STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summerstone Health and Rehabilitation Center	**485 Veterans Way , Kernersville, North Carolina, 27284**

(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
F0000	INITIAL COMMENTS The survey team entered the facility on 5/5/26 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 5/7/26. Therefore, the exit date was 5/7/26. Intake ID # 2989287. 5 of the 5 complaint allegations did not result in deficiency. Event ID# 2313E6-H1.	F0000		
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interviews with resident, family member, facility staff, agency staff and law enforcement, the facility failed to protect a resident’s right to be free from misappropriation of property when $200 was transferred out of a resident’s online banking account into Nurse Aide (NA) #2’s personal bank account. This deficient practice affected 1 of 3 residents reviewed for misappropriation of property (Resident #1). The findings included: Resident #1 was admitted to the facility on 03/24/26. The admission Minimum Data Set assessment dated 03/30/26 revealed Resident #1 was assessed as cognitively intact. Review of a Police Incident/Investigation Report indicated on 04/09/26 the Director of Nursing (DON) and the Administrator reported the theft of $200 from	F0602	The deficient practice occurred on 4/3/2026 when resident#1 cash app account was accessed by Nurse Aide #1 and $200 was sent to Nurse Aide#1 cast app account. On 4/9/2026 The administrator and Director of Nurses were notified of the cash app transaction by Resident#1 granddaughter. On 4/9/2026 Nurse Aide#1 returned the $200 to resident #1 via cash app. The local police department and Adult Protective Services were notified. The resident was discharged home 4/10/26. The facility notified the agency on 4/9/26 that the CNA is not to return to Summerstone. On 4/9/2026 current residents with cognitive ability, were interviewed as to whether they had any financially discrepancies or missing money. The audit revealed there were no concerns of financial discrepancies or missing money. This was completed by the Social Services Department. There was no corrective action due to no deficient practice. Additionally, current residents without cognitive ability had their responsible parties contacted to ensure they had no issues with financial discrepancies or missing money. This audit completed on 4/10/2026 by the Business Office Manager. There was no corrective action due to no deficient practice. On 4/9/2026, the DON or designee began in servicing all staff (including agency) on abuse policy. This training will include all current staff including agency. This training included: Misappropriation of property, including identification of misappropriation, how to report misappropriation, and to protect residents from misappropriation. The Director of	05/07/2026

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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F0602 SS = D	Continued from page 1 Resident #1's online banking account that occurred on 04/03/26. The report further documented that law enforcement dispatched a police officer to the facility and contact was made by the police officer with Resident #1. The police officer observed the online banking transaction on Resident#1's telephone. On 05/07/26 at 9:42 am a telephone interview was conducted with the Police Officer. He reported he was called by the Administrator on 04/09/26 for an allegation of a resident who had been defrauded of $200. The Police Officer stated he went to the facility and met with Resident #1. He stated Resident #1 reported she was missing $200 from her bank account and he viewed the transaction data on Resident #1's telephone screen. The transaction was dated 04/03/26 and was processed via an online banking application from Resident #1 to NA #2. He stated he confirmed NA #2 was working with Resident #1 on 04/03/26. On 05/06/26 at 11:13 am a telephone interview was conducted with Resident #1. Resident #1 stated on 04/09/26 she noticed $200 was withdrawn from her bank account. The withdrawal was processed via an online banking application with a transaction date of 04/03/26. She requested her family member review the account information to confirm the discovery. Once confirmed, Resident #1 notified the bank by telephone. An inquiry was initiated by the bank. Resident #1 reported she was advised by bank staff a cellular telephone device transaction dated 04/03/26 for $200 went from Resident #1's online bank account into NA #2's online bank account. Resident #1 reported she was not acquainted with NA #2 and did not loan or give NA #2 permission to withdraw the money. Resident #1 revealed her telephone was password protected and she had not shared the password with anyone. Resident #1 stated her family member called the facility and advised the DON of the incident. Resident #1 shared she felt devastated and violated by this incident. Resident #1 stated within a few hours she was visited by a policeman and gave a report. Resident #1 added the $200 was returned to her account by NA #2 on 04/09/26 via the online banking application. An interview was conducted on 05/06/26 at 11:33 am with Resident #1's family member who revealed she reported to the DON on 04/09/26 that Resident #1 noticed $200 missing from her bank account. The family member stated she was asked by Resident #1 to confirm the $200 was withdrawn. The family	F0602	Continued from page 1 Nursing or designee will ensure that any of the above identified staff who does not complete the in-service training by 4/12/2026 will not be allowed to work until the training is completed. This education will be integrated into new hires and ongoing education. In addition to this training, the local police was also on site at the center 4/28/26 to meet with Resident Council and an all staff meeting to review misappropriation and follow up with residents to see if they had any concerns related to missing money or property. On 5/6/2026 the Nurse Consultant educated the Administrator and Director of Nursing on abuse policy. The training included: providing documentation of systemic measures for monitoring to prevent reoccurrence of misappropriation of residents' property. The Administrator or designee began monitoring using the QA tool: Misappropriation for Staff by interviewing 5 random staff weekly for 4 weeks and monthly for 3 months to ensure compliance. This monitoring began on 5/7/2026. The Administrator or designee began monitoring 5 random residents with BIMs 13 or resident with BIMs 12 or lower family members using QA Tool: Misappropriation for Residents to ensure compliance. Monitoring began on 5/7/2026, and will be weekly for 4 weeks and then monthly for 3 months to ensure compliance. The Administrator or designee began monitoring abuse/ health care personnel registry reports to ensure compliance with monitoring to prevent reoccurrence using the QA Tool: Misappropriation Monitoring. This monitoring began on 5/7/2026 and will be weekly x4 weeks and monthly x 3 months. Reports will be presented to the monthly QA committee by the Administrator or Director of Nursing to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the monthly QA Meeting. The monthly QA Meeting is attended by the Administrator, DON, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager.	05/07/2026

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F0602 SS = D	Continued from page 2 member was able to confirm that a telephone transaction dated 04/03/26 was processed. A telephone interview was conducted with NA #2 on 05/06/26 at 4:19 pm. NA #2 stated she worked at the facility for 3 weeks and was assigned to Resident #1's care on 04/03/26. NA #2 stated she told Resident #1 about her financial concerns including her inability to pay her power bill. NA #2 reported Resident #1 offered to let her borrow $200. NA #2 stated Resident #1 used her telephone and completed a transaction via her online banking application and transferred $200 to NA #2's bank account. NA #2 reported the agreement was NA #2 would return the funds in the future. NA #2 stated she was aware that she should not have taken money from Resident #1. An interview was conducted with the DON on 05/05/26 at 3:53 pm. The DON stated on the afternoon of 04/09/26 she was informed by Resident #1's family member that an unauthorized online banking transfer was sent from Resident #1's online banking account to NA #2's bank account. The DON reported that she immediately notified the Administrator and the staffing agency Chief Executive Officer (CEO). The DON stated NA #2 was immediately removed from the schedule and did not return to the facility. On 05/06/26 at 8:24 am a telephone interview was conducted with the CEO for the staffing agency that NA #2 was employed by in April 2026. She stated on 04/09/26 the DON from the facility called to report a misappropriation of resident property allegation by NA #2. The CEO reported she was advised NA #2 had allegedly taken $200 from Resident #1 via an online banking application. She stated she called and spoke with NA #2 on 04/09/26 at 4:39 pm. The CEO indicated NA #2 admitted taking the $200 from Resident #1 via an online banking application. The CEO reported NA #2 stated Resident #1 offered to allow her to borrow the funds. She further reported that NA #2 stated she had already returned the funds to Resident #1's online banking account. The CEO stated that NA #2 admitted she was aware that she should not have asked to borrow money from Resident #1. The facility's investigation report dated 04/15/26 completed by the Administrator indicated on 04/09/26 at 2:30 pm the facility became aware of an allegation of misappropriation of Resident #1's property in the amount of $200. A family member reported an unauthorized transaction dated 04/03/26 from Resident #1's bank account into NA #2's bank	F0602		05/07/2026

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F0602 SS = D	Continued from page 3 account. Local law enforcement was notified on 04/09/26 at 3:00 pm. The allegation was substantiated and A #2's employment was terminated by the agency. An interview with the Administrator was conducted on 05/06/26 at 11:20 am. He reported on 04/09/26 he was notified by the DON of an allegation of misappropriation of Resident #1's property in the amount of $200. The Administrator stated he notified local law enforcement, and a police officer came to the facility. A report was given by Resident #1 to the police officer. The Administrator stated he did not know how this occurred and that actions were taken to prevent further issues. The facility provided a corrective action plan that was not acceptable to the State Agency as it did not contain sufficient evidence of systemic measures and monitoring to prevent future incidents of misappropriation of resident property.	F0602		05/07/2026