STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 06/10/25 through 06/12/25. Event ID# 6IMC11. The following intake was investigated NC00231322. 1 of the 3 complaint allegations resulted in deficiency.	F 000		
F 551 SS=D	Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii) §483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. (i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative. (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law. §483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law. §483.10(b)(5) The facility shall not extend the	F 551		7/1/25

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

Electronically Signed | 06/30/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 1 resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law. §483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law. §483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law. (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority. (ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative. (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process. This REQUIREMENT is not met as evidenced by: Based on record review, and Legal Guardian, and staff interviews, the facility failed to communicate with the Resident's Legal Guardian regarding resident's abdominal pain and the	F 551	The legal guardian for Resident #1 was contacted on 5/27/25. The legal guardian was in agreement with provider recommendation at that time to transfer to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 2 resident's refusal to go to the hospital. This occurred for 1 of 3 sampled residents reviewed for the surrogate to exercise the resident's rights (Resident #1). Findings included: Resident #1 was admitted on 1/18/22 with diagnoses that included hypertensive heart disease with heart failure, diabetes mellitus type (2), dementia, and hypomagnesemia (a condition characterized by abnormally low levels of magnesium in the blood. Symptoms may include muscle cramps, weakness, and irregular heart rhythms). Review of Resident #1's facility face sheet dated 1/18/22 revealed a social worker from local Department of Social Services (DSS) was appointed as his Legal Guardian and included contact information. Resident #1's face sheet indicated the Legal Guardian was the Power of Attorney (POA) for the resident. During an interview on 6/10/25 at 10:28 AM, Nurse #1 indicated she was assigned to Resident #1 on 5/26/25 from 7:00 AM to 3:00 PM. Nurse #1 stated at around 10:00 AM, Resident #1 was brought to the nurse by the activity staff. The Nurse #1 indicated the resident was complaining of stomach pain during activities. Nurse further stated Resident#1 was complaining of pain on the right side of his stomach. The pain was reported as a mild pain with a pain scale of 4. Nurse #1 indicated she asked the resident if he would like to go to the hospital for further evaluation and he agreed. Nurse #1 further indicated she had called the Nurse Practitioner (NP) and during the assessment and conversation with the NP, she	F 551	the emergency room for further evaluation. All other residents with provider recommendation or offer to send to emergency room for further evaluation, 5/26/25-6/12/25, had contact of the legal guardian, POA or appointed resident representative to exercise the residents rights. Education, initiated on 6/13/25, of licensed nurses, currently working shifts in the facility and subsequently upon newly hired or staffed on shift, on contacting the legal guardian, POA or appointed resident representative to act or speak on the residents behalf, provided by the Director of Nursing or designee. Nursing documentation will be reviewed by the Director of Nursing or designee, daily Monday through Friday (Monday inclusive of weekend) x 12 weeks for provider recommendation or offer to send to emergency room for further evaluation to validate contact of legal guardian, POA or appointed resident representative to exercise the residents rights. Review results will be reported to the QAPI committee monthly x 3, by the Director of Nursing or designee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 3	F 551		

had asked Resident #1 if he would like to go to the hospital for further evaluation. Nurse #1 stated the resident had initially agreed to go to the hospital, but later during the telephone conversation she (Nurse #1) had with the NP, Resident #1 refused to go to the hospital. This was conveyed to the NP and labs and x-rays for the abdominal area were ordered at the facility. Nurse #1 stated Resident #1 was alert and oriented, able to communicate his needs, and make his own decisions. She indicated due to those reasons; she did not call or inform the Legal Guardian about resident's refusal to go to the hospital.

During a telephone interview on 6/11/25 at 9:30 AM, Nurse #2 indicated she worked the 3:00 PM to 11:00 PM shift on 5/26/25 and the 7:00 AM to 3:00 PM shift on 5/27/25 and she was assigned to Resident #1 on both days. Nurse #2 further stated during the shift change report on 5/26/25, the outgoing nurse (Nurse #1) had reported that Resident #1 had complained of abdominal pain earlier that day. The resident initially agreed to go to the hospital and later refused. Labs and x-rays were ordered by the provider prior to her shift on 5/26/25. Resident #1 did not complain of severe abdominal pain during the shift. Nurse #2 stated Resident #1 had x-rays completed after supper and the x-ray results arrived later that night. The on-call provider was notified about the x-ray results which indicated possible ileus, and the on-call provider gave orders for the resident to be nothing by mouth (NPO) for 24 hours and later a liquid diet until seen by the facility provider. Nurse #2 indicated around breakfast time on 5/27/25, she was on the medication cart, administering medication for another resident in the hallway, when she heard Resident #1 moan in pain. Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 4	F 551		

#2 indicated she notified the Nurse Practitioner (NP), and orders were received to send the resident to the emergency room (ER). Nurse #2 indicated she notified the Legal Guardian on 5/27/25 about the resident transfer to the ER. Nurse #2 further indicated on 5/27/25, she did inform the Legal Guardian that the resident had complained of abdominal pain on 5/26/25 and did not want to go to the hospital.

During a telephone interview on 6/10/25 at 10:31 AM, the residents' Legal Guardian stated prior to the admission to the facility, Resident #1 had a stroke resulting in intellectual disability and being unable to make his own medical decision. In August 2021 the court appointed him, a DSS Social Worker, as Resident #1's Legal Guardian. The Legal Guardian indicated on 5/27/25, Nurse #2 had notified him about Resident #1 being in excruciating pain and was sent to the emergency room. The Legal Guardian stated it was also reported to him on 5/27/25 by Nurse #2 that the resident had complained of abdominal pain the day before (5/26/25) and did not want to go to Emergency Room (ER). The Legal Guardian indicated he was unsure why the facility had not called him on 5/26/25.

During a follow-up telephone reinterview on 6/10/25 at 4:53 PM, the Legal Guardian stated the facility had his number and could have contacted him, The Legal Guardian indicated if he did not respond immediately, the staff could leave a message for him, which he would see and respond later. The facility also had an after-hours number and could leave a message on the after-hours number and would be checked later. The Legal Guardian stated had the facility notified the Legal Guardian on 5/26/25, the Guardian

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 5	F 551		

would have spoken to Resident #1, and the resident would have gone to the hospital to get evaluated. The Legal Guardian indicated Resident #1 had always listened to Legal Guardian and followed the advice of the Legal Guardian regarding his medical care.

During an interview on 6/10/25 at 10:46 AM the Nurse Practitioner indicated she received a call from the facility (date unknown) regarding Resident #1 complaining of right-side abdominal pain. The NP stated she could hear the nurse questioning and assessing the resident over the phone. The NP stated she could hear the resident deny any issues of nausea/ vomiting. The resident was heard over the phone reporting to the nurse that the pain was not severe. The NP indicated during the telephone conversation and assessment of the resident the nurse had asked the resident if he would like to go to the hospital for further evaluation. The resident had declined going to the hospital. The nurse notified the NP about the resident's refusal. The NP indicated labs and x-rays were ordered. The NP stated the resident's vital signs were reported to be normal. The resident reported minor pain on the right side of the abdomen.

During an interview on 6/11/25 at 2:00 PM, the Director of Nursing (DON) stated Resident #1 was alert and oriented and was able to make his needs known. However, the resident was not capable of making medical decisions. The resident reported mild stomach pain on 5/26/25 and orders were obtained for labs and x-rays of the abdominal. An x-ray was completed on 5/26/25 and report indicated the resident had a possible ileus. DON indicated on 5/26/25 the assigned nurse should have contacted the Legal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN REHABILITATION AND HEALTHCARE CENTER	226 N OAKLAND AVENUE EDEN, NC 27288

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 551	Continued From page 6	F 551		

Guardian and had not contacted him. The DON stated on 5/27/25, around the time of their morning meeting, the resident's condition changed, and he was in severe pain. Nurse #2 had already contacted the Nurse Practitioner and was in the process of calling the ambulance to send the resident to the ER per providers' s order. The resident's Legal Guardian was also notified.

During an interview on 6/11/25 at 2:00 PM, the Administrator indicated Resident #1 was admitted to the facility from a group home with a Legal Guardian appointed by the court. The Administrator indicated the resident's medical care was always discussed with the Legal Guardian. The Legal Guardian would attend the resident's care plan meeting and would listen to the resident. The Administrator acknowledged Resident #1's medical decisions were made by the Legal Guardian. The Administrator confirmed that the Legal Guardian was not contacted on 5/26/25 by the facility staff. The Administrator indicated the best practice would have been to ask the Legal Guardian if the resident needed to be sent to the hospital on 5/26/25, however at that time it was not a medical emergency. On 5/26/25, the resident had complained about abdominal pain, which was mild throughout the day. The resident was casually asked if he would like to go to hospital on 5/26/25 for further evaluation, which he refused. The Administrator indicated on 5/27/25 the resident had a change in condition; he was immediately sent to the ER for further evaluation.