STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on observation, record review and staff interviews, the facility failed to protect a resident's right to privacy when the Assistant Director of Nursing (ADON) received a medical report from Emergency Medical Services (EMS) personnel about a resident returning to the facility while standing in the hallway by the resident's room for 1 of 1 sampled resident (Resident #1). A reasonable person would not have wanted their private medical information discussed out in the hallway where other staff, residents and visitors could overhear. Findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease. The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 had severe cognitive impairment. During an observation on 03/25/25 at 10:38 AM, EMS personnel were observed bringing Resident #1 back to her room. The Director of Nursing (DON) was in the room assisting Resident #1's roommate as staff assisted Resident #1 back to bed. The ADON and EMS personnel stepped out into the hallway just outside Resident #1's room door and EMS personnel proceeded to give the ADON a detailed medical report, including Resident #1's name, regarding Resident #1's transport to the hospital for her follow-up Orthopedic appointment. The conversation could have been easily heard by other staff, residents and visitors in the vicinity, going up and down the hallway. During an interview on 03/26/25 at 3:40 PM, the ADON confirmed she had received a medical report from EMS regarding Resident #1 while standing out in the hallway. The ADON stated she thought they were just going to have her sign paperwork, but the EMS personnel kept talking. The ADON stated she should have interrupted the EMS personnel to take her back into Resident's room to finish the report in order to ensure Resident #1's privacy. During an interview on 03/25/25 at 5:10 PM, the DON explained EMS personnel typically gave report to nursing staff in a resident's room when bringing them back to the facility. The DON confirmed she was in the room assisting Resident #1's roommate at the time and she had not noticed that the ADON and EMS personnel had stepped outside into the hallway to discuss Resident #1's medical information. The DON stated she would want Resident #1's privacy maintained. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/26/25 at 4:15 PM, the Administrator revealed she would expect for staff to maintain Resident #1's privacy and not receive a medical report from EMS personnel while standing out in the hallway. The Administrator stated staff should have intervened to let EMS personnel know to step inside Resident #1's room and pulled the door closed to have the discussion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on observations, record review, and staff interviews, the facility failed to ensure fluids were available within reach for staff to offer and assist a resident with fluid intake in-between meals for 1 of 3 residents reviewed for hydration (Resident #2). Findings included: Resident #2 was admitted to the facility on [DATE]. Her cumulative diagnoses included dysphagia (difficulty swallowing), contracture of the right and left elbows, contracture of the right and left hands, and vascular dementia. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had moderate impairment in cognition, impairment on both sides of the upper and lower extremities and was dependent of staff for assistance with eating. A physician order dated 03/09/25 for Resident #2 revealed she was to receive a pureed diet with honey consistency thickened liquids. A care plan, last revised on 03/12/25, revealed Resident #2 was dependent on staff for feeding assistance, received a mechanically altered and thickened liquids diet and was at risk for dehydration. Interventions included to provide and serve diet as ordered and assist with all meals. An observation and interview was conducted with Resident #2 on 03/25/25 at 10:23 AM. Resident #2 was in her room sitting up in her reclining wheelchair, alert and well-groomed. On the top of the nightstand located in back of Resident #2's recliner was a red, soft fabric cooler that had a warm ice pack and no fluids. Beside the cooler was a 4-ounce cup that contained a milky colored fluid substance and covered in saran wrap that was not dated or labeled to indicate the contents. On the back of the nightstand by the wall was an opened 46-ounce carton of honey thick lemon flavored water with a date of 02/04 written in red ink on top of the carton. When asked if she was thirsty, Resident #2 replied yes. When asked if staff assisted or offered her something to drink throughout the day, she stated she only received something to drink with meals and nothing in-between. During the conversation, staff were informed at 10:25 AM that Resident #1 voiced she was thirsty and requested something to drink. At 10:35 AM when no one had returned to assist Resident #2, a second request was made to the Director of Nursing (DON) for assistance with getting Resident #2 something to drink. The DON brought Resident #2 a 4-ounce cup of thickened water that she had gotten from the kitchen, assisted Resident #2 with taking a drink and Resident #2 consumed the 4-ounces of fluid provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/26/25 at 1:27 PM, Nurse Aide (NA) #1 revealed Resident #2 received thickened liquids and usually there were individual containers of thickened liquids kept in the cooler in her room but the kitchen had been out of those for a while. NA #1 stated she did not notice the container of thickened liquid or cup of thickened liquid on top of Resident #2's nightstand. She explained if Resident #2 wanted something to drink in-between meals, she went to the kitchen to get her something to drink. NA #1 stated she asked Resident #2 if she wanted something to drink during rounds and if she did, NA #1 assisted her. NA #1 stated Resident #2 usually drank about 8-ounces of fluid with meals but she could not recall if she had offered and assisted Resident #2 with a drink of fluids in-between meals on 03/25/25 or 03/26/25. During an interview on 03/26/25 at 1:45 PM, NA #2 revealed Resident #2 was not able to use her hands and required staff assistance with eating and drinking. NA #2 explained she normally offered fluids when doing rounds, at meals or when passing ice. NA #2 stated she didn't pay attention to the cooler nor did she notice the carton of thickened liquid that were both placed on top of Resident #2's nightstand. She explained when a resident wanted something to drink and was on thickened liquids, she typically got something from the kitchen. NA #2 could not recall if she had offered and assisted Resident #2 with a drink of fluids in-between meals on 03/25/25 or 03/26/25. During an interview on 03/26/25 at 4:15 PM, the Administrator stated nursing staff should be offering and assisting residents as needed with a drink of fluids in-between meals, during rounds. During a joint interview on 03/26/25 with the Administrator present, the District Dietary Manager explained when containers of thickened liquids arrived, they were dated with the received date and once opened, should be marked with a use-by date of 3 days if not refrigerated. The District Dietary Manager stated they had been out of the individual 4-ounce containers of thickened liquids to keep in the coolers at bedside, so dietary staff had been pre-pouring thickened liquids into 4-ounce cups that were covered with saran wrap and stored in the kitchen refrigerator for staff to request when needed. He stated that dietary staff should be putting a date on the pre-poured cups of thickened liquids that were used when staff requested something for a resident but they did not put dates on the cups that went out with the resident's meal because they assumed the resident would be drinking it with the meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on observations, record review, and resident and staff interviews, the facility failed to post cautionary and safety signs that indicated the use of oxygen, ensure oxygen concentrators were clean of debris, and ensure nebulizer masks were covered when not in use for 4 of 10 sampled residents (Residents #2, #4, #5, and #6). Findings included: a. Resident #2 was admitted to the facility on [DATE]. Her cumulative diagnoses included respiratory failure with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions). A physician's order dated 12/18/24 for Resident #2 read, oxygen at 2 liters per minute (LPM) via nasal cannula every shift. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had moderate impairment in cognition and received oxygen therapy during the MDS assessment period. An observation conducted on 03/25/25 at 10:23 AM revealed Resident #2 lying in her reclining wheelchair receiving supplemental oxygen via nasal cannula at 2 LPM. There was dried debris on the top of the concentrator and on the dial used to adjust the amount of oxygen. There was no sign posted on the door, doorframe or in Resident #2's room to indicate oxygen was in use. During an observation and interview on 03/25/25 at 5:10 PM, the Director of Nursing (DON) confirmed there was no signage posted to indicate Resident #2 used oxygen. The DON acknowledged the oxygen concentrator had dried debris and explained staff should clean the oxygen concentrator weekly when the tubing was changed and as needed when visibly soiled. b. Resident #4 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD; lung disease that blocks airflow making it difficult to breathe). A physician's order dated 02/06/25 for Resident #4 read, formoterol fumarate inhalation nebulization solution (used to treat COPD by opening the airways of the lungs making it easier to breathe) 20 micrograms (mcg)/2 milliliters (ml) - inhale 2 ml via nebulizer two times a day for COPD. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 had intact cognition. During an observation and interview on 03/25/25 at 9:29 AM, Resident #4's nebulizer machine was sitting on top of his nightstand with the mask lying directly behind the machine dirty and uncovered. Resident #4 stated the nebulizer treatments helped his breathing and he last used the machine approximately 30 minutes ago. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 03/25/25 at 4:45 PM, the Director of Nursing (DON) acknowledged the mask for the nebulizer machine appeared dirty and was uncovered on top of Resident #4's nightstand. The DON explained when not in use, the nebulizer mask should be covered and stored in a plastic bag. c. Resident #5 was admitted to the facility on [DATE] with diagnoses that included respiratory failure with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions), obstructive sleep apnea (intermittent airflow blockage during sleep) and dependence on supplemental oxygen. A Nurse Admission Data Collection assessment dated [DATE] noted Resident #5 was alert and oriented to person, place and time and needed assistance with decisions at times. Review of the physician orders for Resident #5 revealed the following: -03/07/25: oxygen at 4 liters per minute (LPM) via nasal cannula, continuous every shift. -03/07/25: Levalbuterol HCL nebulization solution (used to treat COPD by opening the airways of the lungs making it easier to breathe) 0.63 milligrams (mg)/3 milliliters (ml) - inhale 3 ml orally via nebulizer every 6 hours as needed for COPD, shortness of breath. During an observation of Resident #5's room on 03/25/25 at 10:02 AM, an oxygen concentrator was observed on with oxygen administration set at 4 LPM. There was no sign posted on the door, doorframe or in Resident #5's room to indicate oxygen was in use. On the nightstand was a nebulizer machine with the uncovered mask placed on top of the machine. During an observation and interview on 03/25/25 at 5:03 PM, the Director of Nursing (DON) confirmed there was no signage posted to indicate Resident #5 used oxygen. The DON also confirmed the mask for the nebulizer machine was uncovered and stored on top of Resident #5's nightstand. The DON explained when not in use, the nebulizer mask should be covered and stored in a plastic bag. d. Resident #6 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD; lung disease that blocks airflow making it difficult to breathe). The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had intact cognition and she did not receive oxygen therapy during the MDS assessment period. A physician order dated 03/17/25 for Resident #6 read, ipratropium-albuterol (used to treat COPD by opening the airways of the lungs making it easier to breathe) 0.5-2.5 (3) milligrams (mg)/3 milliliters (ml) solution - administer one ampule (small, sealed container used to store and administer sterile solutions) every 6 hours as needed for shortness of breath/wheezing. A physician order dated 03/17/25 for Resident #6 read, oxygen at 2 liters per minute (LPM) via nasal cannula as needed for oxygen saturation under 90%. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observations on 03/25/25 at 10:19 AM and 3:20 PM, an oxygen concentrator was observed on with oxygen administration set at 2 LPM and a nebulizer machine was placed on top of the nightstand. There was no sign posted on the door, doorframe or in Resident #6's room to indicate oxygen was in use. The nebulizer tubing and uncovered mask were hanging down the side of the nightstand with the mask almost touching the floor. Resident #6 was not present in the room during the observations. During an observation and interview on 03/25/25 at 5:06 PM, the Director of Nursing (DON) confirmed there was no sign posted on the door, doorframe or in Resident #6's room to indicate oxygen was in use. The DON acknowledged the nebulizer tubing and uncovered mask were hanging down the side of the nightstand with the mask almost touching the floor. The DON explained when not in use, the nebulizer mask should be covered and stored in a plastic bag. During an interview on 03/26/25 at 4:15 PM, the Administrator stated they had received conflicting information regarding the posting of oxygen signage for residents receiving supplemental oxygen. She explained the facility would be cited during federal surveys for oxygen signage not being in place but then Life Safety would tell them the oxygen signage did not need to be placed outside of or in individual resident rooms. The Administrator stated staff should be checking nebulizer masks during rounds to ensure they were stored in a bag when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014 Based on observations, record review, resident and staff interviews, the facility failed to secure nasal sprays and medicated creams stored in resident rooms in clear view at the bedside for 3 of 10 sampled residents (Residents #3, #4 and #5). Findings included: a. A Nurse Admission Data Collection assessment dated [DATE] noted Resident #3 was alert and oriented to person, place and time with intact short-term and long-term memory recall. It was further noted Resident #3 did not wish to self-administer medications. During an observation and interview on 03/25/25 at 9:47 AM, in clear view on Resident #3's overbed table was a 2-ounce tube of skin protectant paste with an active ingredient of 17% zinc oxide. Resident #3 stated the skin protectant was applied by staff and they must have left it in the room. During an observation and interview on 03/25/25 at 4:48 PM, the Director of Nursing (DON) observed the skin protectant paste on Resident #3's overbed table and stated it should not have been left in the room. The DON explained the skin protectant paste was applied by the nurse and should be stored on the treatment cart when not being used. b. A Nurse Admission Data Collection assessment dated [DATE] noted Resident #4 did not wish to self-administer medications. During an observation on 03/25/25 at 09:29 AM in clear view on top of Resident #4's nightstand was a 1.5 ounce bottle of saline nasal spray with an active ingredient of sodium chloride and a 1.5 ounce tube of skin cream with an active ingredient of 1.5% dimethicone. During an interview on 03/26/25 at 9:49 AM Resident #4 explained staff applied the cream to his abdomen and he hadn't noticed it was left on his nightstand. Resident #4 could not recall when he last used the nasal spray or who had provided it for him. During an observation and interview on 03/25/25 at 4:45 PM, the Director of Nursing (DON) observed the nasal spray and skin cream on Resident #4's nightstand. The DON explained the saline nasal spray should have been stored in the nurse medication cart, not left in the resident's room and the skin cream was usually left in a resident's room for staff and/or residents to use when needed. c. A Nurse Admission Data Collection assessment dated [DATE] noted Resident #5 was alert and oriented to person, place and time and needed assistance with decisions at times. It was further noted Resident #5 did not wish to self-administer medications. During an observation on 03/25/25 at 10:02 AM, in clear view on Resident #5's desk table was a 3 ounce bottle of nasal spray with active ingredients of 65% sodium chloride, disodium phosphate, phenylcarbinol, monosodium phosphate, and benzalkonium chloride. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345522	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fletcher Rehabilitation and Healthcare Center	86 Old Airport Road Fletcher, NC 28732

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 03/25/25 at 5:03 PM, the Director of Nursing (DON) observed the nasal spray on Resident #5's table and stated it should have been stored in the nurse medication cart, not left in the resident's room.