psychotic disorder (diagnosed on [DATE]). There was no evidence in the medical record that a request was submitted for an evaluation for Level II PASRR. An interview on 12/17/25 at 11:55 AM with the Social Worker (SW) revealed she had begun working at the facility in August 2025 and was responsible for completing PASRR paperwork for residents. She stated she was aware PASRR level II should be completed for residents with mental health diagnosis upon their admission or readmission, when they received a new mental health diagnosis, or had a significant change. The SW stated that since she had begun her position at the facility she had been focused on making sure PASRR paperwork was being completed for any new admissions or residents that had received any new diagnosis but had not had time to go back and review residents with mental health diagnosis that were admitted prior to her starting at the facility or residents that had been readmitted. She revealed she did not have a good reason as to why the sampled residents did not have an</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>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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the Nurse Aide Registry forms, and staff interviews, the facility failed to monitor the North Carolina (NC) Nurse Aide Registry to ensure that 1 of 37 Nursing Assistants (NA) that were employed at the facility remained listed on the on the NC Nurse Aide Registry with an active Nurse Aide I recertification (NA#1).The findings included:NA #1 was hired by the facility on [DATE] to work with residents in need of care and treatment. Review of NA #1's personnel file indicated that NA #1's Nurse Aide Certification had expired on [DATE]. A review of the staffing schedule sheets from [DATE] to [DATE] revealed NA #1 had worked with an expired Nurse Aide Certification during the timeframe of schedules reviewed. On [DATE] the Administrator was notified that NA#1's Nurse Aide Certification had expired on [DATE], and NA #1's timecard for [DATE] was requested. Review of NA #1's timecard for [DATE] revealed NA #1 had worked the following days and time at the facility after her Nurse Aide Certification had expired on [DATE]: [DATE] 7:30 AM to 7:30 PM [DATE] 7:45 AM to 7:15 PM [DATE] 8:45 AM to 7:30 PM During an interview on [DATE] at 12:13 PM the Human Resources (HR) Director stated she recalled she had verbally informed the Former Scheduler that NA #1's certification would expire on [DATE] but could not recall the specific date the notification was made. The HR Director stated she was responsible for notifying the scheduler when an NAs certification was going to expire. During a telephone interview on [DATE] at 2:35 PM the Former Scheduler stated normally HR Director would notify her if a NAs certification was going to expire. The Former Scheduler did not recall if she had been notified that NA #1's Nurse Aide Certification was getting ready to expire. The Former Scheduler stated when she received notification that a NAs certification was going to expire, she would notify the employee and if the NAs certification was not renewed the NA would be removed from the schedule until the NAs certification was active. During an interview on [DATE] at 12:21 PM the Director of Nursing (DON) stated she expected the NAs Nurse Aide Certification to be active and for the NA to be removed from the schedule if their Nurse Aide Certification expired. The DON stated the HR Director was responsible for notifying the scheduler when a NAs certification was going to expire. The scheduler would notify the employee, if the certification was not renewed the NA would be removed from the schedule until the certification was active. The DON stated there was not documented communication regarding NA #1's certification expiration and so verifying it was renewed had not occurred. During an interview on [DATE] at 12:37 PM the Administrator stated he expected all NAs to have active Nurse Aide Certification and if their certification expired for the NA to be removed from the schedule. The Administrator stated the HR director was responsible for notifying the scheduler when a NAs certification was going to expire. The Administrator stated there was only verbal communication that NA #1's NA certificate was going to expire, and no one verified that it was renewed.</p>		