Morningside of Wilmington
Plan of Correction
10/17/2025

This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0311 Other Requirements (Water temperatures)

- Water temperatures will be checked two times daily in 8 resident rooms for two weeks at random times by the Maintenance Technician or designee from random faucets including faucets closest to and the most distant from the hot water source.
- Water temps will be checked once daily in 8 resident rooms for an additional two weeks at random times and at random faucets.
- Results will be entered into the community's automated system (TELS).
- Temps outside of the 100 – 116 degree range will be reported to the Executive Director (ED) or designee and if necessary, signs indicating hot water will be posted as needed. For cold water temps, signs will not be posted.
- Temperatures outside of the 100 -116 degree range will be reported to the ED. ED will contact plumbers to request service.
- The ED or designee will monitor the TELS system weekly for one month, and then once a month for compliance.
- The date of correction for this standard deficiency will not exceed November 5, 2025.

10A NCAC 13F .0403 Qualifications of Med Staff

- The Business Office Manager (BOM) will review files for current Medication Aides for compliance with the state required 5/10/15 hour training, Medication Aide checklists for North Carolina and verification of successful completion of NC Medication Aide Testing.
- The BOM will notify the Executive Director and the Director of Health and Wellness regarding Medication Aides without the required qualifications.
- Medication Aides without the correct certification will be removed from the cart until the correct training certificate is obtained.
- Medication Aides without the medication aide checkoff will be removed from the cart until the checklist is completed.
- The BOM will review staff records monthly for compliance for three months and then quarterly thereafter.

- The ED will verify the BOM is reviewing staff records monthly for three months and then quarterly thereafter.
- The date of correction for this standard deficiency will not exceed November 5, 2025.

10A NCAC 13F .1004 (a) Medication Administration

- The HWD (Health and Wellness Director) or Area Nurse Manager will complete training with Medication Aides in the area of Medication Administration Basics to include but not limited to: documentation, review of routes of medication and treatments/ dosages of medication and treatments.

- The HWD/RCC (Resident Care Coordinator) /Designee will review resident eMars and current medication orders for accuracy. These will be compared to the medication labels. This will be completed when new medications arrive at the community. Physicians will be contacted for clarification as needed.

- The HWD/Licensed RCC will observe medication aides administering medications on a weekly basis x 4 weeks and then monthly and maintain documentation of the observation for 90 days.

- The ED (Executive Director) will review the observation forms monthly for three months and then quarterly as needed.

The date of correction for this standard deficiency will not exceed November 5 , 2025.

Haley Franklin
Executive Director
10/17/2025

Reviewed and Acknowledged
WW
10/17/25

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D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 09/16/25 - 09/17/25.	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: FOLLOW-UP TO TYPE B VIOLATION The Type B violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained between 100 degrees Fahrenheit (F) to 116 degrees F in resident bathrooms as evidenced by 3 of 11 fixtures with hot water temperatures ranging from 88 to 92 degrees (F). The findings are: Review of the facility's census reports provided on 09/16/25 revealed the facility's Special Care Unit (SCU) census was 19 residents.	D 113	See Attached POC. WW	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Hailey Frankel TITLE Executive Director (X6) DATE 10/14/25

Reviewed and Acknowledged
WW 10/17/25

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D 113	Continued From page 1 Observation of hot water temperatures on 09/16/25 from 9:24am to 9:40am on the second floor of the facility in the SCU revealed: -The hot water temperature in the bathroom sink in room 240 was 92 degrees F. -The hot water temperature in the bathroom sink in room 241 was 90 degrees F. -The hot water temperature in the bathroom sink in room 242 was 88 degrees F. Interview with a personal care aide (PCA) on 09/16/25 at 9:38am revealed that she did not know of any concerns with the hot water. Interview with a medication aide (MA) on 09/17/25 at 7:15am revealed that no residents had complained about the hot water being too hot or too cold. Interview with the Assistant Director of Health and Wellness (ADHW) on 09/16/25 at 9:46am revealed that she did not know about any problems with the hot water. Interview with the Facilities Director (FD) on 09/16/25 at 3:20pm revealed: -The boiler was replaced on 08/01/25. -The hot water temperatures were fluctuating. -He was getting more lower hot water temperatures than high hot water temperatures. -He had discussed the hot water fluctuating with the previous Administrator. -He could adjust the hot water temperature at the mixing valve. Second observation of hot water temperatures on 09/16/25 from 3:39pm to 3:48pm on the second floor of the facility in the SCU revealed: -The hot water temperature in the bathroom sink in room 240 was 82 degrees F.	D 113		

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D 113	Continued From page 2 -The hot water temperature in the bathroom sink in room 241 was 86 degrees F. -The hot water temperature in the bathroom sink in room 242 was 86 degrees F. Interview with the Executive Director (ED) on 09/16/25 at 3:55pm revealed: -She did not know that the hot water temperatures were fluctuating out of the required range. -The FD had not reported any hot water temperatures out of the required 100 degrees F-116 degrees F. -He should adjust the hot water temperature 1-2 degrees F and then recheck the hot water temperatures. -The hot water temperatures should be checked everyday for 1-2 weeks until there were no more fluctuations. -At that point, the facility could discuss adding mixing valves or boosters with a plumber. Third observation of hot water temperatures on 09/17/25 from 7:40am to 7:50am on the second floor of the facility in the SCU revealed: -The hot water temperature in the bathroom sink in room 240 was 102 degrees F. -The hot water temperature in the bathroom sink in room 241 was 104 degrees F. -The hot water temperature in the bathroom sink in room 242 was 92 degrees F. Second interview with the ED on 09/17/25 at 8:18am revealed: -The hot water temperatures were not adjusted on 09/16/25. -The company who replaced the boiler checked the boiler this morning and said they could not find any issues with the boiler.	D 113		

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D 113	Continued From page 3 Second interview with the FD on 09/17/25 at 8:40am revealed he did not make any adjustments to the hot water on 09/16/25 or 09/17/25. Interview with a plumber at the facility's contracted plumbing company on 09/17/25 at 8:19am revealed: -There was a fluctuation of the water temperature in the mixing valve. -The water temperatures were documented on 09/17/25 at 8:19am, 140 degrees F, at 8:36am as 128 degrees F, and at 8:57am 122 degrees F. -The water temperature should not fluctuate. -He checked two utility sinks, one on the first floor and one on the second floor. -The utility sink on the first floor, the faucet handles were not turned off and both handles should be turned off. -Neither of the utility sinks had check valves and this could cause cold water to continue to mix with the hot water. -He checked the water temperature in room 202 sink at 8:27am on 09/17/25 and the water temperature of 116.2 degrees F. -He attached a hose pipe to the boiler at 8:46am on 09/17/25 to clear an air lock in the hot water pipes. -The hot water temperature should be set at 5 degrees F above 116 degrees F to maintain the temperature. -He set the hot water temperature at 121 degrees F. Fourth observation of hot water temperatures on 09/17/25 from 10:15am to 10:25am on the second floor of the facility in the SCU revealed: -The hot water temperature in the bathroom sink in room 240 was 92 degrees F. -The hot water temperature in the bathroom sink	D 113		

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D 113	Continued From page 4 in room 241 was 94 degrees F. -The hot water temperature in the bathroom sink in room 242 was 92 degrees F. Third interview with the FD on 09/17/25 at 11:42am revealed: -There was no process that he followed for checking the hot water temperatures. -He did not report any of the out-of-range hot water temperatures. -He maintained the hot water temperature logs for inspections. Third interview with the ED on 09/17/25 at 11:50am revealed: -The FD uploaded the hot water temperatures into the computer and the Regional FD monitored the task list. -He should notify her when there were any hot water temperatures out of range. Fourth interview with the ED on 09/17/25 at 2:35pm revealed: -The plumber was going to descale the mixing valve cartridge on 09/18/25 since the hot water temperatures were still fluctuating. -She had notified the county local Department of Social Services, residents, and family members that the hot water would be turned off for about an hour.	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	D 125	See Attached POC. WW	

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D 125	Continued From page 5 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 interviews and record reviews, the facility failed to ensure that 2 of 6 sampled staff (Staff D, Staff E) who administered medications to residents had the required documentation of the state approved 5-hour and 10-hour or 15-hour medication aide training course for adult care homes and 2 of 6 sampled staff (Staff A, Staff B) had a completed medication administration skills validation form prior to administering medications to residents. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was employed by a staffing agency as a medication aide (MA). -She passed the MA written exam on 08/04/25. -There was a state approved certificate of completion for the 15-hour medication administration training for adult care homes dated 02/05/23. -There was no documentation for the medication administration skills validation form. Refer to interview with the Executive Director (ED) on 09/17/25 at 5:30pm. 2. Review of Staff B's personnel record revealed: -Staff B was employed by a staffing agency as a medication aide (MA). -She passed the MA written exam on 03/10/99.	D 125		

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D 125	Continued From page 6 -There was a state approved certificate of completion for the 15-hour medication administration training for adult care homes dated 09/09/24. -There was no documentation for the medication administration skills validation form. Interview with Staff B on 09/17/25 at 5:00pm revealed: -The previous Director of Health and Wellness completed the medication administration skills validation form. -She did not have a copy of the completed the medication administration skills validation form. Refer to interview with the Executive Director (ED) on 09/17/25 at 5:30pm. 3. Review of Staff D's personnel record revealed: -Staff D was hired on 09/21/24 as a medication aide (MA). -Staff D passed the MA written exam on 11/09/15. -There was documentation that Staff D's medication skills validation form was completed on 09/09/23. -There was no state approved certificate of completion for the 10-hour, or 15-hour medication administration training for adult care homes. Refer to interview with the Executive Director (ED) on 09/17/25 at 5:30pm. 4. Review of Staff E's personnel record revealed: -Staff E was hired on 02/03/11 as a medication aide (MA). -Staff E passed the MA written exam on 10/11/10. -There was no documentation that Staff E completed her medication skills validation form prior to 10/01/13. -There were documented medication skills	D 125		

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D 125	Continued From page 7 validation forms dated 02/11/14, 4/23/15, 10/13/21, and 02/16/23. -There was no state approved certificate of completion for the 5-hour, 10-hour, or 15-hour medication administration training for adult care homes. Interview with Staff E on 09/17/25 at 4:30pm revealed: -She had worked for the facility since February 2011. -She had never worked as a MA at any other facility. -When the previous owners sold the facility in 2016, she had to reapply for her position as a MA. -She had never completed the 5-hour, 10-hour, or 15-hour medication administration training for adult care homes. Refer to interview with the Executive Director (ED) on 09/17/25 at 5:30pm. Interview with the Executive Director (ED) on 09/17/25 at 5:30pm revealed: -She was not currently auditing staff personnel folders. -She was not aware that there was a state certificate for the 5-hour, 10-hour, or 15-hour medication administration training for adult care homes. -She was not aware that some of the MAs did not have a completed medication skills validation form and the state certificate for the 5-hour, 10-hour, or 15-hour medication administration training for adult care homes. -The Business Office Manager (BOM) was responsible for ensuring that all staff personnel folders were complete and documents were available. -The BOM was auditing staff personnel folders for	D 125		

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D 125	Continued From page 8 completeness. -There was not a schedule that the BOM followed for auditing staff personnel folders. -She was ultimately responsible to ensure all personnel folders were complete.	D 125		
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: FOLLOW-UP TO TYPE B VIOLATION The Type B violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered to 2 of 5 residents (#6, #7) observed during the medication pass including errors with a supplement to prevent urinary tract infections (#6) and a laxative for constipation (#7); and for 1 of 5 sampled residents (#3) for record review including errors with two medications to treat benign prostatic hyperplasia. The findings are: 1. The medication error rate was 7% as	D 358	See Attached POC WW	

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D 358	Continued From page 9 evidenced by the observation of 2 errors out of 28 opportunities during the 8:00am medication pass on 09/17/25. a. Review of Resident #6's current FL-2 dated 07/02/25 revealed: -Diagnoses included age related debility, anemia, cardiac murmur, and chronic urinary tract infections. -There was an order for Actifruit Cranberry Chews 1 chew daily (Actifruit Cranberry Chews contain Cranberry Concentrate 500mg and D-Mannose 50mg per chew and prevent urinary tract infection). Observation of the 8:00am medication pass on 09/17/25 revealed the medication aide (MA) prepared and administered a store brand Cranberry and D-Mannose 1 capsule to Resident #6 at 7:20am. Observation of Resident #6's medications on hand on 09/17/25 at 07:15am revealed a bottle of store brand Cranberry and D-Mannose capsules containing Cranberry 400mg and D-Mannose 1,000mg per capsule. Review of Resident #6's September 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Actifruit Chewable 500-50mg give 1 by mouth one time a day. -There was no entry for the store brand Cranberry and D-Mannose 400-1,000mg per day. -Actifruit was documented as administered 09/01/25 through 09/17/25. Interview with Resident #6 on 09/17/25 at 9:40am revealed she had experienced no recent urinary tract infections or symptoms of a urinary tract	D 358		

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D 358	Continued From page 10 infection. Interview with the MA on 09/17/25 at 11:25am revealed: -The family provided the Cranberry and D-Mannose supplement for Resident #6. -She did not know that the provided Cranberry and D-Mannose supplement did not provide the same dosage ordered by the primary care provider (PCP). -Resident #6 had no recent symptoms of urinary tract infection. Interview with the Director of Health and Wellness on 09/17/25 at 11:55am revealed: -All medications, including supplements, should have been administered as ordered. -When the family provided an over-the-counter supplement that did not have the same content as the ordered supplement, the MA should have gotten a clarification order from the PCP to administer what the family provided. -If the MA was unable to obtain the clarification, they should have notified her. Interview with the Administrator on 09/17/25 at 12:05pm revealed: -Resident #6's Cranberry and D Mannose supplement should match what was ordered. -The MA who received the medication from the family should have compared what was on the label of the supplement to what was ordered and gotten a clarification order from the PCP if it was different. Attempted telephone interview with Resident #6's PCP on 09/17/25 at 3:35pm was unsuccessful. b. Review of Resident #7's current FL-2 dated 02/07/25 revealed:	D 358		

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D 358	Continued From page 11 -Diagnoses included rhabdomyolysis, muscle weakness, hypothyroidism, and cognitive communication deficit. -There was an order for Miralax mix 17 grams into 8 ounces of fluid and drink twice a day (Miralax is a laxative used to treat and prevent constipation. Miralax is a powder and the inside of the cap on the bottle has a marking for 17 grams that should be used to measure the dosage at the top of the white inner lining of the cap). Observation of the 8:00am medication pass on 09/17/25 revealed: -The medication aide (MA) poured approximately two-thirds of a capful of Miralax 17gram powder and mixed it in 8 ounces of water. -The MA administered the Miralax in water to Resident #7 at 7:25am and the resident drank all of the Miralax and water. -The MA did not prepare or administer the full 17gram dose of Miralax as ordered. Observation of Resident #7's medications on hand on 09/17/25 at 7:22am revealed there was an almost empty bottle of Miralax dispensed 6/12/25 labeled mix 17grams in 8 ounces fluid and take by mouth twice a day. Review of Resident #7's September 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Miralax give 17grams by mouth two times a day at 8:00am and 8:00pm. -Miralax 17grams was documented as administered twice daily from 09/01/25 until the morning dose on 09/17/25. Interview with Resident #7 on 09/17/25 at 7:30am revealed:	D 358		

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D 358	Continued From page 12 -She had episodes of constipation and diarrhea in the past. -Her bowel movements were now regular on her current medication regimen. Interview with the MA on 09/17/25 at 11:25am revealed: -She did not realize that the correct measurement of Miralax 17gram was indicated by the top of the white inner cap lining. -Resident #7 had not complained of issues with constipation. Interview with the Director of Health and Wellness on 09/17/25 at 11:55am revealed: -The full dose of Miralax should have been administered to Resident #7. -She was going to contact the pharmacy to ask if the pharmacy could provide individual doses of Miralax in packets instead of big bottles to prevent inaccurate measurement moving forward. Interview with the Administrator on 09/17/25 at 12:05pm revealed: -Resident #7's Miralax should have been given as ordered. -She wanted to utilize the individual dose packets of Miralax from now on to prevent measurement errors. Attempted telephone interview with Resident #7's PCP on 09/17/25 at 3:45pm was unsuccessful. 2. Review of Resident #3's current FL-2 dated 07/27/25 revealed diagnoses included Parkinsonism, progressive supranuclear palsy, bipolar disorder, dysuria, and hypertension. a. Review of Resident #3's urologist's orders dated 08/15/25 revealed there was an order for	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 09/17/2025

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D 358	Continued From page 13 Tamsulosin give one 0.4mg capsule daily (Tamsulosin is used to improve urine flow and prevent urine retention). Review of Resident #3's August 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Tamsulosin 0.4mg give 1 capsule at bedtime for benign prostatic hyperplasia at 8:00pm. -Tamsulosin 0.4mg was documented as administered nightly from 08/21/25 through 08/31/25 except when it was documented as "other, waiting on pharmacy" on 08/23/25 through 08/27/25 and on 08/29/25. Review of Resident #3's September 2025 eMAR revealed: -There was an entry for Tamsulosin 0.4mg give 1 capsule by mouth at bedtime for benign prostatic hyperplasia at 8:00pm. -Tamsulosin 0.4mg was documented as administered nightly from 09/01/25 through 09/16/25 except when it was documented as "other, waiting on pharmacy" on 09/02/25, 09/03/25, 09/05/25, 09/06/25, and left blank on 09/16/25. Observation of Resident #3's medications on hand on 09/17/25 at 2:30pm revealed there was a bubble pack of Tamsulosin 0.4mg capsules dispensed on 09/03/25 with a quantity of 19 remaining. Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/17/25 at 5:10pm revealed Resident #3's Tamsulosin was filled with a quantity of 28 capsules on 09/03/25 and filled with a quantity of 28 capsules on 08/06/25.	D 358		

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D 358	Continued From page 14 Attempted telephone interview with Resident #3's primary care provider (PCP) on 09/17/25 at 5:35pm was unsuccessful. b. Review of Resident #3's urologist's orders dated 08/15/25 revealed there was an order for Tadalafil 5mg give 1 tablet daily (Tadalafil is used to improve urine flow and prevent urinary retention). Review of Resident #3's August 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Tadalafil 5mg give 1 tablet at bedtime for benign prostatic hyperplasia at 8:00pm. -Tadalafil 5mg was documented as administered nightly from 08/21/25 through 08/31/25 except when it was documented as "other, waiting on pharmacy" on 08/23/25 through 08/27/25 and on 08/29/25. Review of Resident #3's September 2025 eMAR revealed: -There was an entry for Tadalafil 5mg give 1 tablet by mouth at bedtime for benign prostatic hyperplasia at 8:00pm. -Tadalafil 5mg was documented as administered nightly from 09/01/25 through 09/16/25 except when it was documented as "other, waiting on pharmacy" on 09/02/25, 09/03/25, 09/05/25, 09/06/25, and left blank on 09/16/25. Observation of Resident #3's medications on hand on 09/17/25 at 2:30pm revealed there was a bubble pack of Tadalafil 5mg dispensed on 09/03/25 with a quantity of 19 remaining. Telephone interview with a pharmacist at the	D 358		

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D 358	Continued From page 15 facility's contracted pharmacy on 09/17/25 at 5:10pm revealed Resident #3's Tadalafil 5mg was filled with a quantity of 28 capsules on 09/03/25 and a quantity of 28 capsules on 08/06/25. Attempted telephone interview with Resident #3's primary care provider (PCP) on 09/17/25 at 5:35pm was unsuccessful. Interview with Resident #3 on 09/16/25 at 9:10am revealed: -He was unsure if he always received all the medications ordered for him. -He did not complain about issues with urination. Interview with the Director of Health and Wellness (DHW) on 09/17/25 at 3:35pm revealed: -The "O" documented on the eMAR for Resident #3's Tamsulosin 0.4mg and Tadalafil 5mg in August 2025 and September 2025 had a note attached as "waiting on pharmacy" to fill the medication. -One MA was responsible for documenting that the medication was not on hand on all the days both medications were not administered in August and September 2025. -She knew these medications were available because she ensured the orders were entered and saw the medications on hand in August 2025. -Both medications should have been given as ordered. -When a medication was not on hand, the MAs should request a refill of the medication and there was no documentation to indicate the MA contacted the pharmacy. -If the MAs were having difficulty getting a refill of medication, they should have notified her or the Assistant Director of Health and Wellness (ADHW) so they could follow up on the medication need.	D 358		

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D 358	Continued From page 16 Interview with the Administrator on 09/17/25 at 5:10pm revealed: -Medications should always be on hand for residents and MAs should contact the pharmacy if an ordered medication is not on hand. -If a medication was not available for more than one day, the MA should have contacted the ADHW or the DHW so they could obtain the needed medication.	D 358		