

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Fletcher Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations, and resident, and staff interviews, the facility failed to provide setup assistance with oral hygiene for 1 of 3 residents reviewed for activities of daily living (Resident #1). Findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses including thoracic vertebrae fractures (T1 through T6) with routine healing and diabetes mellitus. Review of the Kardex (a care plan reference guide) utilized by Nurse Aide (NA) staff specified Resident #1's routine oral care included brush teeth, rinse dentures, clean gums and rinse with mouthwash. The activities of daily living care plan revised on 1/9/26 revealed Resident #1 had a self-care performance deficit related to thoracic vertebrae fractures, weakness, and pain. Interventions included provide partial to moderate set up assistance with oral care. The admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #1's cognition was intact, his upper extremity range of motion was impaired on both sides, and he needed setup or clean-up assistance with oral hygiene. An observation and interview with Resident #1 was conducted on 3/24/26 at 12:38 PM. Resident #1 revealed he had an upper denture and his own lower teeth and stated he could not recall the last time he was provided setup assistance for oral care. Resident #1 showed his upper denture had a buildup of a white colored substance on the gums and teeth. Resident #1 revealed he could brush his upper denture and lower teeth if given a toothbrush and toothpaste but did not know if he had a denture cup. There was no denture cup observed in Resident #1's bathroom or room. An interview with NA #1 was conducted on 3/25/26 at 8:50 AM. NA #1 confirmed she was assigned to provide care for Resident #1 on 3/24/26 and 3/25/26 on day shift. When asked if oral hygiene was provided for Resident #1, NA #1 stated Resident #1 had his own teeth he could brush, and she provided setup assistance for oral hygiene. NA #1 explained for setup assistance she sat Resident #1 up in the bed or in the wheelchair and gave him a toothbrush and toothpaste for him to perform oral hygiene. NA #1 stated to her knowledge Resident #1 did not have an upper denture and there was no denture cup in his room to indicate he did. NA #1 did not state she provide Resident #1 setup assistance with oral hygiene on 3/24/26 or 3/25/26 during her shift. During an observation on 3/25/26 at 11:48 AM, there was no change in the appearance of Resident #1's upper denture that continued to have a buildup of a white colored substance on the gums and teeth. An interview and observation with the Director of Nursing (DON) was conducted on 3/25/26 at 11:48 AM. The DON observed Resident #1 had an upper denture. Resident #1 removed his upper denture to show that it continued to have a buildup of a white colored substance around the gums and teeth. The DON stated oral hygiene included brushing teeth and dentures and was done daily. She revealed a denture cup should have been provided for Resident #1 to soak his upper denture overnight and confirmed Resident #1 did have a toothbrush but there was no denture cup in the room or bathroom. During an interview on 3/25/26 at 3:58 PM, the Administrator stated she expected NA staff to review the Kardex that specified if a resident had dentures and that oral hygiene was offered daily. The Administrator stated oral hygiene was done daily and she expected NA #1 to be aware Resident #1 had an upper denture and his own lower teeth and setup assistance for oral hygiene was provided.</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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