STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on May 28, 2025 through May 30, 2025.	D 000		
D 113	10A NCAC 13F .0311 (d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 14 of 14 fixtures checked and located in residents' rooms. The findings revealed: Review of the facility's current license effective 01/01/25 revealed the facility was licensed with a capacity of 101 beds. Review of the facility's census reports provided on 05/28/25 revealed the facility's in-house census was 72 residents; 20 residents resided in	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 1 the Special Care Unit (SCU) and 52 residents resided in Assisted Living (AL). Review of a weekly water temperature log dated 04/30/25 revealed: -The water temperature in room 134 was documented as 127 degrees Fahrenheit (F) (no time or fixture documented). -The water temperature in room 143 was documented as 120 degrees F (no time or fixture documented). -The water temperature in room 102 was documented as 130 degrees F (no time or fixture documented). -The water temperature in room 119 was documented as 129 degrees F (no time or fixture documented). -The water temperature in room 225 was documented as 140 degrees F (no time or fixture documented). -The water temperature in room 242 was documented as 120 degrees F (no time or fixture documented). -The water temperature in room 202 was documented as 126 degrees F (no time or fixture documented). -The water temperature in room 217 was documented as 131 degrees F (no time or fixture documented). Review of a weekly water temperature log dated 05/05/25 revealed: -The water temperature in room 103 was documented as 130 degrees F (no time or fixture documented). -The water temperature in room 116 was documented as 134 degrees F (no time or fixture documented). -The water temperature in room 124 was documented as 136 degrees F (no time or fixture	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 2	D 113		

documented).
-The water temperature in room 141 was documented as 124 degrees F (no time or fixture documented).
-The water temperature in room 200 was documented as 134 degrees F (no time or fixture documented).
-The water temperature in room 205 was documented as 132 degrees F (no time or fixture documented).
-The water temperature in room 226 was documented as 137 degrees F (no time or fixture documented).
-The water temperature in room 243 was documented as 120 degrees F (no time or fixture documented).

Review of the North Carolina Division of Health Service Regulations (DHSR) Construction Section Hot Water Safety Guidelines revealed:
-Temperature of 116.6 degrees F resulted in a first degree burn in 20 minutes and a second degree burn in 45 minutes.
-Temperature of 127.4 degrees F resulted in a first degree burn in 30 seconds and a second degree burn in 60 seconds.

1. Observation of hot water temperatures on the second floor of the facility, including the special care unit (SCU), revealed the following:

Observation of room 224 on 05/28/25 at 9:30am located in the SCU revealed the water temperature was 120 degrees Fahrenheit (F) in the bathroom sink.

Observation of room 225 on 05/28/25 at 9:24am located in the SCU revealed the water temperature was 120 degrees F in the bathroom sink.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 3 Observation of room 232 on 05/28/25 at 9:19am located in the SCU revealed the water temperature was 128 degrees F in the bathroom sink. Observation of room 242 on 05/28/25 at 9:36am located in the SCU revealed the water temperature was 118 degrees F in the bathroom sink. Observation of room 214 on 05/28/25 at 9:58am revealed the water temperature was 118 degrees F in the bathroom sink. Observation of room 217 on 05/28/25 at 9:50am revealed the water temperature was 118 degrees F in the bathroom sink. Observation of room 209 on 05/28/25 at 10:30am revealed the water temperature was 126 degrees F in the bathroom sink. Interview with the resident who resided in room 217 on 05/28/25 at 9:50am revealed that the water was very hot two days ago when she had her shower and she had to adjust the temperature to make the water cooler. Interview with the resident who resided in room 214 on 05/28/25 at 9:58am revealed that the water was too hot and he had to adjust the so he would not get burned. Interview with the resident who resided in room 209 on 05/28/25 at 10:36am revealed that she had to add cold water to the hot water before using. Interview with the Facility Director of Maintenance	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 4 on 05/28/25 at 10:38am revealed: -He lowered the hot water system by 20 degrees. -It would take about one hour for the water temperatures to drop. Second observation of room 214 on 05/28/25 at 4:10pm revealed the water temperature was 108 degrees F in the bathroom sink. Second observation of room 217 on 05/28/25 at 4:15pm revealed the water temperature was 106 degrees F in the bathroom sink. Second observation of room 209 on 05/28/25 at 4:20pm revealed the water temperature was 110 degrees F in the bathroom sink. Second observation of room 224 on 05/28/25 at 4:25pm located in the SCU revealed the water temperature was 106 degrees F in the bathroom sink. Second observation of room 225 on 05/28/25 at 4:30pm located in the SCU revealed the water temperature was 106 degrees F in the bathroom sink. Second observation of room 232 on 05/28/25 at 4:45pm located in the SCU revealed the water temperature was 106 degrees F in the bathroom sink. Second observation of room 242 on 05/28/25 at 4:40pm located in the SCU revealed the water temperature was 106 degrees F in the bathroom sink. Third observation of room 214 on 05/29/25 at 8:30am revealed the water temperature was 120 degrees F in the bathroom sink.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 5 Third observation of room 217 on 05/29/25 at 8:35am revealed the water temperature was 122 degrees F in the bathroom sink. Third observation of room 209 on 05/29/25 at 8:40am revealed the water temperature was 120 degrees F in the bathroom sink. Third observation of room 224 on 05/29/25 at 8:45am located in the SCU revealed the water temperature was 118 degrees F in the bathroom sink. Third observation of room 225 on 05/29/25 at 8:50am located in the SCU revealed the water temperature was 122 degrees F in the bathroom sink. Third observation of room 232 on 05/29/25 at 8:55am located in the SCU revealed the water temperature was 118 degrees F in the bathroom sink. Third observation of room 242 on 05/29/25 at 9:00am located in the SCU revealed the water temperature was 118 degrees F in the bathroom sink. Refer to the interview with the Maintenance Technician on 05/29/25 at 9:30am. Refer to the interview with the Administrator on 05/28/25 at 9:57am. 2. Observation of hot water temperatures on the first floor (assisted living rooms) of the facility revealed the following: Observation of the bathroom in room 141 on	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 6	D 113		

05/28/25 at 9:28am revealed the hot water temperature at the sink fixture was 119.1 degrees Fahrenheit (F).

Interview with the resident seated in room 141 on 05/28/25 at 9:28am revealed:
-The hot water temperature at the sink fixture was fine for her.
-She was able to adjust the hot water temperature by mixing the hot and cold water together.

Observation of the bathroom in room 133 on 05/28/25 between 9:45am and 9:53am revealed:
-At 9:48am, the hot water temperature at the sink fixture was 126.5 degrees F.
-At 9:53am, the hot water temperature at the shower fixture was 119.3 degrees F.

Interview with the resident seated in a wheelchair in room 133 on 05/28/25 at 9:53am revealed:
-She showered in the bathroom on the evening of 05/27/25 and the hot water temperature was fine.
-She adjusted the hot water temperature with cold water.

Interview with a medication aide (MA) on 05/28/25 at 9:54am revealed:
-There was something going on with the water at the facility.
-There had been someone working on the water.
-Maintenance staff had been checking the water temperatures.

A second observation of the hot water temperature at the sink fixture in room 133 on 05/28/25 at 9:59am, with the Administrator present revealed:
-The hot water temperature at the sink fixture with the facility thermometer was 125.5 degrees F at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 7	D 113		

10:00am.
-The hot water temperature at the sink fixture with the surveyor thermometer was 124.3 degrees F at 10:00am.

Interview with the Administrator on 05/28/25 at 10:00am revealed:
-The Administrator placed her hand under the running water at the sink fixture and stated, "it's a little too hot".
-Caution signs would need to be placed at the water fixtures in the facility.
-Hot water temperatures should be checked monthly, and she did not know when the hot water temperatures were last checked.
-There was one boiler system for the entire facility.
-Water temperatures would need to be checked everywhere in the facility.

A recheck of the hot water temperature at the sink fixture in room 133 at 10:07am, after calibration of thermometers with the Administrator, revealed the hot water temperature at the sink fixture was 127.0 degrees F with the facility thermometer and 126.1 degrees F with the surveyor thermometer.

Observation of the facility hot water system with the Facility Maintenance Director on 05/28/25 at 10:10am revealed the mixing valve water temperature coming out of the water boiler system was set between 125 degrees F and 130 degrees F.

Interview with the Facility Maintenance Director on 05/28/25 at 10:10am revealed:
-The mixing valve water temperature coming out of the water boiler system was set between 125 degrees F and 130 degrees F.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 8	D 113		

-125 degrees F to 130 degrees F was "way too high".
-The water output provided to the facility rooms would be the same temperatures but may vary by 1-2 degrees.
-A plumber would be at the facility on 05/28/25.

Observation of the bathroom sink fixture in room 125 on 05/28/25 from 10:14am to 10:16am revealed:
-At 10:14am, the sink fixture was turned on.
-At 10:16am, the hot water temperature at the sink fixture was 120.5 degrees F.

Observation of the water fixtures in room 120 on 05/28/25 from 10:19am to 10:26am revealed:
-At 10:19am, the kitchenette sink fixture was turned on.
-At 10:20am, the hot water temperature at the kitchenette sink fixture was 123.0 degrees F.
-At 10:25am, the bathroom sink fixture was turned on.
-At 10:26am, the hot water temperature at the bathroom sink fixture was 120.2 degrees F.

Interview with the resident in room 120 on 05/28/25 at 10:22am revealed:
-The water from the sink fixtures came out warm.
-The cold water was "not completely cold".
-The facility was working on the water.

Observation of a staff member on 05/28/25 at 10:33am revealed the staff entered room 109, posted a caution hot water sign, and advised the residents of the hot water.

Observation of the bathroom sink fixture in room 109 on 05/28/25 from 10:35am to 10:37am revealed:
-At 10:35am, the sink fixture was turned on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 9 -At 10:37am, the hot water temperature at the sink fixture was 127.4 degrees F. Interview with the resident in room 109 on 05/28/25 at 10:37am revealed: -The hot water temperature was fine. -He always turned on both the hot and cold water. Interview with the Facility Director of Maintenance on 05/28/25 at 10:38am revealed: -He lowered the hot water system by 20 degrees. -It would take about one hour for the water temperatures to drop. Refer to the interview with the Maintenance Technician on 05/29/25 at 9:30am. Refer to the interview with the Administrator on 05/28/25 at 9:57am. _____ Interview with the Maintenance Technician on 05/29/25 at 9:30am revealed: -He normally checked water temperatures weekly. -He attempted to keep the hot water temperature between 112 degrees F to 115 degrees F. -He knew the hottest temperature for the hot water should be 116 degrees F. -If he got a hot water temperature close to 119 degrees F or 120 degrees F, he would adjust the hot water boiler 2-3 degrees. -He checked two fixtures on each end of the halls of the facility. -He had not checked any water temperatures since the afternoon of 05/28/25, when all rooms at the facility were checked. -He and the Facility Director of Maintenance were responsible for checking the water temperatures. -He logged water temperature results on a spreadsheet.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 10 -He thought the Facility Director of Maintenance reviewed the water temperatures. -He did not turn the water temperature results in to anyone. Interview with the Facility Director of Maintenance on 05/28/25 at 10:03am revealed: -Water temperatures were supposed to be checked every week. -Maintenance staff were responsible for checking the water temperatures. -He had not checked any water temperatures. Interview with the Administrator on 05/28/25 at 9:57am revealed: -There were some issues with the water "boiler", and repairs had been done during and after a previous survey. -She thought boiler repairs were done "early April 2025". -She had not received any recent reports of hot water temperatures. _____ The facility failed to ensure hot water temperatures for 14 of 14 fixtures (sink and shower) sampled in the facility were maintained between 100 - 116 degrees F. The water temperatures for the 14 fixtures ranged from 118 degrees F to 128 degrees F and on the Special Care Unit (SCU) where 4 of the fixtures ranged from 118 degrees F to 128 degrees Fahrenheit (F). A water temperature of 127 degrees could result in a first degree burn in 30 seconds and a second degree burn in 60 seconds. This failure of the facility to maintain the hot water temperatures between 100 degrees F and 116 degrees F was detrimental to the safety, health, and welfare of the residents and constitutes a Type B Violation. _____	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 113	Continued From page 11 The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/28/25 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED July 14, 2025.	D 113		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 2 of 6 sampled medication aides who administered medications independently had completed the medication aide clinical skills checklist prior to administering medications. The findings are: Review of the facility Medication Management policy effective 06/09/23 revealed all staff who perform medication supervision/assistance or medication administration must successfully pass a medication skills checklist prior to performing those functions.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 125	Continued From page 12 1. Review of Staff B's personnel record revealed: -There was a hire date for 01/20/25. -There was documentation Staff B passed the medication aide test on 05/06/21. -There was no documentation for an employment verification form for Staff B. -There was no documentation Staff B completed the 5-hour, 10-hour or 15-hour medication aide training. -There was no documentation Staff B completed the medication clinical skills competency validation checklist. Review of resident's electronic medication administration records (EMARs) for 04/2025 and 05/2025 revealed Staff B documented administration of medication on 04/30/25, 05/04/25, 05/05/25, 05/13/25, 05/14/25, 05/17/25, 05/18/25,05/27/25, and 05/28/25. Interview with the Business Office Manager (BOM) on 05/30/25 at 4:29pm revealed: -She was responsible for auditing personnel records. -She tried to conduct audits of personnel records every month. -She last audited the personnel records in 04/2025. -She thought Staff B administered medications to the residents. -She did not know why there was no 5/10-hour or 15-hour medication aide training in staff B's personnel record. Interview with the Administrator on 05/30/25 at 4:50pm revealed: -She just became aware on 05/30/25 that there was no medication clinical skills competency checklist completed for Staff B.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 125	Continued From page 13	D 125		

-A registered Nurse (RN) was supposed to conduct and sign off on the medication clinical skills competency checklist for MAs.
-She did not know why the MA competency checklist had not been completed prior to the staff being assigned to administer medications.
-The BOM was responsible for filing and tracking training and staff qualifications such as medication aide clinical skills checklists and 5/10-hour or 15-hour med aide training.
-She had not audited any staff personnel records.

2. Review of Staff F's personnel record revealed:
-There was no hire date.
-Staff F passed the medication aide test on 01/31/12.
-There was no documentation for an employment verification form for Staff F.
-There was no documentation Staff F completed the 5-hour, 10-hour or 15-hour medication aide training.
-There was no documentation Staff F completed the medication clinical skills competency validation checklist.

Interview with Staff F on 05/29/25 at 8:23am revealed:
-She was a medication aide (MA).
-She was employed by a staffing agency.
-She worked at the facility "quite a bit".
-She helped train a couple of the MAs at the facility.

Observation of Staff F on 05/29/25 between 8:21am and 8:42am revealed Staff F administered medications to two residents.

Review of resident's electronic medication administration records (EMARs) for 04/2025 and 05/2025 revealed Staff F documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 125	Continued From page 14 administration of medication on 04/30/25, 05/02/25, 05/14/25, 05/22/25 through 05/26/25, 05/14/25, and 05/28/25. Interview with the Business Office Manager (BOM) on 05/30/25 at 4:30pm revealed: -She was responsible for auditing personnel records. -She was waiting for information from the staffing agency for Staff F. Interview with the Administrator on 05/30/25 at 4:59pm revealed: -Staff F was employed through a local staffing agency. -She thought the facility had documentation of Staff F's medication aide qualifications and training, but she was unable to find everything. -A registered Nurse (RN) was supposed to conduct and sign off on the medication clinical skills competency checklist for MAs. -She did not know if the MA competency checklist had not been completed prior to the staff being assigned to administer medications. -The BOM was responsible for filing and tracking training and staff qualifications such as medication aide clinical skills checklists and 5/10-hour or 15-hour med aide training. -She had not audited any staff personnel records. No additional information was provided for review by the end of the survey.	D 125		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 306	Continued From page 15 each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to serve water to each resident in the Special Care Unit. The findings are: Review of the facility's current license effective 01/01/25 revealed the facility was licensed with a capacity of 101 beds. Review of the facility's census reports provided on 05/28/25 revealed there were 20 residents that resided in the Special Care Unit (SCU). Observation of the lunch meal in the SCU on 05/28/25 between 12:14pm and 12:30pm revealed: -There were 15 residents in the dining room. -There was water served to 3 residents. -Twelve residents were not served water. -Milk was served to each of the 15 residents. Observation of the breakfast meal in the SCU on 05/29/25 between 7:25am and 8:10 am revealed: -There were 16 residents in the dining room. -Two residents were eating in their rooms. -Two residents were still asleep. -There was no water served to the residents. -Each resident was served either orange juice or cranberry juice and some residents also had a cup of coffee.	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 306	Continued From page 16 -The two residents that ate in their rooms were served juice, no coffee or water. Interview with a personal care assistant (PCA) on 05/29/25 at 8:20am revealed: -The residents would not drink the water when it was provided. -The water was poured out after the meals. -Water had not been provided to the SCU residents in several months. Interview with the Executive Director (ED) on 05/29/25 at 11:03am revealed: -SCU staff were supposed to serve water with every meal. -She was concerned because staff did not follow the facility policy related to serving water with every meal. -She was concerned that the residents were not given what they needed and required to have. -She was concerned that without enough fluids they could become dehydrated.	D 306		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to treat 2 of 2 residents with dignity and respect related to their call bells not being answered within a reasonable amount	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 17	D 338		

of time which resulted in long wait periods for one resident who sustained a rotator cuff injury (#8) and a second resident who fell out of bed and could only be assisted by calling 911 after waiting over an hour on the floor (#9).

The findings are:

Review of the facility's current license effective 01/01/25 revealed the facility was licensed with a capacity of 101 beds.

Review of the facility's census reports provided on 05/28/25 revealed the facility's in-house census was 72 residents; 20 residents resided in the Special Care Unit (SCU) and 52 residents resided in Assisted Living (AL).

Interview with a resident on 05/29/25 at 8:26am revealed that staff did not come when she pushed her call bell and she had to wait for help.
Interview with a second resident on 05/29/25 at 8:30am revealed:
-She had to use her call bell for help when she needed to be changed and had to sit wet for extended periods of time.
-She had fallen at least 3-4 times at night pushed her call bell and no one came and had to crawl to find help.
-She ever had to go to the hospital when she fell.
-She let her family know when she fell and no one at the facility answered her call bell.
-She said that she felt bad and unhappy when she needed help and pushed her call bell and no one came.

Interview with a third resident on 05/29/25 at 8:45am revealed:
-He used his call bell when he needed to be changed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 18 -Staff did not come right away when he pushed his call bell and he had to wait in incontinent briefs to be changed. Interview with a fourth resident on 05/30/25 at 2:17pm revealed: -She pushed her call bell around 10:30am on 05/29/25 to take her shower and no one came; she took her shower and got dressed and no one had come to help her, took about 45 minutes. -She rolled her wheelchair into the hallway and a male resident was sitting in a chair and got staff to come help her. -She said that she usually waited at least 30 minutes when she pushed her call bell for staff to come. -It made her feel anxious and uneasy and she had shared this with her family. Interview with a fifth resident on 05/30/25 at 5:46pm revealed: -When he needed assistance from staff, the resident would "just holler". -It might take staff "maybe an hour" before staff arrived to assist the resident. -He felt like a "nuisance". -He needed assistance about a week ago. -He did not want to be a "cry baby". 1.Review of Resident #8's FL-2 dated 04/26/24 revealed: -Diagnoses included glaucoma, hypertension, atrial fibrillation, hyperlipidemia, stroke, osteoporosis, osteoporosis, osteoporosis, osteoporosis, osteoarthritis, and gastrointestinal reflux disease. -Resident #8's level of care was assisted living. Interview with Resident #8 on 05/30/25 at 2:10pm revealed:	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 19	D 338		

-She fell in the bathroom and pulled the call bell and no one came to check on her.
-She crawled to her walker where her pendant call bell was and pushed it for help and no one came.
-Her smart watch asked if she fell and she pushed the button that she had and it notified 911.
-She then crawled into the hallway and yelled for help and no one came.
-The emergency medical services (EMS) arrived before the staff checked on her.
-She felt scared and frustrated.
-She trusted that the staff would come when she needed help.
-She had been in pain since she injured her shoulder.

Review of emergency department encounter dated 09/12/24 revealed:
-Resident #8's chief complaint was a fall and she was unable to raise her left arm more than 90 degrees without pain since the fall.
-Resident #8 had limited left shoulder abduction and external rotation.
-Resident #8 also complained of neck pain.
-The resident was taking Eliquis 5mg twice daily (Eliquis is a blood thinner used to treat and prevent blood clots).
-Suspect injury to rotator cuff, sling, Tylenol, and physical therapy could help.

Review of the accident/incident report that was sent to the local Department of Social Services on 09/13/24 revealed:
-The date of the fall was 09/12/24 at 12:08pm.
-Orders from the provider that evaluated Resident #8 included completed x-rays and likely torn rotator cuff. May wear sling to left side if needed for support.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 20 Interview with Resident #8's family member on 05/30/25 at 6:25pm revealed: -Resident #8 fell in her bathroom in September 2024. -No one answered her call bell and her smart watch ask if she fell and she said yes. -It took Emergency Medical Services (EMS) about 15 minutes after the smart watch called 911 Resident #8 and she called her family while she waited on EMS. -Resident #8 crawled into the hallway and yelled for help. -Resident #8 called her while she waited for EMS. -She went to the facility and transported Resident #8 to the emergency department for treatment. -She was told that Resident #8 tore her left rotator cuff and she had been in misery and pain since the fall. -It was disturbing that the facility had a call bell system and the staff failed to respond. -She did talk with a supervisor at the facility that day (09/12/24). -She was afraid to make "waves" at the facility for fear that Resident #8 would have been mistreated. Interview with the Administrator on 05/30/25 at 6:40pm revealed that she was not working at the facility in September 2024. Refer to interview with a PCA on 05/29/25 at 12:55pm. Refer to interview with a second PCA on 05/29/25 at 1:08pm. Refer to interview with the Administrator on 05/30/25 at 4:10pm.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 21 Refer to interview with a contracted facility primary care provider (PCP) on 05/30/25 at 11:30am. 2. Review of Resident #9's FL-2 dated 08/15/24 revealed: -Diagnoses included hypertension, hypothyroidism, testosterone deficiency, bipolar I, prostate cancer, Parkinson disease, edema, obstructive sleep apnea, gastrointestinal reflux disease, hearing loss, and benign prostatic hyperplasia. -Resident #9's level of care was assisted living. Interview with Resident #9 on 05/29/25 at 8:50am revealed: -He recently fell out of bed on 05/18/25 and slid to the floor using his rollator. -He pulled his call bell around 3:00am and waited for 1 hour and 10 minutes and no one answered his call bell. -He called 911 to get help to get back into his bed. -Emergency medical services (EMS) arrived in about 6-8 minutes. -The EMS staff person said he could not get anyone at the facility to answer the front door or the telephone and he had to go to the back of the facility where the door was standing open and entered the facility. EMS came to Resident #9's room that was located on the second floor and did not see any staff on the way to his room, he helped Resident #9 back into his bed and left. -The resident reported this to the medication aide (MA) when she provided his morning medications between 4:15am and 6:15am. -He did not report this incident to the Administrator because he did not know that a new Administrator had started since the previous one had left.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 22	D 338		

-He had not met a new Administrator.
-The incident made him feel unsafe and he had not slept well since it happened.
-He felt frustrated, nervous, and that he had no control over his life anymore. He wanted to leave the facility for those reasons.
-He did not feel like a person anymore because they yelled orders at him and he was supposed to jump.
-He was afraid of some of the staff and that made him feel bad, helpless, and neglected.
-When one of the personal care aides (PCA) came into his room he did not feel safe, she yelled at him to wake him up when she entered the room and always wanted to provide his care her way.
-Last Friday a PCA came into his room while another PCA was there and started to yell at the PCA and he had to tell the PCA twice to leave because what she was doing was inappropriate.
-He did not know who he should make complaints to.

Interview with Resident #9's family member on 05/30/25 at 4:40pm revealed:
-She was not notified by the facility when Resident #9 had to call 911 for help when he slid out of bed on 05/18/25 and staff did not answer his call bell.
-She was concerned about the facility's lack of communication with her.
-She went to the former Director of Health and Wellness (DHW) recently because the staff did not have pagers to answer the residents' call bells.
-Resident #9 was stressed from things that had happened to him.
-She was concerned and that it was scary that EMS was able to enter the facility through an open back door in the middle of the night and this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 23 made Resident #9 nervous and upset. Interview with the Administrator on 05/30/25 at 4:10 pm revealed: -She did not know that Resident #9 had pushed his call bell for help and then had to call 911 to get the help he needed. -This incident should have been reported to her. -She was concerned that he did not receive the help he needed when he pushed his call bell. -The staff not answering his call bell had placed him at risk. -She was concerned that good customer service was not provided. -She was concerned that the back door was open because that placed all residents and staff at risk. -It was heartbreaking that he did not feel safe at the facility. -There were serious issues with the quality of the staff that she was not aware of. -There were usually 6-7 staff in the facility on night shift. Review of the staffing assignment sheet for 05/18/25 revealed there were 7 staff assigned to night shift. Review of the 911 communications event report dated 05/18/25 revealed: -A call was received at 4:09am. -Attempted to call facility at 4:12 to 4:14am. -EMS arrived at 4:17am and attempted to enter the facility. -Event was cleared at 4:28am. Review of the EMS documentation dated 05/18/25 revealed: -At 4:17am EMS arrived at the facility and was advised by 911 that they were unable to reach staff at the facility.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 24 -EMS entered the facility through an open rear door. -At 4:22am EMS found Resident #9 lying on his back in bed with his legs propped against his wheelchair and assisted Resident #9 in adjusting himself in the bed. -At 4:28am EMS made contact with a facility staff member to advise them of Resident #9's request for help. Review of the call bell detailed event report for 05/16/25 through 05/19/25 revealed: -The longest report time for any resident was 266 minutes (4.43 hours). -Resident #9 during 05/16/25 through 05/19/25 had 12 call bells documented from a wait time of 1 minute to 84-minutes. -Each time a pendant was used, the call system recorded each time the resident pressed the pendant. -If they used the wall call bell it would only record as once. -On 05/18/25 when Resident #9 slid out of bed this was a call bell logged from a wall call bell at 3:56am and cleared at 4:28am, wait time was 31 minutes. Refer to interview with a PCA on 05/29/25 at 12:55pm. Refer to interview with a second PCA on 05/29/25 at 1:08pm. Refer to interview with the Administrator on 05/30/25 at 4:10pm. Refer to interview with a contracted facility primary care provider (PCP) on 05/30/25 at 11:30am. _____	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 25 Interview with a PCA on 05/29/25 at 12:55pm revealed: -Staff were notified when a call bell went off by the pager or on the computer. -Staff was given the pager from the previous staff working. -When a resident pushed the call bell you had to go to the resident to clear the pendant or wall call bell. -The staff could see on their pager which residents needed help. Interview with a second PCA on 05/29/25 at 1:08pm revealed: -Staff received the pager from previous staff at change of shift. -When a resident pushed the call bell it went to the pager system and to staff's pagers. -The calls could delete from the pager but did not clear them from the call system -Staff had to physically go to the resident and clear the call on the resident's pendant if that was what they pushed or go to the wall call bell and clear. -Not all the staff understood how the call bell system worked and thought they could clear the call from the pager without checking on the residents. Interview with the Administrator on 05/30/25 at 4:10pm revealed: -She was not aware of any resident complaints related to call bells not being answered. -She had recently ordered new pagers. -There were a couple of days recently that there were only 1-2 pagers that worked and the staff used walkie talkies. -She had one staff member that received the call bell notifications and then they used the walkie talkies to notify the staff.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 26 -She did not review the call bell detailed report. -She did not know that there were extended periods of wait time. -Call bell wait times should not exceed 20 minutes. Interview with a contracted facility primary care provider (PCP) on 05/30/25 at 11:30am revealed: -Call bells should be answered in a reasonable amount of time. -She had notified the former DHW that several residents had complained to her that their call bells were not answered and they had to wait extended periods of time. -The former DHW said she would investigate the call bell wait times. _____ The facility failed to treat residents with dignity and respect related to their call bells not being answered within a reasonable amount of time and 2 of 2 residents had to call 911 to obtain the help they needed, one resident who fell in their bathroom and no one responded to her call bell used her smart watch to call 911 for help and had to crawl into the hallway to yell for help and sustained a left rotator cuff tear from the fall (#8) and a resident who fell out of bed and no one responded to his call bell for help had to call 911 for help to get back in their bed (#9) and Emergency Medical Services (EMS) was unable to enter the facility and gain access immediately. The facility's failure resulted in serious physical harm and neglect to the residents and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/29/25 for this violation. CORRECTION DATE FOR THE TYPE A1	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 338	Continued From page 27 VIOLATION SHALL NOT EXCEED June 29, 2025.	D 338		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 6 sampled residents (#4, #6), including a blood thinning medication and a medication used to treat irregular heart rhythm (#6) and a pain medication (#4). The findings are: Review of the facility Medication Management policy dated 06/09/23 revealed: -Medication administration was to be performed in accordance with state laws and regulations. -All medications provided to a resident by medication administration were ordered in writing. Written orders needed to be legibly written on a physician's order form, progress note, fax order form, prescription, or telephone order form. -Physician orders were entered into the electronic	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 28	D 358		

system per the user guide.

1. Review of Resident #6's current FL-2 dated 04/18/25 revealed there was a diagnosis of generalized weakness.

Review of Resident #6's medical history from a local hospital emergency room visit revealed additional diagnoses of chronic kidney disease, paroxysmal atrial fibrillation (fast heartbeat), coronary artery disease, and mitral regurgitation

a. Review of Resident #6's physician orders revealed:
-There was a physician's order dated 04/18/25 for Amiodarone (used to prevent and treat a fast or irregular heartbeat) 200mg tablet one time each day with breakfast.
-There was a physician's order dated 04/30/25 faxed to the facility nurse from the cardiology department on 05/02/25 to increase Amiodarone to 200mg tablet twice daily to help combat a non-sustained fast heart rhythm message that was received on the residents' device check.
-There were no additional physician orders in Resident #6's record for the Amiodarone.

Review of Resident #6's May 2025 electronic medication administration records (eMAR) revealed:
-There was a printed entry to the eMAR dated 04/29/25 for Amiodarone HCL 200mg tablet give one tablet in the morning with breakfast, scheduled at 8:00am.
-There was documentation for administration of Amiodarone 200mg tablet once daily at 8:00am from 05/01/25 to 05/21/25.
-There was a second printed entry to the eMAR dated 05/21/25 for Amiodarone HCL 200mg tablet give one tablet two times a day "for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 29	D 358		

anticoagulant", scheduled at 8:00am and 8:00pm.
-There was documentation for administration of Amiodarone 200mg tablet two times a day at 8:00am from 05/22/25 to 05/29/25 and at 8:00pm from 05/21/25 to 05/28/25.
-There was no documentation for administration of Amiodarone 200mg tablet twice daily beginning 05/02/25 through 05/20/25.

Telephone interview with a nurse from Resident #6's Cardiologist's office on 05/30/25 at 1:20pm revealed:
-Resident #6 needed the increase of Amiodarone to 200mg twice daily prescribed on 04/30/25 because the resident was having non-sustained ventricular tachycardia (fast heartbeats/arrhythmia).
-She faxed the physician's order for the Amiodarone increase to the facility nurse on 05/02/25.

Telephone interview with the Primary Care Provider (PCP) on 05/30/25 at 4:19pm revealed:
-Based on a previous telephone conversation with the physician assistant (PA) at the cardiologist office, she thought Resident #6 was prescribed Amiodarone 200mg tablet once daily.
-Resident #6 was supposed to be administered Amiodarone 200mg tablet two times a day.
-A completed prescription for Amiodarone was sent to the facility on 05/30/25.
-She did not know when the Amiodarone was originally changed from 200mg once daily to 200mg twice daily, but as of 05/30/25, Resident #6 was supposed to be administered Amiodarone 200mg tablet twice daily.
-The Cardiologist entered a note (date not provided) regarding "a fairly recent device check with non-sustained ventricular tachycardia" and the Amiodarone was increased.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 30 -Having reviewed the 05/02/25 cardiologist note, she suggested the facility follow the physician's order for Amiodarone 200mg twice daily. -There had not been any changes in the Amiodarone since the 04/30/25 order. Interview with the Administrator on 05/29/25 at 3:50pm revealed: -She did not realize a medication error had been made with the Amiodarone until 05/29/25. -It appeared the facility nurse "flipped the orders" for Amiodarone and Eliquis. -She considered the medication error to be "a significant error". Refer to the interview with the medication aide on 05/29/25 at 1:16pm. Refer to the interview with the medication aide on 05/29/25 at 1:40pm. Refer to the interview with the Administrator on 05/29/25/at 3:50pm. b. Review of Resident #6's physician orders revealed there was a physician's order dated 04/18/25 for Eliquis (used to thin blood) 2.5mg tablet twice a day. Review of the May 2025 electronic medication administration records (eMAR) for Resident #6 revealed: -There was a printed entry dated 04/29/25 for Eliquis 2.5mg tablet give one tablet one time a day for anticoagulation, with documentation of administration from 05/01/25 through 05/28/25, scheduled at 8:00am. -There was documentation for administration of Eliquis 2.5mg tablet once daily at 8:00am from 05/01/25 to 05/21/25.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 31	D 358		

-There was a second printed entry to the eMAR dated 05/21/25 for Eliquis 2.5mg tablet two times a day for anticoagulant, with no documentation of administration, scheduled at 8:00am and 8:00pm.

Review of a physician's communication to the facility nurse dated 05/20/25 at 10:10pm revealed the PCP noted on 05/20/25 that the Eliquis was only being administered to Resident #6 once a day but should be twice a day.

Review of a physician's order for Resident #6 dated 05/21/25 revealed there was a physician's order to discontinue Eliquis order and start Eliquis 2.5mg tablet twice daily.

Interview with the Primary Care Provider (PCP) on 05/30/25 at 11:03am revealed:
-Eliquis was supposed to be administered to Resident #6 twice daily instead of once daily.
-Eliquis was typically administered twice a day because it "peaks and wears off".
-The half-life for Eliquis was twelve hours, and the medication effects would "wear off".
-There was an increased risk for a stroke if the resident was not getting enough of the Eliquis to thin the blood.

Interview with the MA on 05/29/25 at 1:23pm revealed she administered the Eliquis 2.5mg tablet based on what was transcribed to the EMAR.

Interview with the Administrator on 05/29/25 at 3:50pm revealed:
-She did not realize a medication error had been made with the Eliquis until 05/29/25.
-It appeared the facility nurse "flipped the orders" for Amiodarone and Eliquis.
-She considered the medication error to be "a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 32 significant error". Refer to the interview with the medication aide on 05/29/25 at 1:16pm. Refer to the interview with the medication aide on 05/29/25 at 1:40pm. Refer to the interview with the Administrator on 05/29/25 at 3:50pm. 2. Review of Resident #4's current FL-2 dated 12/27/24 revealed: -Diagnoses included closed fracture of 5th lumbar vertebrae 2024, rheumatoid arthritis involving multiple sites 2024, dementia, gastro-esophageal reflux disease, and localized edema. -There was a physician's order for Tylenol/Acetaminophen (acetaminophen is the generic name for Tylenol used to treat pain) 325mg two capsules three times a day as needed. Review of Resident #4's physician orders revealed: -There was a physician's order dated 01/07/25 for Acetaminophen 325mg two capsules every eight hours as needed for pain. -There was a physician's order dated 05/22/25 for Acetaminophen 500mg two tablets three times a day as needed for pain. -There was no physician's order for Tylenol (Acetaminophen) 500mg two tablets three times a day or every eight hours scheduled. Review of the May 2025 electronic medication administration records (eMAR) for Resident #4 revealed: -There was a printed entry dated 05/28/25 for Tylenol extra strength tablet 500mg give two	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 33	D 358		

tablets three times a day for pain as needed for 30 days.
-There was documentation for administration of the Tylenol extra strength 500mg two tablets three times a day on 05/28/25 and scheduled at 8:00am, 2:00pm, and 8:00pm, and on 05/29/25 at 8:00am.
-There was a second entry printed to the eMAR dated 05/28/25 for the Tylenol extra strength 500mg two tablets every eight hours as needed for lower back pain, can take up to three times a day for 30 days with no documentation of administration, and scheduled as needed.

Observation of the medications on hand for Resident #4 on 05/30/25 revealed there was a pharmacy dispensed blister pack for Acetaminophen 325mg tablets take two tablets three times a day as needed dispensed on 12/30/24.

Interview with a medication aide (MA) on 05/30/25 at 11:03am revealed:
-She thought Resident #4 had recently been prescribed the Tylenol (strength not provided).
-She entered the physician's order on the EMAR for Tylenol to be administered as needed.
-She administered Tylenol 500mg two capsules to Resident #4 from the house stock supply on hand kept in the medication cart.
-She did not know why the Tylenol order was populating on the EMAR to be administered as a scheduled medication three times a day.
-Another MA told her she did not understand the physician's order for Tylenol and asked the MA to enter the physician's order into the eMAR system, which she did.
-Inputting physician orders into the EMAR system was a new task for the MAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 34 Refer to the interview with the medication aide on 05/29/25 at 1:16pm. Refer to the interview with the medication aide on 05/29/25 at 1:40pm. Refer to the interview with the Administrator on 05/29/25 at 3:50pm. _____ Interview with the medication aide (MA) on 05/29/25 at 1:16pm revealed: -She administered medication based on the instructions on the eMAR. -The MAs were presently responsible for inputting new medication orders into eMAR. -The facility nurse, who no longer worked at the facility, used to also input the physician orders in eMAR. -The facility nurse was a resource when there were questions about inputting physician orders. -There were other MAs available to ask if there were questions. Interview with a second MA on 05/29/25 at 1:40pm revealed: -She administered medications to the residents based on what was printed on the eMAR. -The clinical staff and nurses used to input physician orders to the eMAR. -She was informed on 05/29/25 that MAs could input physician orders to the eMAR. Interview with the Administrator on 05/29/25 at 3:50pm revealed: -The facility nurse and MAs had access to enter physician orders to the eMAR. -There was no review process in place if the nurse (Health and Wellness Director (HWD)) entered a new physician's order to the eMAR and completed a new order tracking form.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 358	Continued From page 35 -There was no HWD currently employed at the facility, but there was a nurse filling in as of 05/27/25. _____ The facility failed to administer blood thinning medication and heart medication to a resident as ordered. This failure placed the resident at increased risk for stroke and heart rhythm irregularities and was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/29/25 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 14, 2025.	D 358		
D 461	10A NCAC 13F .1304 Special Care Unit Building Requirements 10A NCAC 13F .1304 Special Care Unit Building Requirements In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements: (1) For facilities licensed prior to April 1, 2025, the following shall apply: (a) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval. (b) If the special care unit is a portion of a facility, it shall be separated from the rest of the building	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 36	D 461		

by closed doors.
(c) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.
(d) Where exit doors are not locked, a system of security monitoring shall be provided.
(e) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.
(f) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.
(g) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.
(h) Direct access from the facility to a secured outside area shall be provided.
(i) A toilet and hand lavatory shall be provided within the unit for every five residents.
(j) A tub and shower for bathing of residents shall be provided within the unit.
(k) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.
(2) For facilities licensed on or after April 1, 2025, the following shall apply:
(a) A special care unit that is part of an adult care home shall meet licensure rules for adult care homes contained in Rules .0301-.0311 of this Subchapter with the following exceptions: .0305(e)(3), .0305(f)(1), .0305(f)(4), .0305(h)(3), .0305(k), and .0305(l).
(b) The unit, if part of an adult care home, shall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 37	D 461		

be separated from the rest of the facility by walls and closed doors.
(c) The unit, if part of an adult care home, shall be located so that other residents, staff, and visitors will not have to pass through the unit to reach other areas of the facility.
(d) Unit exit doors shall be locked with locking devices meeting the requirements outlined in the North Carolina State Building Code for special locking arrangements.
(e) Unit exit doors shall have a sounding device that is activated when the door is opened per Rule .0305(h)(4) of this Subchapter.
(f) Operable exterior windows shall be equipped with mechanisms to limit window openings to no less than four inches and no greater than six inches to minimize the chance of elopement.
(g) There shall be direct access from the unit to a secured outside area located on the same level as the unit.
(h) Fences used to enclose the secured outside area shall be at least six feet high and shall be constructed to prevent residents' ability to climb over the fence.
(i) The following service and storage areas shall be provided within the special care unit:
(i) a staff work area;
(ii) a staff bathroom;
(iii) a nourishment station for the preparation and provision of snacks. The nourishment station shall be provided with a sink trimmed with valves that can be operated without hands. If the sink is equipped with blade handles, the blade handles shall not be less than four and one half inches in length. If the sink faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 38	D 461		

maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets;
(iv) lockable space for medication storage;
(v) storage area for the residents' records;
(vi) separate storage room or area shall be provided for the storage of soiled linens; and
(vii) a housekeeping closet, with mop sink or mop floor receptor.
(j) The living room and dining room/dining area may be sized per Rules .0305(b) and .0305(c) of this Subchapter or may be combined for a minimum of 30 square feet per resident. The combined space may be used as an activity area.
(k) The unit shall have a central bathing area meeting the following:
(i) a door of three feet minimum width;
(ii) a roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet. The roll-in shower shall be designed and equipped for unobstructed ease of shower chair entry and use. If a bathroom with a roll-in shower designed and equipped for unobstructed ease of shower chair entry adjoins each resident bedroom in the facility, the central bathing area is not required to have a roll-in shower;
(iii) a bathtub, a manufactured walk-in tub or a similar manufactured bathtub designed for easy transfer of residents into the tub. Bathtubs shall be accessible on three sides. Manufactured walk-in tubs or a similar manufactured bathtub shall be accessible on at least two sides. Staff shall not be required to reach over or through the tub faucets and other fixture fittings to assist the resident in the tub;
(iv) a toilet and a lavatory trimmed with valves that can be operated without hands. If the lavatory is equipped with blade handles, the blade

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 39 handles shall not be less than four and one half inches in length. If the lavatory faucet depends on the building electrical service for operation, the faucet must have an emergency power source or battery backup capability. If the faucet has battery operated sensors, the facility shall have a maintenance policy to keep extra rechargeable or non-rechargeable batteries on premises for the faucets; and (v) individual cubicle curtains shall enclose each toilet, bathtub, manufactured walk-in tub or similar manufactured bathtub, and shower. (l) If each resident bedroom has direct access to a bathroom equipped with a shower meeting the requirements of Rule .0305(e)(7)(B) of this Subchapter, the shower required by this rule is not required to be provided in the unit. (m) Fire extinguishers required by Rule .0308(a) of this Subchapter shall be secured in a manner acceptable to the local Fire Marshal to prevent access by residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors on the Special Care Unit (SCU) and 1 exit door and 2 gates in the SCU outdoor garden, accessible to residents, closed, locked, and alarmed securely for the safety of all residents that resided in the SCU and the SCU outdoor garden. The findings are:	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 40	D 461		

Review of the facility's current license effective 01/01/25 revealed the facility was licensed with a capacity of 101 beds.

Review of the facility's census reports provided on 05/28/25 revealed the facility's in-house census was 72 residents with; 20 residents who resided in the Special Care Unit (SCU).

Observation of the Special Care Unit (SCU) on 05/28/25 at 4:22pm revealed:
-The SCU main entrance doors were held open by a ladder.
-The maintenance technician was working on the main entrance doors into the SCU.
-The medication aide (MA) was standing at the door.

Observation of the SCU outdoor garden on 05/30/25 at 3:55pm revealed:
-The entrance to the SCU outdoor garden was from a stairwell on the first floor.
-The door required a key to unlock the door.
-There was not an alarm that sounded on the door.
-The door did not automatically close and you had too physically close it.
-There were 2 gates in the SCU outdoor garden that were locked.

Interview with the MA on 05/28/25 at 4:23pm revealed that the door stopped locking about 20 minutes ago and she was monitoring the door.

Interview with the maintenance technician on 05/28/25 at 4:35pm revealed:
-He had worked at the facility for one year.
-The magnet on the SCU door was not locking.
-This was the first time that he knew the SCU door was not locking.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 41 -The SCU door was only locking on the entrance side of the doors. -The Facility Director of Maintenance (DM) was trying to find a company that could work on the door. Interview with the DM on 05/28/25 at 4:48pm revealed: -He had worked for the facility for one week. -He was trying to find a company that could fix the door. -The SCU door had an alarm that could be activated when the door opened. -The SCU door was not locking securely. -He had notified the Administrator that the SCU door was not locking securely. Interview with the Administrator on 05/28/25 at 4:48pm and 6:14pm revealed: -She was the interim Administrator since February 2025. -She had the maintenance technician work on the SCU door last Thursday (05/22/25) when a staff member reporting it was not locking. -The maintenance technician adjusted the magnet and the SCU door started to lock securely. -A contracted company had been called to evaluate the SCU door. -The SCU door was not locking and she would assign staff to monitor the door until it was repaired and locked securely. -They had reached out to the Regional Maintenance Director (RMD) and requested that the key switch to unlock the SCU doors be changed to keyed. -The DM would meet the contracted company at the facility when they arrived. -The Administrator was the only staff that could discontinue the monitoring of the SCU door.	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 42 -The staff that would be responsible for monitoring the SCU door would be over the required staff numbers for the SCU. -There would be a monitoring sign off sheet to document 15-minute checks until the SCU door was secured. -There would be an hourly rounding sheet for resident head count s until the SCU door was secured. Observation of the SCU door on 05/29/25 between 7:03am and 8:10am revealed: -Staff opened the locked door when the doorbell rang. -There was no staff assigned to monitor the SCU doors. -There were 2 personal care aides (PCA) working in the SCU. -There was not an MA in the SCU. -There were no staff members within sight of the SCU door. -There were 2 residents continuously walking through the halls in the SCU. -There were 2 residents sitting in the living room. -There were 4 residents sitting in the dining room. -A PCA arrived at 8:10am to monitor the door. Interview with a PCA on 05/29/25 at 7:05am revealed: -There was no one assigned to monitor the SCU door. -There were two staff working in the SCU and they had to get the residents up and ready for breakfast. Review of the monitoring sheet on 05/29/25 used to document 15-minute checks on the SCU door revealed that no one had documented on the monitoring sheet since 6:00am.	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 43 Interview with the Administrator on 05/29/25 at 10:11am and 10:50am revealed: -The facility contracted a company that was supposed to work on the doors last night but they did not come. -The DM called the facility's contracted company and provided information that was required before they could perform any work at the facility. -The facility contracted company was supposed to come today (05/29/25). -It was unacceptable that no one was posted at the SCU door for monitoring. -She had serious concerns that the SCU door was not monitored and how it was communicated to the staff. -She was concerned that a resident could have been at risk for elopement. -She was concerned about the resident's safety. -She did not know why the 15-minute monitoring sheet was not documented on after 6:00am. Review of the service request document that was provided by the facility contracted company dated 05/29/25 revealed: -The company arrived at 11:18am and departed at 12:17pm. -The scope of work was that the automatic closure device failure. -Work performed identified that the door closure needed adjustment, and the facility arranged for a technician to make adjustment. -The call was completed and a quote was provided for adding an identity and access management system (IAM) to release the doors during emergencies. -He documented that the doors had light switches which were not state compliant. Review of second service request document that was provided by the facility contracted company	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 44 dated 05/29/25 revealed: -The company arrived at 11:21am and departed at 12:44pm -The scope of work as automatic closure device failure. -The facility was to switch out the magnetic plates. Interview with the DM on 05/30/25 at 8:55am and 9:10am revealed: -The facility contracted company was at the facility yesterday and adjusted the tension on the door. -He was going to adjust the tension on the door more because the door was not closing securely each time it closed. -He had adjusted the tension and the door, and the door was closing securely and locking. Interview with the Administrator on 05/30/25 at 9:15am revealed: -The SCU door was closing and locking securely. -She was removing the staff that were monitoring the SCU door. -She was going to continue the hourly head count until 3:00pm. Interview with a PCA on 05/30/25 at 9:05am and 10:00am revealed: -A resident got out of the SCU door about 2 weeks ago. -She had arrived at work and saw the resident exiting from the SCU and a staff member that was following behind her the hairdresser escorted the resident back into the SCU. -The SCU door had not been closing and locking securely for about 3 weeks. -Staff and visitors did not make sure that the doors close securely.	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 45 Interview with a second PCA on 05/30/25 at 10:07am revealed: -The Memory Care Director (MCD) was exiting the SCU, and the door did not close and lock securely and a resident exited the SCU. -The MCD did not know that the resident followed her through the SCU door. -The MCD found the resident on the 200 hall of Assisted Living (AL) and brought the resident back into the SCU. Interview with the life enrichment associate on 05/30/25 at 10:20am revealed: -About 3 weeks ago a family member entered the unit and a resident exited the unit. -She had observed the resident exit the SCU and went and brought the resident back into the SCU. -Another time she and a PCA escorted 2 residents in wheelchairs and 3 residents walking down to the SCU garden outside of the first floor. -The garden entrance door did not close behind the staff and residents after they entered the garden. -A resident exited through the door without her realizing it and the resident was found by staff at the reception desk which was located at the entrance to the facility. -The door to the SCU outdoor garden was still open and unsecured when the Administrator brought the resident back to the SCU garden. Interview with the MCD on 05/30/25 at 11:23 am revealed: -She thought that the SCU doors were closing securely and locking since they had been worked on recently. -Residents had exited the SCU recently on, 04/08/25, 04/29/25, and 05/15/25. -On 04/08/25, a resident exited the SCU behind staff and was found on the first floor at the	D 461		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 46	D 461		

reception desk asking for an application.
-The receptionist notified the previous Director of Health and Wellness (DHW), and she escorted the resident back upstairs to the SCU.
-On 04/29/25 the life enrichment associate and another staff member had 7-8 residents in the SCU garden and the door was left open and unsecured and a resident was found on the first floor of the facility.
-A resident exited the SCU on 05/15/25 by following someone out of the door and was found on the 200 hall by a staff member and they got the MA to help them get the resident back into the SCU.

Interview with the Administrator on 05/30/25 at 4:10pm revealed:
-She was notified about 2-3 weeks ago on a Thursday that the SCU doors were not closing securely and locking by the previous DHW and instructed the DHW to notify her if repairs could not be made.
-The following Monday when she returned to work, she found out that a resident had been found outside of the SCU doors.
-She approved extra staff that night until the maintenance technician checked the SCU doors.
-She checked the SCU doors on 05/28/25 and they were closing securely and locking.
-She was informed about a resident recently that followed the MCD out the SCU doors.
-The MCD did not ensure that the doors closed behind her.
-The resident was escorted back into SCU by a staff member on AL.
-A resident from the SCU garden exited the garden by herself and came inside the first floor and was found by staff.
-She did not know that a resident exited the SCU on 04/08/25 or another resident recently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065045	A. BUILDING: _____ B. WING _____	R 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF WILMINGTON	2744 S 17TH STREET WILMINGTON, NC 28412

(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) COMPLETE DATE
D 461	Continued From page 47 -She was concerned about the safety of the residents. -She was concerned that SCU doors were not closing securely and locking. -She was concerned that there was a reporting problem when there were incidents. -She expected a phone call when a resident from the SCU was found outside of the secure doors. Interview with a facility contracted primary care provider (PCP) on 05/30/25 at 11:30am revealed: -She was concerned that the SCU was supposed to be a secure unit. -She was concerned the SCU was not fully secured. -She was concerned that a resident could get out of the facility and potentially get hit by a car, become lost, exposure to the elements (heat or cold), or become dehydrated. _____ The facility failed to ensure that the Special Care Unit doors and the Special Care Unit outdoor garden door were closing securely and locking and the facility failed to monitor when they became aware of the issue. This placed all residents in the Special Care Unit at risk of elopement. The failure of the facility to secure and lock the Special Care Unit doors was detrimental to the safety, health, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/28/25 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED July 14, 2025.	D 461		