

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345311	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Roxboro Healthcare & Rehab Center			STREET ADDRESS, CITY, STATE, ZIP CODE 901 Ridge Road , Roxboro, North Carolina, 27573	
(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 12/01/25 through 12/04/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # IDCC69-H1.	E0000		
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 12/01/25 through 12/04/25. Event ID # IDCC69-H1. The following intakes were investigated 886669 and 886666. 7 of the 7 complaint allegations did not result in deficiency.	F0000		
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584		

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 reverse for further 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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F0584 SS = E	<p>Continued from page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the facility failed to keep 9 of 9 ceiling vents free from a buildup of dust and maintain an intact painted surface on the vents in the dining room which resulted in particles of dust and paint chips being blown into the air in the direct vicinity of where residents were observed to be eating food in 1 of 1 dining room.</p> <p>Findings included:</p> <p>a. During the initial dining room observation on 12/1/25 at 12:30 PM, Nine of the 9 ceiling vents were observed with visible dust particles and chipped paint particles located in the dining room over resident dining tables. The 9 residents were observed to be eating in the dining room at the time of the observation</p> <p>b. On 12/2/25 at 8:00 AM, staff were observed serving meals to 9 residents in the dining room. Nine ceiling vents located in the vicinity of the 9 residents were observed with a dust buildup and chipped paint. Particles of dust and chips of paint from the vents were observed blowing in the air over the residents' meals and tables where the residents were seated. No paint chips or dust were observed in the residents'</p>	F0584		

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F0584 SS = E	<p>Continued from page 2 food.</p> <p>c. On 12/2/25 at 12:30 PM, staff were observed serving meals to 15 residents in the dining room. Nine of 9 ceiling vents located in the vicinity of the 15 residents were observed with dust buildup and chipped paint. Particles of dust and chips of paint from the vents were observed blowing in the air over the residents' meals and tables where the residents were seated. No paint chips or dust were observed in the residents' food.</p> <p>d. On 12/3/25 at 11:50 PM, 8 residents were observed in the dining room. Nine of 9 ceiling vents located in the vicinity of the 8 residents were observed with dust buildup and chipped paint. Particles of dust and chips of paint from the vents were observed blowing in the air in the direct area where the residents were seated.</p> <p>On 12/3/25 at 12:06 PM, an observation and interview were conducted with the Maintenance Director and Regional Consultant regarding the ceiling vents in the dining room. Both confirmed the presence of visible dust and chipped paint on the vents and acknowledged the vents needed to be cleaned. The Maintenance Director indicated the vents were recently painted and he observed and acknowledged there was residual paint on the vents. The Maintenance Director presented maintenance logs for the previous 90 days, which indicated that filters for the Heating, Ventilation, and Air Conditioning (HVAC) system had been changed but did not document any cleaning of the vents. No documentation was provided regarding a cleaning schedule for the vents. The Maintenance Director stated he was responsible for cleaning the ceiling vents and maintaining the paint on the vents throughout the facility.</p> <p>On 12/3/25 at 12:30 PM, an observation and interview were conducted with the Administrator, who confirmed the ceiling vents had visible dust buildup and chipped paint and there were visible dust particles and pieces of chipped paint blowing from the vents. The Administrator stated the vents were recently painted and required cleaning. The Administrator presented the monthly online maintenance management report for the past three months, which showed that filters for the HVAC system had been inspected and changed; however, there was no documentation related to the cleaning, and or maintenance of the vents. The Administrator confirmed the maintenance department was responsible for cleaning the ceiling vents and remove any paint from painted vents throughout the facility</p>	F0584		
F0657	Care Plan Timing and Revision	F0657		

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F0657 SS = D	<p>Continued from page 3</p> <p>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews and interviews with resident and staff, the facility failed to involve residents and/or their representatives in the care planning process for 1 of 20 sampled residents reviewed for care plan participation (Resident #3).</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility on 1/17/25 with diagnoses including type 2 diabetes mellitus, congestive heart failure, and atrial fibrillation.</p> <p>The care plan meeting signature form dated 1/28/25 was reviewed. It indicated that a care plan meeting was conducted with the resident on that date. The form</p>	F0657		

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F0657 SS = D	<p>Continued from page 4 indicated that Resident #3 participated in the meeting with the Interdisciplinary Team (IDT). There was no signature indicating Resident #3's representative attended the care plan meeting.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 4/25/25 revealed that Resident #3 had moderate cognitive impairment and required substantial to maximal assistance from staff for most activities of daily living.</p> <p>A care plan invitation letter dated 4/25/25 indicated that the facility planned to hold a care planning conference for Resident #3 on 5/1/25. The letter instructed the recipient (Resident #3 representative) to contact the Social Worker by 4/30/25, to confirm or decline the invitation.</p> <p>The quarterly MDS assessment, dated 10/26/25, revealed that Resident #3 was cognitively intact and required substantial to maximal assistance from staff for most activities of daily living.</p> <p>During an interview conducted on 12/1/25 at 11:08 AM, Resident #3 stated it had been a long time since any care plan meeting occurred. He indicated he would like to participate in the development of his care plan and receive updates on his medical issues.</p> <p>During an interview conducted on 12/3/25 at 3:05 PM, the Social Worker stated that she had been responsible for scheduling care plan meetings for residents and/or their representatives. She explained that she reviewed the MDS assessment calendar and, based on that review, sent a letter to the residents' representative. Once the resident's representative confirmed the meeting, she scheduled the care plan meeting. Care plan meetings were scheduled to occur within two weeks following the completion of the MDS assessment. If any resident representative requested a rescheduling, she made all efforts to accommodate the request. According to the care plan meeting sign-in documentation, the last meeting occurred in January 2025. Although the facility sent a care plan invitation letter to Resident #3's representative on 4/25/25, no invitation was provided to the resident. The Social Worker indicated that Resident #3's representative did not respond to the invitation, and the care plan meeting was not conduct on 5/1/25. She stated that Resident #3 was cognitively intact and that the 5/1/25 care plan meeting could have been conducted in the resident's presence. The Social Worker stated she tried to invite cognitively intact residents to their care plan meetings. She further stated that Resident #3's care plan meeting had not</p>	F0657		

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F0657 SS = D	Continued from page 5 been held since January 2025 and acknowledged that she had missed scheduling the care plan meetings. During an interview conducted on 12/4/25 at 11:39 AM, the Administrator stated that the expectation was for care plan meetings and notifications to follow state and federal regulations. She explained that the interdisciplinary team should review and revise the care plan after each MDS assessment, including comprehensive and quarterly assessments, or whenever there was a change in the resident's condition. She further stated that residents and/or their representatives should be involved in the care plan meetings and participate in decisions regarding their care. The Administrator acknowledged that Resident #3 had not had a care plan meeting since January 2025, however indicated that staff frequently met with Resident #3 to update him on his medical condition. She noted that multiple informal meetings had been conducted with the resident.	F0657		
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews,	F0812		

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F0812 SS = E	<p>Continued from page 6 the facility failed to ensure that seven ceiling vents, two ceiling fans, and two industrial fans in the kitchen and dishwashing area remained free of dust particles blowing onto clean surfaces. This practice potentially compromised the safety of food served to residents.</p> <p>Findings included:</p> <p>Kitchen Tour on 12/1/25 at 10:23 AM with the Dietary Manager revealed the following:</p> <p>a. Three dietary aides prepared meals at the steam table and main food preparation area while seven ceiling vents and one ceiling fan displayed visible hanging dust particles on the blades and vent grates. Dust blew from the vents over the steam table and food preparation area, settling onto uncovered dishes and an uncovered pan of vegetables on the prep table.</p> <p>b. In the dishwashing area that could be seen from the main food preparation and serving area in the kitchen there was one ceiling vent, one ceiling fan, and two industrial fans that had visible dust particles on the blades and hanging from the vent grates and particles blew over clean dishes.</p> <p>On 12/3/25 at 11:30 AM, the Dietary Manager confirmed during a follow-up visit that the ceiling vents, ceiling fans, and industrial fans required cleaning. She stated that the maintenance department held responsibility for cleaning these fixtures and admitted she did not know when the last deep cleaning occurred. A review of the current kitchen cleaning checklist showed that kitchen staff were not responsible for cleaning vents and fans.</p> <p>On 12/3/25 at 12:06 PM, the Maintenance Director, Dietary Manager, and Regional Nurse Consultant observed visible dust particles blowing from the ceiling vents, ceiling fans, and industrial fans over the food preparation area and clean surfaces.</p> <p>During an interview on 12/3/25 at 12:07 PM, the Maintenance Director stated that maintenance staff cleaned the vents monthly. He provided maintenance logs for the previous 90 days, which documented filter changes but did not include any records of vent cleaning. He did not provide documentation of a cleaning schedule for the ceiling vents, ceiling fans, or industrial fans.</p> <p>On 12/3/25 at 12:30 PM, the Administrator confirmed during an observation and interview that the ceiling</p>	F0812		

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F0812 SS = E	Continued from page 7 vents, ceiling fans, and industrial fans required cleaning. The Administrator presented the monthly Direct Supply report for the past three months, which showed filter inspections and changes but lacked documentation of vent cleaning.	F0812		