

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/03/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Oak Grove Healthcare</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 Old US 221 Highway , Rutherfordton, North Carolina, 28139</b>	
(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 were conducted on 11/30/25 through 12/03/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID: 1DCC47-H1.	E0000		01/14/2026
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 11/30/25 through 12/03/25. Event ID# 1DCC47-H1. The following intakes were investigated: 2605350, 2601066, 815198, 815227, 815226, and 815222. 14 of the 14 complaint allegations did not result in deficiency.	F0000		01/14/2026
F0732 SS = C	Posted Nurse Staffing Information  CFR(s): 483.35(i)(1)-(4)  §483.35(i) Nurse Staffing Information.  §483.35(i)(1) Data requirements. The facility must post the following information on a daily basis:  (i) Facility name.  (ii) The current date.  (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:  (A) Registered nurses.  (B) Licensed practical nurses or licensed vocational nurses (as defined under State law).  (C) Certified nurse aides.  (iv) Resident census.  §483.35(i)(2) Posting requirements.	F0732	On 11/30/2025 staff posting was corrected and posted on the billboard at the nurse's station and in the front lobby.  The process of staff postings were audited by Director of Nursing on 11/30/2025. The findings/Outcome of the audit was that on the weekends the staff postings were not being posted by the clinical staff due to lack of knowledge of importance of posting the staff postings.  Staff Coordinator/Scheduler was educated on 11/30/2025 by the Director of Nursing on the importance and expectations of posting staffing postings in the designated areas. On 11/30/2025 a plan was created by the Director of Nursing for the Manager on Duty scheduled on the weekends would be responsible for posting the staffing postings when the Staff Coordinator/Scheduler is off site. New Staff Coordinator/Schedulers/Managers on Duty hired into their roll(s) will be educated by Director of Nursing or designee on hire about and the importance of correct staff posting information and location to ensure accuracy in meeting CMS requirements for F732.  Starting on 12/1/2025 the Director of Nursing or Designated staff member started daily audits 5 days a week for 4 weeks, then once a week for 8 weeks.  An ADHOC Quality Assurance Performance Improvement	12/04/2025

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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F0732 SS = C	<p>Continued from page 1</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents, staff, and visitors.</p> <p>§483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to post the daily nurse staffing data for 1 of 4 days of the survey (11/30/25) and maintain posted daily nurse staffing data sheets for 83 of 169 days reviewed from June 2025 through December 2025.</p> <p>The findings included:</p> <p>Observation of the daily nurse staffing sheet on 11/30/2025 at 10:30 AM, and 12:46 PM revealed a daily nurse staffing sheet dated 11/25/2025.</p> <p>Review of the daily nurse staffing sheets from 6/18/2025 through 12/3/2025 revealed there were 83 days of daily nurse staffing sheets missing: 6/21/25, 6/22/25, 6/28/25, 7/4/25 through 7/8/25, 7/12/25, 7/13/25, 7/16/25, 7/19/25 through 7/21/25, 7/26/25 through 7/28/25, 8/2/25, 8/3/25, 8/9/25, 8/10/25, 8/16/25, 8/17/25, 8/23/25 through 8/26/25, 8/29/25 through 8/31/25, 9/4/25, 9/6/25 through 9/9/25, 9/11/25, 9/13/25 through 9/16/25, 9/18/25, 9/20/25, 9/21/25, 9/24/25 through 9/30/25, 10/01/25 through 10/22/25, 10/31/25, 11/8/25 through 11/10/25, 11/15/25, 11/16/25, 11/22/25, 11/23/25, 11/26/25 through 11/29/25.</p> <p>During an interview on 12/2/2025 at 10:00 AM the</p>	F0732	<p>Continued from page 1</p> <p>Committee Meeting was held on 12/2/2025 and the plan of correction was presented to them by the Director of Nursing. The Director of Nursing and/or the Assistant Director of Nursing will present the results of the quality monitoring monthly to The Quality Assurance Performance Improvement Committee. The Quality Assurance Performance Improvement Committee will review the monitoring plan monthly and make updates and/or recommendations to the plan. The Quality Assurance Committee consists of, but is not limited to the Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Manager(s), Social Services Director Medical Director, Maintenance Director Housekeeping/Laundry Manager, Food Service Director, Minimum Data Set Nurse and one direct Caregiver.</p> <p>The facility alleges compliance on 12/3/2025.</p>	

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F0732 SS = C	<p>Continued from page 2 Scheduler stated she had been in the scheduler position for about 2 months, and she was responsible for completing and posting the daily nurse staffing sheet. The Scheduler indicated she was trained by the Vice President of Operations. The Scheduler stated she knew the daily nurse staffing sheet was supposed to be posted every day. The Scheduler stated on the days she worked she posted the daily nurse staffing sheet and when she was off for holidays, or during the week and on weekends she left the daily nurse staffing sheets in the assignment book to be posted. The Scheduler verified there were multiple times when the daily nurse staffing sheet was not posted when she came back to work. The Scheduler explained there was not a weekend manager or specific nurse who was responsible for posting the daily nurse staffing sheets when the Scheduler was not working. The Scheduler stated she had not reported the daily nurse staffing sheets that were not posted when she was off to the DON or Administrator. The Scheduler stated she was unable to find the 83 days of missing daily nurse staffing sheets.</p> <p>During an interview on 12/3/2025 at 11:15 AM the Director of Nursing (DON) stated she expected the daily nurse staffing sheets to be posted daily. The DON was not aware that the daily nurse staffing sheets the Scheduler left to be posted when she was off had not been posted. The DON stated there was not a weekend supervisor but was aware the Scheduler left the daily nurse staffing to be posted when she was off and the facility was in the process of hiring a weekend supervisor.</p> <p>During an interview on 12/3/2025 at 9:15 AM the Administrator stated he expected the daily nurse staffing sheets to be posted daily. The Administrator stated the Scheduler and DON were responsible to make sure the daily nurse staffing sheets were posted. The Administrator was not aware of the missing staffing sheets. The Administrator stated the process for posting the daily nurse staffing sheets would need to be addressed.</p>	F0732		