

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/16/2025
NAME OF PROVIDER OR SUPPLIER THE SHAIRE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645		
(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 and the Caldwell County Department of Social Services conducted an annual and follow up survey and a complaint investigation on 07/15/25 through 07/16/25.	D 000			
D 344	10 NCAC 13F .1002(a) Medication Orders 10 NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to clarify medication orders for 2 of 5 sampled residents (Resident #1 and #4) related to orders to start a multi vitamin and change an inhaler (#1) and incomplete orders for pre-meal insulin, long-acting insulin, and an antifungal cream (#4). The findings are: 1. Review of Resident #4's current FL2 dated 02/12/25 revealed diagnoses included type 2 diabetes, chronic kidney disease stage 4, bradycardia, and hypertension.	D 344	This Plan of Correction is submitted to address deficiencies cited under D 344. This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies. On 07/16/25, the Director of Nursing (DON) contacted both residents' prescribing practitioners for the following clarification orders: Resident #1: Confirmed orders for Albuterol Sulfate HFA 90mcg and Multivitamin. Resident #4: Clarified contradictory orders for Novolog, incomplete orders for Lantus, and verified Nystatin cream order. All orders were updated in the MAR, medical record and FL2. A retrospective audit was completed on 07/22/25 by the DON and RCC of all resident FL2s and MARs from the last 90 days to identify any incomplete, contradictory, or unsigned medication orders. No additional issues were identified; any minor discrepancies were corrected, and clarifications were documented.	08/13/25	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kate Haise TITLE

Administrator (X6) DATE 8/18/25

STATE FORM

6999 Y8DL11

If continuation sheet 1 of 9

LSB

Reviewed & acknowledged 08/18/25

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D 344	Continued From page 1 a. Review of Resident #4's current FL2 dated 02/12/25 revealed: -There was an order for Novolog (used to control blood sugar) 8 units three times a day before meals. -There was an order for Novolog 100 units before meals. Review of Resident #4's primary care provider (PCP) six month medication review orders dated 02/03/25 revealed Novolog 100unit/ml inject 5 units subcutaneously before meals hold if fingerstick blood sugar (FSBS) is less than 150. Review of Resident #4's PCP order dated 02/06/25 revealed increase premeal Novolog to 8 units three times a day prior to meals hold for FSBS less than 150. Review of Resident #4's February 2025 medication administration record (MAR) revealed: -There was a computer generated entry for Novolog 100unit/ml 5 units before meals hold if FSBS less than 150 scheduled at 7:30am, 11:00am, and 4:00pm. -Novolog 5 units was documented as administered as ordered from 02/01/25-02/06/25 at 7:30am. -There was a handwritten entry for Novolog 8 units before meals hold if FSBS less than 150 scheduled at 7:30am, 11:30am, and 4:30pm. -Novolog 8 units was documented as administered as ordered from 02/06/25 at 11:30am -02/28/25 as ordered. Review of Resident #4's March 2025 to July 2025 MARs revealed: -There were computer generated entries for Novolog 100unit/ml 8 units before meals hold if	D 344	As of 07/21/25, a revised Medication Order Verification Protocol was implemented. Key components include: 1. DON or RCC will review within 24 hours admit and readmit orders and clarify with PCP, if needed, any orders that have discrepancies listed on multiple sources and/or not clear or incomplete. 2. Any and all clarification orders will be reviewed and signed by PCP. 3. All FL2s must be reviewed and signed by the DON or RCC before submission to the provider. 4. All new admissions/readmissions and six-month reviews will include a documented verification of medication orders. 5. The prescribing physician must now review and initial all FL2s after corrections. Beginning 08/01/25, the DON or designee will conduct an audit of FL2s and MARs for new or readmitted residents on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The DON will compile documentation and report findings to the Administrator for a period of three months. The Administrator will assess and modify the action plan as needed to ensure continued compliance.		

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D 344	Continued From page 2 FSBS less than 150 scheduled at 7:30am, 11:00am, and 4:00pm. -Novolog 8 units was documented as administered as ordered. Observation of Resident #4's medications on hand on 07/15/25 at 4:26pm revealed: -There was one Novolog 100unit/ml Flexpen available with instructions to inject 8 units three times a day before meals hold if FSBS is less than 150. -There was a handwritten note with an open date of 07/10/25. Interview with a medication aide (MA) on 07/16/25 at 10:08am revealed: -The night shift MAs were responsible for completing resident FL2s. -Resident #4's Novolog pre-meal orders were contradictory and incomplete. -The Resident Care Coordinator (RCC) was responsible for reviewing the FL2s before having the PCP sign them. Interview with the Director of Nursing (DON) on 07/16/25 at 12:50pm revealed she contacted Resident #4's PCP and received the following clarification order for Novolog 100units/ml inject 8 units before meals hold if FSBS is less than 150. Refer to interview with the RCC on 07/16/25 at 10:10am. b. Review of Resident #4's current FL2 dated 02/12/25 revealed there was an order for Lantus 100 unit twice daily. Review of Resident #4's primary care provider (PCP) six month medication review orders dated 02/03/25 revealed Lantus 100unit/ml 58 units	D 344			

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D 344	Continued From page 3 every morning and at bedtime. Review of Resident #4's February 2025 to July 2025 medication administration records (MARs) revealed: -There were computer generated entries for Lantus 100unit/ml 58 units every morning and at bedtime scheduled at 8:00am and 8:00pm. -Lantus 100unit/ml 58 units was documented administered as ordered. Observation of Resident #4's medications on hand on 07/15/25 at 4:26pm revealed: -There was one Lantus 100unit/ml Solostar pen available with instructions to inject 58 units every morning and at bedtime. -There was a handwritten note with an open date of 07/09/25. Interview with a medication aide (MA) on 07/16/25 at 10:08am revealed: -Resident #4's Lantus order on the FL2 was incomplete. -The Resident Care Coordinator (RCC) was responsible for reviewing the FL2s before having the PCP sign them. Interview with the Director of Nursing (DON) on 07/16/25 at 12:50pm revealed she contacted Resident #4's PCP and received the following clarification order for Lantus 100units/ml inject 58 units every morning and at bedtime. Refer to interview with the RCC on 07/16/25 at 10:10am. c. Review of Resident #4's primary care provider (PCP) order dated 01/15/25 revealed Nystatin Cream (used to treat fungal skin infections) 100,000unit/gm apply to abdominal folds topically	D 344			

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D 344	Continued From page 4 every 8 hours as needed for yeast/redness and irritation. Review of Resident #4's PCP six month medication review orders dated 02/03/25 revealed Nystatin Cream 100,000unit/gm apply to abdominal folds topically every 8 hours as needed for yeast/redness and irritation. Review of Resident #4's current FL2 dated 02/12/25 revealed there was no order for Nystatin Cream 100,000unit/gm. Review of Resident #4's February 2025 to July 2025 medication administration records (MARs) revealed: -There were computer generated entries for Nystatin Cream 100,000units/gm apply to abdominal folds every 8 hours as needed for yeast/redness and irritation. -There were no documented administrations. Observation of Resident #4's medications on hand on 07/15/25 at 4:26pm revealed there was one tube of Nystatin Cream 100,000units/gm available with instructions to apply to abdominal folds every 8 hours as needed for yeast/redness and irritation. Interview with the Director of Nursing (DON) on 07/16/25 at 12:25pm revealed she contacted Resident #4's PCP and received the following clarification order for Nystatin Cream 100,000units/gm apply to abdominal folds topically three times a day as needed for yeast/redness and irritation. Refer to interview with the RCC on 07/16/25 at 10:10am.	D 344			

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D 344	Continued From page 5 2. Review of Resident #1's current FL2 dated 02/24/25 revealed: -Diagnoses included chronic obstructive pulmonay disease (COPD) and protein calorie malnutrition. -An order for albuterol 90-80mcg/ACT, 1 puff every 4 hours as needed. Review of Resident #1's physicians orders revealed: -An order dated 02/10/25 for albuterol Sulfate HFA 90mcg, 1 puff every 4 hours as needed. -An order dated 02/11/25 for a multivitamin daily. Review of Resident #1's May-July 2025 medication administration record (MAR) revealed: -There was an entry for Albuterol Sulfate HFA 90mcg, 1 puff every 4 hours as needed with no documented administrations. -There was an entry for and documentation of administration of a multivitamin daily Observation of medications on hand on 07/16/25 at 12:02pm revealed: -Albuterol Sulfate HCL 90mcg was available for administration. -A multivitamin was available for administration. Interview with the Director of Nursing (DON) on 07/16/25 at 12:25pm revealed she contacted Resident #1's PCP and received the following clarification orders: -Albuterol Sulfate HFA 90mcg, 1 puff every 4 hours as needed. -A multivitamin daily. Refer to interview with the RCC on 07/16/25 at 10:10am. _____ Interview with the Resident Care Coordinator	D 344			

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D 344	Continued From page 6 (RCC) on 07/16/25 at 10:10am revealed: -The night shift MAs were responsible for completing resident FL2. -There had recently had a large turn over in night shift MAs. -The MAs were trained on completing resident FL2s, but were inexperienced. -The PCP would sign the FL2s without reviewing the orders to ensure they were correct and complete. -She became responsible for reviewing the FL2s before they were submitted to the PCP "a month ago" because of the errors they had found on some of the FL2s.	D 344		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to complete a 24-hour initial allegation report followed by a 5-day investigation report to Health Care Personnel Registry (HCPR) concerning an allegation of physical abuse related to a staff (Staff A) slapping Resident #2. The findings are: Review of Resident #2's current FL2 revealed: -Diagnoses included dementia, blindness and anxiety. -There was documentation she was constantly	D 438	This Plan of Correction is submitted to address deficiencies cited under D 438. This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies. On 07/20/25 the DON, RCC and SCC were counseled and re-educated by the Administrator on abuse policies to include immediate reporting of all allegations (regardless of staff or resident statements) within 24 hours to HCPR. The facility's Abuse Reporting Policy and Procedure was reviewed to clearly delineate the timeframes and methods of reporting, documentation, and follow-up. The education included scenarios involving conflicting resident statements, vague accusations, and how to respond in all cases. On 07/25/25 a facility-wide audit of all grievances; complaints; incident reports from the past 30 days; and any abuse, neglect, or	08/13/25

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D 438	Continued From page 7 disoriented and required total care. -She was documented as being verbally abusive and injurious to others. Review of Resident #2's care plan dated 05/08/25 revealed she needed extensive assistance with transfers. Interview with a PCA on 07/15/25 at 3:00pm revealed: -She worked as a PCA from 3:00-11:00pm. -In May 2025 she was assisting a Staff A transfer Resident #2 when she observed Resident #2 pinch Staff A. -Staff A slapped Resident #2 in the face after she was pinched. -She did not report the incident initially because she was new and afraid they would not believe her. -Two days after the incident she reported it to her supervisor. Interview with the Facility's Director of Nursing (DON) on 07/15/25 at 3:59pm revealed: -She was aware of the alleged incident with Staff A involving Resident #2. -The incident was investigated. -Staff A reported that Resident #2 became aggressive towards her while providing care and she put her hand on Resident #2's chin and turned her face away from her but did not slap her. -She did not complete a HCPR 24-hour initial report or a 5-day investigative report because she did not know that needed to be done. Interview with the Special Care Coordinator (SCC) on 07/16/25 at 8:06am revealed: -In March or April 2025 a PCA reported to her she witnessed Staff A slap Resident #2.	D 438	misappropriation reports made in the past 12 months was conducted by the DON and RCC to identify any unreported allegations, late reported allegations or suspicions of abuse, neglect, misappropriation of resident property, or exploitation. No other unreported incidents were identified. Effective 08/01/25, a new Abuse Reporting Policy was implemented, including: Immediate reporting of all allegations (regardless of staff or resident statements) within 24 hours to HCPR. In addition, a checklist was created to guide responsible staff (DON, SCC, Administrator) through required steps and timelines. DON will conduct an audit of all incident reports to ensure any reportable event is communicated to any and all appropriate agencies within required timeframes, on a weekly basis for a period of 4 weeks, then every other week for a period of 4 weeks and monthly for a period of 1 month. The DON will compile documentation and report findings to the Administrator for a period of three months. The Administrator will assess and modify the action plan as needed to ensure continued compliance.		

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D 438	Continued From page 8 -The PCA said she waited 2 days to report it because she was a new employee and did not think she would be believed. -She investigated the alleged incident, talking to multiple staff that worked with the Staff A. -Staff A told her Resident #2 started to bite her while they were providing care and she in turn used her hand to move Resident #2's face away from her and told her she could not bite. -She was unable to substantiate the incident. -She did not complete a HCPR 24-hour initial report or a 5-day investigative report because she was not aware that was part of the investigative process. Interview with the Administrator on 07/16/25 at 12:19pm revealed: -She was aware of the alleged incident with Resident #2. -The incident was thoroughly investigated and deemed to be unsubstantiated. -She never completed a HCPR 24-hour initial report or a 5-day investigative report because she thought the only time the facility had to report to HCPR was if an allegation was substantiated. Based on observation and record review Resident #2 was not interviewable.	D 438			