STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345464	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Grove Healthcare	518 Old US 221 Highway Rutherfordton, NC 28139

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 review and staff interviews, the facility failed to post the daily nurse staffing data for 1 of 4 days of the survey (11/30/25) and maintain posted daily nurse staffing data sheets for 83 of 169 days reviewed from June 2025 through December 2025.The findings included:Observation of the daily nurse staffing sheet on 11/30/2025 at 10:30 AM, and 12:46 PM revealed a daily nurse staffing sheet dated 11/25/2025.Review of the daily nurse staffing sheets from 6/18/2025 through 12/3/2025 revealed there were 83 days of daily nurse staffing sheets missing: 6/21/25, 6/22/25, 6/28/25, 7/4/25 through 7/8/25, 7/12/25, 7/13/25, 7/16/25, 7/19/25 through 7/21/25, 7/26/25 through 7/28/25, 8/2/25, 8/3/25, 8/9/25, 8/10/25, 8/16/25, 8/17/25, 8/23/25 through 8/26/25, 8/29/25 through 8/31/25, 9/4/25, 9/6/25 through 9/9/25, 9/11/25, 9/13/25 through 9/16/25, 9/18/25, 9/20/25, 9/21/25, 9/24/25 through 9/30/25, 10/01/25 through 10/22/25, 10/31/25, 11/8/25 through 11/10/25, 11/15/25, 11/16/25, 11/22/25, 11/23/25, 11/26/25 through 11/29/25.During an interview on 12/2/2025 at 10:00 AM the Scheduler stated she had been in the scheduler position for about 2 months, and she was responsible for completing and posting the daily nurse staffing sheet. The Scheduler indicated she was trained by the [NAME] President of Operations. The Scheduler stated she knew the daily nurse staffing sheet was supposed to be posted every day. The Scheduler stated on the days she worked she posted the daily nurse staffing sheet and when she was off for holidays, or during the week and on weekends she left the daily nurse staffing sheets in the assignment book to be posted. The Scheduler verified there were multiple times when the daily nurse staffing sheet was not posted when she came back to work. The Scheduler explained there was not a weekend manager or specific nurse who was responsible for posting the daily nurse staffing sheets when the Scheduler was not working. The Scheduler stated she had not reported the daily nurse staffing sheets that were not posted when she was off to the DON or Administrator. The Scheduler stated she was unable to find the 83 days of missing daily nurse staffing sheets. During an interview on 12/3/2025 at 11:15 AM the Director of Nursing (DON) stated she expected the daily nurse staffing sheets to be posted daily. The DON was not aware that the daily nurse staffing sheets the Scheduler left to be posted when she was off had not been posted. The DON stated there was not a weekend supervisor but was aware the Scheduler left the daily nurse staffing to be posted when she was off and the facility was in the process of hiring a weekend supervisor.During an interview on 12/3/2025 at 9:15 AM the Administrator stated he expected the daily nurse staffing sheets to be posted daily. The Administrator stated the Scheduler and DON were responsible to make sure the daily nurse staffing sheets were posted. The Administrator was not aware of the missing staffing sheets. The Administrator stated the process for posting the daily nurse staffing sheets would need to be addressed.

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