STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 Cabarrus County Department of Social Services conducted an annual survey and complaint investigation on 06//02/26 through 06/04/26. The complaint investigation was initiated by Cabarrus County Department of Social Services on 05/26/26.	D 000	Responses to the cited Deficiencies do not constitute an admission or agreement by the facility of truth of facts in the statement of deficiencies corrective action report; the plan of correction is prepared Soley as a matter of compliance with the state.	
D 259	10A NCAC 13F .0802 (a) (c) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Subchapter; (5) a dated signature of the assessor upon completion; and (6) a dated signature of the resident's physician	D 259	Resident care plans for Residents #2 and #4 were immediately reviewed and revised to include all required information, including LHPS tasks, medications, ADL assistance levels, and CGM-related tasks. An audit of all resident care plans was completed to ensure required elements, LHPS tasks, medications, ADLs, and physician orders are accurately reflected. RCC and Executive Director were In-Serviced on care plan completion requirements. LHPS tasks, medications, ADLs, and physician orders reviewed.	

AS Reviewed and Acknowledged 07/17/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 259	Continued From page 1 or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure care plans for 2 of 5 sampled residents were completed to include licensed health professional support (LHPS) tasks (#2 & #4), and the resident's required level of assistance with actvities of daily living (#4). The findings are: 1. Review of Resident #2's current FL2 dated 03/26/26 revealed diagnoses included diabetes type 2, gastroesophageal reflux disease, and hypothyroidism. Review of Resident #2's Resident Register revealed an admission date of 05/01/15.	D 259	The RCC will review all new admissions, quarterly assessments, and significant change care plans. The Executive Director will complete a monthly audit of 10% of resident records for 3 months. Date Completed By: 7/13/26	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 259	Continued From page 2 Review of Resident #2's care plan dated 05/07/26 revealed there were not any licensed health professional support (LHPS) tasks. listed for continuous glucose monitoring (CGM) device. Telephone interview with the facility's contracted LHPS nurse on 06/03/26 at 4:40pm revealed: -She trained all MAs at the facility on how to use the CGM, and how to apply the CGM sensor. -The CGM task was to be listed on the LHPS task section of the care plan and the Resident Care Coordinator (RCC) was responsible to complete the LHPS section of the care plan. Interview with the RCC on 06/04/26 at 9:37am revealed: -She had been the RCC for a month. -She was responsible for ensuring care plans were completed and accurate. -She did not know Resident #2 did not have her CGM device listed on the resident's care plans under the LHPS tasks. Interview with the Special Operations Manager on 06/04/26 at 9:37am revealed: -The RCC had been in the position for a month. -She did not know Resident #2's care had not been completed accurately. -She did not know why the care had not been completed accurately. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -She did not know Resident #2's care plan did not have all the sections completed with accurate information included. -The RCC was responsible for completing resident care plans and making sure LHPS tasks got added to the care plans.	D 259		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 259	Continued From page 3 Refer to the interview with the Administrator on 06/04/26 at 4:32pm. 2. Review of Resident #4's current FL2 dated 04/10/26 revealed diagnoses included chronic obstructive pulmonary disease (COPD) and chronic kidney disease. Review of Resident #4's Resident Register revealed an admission date of 08/14/25. Review of Resident #4's care plan dated 03/23/26 revealed there was no documentation of current medications, activities of daily living, LHPS tasks. Telephone interview with the facility's contracted LHPS nurse on 06/03/26 at 4:40pm revealed: -She trained all MAs at the facility to look for signs of infection around the nephrostomy tube site, appearance of blood on the dressing or around the tube, and to notify the home health nurse. -The Resident Care Coordinator (RCC) was responsible for completing the LHPS section of the care plan and list all Resident #4's medications. Interview with the RCC on 06/04/26 at 9:37am revealed: -She had been the RCC for a month. -She was responsible for ensuring care plans were completed and accurate. -She did not know Resident #4's care plan was missing the resident's medications, LHPS tasks and activities of daily living. -Another staff member had completed the resident's care plan prior to her becoming the RCC. Interview with the Special Operations Manager on	D 259		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 259	Continued From page 4 06/04/26 at 9:37am revealed: -The RCC had been in the position for a month. -She did not know Resident #4's care had not been completed accurately. -She did not know why the care had not been completed accurately. Interview with the Administrator on 06/04/26 at 4:32pm revealed she did not know Resident #4's care plan did not have all the sections completed with accurate information included. Refer to the interview with the Administrator on 06/04/26 at 4:32pm. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -The RCC was responsible for completing resident care plans. -There was no system in place to ensure care plans were completed accurately. -She was responsible for checking behind the RCC.	D 259		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews the facility failed to ensure referral and follow up for 1 of 5 sampled residents (#3) related to notification of medications to treat increased anxiety,	D 273	Resident #3's medication orders, refusals, and diet concerns were reviewed with the PCP and mental health provider. Missing medication orders were reconciled, medication administration resumed as ordered, and diet orders were clarified and implemented.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 5 depression, dementia, elevated cholesterol, blood clots, elevated ammonia levels, hypertension, and constipation that were not administered or refused, and that a regular consistency diet with then liquids was served instead of a pureed diet with nectar thickened liquids as ordered. The findings are: Review of Resident #3's current FL2 dated 03/09/26 revealed: -Diagnoses included hypertension, major depressive disorder, vascular dementia with behaviors, dysphagia and aphasia due to stroke. -Resident #3 had a catheter. -Resident #3 had a pureed diet with nectar thickened liquids. -Resident #3 was ambulatory and used a wheelchair. Review of Resident #3's Resident Record revealed an admission date of 05/04/20. a. Review of Resident #3's follow-up mental health medication visit notes dated 03/03/26, 04/07/26 and 05/27/26 revealed an order for valproic acid 250mg/ 5ml solution (a medication used to treat anxiety, depression and other behaviors) quantity of 10ml twice daily. Review of Resident #3's physician order summary dated 03/09/26 revealed no order for valproic acid. Review of Resident #3's April 2026, May 2026 and June 2026 electronic medication administration records (eMAR) revealed no entries for valproic acid 250mg/ 5ml solution, 10ml twice daily.	D 273	Facility conducted an audit of medication orders, provider notifications, refusals, and diet orders was completed. Staff were In-Serviced on timely provider notification requirements for refusals, unavailable medications, behavioral changes, and diet noncompliance. The RCC will audit medication refusals, provider notifications, and diet variances weekly for 90 days. Findings will be reviewed by the Executive Director. Date Completed By 7/13/26	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 6 Observation of Resident #3's medications filled on 04/28/26 and available for administration on 06/04/26 at 11:32am revealed 2 unopened bottles in plastic storage bags 300ml of 600ml in each bottle of valproic acid solution 250/5ml, date dispensed 04/28/26, give 10ml by mouth twice daily, "can put in food or drink", non-cycle med, reorder 3 days early. Interview with a MA on 06/04/26 at 11:10am revealed: -In the past (did not know the dates), she administered valproic acid solution to Resident #3 in a medication cup or in applesauce and he did not like the taste. -She called Resident #3's refill of valproic acid solution medication into the pharmacy in the past, but not recently. -She did not know why Resident #3's valproic acid solution was not listed on the March 2026, April 2026, May 2026 and June 2026 eMARs. -When Resident #3 refused his medications (multi-pack doses), she documented the refusals on the eMARs. -She did not contact the MHP provider, pharmacy or the resident's primary care provider (PCP) about the valproic acid solution order missing from Resident #3's eMARs and physician's order summary dated 03/09/26, because she thought it was discontinued. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm revealed: -There was an active order for valproic acid solution 250mg/ 5ml, 10ml twice daily, dated 12/23/25, (can put in food or drink, call 3 days earlier to order) 30-day supply was dispensed on 12/24/25 and 04/28/26. -The pharmacy did not receive a call from the	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 7 facility to refill Resident #3's valproic acid after the 30-day supplies were dispensed on 12/24/25 and after 04/28/26. -If Resident #3 missed doses of valproic acid, the outcome could result in increased dementia related behaviors.	D 273		
	Telephone interview with Resident #3's MHP on 06/04/26 at 9:35am revealed: -She took over as Resident #3's MHP and made her first visit with him on 05/27/26. -Resident #3 had an active order for valproic acid solution 250mg/ 5ml, 10ml twice daily, that dated back to 2025. -She did not know Resident #3 was not receiving his valproic acid as ordered and went without his medication since the end of January 2026 because it was not available for administration. -She did not know Resident #3 was exhibiting behaviors related to increased anxiety and refusing medications. -Not receiving ordered doses of valproic acid could cause Resident #3 to have increased anxiety, depression and other behaviors. Telephone interview with Resident #3's PCP on 06/04/26 at 11:20am revealed: -She did not know Resident #3's valproic acid was not listed on his eMARs since February 17, 2026. -She did not know Resident #3's valproic acid was not listed on his physician order summary dated 03/09/26 and not administered as ordered by the MHP. Interview with the Resident Care Coordinator (RCC) on 06/04/26 at 3:50pm revealed she did not know why Resident #3's valproic acid solution medication was missing from his eMARs for three months and did not know valproic acid solution			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 8 refills were not called into the pharmacy. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with Resident #3's MHP on 06/04/26 at 9:35am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. b. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for atorvastatin (used to treat cholesterol) 40mg, one tablet by mouth once daily at 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm. -There was documentation Resident #3 refused atorvastatin 26 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 9 -There was documentation Resident #3 refused atorvastatin 29 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm. -There was documentation Resident #3 refused 1 of 1 dose of atorvastatin. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of atorvastatin 40mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 8:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. c. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for donepezil (used to treat dementia) 10mg, one	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 10 tablet by mouth once daily at 7:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused donepezil 25 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused donepezil 29 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused 1 of 1 dose of donepezil. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of donepezil 10mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 7:00pm, remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with Resident #3's MHP on 06/04/26 at 9:35am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 11 Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. d. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for Eliquis (used to prevent blood clots) 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused Eliquis 31 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused Eliquis 43 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. bedtime. -There was documentation Resident #3 refused 1 of 1 dose of Eliquis.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 12 Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 6 tablets of Eliquis 5mg, dispensed date of 05/22/26, quantity of 14 tablets dispensed, one tablet by mouth twice daily at 9:00am and 8:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. e. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for lactulose solution (used to lower ammonia levels) 10mg/15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for lactulose solution 10mg/15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 13 lactulose solution 32 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for lactulose solution 10mg/ 15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused lactulose solution 43 times. Review of Resident #3's June 2026 eMAR revealed: - There was an entry for lactulose solution 10mg/ 15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused 2 of 3 doses of lactulose solution. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there was lactulose solution 10mg/ 15ml, dispensed date and dispensed quantity unknown, take 15ml by twice daily at 9:00am and 8:00pm. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 14 Refer to interview with the Administrator on 06/04/26 at 4:32pm. f. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for metoprolol (used to treat high blood pressure) 25mg, take ½ tablet by mouth twice daily, ok to crush and put into applesauce, hold if heart rate less than 55. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce, hold if heart rate less than 55. -There was documentation Resident #3 refused metoprolol 22 times. -There was documentation Resident #3's metoprolol was held due to a heart rate of 18 beats per minute (bpm) on 04/06/26. Review of Resident #3's May 2026 eMAR revealed: - There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce, hold if heart rate less than 55. -There was documentation Resident #3 refused metoprolol 43 times. -There was documentation Resident #3 refused to have his heart rate checked on 05/06/26. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce,	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 15 hold if heart rate less than 55. -There was documentation Resident #3 refused 1 of 3 doses of metoprolol. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 6, one-half tablets of metoprolol 25mg, dispensed date of 05/22/26, quantity of 14, one-half tablets dispensed take ½ tablet by mouth twice daily at 9:00am and 7:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. g. Review of Resident #3's physician's order summary dated 03/09/26 revealed: -There was an order for lisinopril (used to treat high blood pressure) 30mg, one tablet by mouth once daily at 9:00am. - There was an order for monthly blood pressure checks. Review of Resident #3's April 2026 eMAR	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 16 revealed: -There was an entry for lisinopril 30mg, take one tablet by mouth once daily at 6:00am. -There was documentation Resident #3 refused lisinopril 18 times. -There was documentation Resident #3 refused his monthly blood pressure check on 04/06/26. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for lisinopril 30mg, take one tablet by mouth once daily at 9:00am. -There was documentation Resident #3 refused lisinopril 14 times. -There was documentation Resident #3 refused his monthly blood pressure check on 05/06/26. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of lisinopril 30mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily at 9:00am remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 17 Refer to interview with the Administrator on 06/04/26 at 4:32pm. h. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for sertraline (used to treat depression) 100mg, two tablets by mouth twice daily. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused sertraline 31 times. Review of Resident #3's May 2026 eMAR revealed: - There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused sertraline 43 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused 1 of 3 doses of sertraline. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 9 tablets of sertraline 100mg, dispensed date of 05/22/26, quantity of 14 dispensed, two tablets by twice daily at 9:00am and 7:00pm remaining in multi-dose packaging.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 18 Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm.	D 273		
	Refer to interview with the MHP on 06/04/26 at 9:35am. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm.			
	Refer to interview with the Administrator on 06/04/26 at 4:32pm. i. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for docusate (used to treat constipation) 8.6-50mg, two tablets by mouth at 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for docusate 8.6-50mg, two tablets by mouth 8:00pm. -There was documentation Resident #3 refused docusate 7 times. -There was documentation Resident #3's docusate was discontinued on 04/09/26. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 19 the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's Primary Care Provider (PCP) on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. j. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for aspirin chewable (used to prevent blood clots) 81mg, one tablet by mouth once daily at 9:00am. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for aspirin chewable 81mg, one tablet by mouth once daily at 9:00am. -There was documentation Resident #3 refused aspirin chewable 5 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for aspirin chewable 81mg, one tablet by mouth once daily at 9:00am. -There was documentation Resident #3 refused aspirin chewable 13 times. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of aspirin 81mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 20 at 9:00am remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. k. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for mirtazapine (used to treat depression) 45mg, one tablet by mouth daily at bedtime at 7:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for mirtazapine 45mg, one tablet by mouth daily at 7:00pm. -There was documentation Resident #3 refused mirtazapine 24 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for mirtazapine, one tablet by mouth daily at 7:00pm. -There was documentation Resident #3 refused mirtazapine 29 times.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 21 Review of Resident #3's June 2026 eMAR revealed: -There was an entry for mirtazapine, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused 1 of 1 dose of mirtazapine.	D 273		
	Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of mirtazapine 45mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily at 7:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with Resident #3's MHP on 06/04/26 at 9:35am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. I. Review of Resident #3's physician's order summary dated 03/09/26 revealed: -There was an order for amlodipine (used to treat			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 22 high blood pressure) 10mg, one tablet by mouth once daily at 9:00pm. -There was an order for monthly blood pressure checks. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for amlodipine 10mg, one tablet by mouth once daily at 9:00pm. -There was documentation Resident #3 refused amlodipine 5 times. -There was an entry blood pressure reading of 132/80 on 04/06/26. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for amlodipine 10mg, one tablet by mouth once daily at 9:00pm. -There was documentation Resident #3 refused amlodipine 14 times. -There was documentation Resident #3 refused his monthly blood pressure check on 05/06/26. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of amlodipine 10mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 9:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 23 Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. Interview with a MA on 06/04/26 at 11:10am revealed: -Resident #3 refused his medications most of the time and she observed him throw his unfinished food on the floor on several occasions. -At times she would offer Resident #3 an extra cigarette to encourage him to take his medications. -She did not notify the psychiatric provider or the PCP every time Resident #3's refused most of his medication because she thought they were already aware Resident #3 usually refused. -She was not consistent with informing Resident #3's PCP via the provider communication portal, that the Resident was refusing. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm revealed medications that were refused by Resident #3 in April 2026, May 2026 and June 2026 had not been discontinued except for docusate 8.6-50mg that was discontinued on 04/09/26 due to refusals. Telephone interview with Resident #3's MHP on 06/04/26 at 9:35am revealed she expected to be notified about Resident #3's increased behaviors and medication refusals for adequate recommendations and assessment of needs.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 24 Telephone interview with Resident #3's PCP on 06/04/26 at 11:20am revealed: -She signed the physician's order summary dated 03/09/26 and assumed Resident #3's MHP, who managed the mental health medications, made changes to the medications. -She did not usually receive notification from MHPs if mental health medications were changed. -She knew Resident #3 refused his medications at times but did not know he was refusing his medications almost daily for the past few months. -She expected to be notified by the facility if medications were changed, missed, refused or discontinued by other providers. Interview with the RCC on 06/04/26 at 3:50pm revealed: -She transitioned from her position as a MA to RCC in April 2026 and was still in training. -She was responsible for overseeing medication audits against orders, medications available for administration and contacting the pharmacy and providers for clarification. -As a MA, she was successful when administering Resident #3's medications. -If Resident #3 had three medication refusals, she notified the former RCC and/ or the PCP. -She did not know why Resident #3's valproic acid solution medication was missing from his eMARs for three months and did not know valproic acid solution refills were not called into the pharmacy. -She expected the MHP and PCP to be notified of Resident #3's medication refusals, medication clarifications, changes and behaviors. Interview with the Special Operations Director on 06/04/26 at 3:40pm revealed: -The RCC and MAs were responsible for	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 25	D 273		

clarifying and reporting missed or refused medications to the provider and pharmacy.
-It was not customary for the pharmacy to dispense medication to the facility without it being added to the eMAR for the facility to approve.
-She expected medications to be administered as ordered, refills to be called into the pharmacy and providers to be notified of medication refusals.

Interview with the Administrator on 06/04/26 at 4:32pm revealed:
-She was ultimately responsible for ensuring medication orders and medication refusals were reported to the pharmacy and provider.
-The Special Operations Director, RCC and MA's were responsible for auditing medication orders against medication carts and eMARs for accuracy.
-Staffing changes took place at the end of February and medication audits lapsed.
-She expected all medication orders, refusals, and changes to be communicated to appropriate providers to ensure compliance with the facility's medication policy.

m. Review of Resident #3's record revealed a physician's order dated 03/09/26 for a pureed diet with nectar thickened liquids.

Review or Resident #3's care plan dated 03/09/26 revealed he was ordered a pureed diet, refused at times and threw food on the floor or at staff.

Observation of the diet list in the kitchen on 06/02/26 at 9:27am revealed Resident #3's diet was documented as a pureed diet with nectar thickened liquids, updated on 03/05/26.

Observation of Resident #3's lunch meal service on 06/02/26 at 12:16pm revealed he was served

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 26 pasta with meat sauce, baked zucchini, regular consistency milk in a styrofoam cup, regular consistency glass of water with ice and regular consistency glass of tea with ice. Observation of Resident #3's lunch meal service on 06/03/26 at 11:50am revealed he was regular consistency milk in a styrofoam cup, regular consistency glass of water with ice and regular consistency glass of tea with ice, three slices of baked ham and sweet potato fries. Observation of Resident #3's dinner meal service on 06/03/26 at 5:38pm revealed he was served cut up meatloaf, and mashed peas and carrots, mashed potatoes, regular consistency milk in a styrofoam cup, regular consistency glass of water with ice and regular consistency glass of tea with ice. Review of Resident #3's staff charting note dated 04/06/26 revealed he was seen by his PCP who was notified of the resident being noncompliant with his ordered diet and had been eating a regular diet. Interview with the Dietary Manager (DM) on 06/02/26 at 12:17pm revealed: -Resident #3 had an order for a pureed diet with nectar thickened liquids however the resident refused to eat the pureed diet and nectar thickened liquids and would throw his plate at staff if served his ordered diet. -He thought the resident's Primary Care Provider (PCP) had been made aware of the resident refusing to eat his ordered diet. -He had not notified the residents PCP of resident refusing his ordered diet. Telephone interview with Resident #3's PCP on	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 27 06/3/26 at 10:40am revealed: -She knew about Resident #3's diet issues in August 2025 when she ordered his speech evaluation. -Resident #3's diet remained on a pureed diet with nectar thickened liquids because of the speech evaluation in August 2025. -She did not know Resident #3 was being served a regular diet instead of a pureed diet with nectar thickened liquids. -The facility did not inform her Resident #3 was refusing the pureed diet with thickened liquids and was being served a regular diet with thin liquids. -She did not have any recent reports Resident #3 was having any choking or coughing issues. -Resident #3 could experience choking, coughing, or aspiration pneumonia if he was eating a regular diet with thin liquids instead of a pureed diet with nectar thickened liquids as ordered. -She expected Resident #3 to be served a pureed diet with nectar thickened liquids as ordered and to be notified if he was refusing the ordered diet. Telephone interview with Resident #3's PCP on 06/4/26 at 11:20am revealed: -After consulting with the facility on 06/03/25, she changed Resident #3's diet to a regular chopped diet and ordered a speech evaluation. -If Resident #3 refused the chopped diet, she would have to change his diet to a regular diet and inform him of the aspiration risks. Interview with a medication aide (MA) on 06/04/26 at 11:22 am revealed: -She knew Resident #3 had an order for a pureed diet but was not aware he was ordered nectar thickened liquids. -Dietary staff prepared the trays and handed	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 28 them to the staff to deliver. -Resident #3 had thrown his food several times when given a pureed diet or if there was a food item he did not like. -She had not notified the resident's PCP of him refusing his ordered diet or that he had been served regular consistency foods. Interview with the Special Operations Manager on 06/04/26 at 3:42pm revealed: -She knew Resident #3's diet order was pureed with nectar thickened liquids. -She notified the resident's PCP on 4/06/26 of the resident not being compliant with this ordered diet and that he had been eating a regular diet. -She did not receive any instructions from the resident's PCP. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -She did not know Resident #3 had an order for a pureed diet with nectar thickened liquids. -She did not know Resident #3 had refused his ordered diet. -She expected staff to notify the resident PCP of him refusing to eat his ordered diet to obtain guidance and/or recommendations. Attempted interview with Resident #3 on 06/03/06 at 2:14pm was not successful. The facility failed to ensure physician notification when an active order for valproic acid solution was not refilled or entered onto the eMAR which caused the resident to miss three months of the medication used to treat anxiety, depression and other behaviors, and notification of medication refusals to treat the resident's hypertension, dementia, depression, and elevated ammonia levels which put the resident at risk for increased	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 273	Continued From page 29 behaviors related anxiety, agitation, blood clots and depression that occurred on more than twenty opportunities in April and May. The facility failed to ensure referral and follow up for notification of the resident being served a regular consistency diet with thin liquids due to the resident refusing his ordered pureed diet with nectar thickened liquids, which put the resident at risk of choking or aspirating on food and beverages which could lead to pneumonia. This failure was detrimental to the health, safety 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 06/04/26 for this violation. CORRECTION DATE FOR TYPE B VIOLATION SHALL NOT EXCEED July 19, 2026.	D 273		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the	D 280	LHPS assessments for Residents #1 and #2 were updated to include all required CGM-related tasks. All residents receiving LHPS services were audited to ensure current tasks are reflected on quarterly LHPS evaluations. RCC In-Serviced on inclusion of all delegated tasks in quarterly assessments. Review of CGM documentation requirements. The LHPS Nurse and RCC will review all quarterly LHPS assessments for accuracy. Monthly audits will be completed for 3 months.	Date Completed By: 7/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 280	Continued From page 30 tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 4 sampled residents (#1 & #2) had quarterly licensed health professional services (LHPS) assessments for tasks listed for a continuous glucose monitoring device (CGM) (#1 & #2). The findings are: 1. Review of Resident #1's FL2 dated 04/06/26 revealed diagnoses included Type 2 diabetes. Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 01/31/26. Review of Resident #1's LHPS dated 05/05/26 revealed: -There were tasks listed for positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter, obtaining fasting blood sugars (FSBS) and medication administration through injection. -There was no task listed for obtaining a FSBS using a continuous glucose monitor CGM or replacing the CGM sensor.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 280	Continued From page 31 Review of Resident #1's care plan dated 05/05/25 revealed: -He was independent with transfers, eating and toileting, -He required supervision for ambulation, dressing, grooming. -He required limited staff assistance for bathing. Refer to telephone interview with the facility's contracted LHPS nurse on 06/03/26 at 4:40pm. Refer to the interview with the Administrator on 06/04/26 at 4:32pm. 2. Review of Resident #2's current FL2 dated 03/26/26 revealed diagnoses included diabetes type 2, gastroesophageal reflux disease, and hypothyroidism. Review of Resident #2's resident register revealed an admission date of 05/01/15. Review of Resident #2's LHPS dated 04/21/26 revealed: -There were tasks listed for medication administration through injections, collecting and testing of fingerstick blood sugars (FSBS), oxygen administration and monitoring, and monitoring of continuous positive air pressure devices (CPAP and BIPAP). -There were no task listed for obtaining a FSBS using a continuous glucose monitor CGM or replacing the CGM sensor. Review of Resident #2's care plan dated 05/07/26 revealed: -She was independent with eating, toileting, ambulation, and transfers. -She required supervision for bathing, dressing, and grooming.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 280	Continued From page 32 Refer to telephone interview with the facility's contracted LHPS nurse on 06/03/26 at 4:40pm. Refer to the interview with the Administrator on 06/04/26 at 4:32pm. Telephone interview with the facility's contracted LHPS nurse on 06/03/26 at 4:40pm revealed: -She completed the quarterly LHPS for residents at the facility and anytime a new task was identified. -She trained all MAs at the facility on how to use the CGM to obtain a FSBS and how to apply the sensor. -The CGM task was to be listed on the LHPS task section of the care plan and the Resident Care Coordinator (RCC) was responsible to complete the LHPS section of the care plan. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -The LHPS RN should be checking off tasks including GCM's on the LHPS's. -She thought the RN was checking off the tasks on the LHPS and completing them. -The RN should be doing those quarterly.	D 280		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310	Resident #3's diet order was reviewed with the PCP and implemented according to physician direction. Therapeutic diet orders were audited against kitchen diet lists and resident meal service procedures. Dietary and care staff were In-Serviced on serving diets exactly as ordered and notifying providers of refusals.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 33 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure therapeutic diets were served as ordered to 1 of 2 sampled residents (#3) related to a pureed diet with nectar-thickened liquids. The findings are: Review of Resident #3's current FL2 dated 03/09/26 revealed: -Diagnoses included hypertension, major depression disorder, vascular dementia with behaviors and dysphagia following a cerebral infraction. -He was nonverbal. Review of Resident #3's Resident Register revealed an admission date of 05/04/20. Review or Resident #3's care plan dated 03/09/26 revealed he was ordered a pureed diet, refused at times, and would throw food on the floor and at staff. Review of Resident #3's record revealed a physician's order dated 03/09/26 for a pureed diet with nectar thickened liquids. Review of Resident #3's Speech Language Pathologist (SLP) evaluation dated 08/11/25 revealed: -He was referred to SLP due to dysphagia (difficulty swallowing). -He had a past history of noncompliance with safe swallow procedures and the least restrictive diet recommended was pureed and thickened liquids.	D 310	The Dietary Manager and Executive Director will conduct weekly meal observations and diet-order audits for 90 days.	Date Completed By: 7/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 34 -Due to the resident being nonverbal, he shook his head no to wanting to implement swallowing exercises to strengthen swallowing. Review of Resident #3's SLP evaluation note dated 08/25/25 revealed: -SLP reviewed safe swallow procedures with the resident. -Each bite the resident was noncompliant with the diet and thickened liquids. -He was at high risk for aspiration pneumonia (a serious lung infection that develops when food and/or liquids are inhaled into the airway instead of swallowing them) and shook his head yes to understanding the risk. Review of the facility's therapeutic diet list posted in the kitchen on 06/02/26 at 9:27am revealed Resident #3's diet was documented as a pureed diet with nectar thickened liquids, updated on 03/05/26. Observation of Resident #3's lunch meal service on 06/02/26 at 12:16pm revealed: -Resident #3 was served regular consistency pasta with meat sauce and baked zucchini. -Resident #3 was served regular consistency milk, regular consistency water with ice and regular consistency tea with ice. -Resident #3 ate his entire meal. Review of the facility's therapeutic diet extension menu dated 06/02/26 revealed: -A pureed menu was available to determine what should be served to residents who were ordered a pureed diet. -Resident #3 was supposed to be served tomato puree with pureed pasta, pureed zucchini and pureed garlic bread.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 35 Observation of Resident #3's lunch meal service on 06/03/26 at 11:50am revealed: -Resident #3 was served regular consistency milk, regular consistency water with ice and regular consistency tea with ice. -Resident #3 was served regular consistency, three slices of baked ham and sweet potato fries. Observation of Resident #3's dinner meal service on 06/03/26 at 5:38pm revealed: -Resident #3 was served cut up meatloaf, mashed consistency peas and carrots and mashed potatoes. -Resident #3 was served regular consistency milk, regular consistency water with ice and regular consistency tea with ice. Review of Resident #3's staff charting note dated 04/06/26 revealed he was seen by his PCP who was notified of the resident being noncompliant with his ordered diet and had been eating a regular diet. Telephone interview Resident #3's PCP on 06/3/26 at 10:40am revealed: -She knew about Resident #3's diet issues in August 2025 when she ordered a speech evaluation. -The speech evaluation from August 2025 recommended the resident remain on a pureed diet with nectar thickened liquids. -She did not know Resident #3 was being served a regular diet instead of a pureed diet with nectar thickened liquids. -The facility did not inform her Resident #3 was refusing the pureed diet with thickened liquids or he had been receiving a regular diet with thin liquids. -She did not have any recent reports of Resident #3 was having any choking or coughing issues. -Resident #3 could experience choking,	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 36 coughing, or aspiration pneumonia if he was eating a regular diet with thin liquids. -She expected Resident #3 to be served a pureed diet with nectar thickened liquids as ordered and to be notified if he was refusing the ordered diet. Telephone interview with Resident #3's PCP on 06/4/26 at 11:20am revealed: -After consulting with the facility yesterday (06/03/25), she changed Resident #3's diet order to a regular chopped diet and ordered a speech evaluation. -If Resident #3 refused the chopped diet, she would change his diet to a regular diet and inform him of the aspiration risks. Telephone interview with the facility's contracted Registered Dietitian on 06/04/26 at 12:44pm revealed Resident #3 should have received his therapeutic diet as ordered due to the resident being at risk of choking or aspirating on food and beverages which could lead to pneumonia. Interview with the Dietary Manager (DM) on 06/02/26 at 12:17pm revealed: -He knew the resident had an order for a pureed diet with nectar thickened liquids however the resident refused to eat his ordered diet and would throw his plate at staff if served his ordered diet. -He thought the resident's PCP had been made aware of the resident refusing to eat his ordered diet. -He had not notified the residents PCP of resident refusing his ordered diet. -He nor the dietary staff had tried offering the resident his ordered diet in a long time due to the resident throwing food and beverages in the past. Interview with a medication aide (MA) on 06/04/26 at 11:22 am revealed:	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 37 -She knew Resident #3 had an order for a pureed diet but was not aware he was ordered nectar thickened liquids. -She knew Resident #3 refused to eat his ordered diet. -Dietary staff prepared the trays and handed them to the staff to deliver. -Resident #3 had thrown his food several times when given a pureed diet or if there was a food item he did not like. -She had tried offering the resident pureed food in the past however he would shake his head no, make a throwing motion with his hands or throw the plate at her. -She had not notified the resident's PCP of him refusing his ordered diet or that he had been served regular consistency foods. Interview with the Resident Care Coordinator (RCC) on 06/04/26 at 3:42pm revealed: -She knew Resident #3 had an order for a pureed diet with nectar thickened liquids. -She knew Resident #3 refused to eat his ordered diet. -Resident #3 had thrown his food and several times when given a pureed diet and nectar thickened liquids. -Staff should have offered the resident his ordered diet at every meal. -Staff should have notified the resident's PCP when he refused his ordered diet. -She had not notified the resident's PCP of him refusing to eat or drink his ordered diet. Interview with the Special Operations Manager on 06/04/26 at 3:42pm revealed: -She knew Resident #3's diet order was pureed with nectar thickened liquids, and he had refused to eat his ordered diet. -She notified the resident's PCP on 4/06/26 of the	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 310	Continued From page 38 resident not being compliant with this ordered diet and that he had been eating a regular diet. -She did not receive any instructions from the resident's PCP. -Staff should have notified the resident's PCP when he refused his ordered diet. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -She did not know Resident #3 had an order for a pureed diet with nectar thickened liquids. -She did not know Resident #3 had refused his ordered diet. -She expected staff to notify the resident PCP of him refusing to eat his ordered diet to obtain guidance and/or recommendations. Attempted interview with Resident #3 on 06/03/06 at 2:14pm was not successful. The facility failed to ensure a pureed diet and nectar thickened liquids were served as ordered to Resident #3 who was at risk of choking or aspirating on food and beverages which could lead to pneumonia. This failure 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 06/03/26 for this violation. CORRECTION DATE FOR TYPE B VIOLATION SHALL NOT EXCEED July 19, 2026.	D 310		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration	D 358	Medication records and physician orders for Residents #2, #3, #4, and #5 were reconciled. Missing medications were obtained, unavailable medications reordered, and administration practices corrected immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 39 (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 A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 4 of 5 sampled residents (#2, #3, #4, & #5) related to a medication used to stabilize mood (#3), medications used to treat high blood sugars (#2), medication used to treat depression (#4) and as needed (PRN) medication that was not available on hand for administration to treat diarrhea (#5). The findings are: Review of the facility's Medication Administration Policy dated September 2021 revealed: -All medication orders would fall into 3 categories, immediate (STAT), Antibiotic, and Routine. -STAT medications would be started within 2 hours of the said order. -Routine medications ordered prior to 5:00pm would be started with the next regularly scheduled dose following the next regular pharmacy delivery. -Orders received after 5:00pm would be started no later than the regularly scheduled dose following the regular pharmacy delivery of the next business day. 1.Review of Resident #3's current FL2 dated	D 358	An audit of all medication orders, eMARs, and medication carts was completed. Staff were In-Serviced on order processing, Medication availability verification, eMAR reconciliation, medication administration, refill procedures, and cart audits. Weekly medication cart and eMAR audits will be conducted by the RCC with Executive Director oversight for 90 days.	Date Completed By 7/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 40 03/09/26 revealed diagnoses included hypertension, major depressive disorder, vascular dementia with behaviors, dysphagia and aphasia due to stroke. Review of Resident #3's Resident Record revealed an admission date of 05/04/20. Review of Resident #3's follow-up Mental Health Provider (MHP) visit notes dated 03/03/26, 04/07/26 and 05/27/26 revealed an order for depakene (valproic acid) 250mg/ 5ml solution (a medication used to treat seizures) quantity 10ml twice daily. Review of Resident #3's physician order summary dated 03/09/26 revealed no order for valproic acid. Review of Resident #3's April 2026, May 2026 and June 2026 electronic medication administration records (eMAR) revealed no entries for valproic acid 250mg/ 5ml solution, 10ml twice daily. Observation of Resident #3's available for administration on 06/04/26 at 11:32am revealed there were two bottles of valproic acid solution 250mg/5ml with 300ml of 600ml remaining in each bottle in a plastic storage bag labeled with a dispense date of 04/28/26, the resident's name, and instructions to give 10ml by mouth twice daily, "can put in food or drink", non-cycle med, reorder three days early. Interview with a medication aide (MA) on 06/04/26 at 11:10am revealed: -Resident #3 refused his medication at times and threw his food on the floor on several occasions, because he did this she would sometimes offer	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 41 him an extra cigarette to encourage him to take his medication. -In the past (did not know the dates), when she administered valproic acid solution to Resident #3 in a medication cup or in applesauce and he did not like the taste. -She called Resident #3's refill of valproic acid solution medication into the pharmacy in the past, but not recently. -She did not know why Resident #3's valproic acid solution was not showing on the eMARs. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm revealed: -There was an active order for valproic acid solution 250mg/ 5ml, 10ml twice daily, dated 12/23/25, (can put in food or drink, call 3 days earlier to order) 30-day supply was dispensed on 12/24/25 and 04/28/26. -The pharmacy did not receive a call from the facility to refill Resident #3's valproic acid after the 30-day supplies were dispensed on 12/24/25 and after 04/28/26. -She did not know why valproic acid was not displaying on Resident #3's eMARs although the pharmacy's computer system interfaces with the facility's order portal to generate the orders on the eMARs. -If Resident #3 missed doses of valproic acid, the outcome could result in increased dementia related behaviors. Telephone interview with Resident #3's MHP on 06/04/26 at 9:35am revealed: -She took over as Resident #3's MHP and made her first visit with him on 05/27/26. -Resident #3 had an active order for valproic acid solution 250mg/ 5ml, 10ml twice daily, that dated back to 2025.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 42 -She did not know Resident #3 was not receiving his valproic acid as ordered and went without his medication since the end of January 2026 because it was not available for administration. -She did not know Resident #3 was exhibiting behaviors related to increased anxiety and refusing medications. -Resident #3 could experience increased anxiety, depression, and other behaviors if he did not take the valproic acid. -Resident #3's January 2026 lab results were reportedly stable. -She expected to be notified about Resident #3's increased behaviors and medication refusals for adequate recommendations and assessment of needs. Telephone interview with Resident #3's Primary Care Provider (PCP) on 06/04/26 at 11:20am revealed: -She did not know why Resident #3's valproic acid was listed on his February 2026 eMAR as administered 02/01/26 to 02/16/26, refused on occasions and the remainder of February (02/17/26 to 02/28/26) was grayed out. -She did not know why Resident #3's valproic acid was not listed on his March 2026, April 2026, May 2026 and June 2026 eMARs and his physician order summary dated 03/09/26 as ordered by the MHP. -She signed the physician's order summary dated 03/09/26 and assumed Resident #3's MHP, who managed the psychiatric medications, made changes to the psychiatric medications. -She did not usually receive notification from MHPs if psychiatric medications changed. Interview with the Special Operations Director on 06/04/26 at 3:40pm revealed: -She did not know why Resident #3's valproic	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 43 acid solution was not listed on his physician order summary and eMARs. -She did not know how Resident #3's valproic acid solution was dispensed from the pharmacy on 04/28/26 and was not entered on the eMAR or administered although it was available for administration. -It was not customary for the pharmacy to dispense medication to the facility without it being added to the eMAR for the facility to approve. -The pharmacy keyed in orders on the eMAR, then the Resident Care Coordinator (RCC) or management entered the order on the eMAR system, then the pharmacy profiled the medication and the facility accepted or declined the order. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -The former RCC was responsible for auditing medications carts, obtaining orders from providers and sending them to the pharmacy. -The Special Operations Director filled in as RCC in March 2026 and began medication cart audits until the current RCC was hired in April 2026. -She did not know how Resident #3's valproic acid solution was missed and not on the physician's order summary or eMAR to be administered as ordered. -She expected Resident #3's medications to be administered as ordered. Refer to the interview with a medication aide (MA) on 06/03/26 at 4:34pm. Refer to the Interview with a second MA on 06/04/26 at 12:04pm. Refer to the interview with the RCC on 06/03/26 at 11:11am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 44 Refer to the interview with the Administrator on 06/04/26 at 4:32pm. 2. Review of Resident #2's current FL2 dated 03/26/26 revealed diagnoses included diabetes type 2, gastroesophageal reflux disease and hypothyroidism. Review of Resident #2's Resident Register revealed an admission date of 05/01/15. Review of Resident #2's physician order dated 03/26/26 revealed: -There was an order for lispro Kwik pen injection (rapid acting insulin used to control blood sugar) per sliding scale 100units/ml, insulin three times daily with meals if blood sugar (BS): 151-200= 2 units (U), 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U. -There was an order for lispro Kwik pen injection 100units/ml per sliding scale two times daily if BS: 201-250=1U, 251-300=2U, 301-350=3U, 351-400=4U at 4:00am, and 8:00pm. Review of Resident #2's physician order dated 04/23/26 revealed: -There was an order to discontinue lispro sliding scale orders. -There was an order for lispro 100units/ml, BS: 151-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. Review of Resident #2's April 2026 eMAR revealed: -There was an entry for lispro 100units/ml, three times daily with meals per sliding scale insulin if blood sugar (BS): 151-200=2 units (U), 201-250=4U, 251-300=6U, 301-350=8U,	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 45 351-400=10U at 8:00am, 12:00pm, and 5:00pm with a start date of 03/25/26. -There was an entry for BS checks 04/01/26 through 04/30/26 at 8:00am, 12:00pm, and 5:00pm ranging from 101-477. -On 04/02/26 at 5:00pm for a BS of 154, 10U were administered, when Resident #2 should have received 2U. -On 04/03/26 at 12:00pm for a BS of 166, 10U were administered, when Resident #2 should have received 2U. -On 04/07/26 at 12:00pm for a BS of 274, 10U were administered, when Resident #2 should have received 6U. -There was an entry for lispro 100units/ml per sliding scale two times daily if BS: 201-250=1U, 251-300=2U, 301-350=3U; 351-400=4U at 4:00am and 8:00pm with a start date of 03/25/26. -There was an entry for BS checks 04/01/26 through 04/30/26 at 4:00am and 8:00pm, ranging from 64-436. -On 04/23/26 through 04/30/26 at 4:00am lispro was administered 7 out of 8 opportunities using the sliding scale that was discontinued on 04/23/26. -On 04/23/26 through 04/30/26 at 8:00pm lispro was administered 6 out of 8 opportunities using the sliding scale that was discontinued on 04/23/26. -There was no entry for insulin lispro 100units/ml if BS: 151-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. Review of Resident #2's May 2026 eMAR revealed: -There was an entry for lispro 100units/ml, three times daily with meals per sliding scale insulin if blood sugar (BS): 151-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 46 8:00am, 12:00pm, and 5:00pm with a start date of 03/25/26. -There was an entry for BS checks 05/01/26 through 05/31/26 at 8:00am, 12:00pm, and 5:00pm ranging from 103-396. -There was an entry for lispro 100units/ml per sliding scale two times daily if BS: 201-250=1U, 251-300=2U, 301-350=3U; 351-400=4U at 4:00am and 8:00pm with a start date of 03/25/26. -There was an entry for BS checks 05/01/26 through 05/31/26 at 4:00am and 8:00pm, ranging from 136-600. -On 05/01/26 through 05/31/26 at 4:00am lispro was administered 29 out of 31 opportunities using the sliding scale that was discontinued on 04/34/26. -On 05/01/26 through 05/31/26 at 8:00pm lispro was administered 30 out of 31 opportunities using the sliding scale that was discontinued on 04/23/26. -There was no entry for insulin lispro 100units/ml per sliding scale if BS: 151-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. Review of Resident #2's June 2026 eMAR revealed: -There was an entry for lispro 100units/ml, three times daily with meals per sliding scale insulin if blood sugar BS: 151-200=2 U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 8:00am, 12:00pm, and 5:00pm with a start date of 03/25/26. -There was an entry for BS checks 06/01/26 through 06/02/26 at 8:00am, and 12:00pm, ranging from 161-272. -On 06/01/26 at 5:00pm, there was not a BS reading documented or lispro given. -There was an entry for BS checks and lispro given on 06/02/26 at 8:00am that was 224.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 47 -There was an entry for lispro 100units/ml per sliding scale two times daily if BS: 201-250=1U, 251-300=2U, 301-350=3U; 351-400=4U at 4:00am and 8:00pm with a start date of 03/25/26. -There was an entry for BS checks on 06/01/26 at 4:00am and 8:00pm ranging from 249-370. -On 06/01/26 through 06/02/26 at 4:00am lispro was administered using the sliding scale that had been discontinued on 04/23/26. -On 06/02/26 at 8:00pm lispro was administered 1 out 1 opportunities incorrectly using the sliding scale that had been discontinued on 04/23/26. -There was no entry for insulin lispro 100units/ml per sliding scale if BS: 151-200=2U, 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. Telephone interview with the facility's contracted Pharmacist on 06/03/26 at 10:28am revealed: -The pharmacy had an active order for lispro dated 04/23/26 for lispro 100units/ml, per sliding scale BS: 151-200=2 units (U), 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. -The pharmacy had an active order prior to that order dated 03/04/26 for lispro 100units/ml, per sliding scale BS: 151-200=2 unit (U), 201-250=4U, 251-300=6U, 301-350=8U, 351-400=10U at 4:00am, 8:00am, 12:00pm, 5:00pm, and 8:00pm. -The pharmacy never received an order for lispro 100/ml per sliding scale BS:201-250=1U, 251-300=2U, 301-350=3U, and BS 351-400=4U twice daily at 4:00am, and 8:00pm. -The facility could enter orders onto the electronic medication administration record (eMAR). -She thought someone from the facility must have entered that order from the facility on to the eMAR and never alerted the pharmacy. -The lispro Kwik pen injection was last dispensed	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 48 on 04/24/26 for 15ml= 5 pens and on 03/05/26 for 9ml= 3 pens. Observation of Resident #2 medications on hand on 06/02/26 at 4:33pm revealed: -There was one lispro Kwik pen. -The instructions were to check blood sugar and inject subcutaneously as directed per sliding scale 5 times a day for blood glucose level. -The dispense date was 04/24/26 with a quantity of 15 pens with 20U left to administer. -There were no lispro pens in the back up/medication room. Telephone interview with a Pharmacist with the facility's contracted pharmacy on 06/03/26 at 5:30pm and on 06/04/26 at 12:35pm revealed: -If Resident #2 got decreased amounts of insulin than what she was supposed to get, it could cause higher blood sugar levels. -If a person had increased blood sugar levels it could cause increased urination and increased hemoglobin A1C (measures the percentage of red blood cells that have sugar attached to them, which reflects the average blood sugar levels over the past 2 to 3 months). -If a person had continued FSBS's greater than 180, if left untreated could lead to blindness, kidney disease and an increased risk for heart attack and stroke which could lead to death. Telephone interview with Resident #2's Primary Care Provider (PCP) on 06/03/26 at 11:36am revealed: -She changed the sliding scale for lispro to one sliding scale on 04/23/26 for Resident #2. -The endocrinologist had 2 separate sliding scale orders for lispro prior to 04/23/26, and she decided to discontinue those and make one sliding scale.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 49 -She did not write anything in Resident #2"s orders about notifying her of low blood sugars or high blood sugars in her order but would add for the staff to call her for blood sugars less than 70 and for blood sugars greater than 400. -She did not know the staff were not following her orders. -She expected staff to follow orders as they were written. Interview with Resident #2 on 06/03/26 at 4:12pm revealed: -Her blood sugars were checked with a continuous glucose monitoring (CGM) device in real time five times a day. -She had an appointment coming up on 06/17/26 to see her endocrinologist. Interview with a medication aide (MA) on 06/03/26 at 4:34pm revealed: -She followed the eMAR instructions when she gave medications to Resident #2. -She did not realize the order for lispro scheduled for twice daily had been discontinued on 04/23/26. -She asked questions to the Resident Care Coordinator (RCC) when she saw something she questioned on the eMAR, but she did not think the orders were incorrect and she did not ask any questions about Resident #2's lispro. Interview with a second MA on 06/04/26 at 12:04pm revealed: -She followed the eMAR instructions when she gave medications to Resident #2. -She did not realize the lispro orders were incorrect on the eMAR for Resident #2. Interview with the RCC on 06/03/26 at 11:11am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 50 -She remembered seeing the discontinued order written on 04/23/26. -She could not remember if she faxed the order on 04/23/26 to the pharmacy because she had faxed so many orders to the pharmacy. -She did not realize the eMAR had incorrect orders for Resident #2. -She was responsible for making sure orders were implemented. -She audited the residents' records but was unsure of her last audit for Resident #2. Interview with the Special Operations Manager on 06/03/26 at 8:56am revealed: -The pharmacy keyed in orders into the eMAR. -The RCC or management could put an order into the eMAR system, but as soon as it was sent to the pharmacy, the pharmacy profiled the order and the facility accepted or declined the order. -She did not know why the pharmacy did not have the order for Resident #2's lispro to be given twice daily at 4:00am and 8:00pm. -The RCC was responsible for making sure orders were correct and sent to the Pharmacy. -She did not realize Resident #2's eMAR was inaccurate. Refer to the interview with a MA on 06/03/26 at 4:34pm. Refer to the Interview with a second MA on 06/04/26 at 12:04pm. Refer to the interview with the RCC on 06/03/26 at 11:11am. Refer to the interview with the Administrator on 06/04/26 at 4:32pm. 3. Review of Resident #4's current FL2 dated	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 51 04/10/26 revealed diagnoses included chronic obstructive pulmonary disease (COPD) and chronic kidney disease. Review of Resident #4's Resident Register revealed an admission date of 08/14/25. Review of Resident #4's Primary Care Provider (PCP) order dated 08/25/25 revealed an order for duloxetine (used to treat depression) 60mg by mouth daily. Review of Resident #4's physician's orders dated 04/17/26 revealed an order to increase duloxetine to 90mg by mouth daily. Review of Resident #4's April 2026 electronic medication administration record (eMAR) revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am from 04/01/26- 04/30/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am from 04/17/26- 04/30/26. Review of Resident #4's May 2026 eMAR revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am from 05/01/26- 05/31/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am from 05/01/26- 05/31/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 52 Review of Resident #4's June 2026 eMAR revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am on 06/01/26 and on 06/02/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am on 06/01/26 and on 06/02/26. Observation of Resident #4's medications on hand on 06/02/26 at 4:15pm revealed: -There was a multidose pack with duloxetine 60mg by mouth daily. -There was no duloxetine 30mg by mouth daily available for administration on the medication cart. Observation of medications on hand for Resident #4 on 06/02/26 at 4:32pm revealed: -There was a bubble pack of duloxetine 30mg by mouth daily, a total of 13 capsules dispensed with a dispense date of 04/17/26 and labeled "1 of 1". -The bubble pack had all 13 capsules of duloxetine 30mg available for administration. Interview with the medication aide (MA) on 06/02/26 at 4:32pm revealed: -She did not know why Resident #4 did not have duloxetine 30mg available on the medication cart. -She thought she had given the resident both doses of duloxetine. -She was supposed to compare the medications to the eMAR prior to administering to the resident. -She had not verified what medications were in	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 53 the multidose pack scheduled for administration at 8:00am on 06/02/26. -She had found the resident duloxetine 30mg by mouth daily bubble pack in the medication room. -She did not know why the medications were not administered from the 04/17/26 bubble pack. -Resident #4 had not received duloxetine 30mg by mouth daily in the month of April due to the bubble pack containing all 13 dispensed capsules. -Resident #4 was supposed to be administered duloxetine 30mg in addition to her duloxetine 60mg in her multi-dose pack and she had not received it. Telephone interview with a pharmacist with the facility's contracted pharmacy on 06/03/26 at 9:40am revealed: -The pharmacy delivered the resident's multidose packs to the facility weekly. -The pharmacy received an order for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg on 04/17/26. -The pharmacy dispensed duloxetine 30mg in a bubble pack on 04/17/26 with a total of 13 capsules. -The pharmacy dispensed seven capsules of duloxetine 30mg in the resident multidose pack on 04/27/26. -The pharmacy dispensed seven capsules of duloxetine 30mg in the resident multidose pack on 05/04/26. -The pharmacy dispensed three capsules of duloxetine 30mg in the resident multidose pack on 05/11/26 due to the pharmacy needing new prescription for duloxetine 30mg. -The pharmacy notified the facility that a new prescription was needed in order to fill Resident #4's duloxetine 30mg.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 54 Telephone interview with Resident #4's PCP on 06/03/26 at 10:17am revealed she did not know the resident had not received her duloxetine 30mg as ordered. Interview with the Resident Care Coordinator (RCC) on 06/04/26 at 3:42pm revealed: -She became the RCC a month ago. -She did not know Resident #4 had not received her duloxetine 30mg as ordered. -She expected the MAs to compare the eMAR with the resident's medications prior to administering the medications. -If there were missing medications, the MAs were to notify the pharmacy or the resident's PCP. -Medication cart audits were not being completed but should have been. Interview with the Special Operations Manager on 06/03/26 at 9:47am revealed: -She did not know Resident #4 had not received her duloxetine as ordered. -She did not know the MAs had documented Resident #4's duloxetine as administered when it was not available to administer. -She expected the MAs to compare the eMAR with the resident's medications prior to administering the medications. -If there were missing medications, the MAs were to notify the RCC, pharmacy and/or the resident's PCP. -Medication cart audits were to be completed by the MAs every week. -She did not know if medication cart audits had been completed since the end of March 2026 or the beginning of April 2026. Interview with the Administrator on 06/03/26 at 9:40am revealed: -She did not know Resident #4 had not received	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 55 her duloxetine as ordered. -She expected the MAs to compare the eMAR with the resident's medications prior to administering the medications. -If there were missing medications, the MAs were to notify the RCC, pharmacy and/or the resident's PCP. -The MAs were to complete medication cart audits daily choosing five residents per day. -She did not know if the medication cart audits had been completed. Refer to the interview with a MA on 06/03/26 at 4:34pm. Refer to the Interview with a second MA on 06/04/26 at 12:04pm. Refer to the interview with the RCC on 06/03/26 at 11:11am. Refer to the interview with the Administrator on 06/04/26 at 4:32pm. 4. Review of Resident #5's current FL2 dated 02/11/26 revealed diagnoses included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and unspecified urinary incontinence. Review of Resident #5's Resident Register revealed an admission date of 07/09/04. Observation of Resident #5 on 06/02/26 from 10:30am to 3:12pm revealed: -At 10:30am the resident was in the bathroom when a medication aide (MA) entered the resident's room and Resident #5 verbalized she had loose stools.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 56 -At 11:00am, the resident was in bed, she was not feeling well and had not been given medication for loose stool. -At 11:30am, the resident was in bed and still had not been given medication for loose stool. -At 12:00pm, resident was asleep in her room during lunchtime. Interview with the Resident #5 on 06/02/26 at 11:00am, 11:30am, and 3:12pm revealed: -She was not feeling well, she informed a MA she had loose stools. -At 11:00am she was not given anything for loose stools. -At 3:12pm she confirmed staff gave her something for her loose stools. Review of Resident #5's physician orders dated 03/19/26 revealed anti-diarrheal (used to relieve loose stool) 2mg, one tablet with each loose stool, as needed. Observation of Resident #5's medications on hand on 06/02/26 at 10:00am revealed: -There was no anti-diarrheal 2mg available on hand. -There was no anti-diarrheal 2mg available in the house stock. Review of Resident #5's April 2026 electronic medication administration record (eMAR) revealed: -There was an entry for anti-diarrheal 2 mg to be administered as needed. -On 04/01/26 through 04/30/26 there was no documentation of administration for anti-diarrheal 2mg. Review of Resident #5's May 2026 eMAR revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 57 -There was an entry on 05/01/26 through 05/31/26 for anti-diarrheal 2mg to be administered as needed. -On 05/01/26 through 05/31/26 there was no documentation of administration for anti-diarrheal 2mg. Review of Resident #5's June 2026 eMAR revealed: -There was an entry on 06/01/26 through 06/02/26 for anti-diarrheal 2mg to be administered as needed. -On 06/01/26 through 06/02/26 there was no documentation of administration for anti-diarrheal 2mg. Interview with a MA on 6/2/26 at 12:00pm and 06/04/26 at 9:00am revealed: -The pharmacy technician advised her to obtain new orders for Resident #5's anti-diarrheal. -The facility no longer had house stock for any medications to administer. -She would contact Resident #5's physician to get a new order for medications and have them sent to the pharmacy. -The protocol to refill a prescription was to contact the pharmacy and request a refill and if a resident needed a new medication. -Resident #5 normally did not ask for her as needed (prn) medications and the medications may have been overlooked during the medication cart audit. -After 30 days of an "as needed medication" was not used it would have been discontinued. -The pharmacy entered medications on the eMAR and the RCC approved the medications that were on the eMAR -It was routine for fax communication between the facility and pharmacy.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 58 Interview with a Resident Care Coordinator (RCC) on 06/03/26 at 12:10pm and 06/04/26 at 9:06am revealed: -Any "as needed" medications that needed to be refilled should have been identified during the medication cart audit and reordered. -The physician would order a refill or discontinue the medication when medication ran out. -Internal medication cart audits were completed weekly, during which each MA was assigned to four residents, and the residents' physician orders were printed and compared to the medications on hand. -The last internal medication cart audits were documented on 03/17/26 and 03/31/26. -If the medication was not on the medication cart the RCC was notified by the MA, and the medication was ordered by the MA. -The RCC followed up on the medication orders within 24 hours. -The corporate office discontinued the use of house stock medications. -She did not know the date on which house stock medications had been discontinued. Telephone interview with the pharmacist on 06/03/26 at 3:00pm and 06/04/26 at 10:43am revealed the anti-diarrheal medication was prescribed to Resident #5 for diarrhea and without the medication, the resident could experience diarrhea. Refer to the interview with a MA on 06/03/26 at 4:34pm. Refer to the Interview with a second MA on 06/04/26 at 12:04pm. Refer to the interview with the RCC on 06/03/26 at 11:11am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 59 Refer to the interview with the Administrator on 06/04/26 at 4:32pm. Interview with a MA on 06/03/26 at 4:34pm revealed: -She did not process discontinued orders, only the Resident Care Coordinator (RCC) had access to discontinue medication orders. -She was told by the RCC when orders were changed or new orders were implemented. -She also would get an alert on the computer for any changes. Interview with a second MA on 06/04/26 at 12:04pm revealed: -She did not process orders, only the RCC processed orders. -She followed the eMAR and gave medications according to the instructions on the eMAR. -The RCC would let her know of any medication changes. -Only the RCC could key orders into the eMAR system. -She had never put orders into the eMAR system. Interview with the RCC on 06/03/26 at 11:11am revealed: -When orders were received from the physicians, she would scan the orders into the pharmacy. -The pharmacy would profile the order and send back to the RCC for verification. -After approval, the orders would go into the eMAR system. -She audited resident records once weekly. -She audited around four residents per week. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -The RCC had been in her position for a month.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 60 -The RCC and the former RCC were responsible for auditing medications carts, obtaining orders from providers and sending them to the pharmacy. -The Special Operations Manager filled in as RCC in March 2026 and began medication cart audits until the current RCC was hired in April 2026. -She did not think medication carts were being audited. -It was her responsibility to check behind the RCC to make sure orders were correct. The facility failed to administer medications as ordered when Resident #3 who had valproic acid ordered and did not receive it since the end of January 2026 which could have resulted in increased anxiety, depression and dementia related behaviors, Resident #2 did not receive the correct amounts of insulin that could have resulted in chronic elevated blood sugars that could lead to blindness, kidney disease, increased risk of heart attack, stroke, and even death, Resident #4 who did not receive the correct dose of an anti-depressant medication, and Resident #5 who needed an immediate dose of anti-diarrheal medication that was ordered when needed and not available for administration. This failure resulted in substantial risk of serious physical harm and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/03/26. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED 07/04/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 61	D 367	eMAR documentation for Residents #1 and #4 was corrected to accurately reflect medication administration and insulin documentation requirements.	
D 367	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure electronic Medication Administration Records (eMARs) were accurate for 2 of 5 sampled residents (#1 and #4) related to documentation of medications to treat high blood sugars (#1) and a medication used to treat depression (#4). The findings are:	D 367	An eMAR audit was completed to verify accuracy and completeness of medication documentation. Staff were in serviced on accurate eMAR documentation. And documenting actual administration versus availability of medication. The RCC will complete weekly eMAR audits and the Executive Director will conduct monthly validation audits for 3 months.	Date CompletedBy 7/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 62 1. Review of Resident #1's current FL2 dated 04/06/26 revealed: -Diagnoses included Type 2 diabetes. -An order to inject Humalog (a fast-acting insulin used to control diabetes) per sliding scale four times a day before meals and at bedtime; finger stick blood sugar (FSBS) 151-200=5 units; FSBS: 201-250=10 units; 251-300=15 units, 301-350=20 units, 351-400= 25 units, FSBS greater than 401=30 units and notify physician if FSBS still over 401 two hours after giving insulin. Review of Resident #1's May 2026 eMAR revealed: -There was an entry for a FSBS and to inject Humalog per sliding scale insulin (SSI) four times a day before meals and at bedtime; FSBS: 151-200=5 units; 201-250=10 units; 251-300=15 units, 301-350=20 units, 351-400= 25 units, FSBS greater than 401=30 units and notify physician if FSBS still over 401 two hours after giving insulin at 6:30am, 11:30am, 4:30pm and 8:00pm, with a start date of 03/17/26. -There was documentation FSBS and Humalog SSI was administered from 05/01/26 at 6:30am until 05/04/26 at 8:00pm with the FSBS results, amount of Humalog SSI administered, and the staffs' initials who administered it. -There was an entry for a FSBS and to inject Humalog per sliding scale insulin (SSI) four times a day before meals and at bedtime; FSBS: 151-200=5 units; 201-250=10 units; 251-300=15 units, 301-350=20 units, 351-400= 25 units, FSBS greater than 401=30 units and notify physician if FSBS still over 401 two hours after giving insulin at 8:00am, 12:00pm, 4:00pm and 8:00pm, with a start date of 05/05/26. -There was documentation a FSBS was obtained. -The FSBS and Humalog was documented as "out of facility" for on 05/16/26 at 4:00pm.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 63 -The FSBS and Humalog was documented as "leave of absence" on 05/23/26 at 8:00pm, and 05/30/26 at 4:00pm and 8:00pm. -There was no documentation the amount of Humalog SSI was administered beginning on 05/05/26 at 8:00am to 05/31/26 at 8:00pm. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for a FSBS and to inject Humalog per sliding scale insulin (SSI) four times a day before meals and at bedtime; FSBS: 151-200=5 units; 201-250=10 units; 251-300=15 units, 301-350=20 units, 351-400= 25 units, FSBS greater than 401=30 units and notify physician if FSBS still over 401 two hours after giving insulin at 8:00am, 12:00pm, 4:00pm and 8:00pm, with a start date of 05/05/26. -There was documentation a FSBS was obtained. -There was no documentation the amount of Humalog SSI was administered for 5 out of 5 opportunities from 06/01/26 at 8:00am to 06/02/26 at 8:00pm. Interview with a mediation aide (MA) on 06/03/26 at 10:22am revealed: -She was trained by the nurse to obtain Resident #1's FSBS, look at Resident #1's eMAR, compare the eMAR orders for SSI, enter the FSBS and prepare the humalog according to Resident #1's SSI, highlight the medication, administer the humalog to Resident #1 and document the administration on the eMAR. -She completed weekly medication cart audits where she printed off the resident's current orders, compared them to the eMAR and paper MAR and the medications on hand. -There was no way for her to know exactly how much Humalog or if any administered to Resident #1 during May 2026.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 64 -Around 05/07/26, she reported to the current Resident Care Coordinator, that there was no space to document the amount of Humalog SSI she administered to Resident #1. -When she looked at Resident #1's May 2026 and June 2026 eMAR, today (06/03/26) she realized there was no documentation for the amount of Humalog SSI she administered in those two months. -She did not remember when she completed the last medication cart audit that included reviewing the eMARs. Interview with the current RCC on 06/03/26 at 10:35am revealed: -The MAs were responsible to notify her when the first time a MA was not able to document the amount of insulin they administered. -The MAs were responsible to complete weekly eMAR reviews that would have also catch that there was no being able to document Resident #1's SSI administration. -She was responsible to verify the order in Resident #1's eMAR and make sure there was a place to document the number of units Resident #1 received. -She did not remember it being an issue so she might have missed that. Interview with the Special Operations Director on 06/03/26 at 8:45am revealed: -She was the interim RCC that was training the current RCC. -She was not aware Resident #1's Humalog SSI did not have a place on the eMAR to document the amount of insulin that was administered. -The MAs were responsible to document how much Humalog SSI was administered to Resident #1. -If there was not a place for the MAs to enter the	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 65 amount of Humalog SSI administered, then they were to document the amount administered in the exceptions note and let the current RCC know. Interview with the Administrator on 06/03/26 at 9:45am and 12:45pm revealed: -She did not know there was not an entry for the MA to document how much Humalog SSI they administered to Resident #1. -The current RCC was responsible to verifying the Humalog SSI order for Resident #1 when the pharmacy entered it in the eMAR and create a place for the MAs to document the amount of SSI they administered to Resident #1. -The pharmacy was only responsible to enter the order and the RCC was responsible to enter the space for the FSBS, amount of Humalog SSI administered, site the Humalog SSI was administered and the MAs initials. -The MAs were responsible to document the amount of Humalog SSI on the eMAR and if there was not a place to document the amount of Humalog SSI, then document the amount of Humalog SSI in the exceptions and let the current RCC know. 2. Review of Resident #4's current FL2 dated 04/10/26 revealed diagnoses included chronic obstructive pulmonary disease (COPD) and chronic kidney disease. Review of Resident #4's resident register revealed an admission date of 08/14/25. Review of Resident #4's physician order dated 08/25/25 revealed an order for duloxetine (used to treat depression) 60mg by mouth daily. Review of Resident #4's physician order dated 04/17/26 revealed an order to increase duloxetine	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 66 to 90mg by mouth daily. Review of Resident #4's April 2026 electronic medication administration record (eMAR) revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am from 04/01/26- 04/30/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am from 04/14/26- 04/30/26. Review of Resident #4's May 2026 eMAR revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am from 05/01/26- 05/31/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am from 05/01/26- 05/31/26. Review of Resident #4's June 2026 eMAR revealed: -There was an entry for duloxetine 60mg by mouth daily. -Duloxetine 60mg was documented as administered at 8:00am on 06/01/26 and on 06/02/26. -There was an entry for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg. -Duloxetine 30mg was documented as administered at 8:00am on 06/01/26 and on 06/02/26.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 67 Observation of Resident #4's medications on hand on 06/02/26 at 4:15pm revealed: -There was a multidose pack with duloxetine 60mg by mouth daily. -There was no duloxetine 30mg by mouth daily available for administration on the medication cart. Observation of medications on hand for Resident #4 on 06/02/26 at 4:32pm revealed: -There was a bubble pack of duloxetine 30mg by mouth daily, 13 capsules with a fill date of 04/17/26 and labeled "1 of 1". -The bubble pack had 13 capsules of duloxetine 30mg available for administration. Telephone interview with a pharmacist with the facility's contracted pharmacy on 06/03/26 at 9:40am revealed: -The pharmacy delivered the resident's multidose packs to the facility every week. -The pharmacy received an order for duloxetine 30mg by mouth daily, take with 60mg capsule to equal 90mg on 04/17/26. -The pharmacy dispensed duloxetine 30mg in a bubble pack on 04/17/26 with a total of 13 capsules. -The pharmacy dispensed seven capsules of duloxetine 30mg in the resident multidose pack on 04/27/26. -The pharmacy dispensed seven capsules of duloxetine 30mg in the resident multidose pack on 05/04/26. -The pharmacy dispensed three capsules of duloxetine 30mg in the resident multidose pack on 05/11/26 due to the pharmacy needing new prescription for duloxetine 30mg. -The pharmacy notified the facility that a new prescription was needed to refill Resident #4's	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 68 duloxetine 30mg. Telephone interview with Resident #4's Primary Care Provider (PCP) on 06/03/26 at 10:17am revealed she did not know the resident had not received her duloxetine 30mg as ordered. Interview with the medication aide (MA) on 06/02/26 at 4:32pm revealed: -She did not know why Resident #4 did not have duloxetine 30mg available on the medication cart. -She thought she had given the resident both doses of duloxetine when administering the multidose pack and documented both doses as administered. -She was responsible for comparing the medications to the eMAR prior to administering to the resident but did not. -She did not ensure the resident had both doses of duloxetine available prior to documenting both doses as administered. Interview with the Resident Care Coordinator (RCC) on 06/04/26 at 3:42pm revealed: -She did not know Resident #4 had not received her duloxetine as ordered or that the MAs had documented the duloxetine was administered when not available on the medication cart. -The MAs were responsible for verifying medications were available prior to administering to the resident. -The MAs should not have documented medications as administered on the eMAR if the medication was not available on the medication cart. Interview with the Special Operations Manager on 06/03/26 at 9:47am revealed: -She did not know Resident #4 had not received her duloxetine 30mg as ordered.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 367	Continued From page 69 -She did not know the MAs had documented Resident #4's duloxetine 30mg was administered when it was not available to administer. -She expected the MAs to verify all of the resident's medications were available for administration prior to documenting the medications as administered. -If there were missing medications, the MAs were to notify the RCC, pharmacy and/or the resident's PCP. Interview with the Administrator on 06/03/26 at 9:40am revealed: -She did not know Resident #4 had not received her duloxetine as ordered or that MAs were documenting the medication was administered when the medication was not available on the medication cart. -She expected the MAs to verify all of the resident's medications were available for administration prior to documenting the medications as administered. -If there were missing medications, the MAs were to notify the RCC, pharmacy and/or the resident's PCP.	D 367		
D 390	10A NCAC 13F .1007 (e) Medication Disposition 10A NCAC 13F .1007 Medication Disposition e) Records of medications destroyed or returned to the pharmacy shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or	D 390	Medication disposition practices were reviewed, and a medication destruction/disposition log was implemented in accordance with facility policy. A review of medication destruction and disposition procedures was completed. Staff were In-Serviced on destruction/disposition log requirements and documentation standards.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 70 dispensing practitioner. These records shall be maintained by the facility for a minimum of one year. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a record of medications destroyed or returned to the pharmacy were maintained for 1 of 2 sampled residents (#3) that included the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner. Review of the facility's Medication Disposition Policy dated October 2025 revealed staff were to complete "The Medication Destruction Record" for any medication and/or controlled substance requiring facility destruction. This record will be scanned into the electronic health record and maintained in the Resident's chart. The findings are: Review of Resident #3's current FL2 dated 03/09/26 revealed: -Diagnoses included hypertension, major depressive disorder, vascular dementia with behaviors, dysphagia and aphasia due to stroke. -Resident #3's level of care was assisted living. Review of Resident #3's Resident Record revealed an admission date of 05/04/20.	D 390	The RCC and Executive Director will review medication destruction logs monthly for 3 months to ensure compliance.	Date Completed By: 7/13/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 71 a. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for atorvastatin (used to treat cholesterol) 40mg, one tablet by mouth once daily at 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm. -There was documentation Resident #3 refused atorvastatin 26 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm. -There was documentation Resident #3 refused atorvastatin 29 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for atorvastatin 40mg, one tablet by mouth once daily at 8:00pm. -There was documentation Resident #3 refused one dose of atorvastatin. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of atorvastatin 40mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 8:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 72 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. b. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for donepezil (used to treat dementia) 10mg, one tablet by mouth once daily at 7:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused donepezil 25 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused donepezil 29 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for donepezil 10mg, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused one dose of donepezil. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 73 donepezil 10mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 7:00pm, remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. c. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for Eliquis (used to prevent blood clots) 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused Eliquis 31 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused Eliquis 43 times.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 74 Review of Resident #3's June 2026 eMAR revealed: -There was an entry for Eliquis 5mg, one tablet by mouth twice daily at 9:00am and 8:00pm. bedtime. -There was documentation Resident #3 refused 1 of 1 dose of Eliquis. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 6 tablets of Eliquis 5mg, dispensed date of 05/22/26, quantity of 14 tablets dispensed, one tablet by mouth twice daily at 9:00am and 8:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. d. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for lactulose solution (used to lower ammonia levels) 10mg/15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. Review of Resident #3's April 2026 eMAR	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 75 revealed: -There was an entry for lactulose solution 10mg/15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused lactulose solution 32 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for lactulose solution 10mg/ 15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused lactulose solution 43 times. Review of Resident #3's June 2026 eMAR revealed: - There was an entry for lactulose solution 10mg/ 15ml, take 15ml by mouth twice daily at 9:00am and 8:00pm. -There was documentation Resident #3 refused 2 of 3 doses of lactulose solution. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there was an unknown amount of lactulose solution 10mg/ 15ml, available for administration and the dispensed date and dispensed quantity were unknown. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 76 Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. e. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for metoprolol (used to treat high blood pressure) 25mg, take ½ tablet by mouth twice daily, ok to crush and put into applesauce, hold if heart rate less than 55. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce, hold if heart rate less than 55. -There was documentation Resident #3 refused metoprolol 22 times. Review of Resident #3's May 2026 eMAR revealed: - There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce, hold if heart rate less than 55. -There was documentation Resident #3 refused metoprolol 43 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for metoprolol 25mg, take ½ tablet by mouth twice daily at 9:00am and 7:00pm, ok to crush and put into applesauce, hold if heart rate less than 55. -There was documentation Resident #3 refused 1 of 3 doses of metoprolol.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 77 Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 6, one-half tablets of metoprolol 25mg, dispensed date of 05/22/26, quantity of 14, one-half tablets dispensed take ½ tablet by mouth twice daily at 9:00am and 7:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. f. Review of Resident #3's physician's order summary dated 03/09/26 revealed: -There was an order for lisinopril (used to treat high blood pressure) 30mg, one tablet by mouth once daily at 9:00am. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for lisinopril 30mg, take one tablet by mouth once daily at 6:00am. -There was documentation Resident #3 refused lisinopril 18 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for lisinopril 30mg, take one	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 78 tablet by mouth once daily at 9:00am. -There was documentation Resident #3 refused lisinopril 14 times. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of lisinopril 30mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily at 9:00am remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. g. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for sertraline (used to treat depression) 100mg, two tablets by mouth twice daily. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused sertraline 31 times.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 79 Review of Resident #3's May 2026 eMAR revealed: - There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused sertraline 43 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for sertraline 100mg, two tablets by mouth twice daily at 9:00am and 7:00pm. -There was documentation Resident #3 refused 1 of 3 doses of sertraline. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 9 tablets of sertraline 100mg, dispensed date of 05/22/26, quantity of 14 dispensed, two tablets by twice daily at 9:00am and 7:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 80 h. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for docusate (used to treat constipation) 8.6/50mg, two tablets by mouth at 8:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for docusate 8.6/50mg, two tablets by mouth 8:00pm. -There was documentation Resident #3 refused docusate 7 times. -There was documentation Resident #3's docusate was discontinued on 04/09/26. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's Primary Care Provider (PCP) on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. i. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for aspirin chewable (used to prevent blood clots) 81mg, one tablet by mouth once daily at 9:00am. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for aspirin chewable 81mg, one tablet by mouth once daily at 9:00am.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 81 -There was documentation Resident #3 refused aspirin chewable 5 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for aspirin chewable 81mg, one tablet by mouth once daily at 9:00am. -There was documentation Resident #3 refused aspirin chewable 13 times. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of aspirin 81mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily at 9:00am remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. j. Review of Resident #3's physician's order summary dated 03/09/26 revealed an order for mirtazapine (used to treat depression) 45mg, one tablet by mouth daily at bedtime at 7:00pm. Review of Resident #3's April 2026 eMAR revealed:	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 82 -There was an entry for mirtazapine 45mg, one tablet by mouth daily at 7:00pm. -There was documentation Resident #3 refused mirtazapine 24 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for mirtazapine, one tablet by mouth daily at 7:00pm. -There was documentation Resident #3 refused mirtazapine 29 times. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for mirtazapine, one tablet by mouth once daily at 7:00pm. -There was documentation Resident #3 refused 1 of 1 dose of mirtazapine. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of mirtazapine 45mg, dispensed date of 05/22/26, quantity of seven dispensed one tablet by mouth once daily at 7:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am. Refer to interview with the RCC on 06/04/26 at 3:50pm.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 83 Refer to interview with the Administrator on 06/04/26 at 4:32pm. k. Review of Resident #3's physician's order summary dated 03/09/26 revealed: -There was an order for amlodipine (used to treat high blood pressure) 10mg, one tablet by mouth once daily at 9:00pm. Review of Resident #3's April 2026 eMAR revealed: -There was an entry for amlodipine 10mg, one tablet by mouth once daily at 9:00pm. -There was documentation Resident #3 refused amlodipine 5 times. Review of Resident #3's May 2026 eMAR revealed: -There was an entry for amlodipine 10mg, one tablet by mouth once daily at 9:00pm. -There was documentation Resident #3 refused amlodipine 14 times. Observation of Resident #3's medications available for administration on 06/04/26 at 11:32am revealed there were 3 tablets of amlodipine 10mg, dispensed date of 05/22/26, quantity of seven dispensed, one tablet by mouth once daily at 9:00pm remaining in multi-dose packaging. Refer to interview with a MA on 06/04/26 at 11:10am. Refer to telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm. Refer to telephone interview with Resident #3's PCP on 06/04/26 at 11:20am.	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 84 Refer to interview with the RCC on 06/04/26 at 3:50pm. Refer to interview with the Special Operations Director on 06/04/26 at 3:40pm. Refer to interview with the Administrator on 06/04/26 at 4:32pm. Interview with a MA on 06/04/26 at 11:10am revealed: -Resident #3 refused his medications most of the time and his refused medications were destroyed via the drug buster (container used for medication disposal). -She was not consistent with informing Resident #3's PCP via the provider communication portal, that the Resident was refusing. -She did not document disposal of Resident #3's unused medications and did not know if the facility had a medication disposition log. Telephone interview with a pharmacist at the facility's contracted pharmacy on 06/03/26 at 5:20pm revealed: -Resident #3's medications were dispensed in multi-packaging medications on a weekly cycle fill to the facility. -Any medications that were refused by Resident #3 in April 2026, May 2026 and June 2026 had not been discontinued except for docusate 8.6/50mg that was discontinued on 04/09/26 due to refusals. -Unused medications were prohibited from being returned to the pharmacy and the facility was encouraged to destroy unused medications according to their policy. Telephone interview with Resident #3's PCP on	D 390		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013041	A. BUILDING: _____ B. WING _____	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

(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 390	Continued From page 85 06/04/26 at 11:20am revealed: -She knew Resident #3 refused his medications at times but did not know he was refusing his medications almost daily for the past few months. -She expected to be notified by the facility if medications were changed, missed, refused or discontinued by other providers. -She did not know about the facility's policy related to disposal of unused medications. Interview with the RCC on 06/04/26 at 3:50pm revealed: -She transitioned from her position as a MA to RCC in April 2026 and was still in training. -The MAs were responsible for disposing of unused medications by using the drug buster. -The facility did not use a disposal log according to the facility's medication disposition policy and should have. Interview with the Administrator on 06/04/26 at 4:32pm revealed: -She was responsible for overseeing the disposition of medications that included keeping disposal logs. -The MAs and other designated staff were disposing of unused medications via the drug buster container. -A disposal medication log was not being used unless a controlled substance was being destroyed. -She expected all unused medications to be disposed of per the facility's medication disposition policy. -She expected the disposal record to be scanned into the electronic health record and maintained in the residents' records.	D 390		