STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 Northampton County Department of Social Services conducted an annual survey and follow up survey from 07/15/26 to 07/17/26.	D 000		
D 162	10A NCAC 13F .0504(c) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (c) Evaluation and validation of competency shall be performed by the following licensed health professionals in accordance with his or her North Carolina occupational licensing laws: (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter; (2) In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19), and (a)(21) of Rule .0903 of this Subchapter; (3) In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform the personal care tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (a)(27) of Rule .0903 of this	D 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 1 Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 5 of 6 sampled staff (Staff A, Staff B, Staff C, Staff D, and Staff F) were competency validated for Licensed Health Professional Support (LHPS) tasks by return demonstration including the care of residents who were physically restrained and the use of care practices as alternatives to restraints. The findings are: Review of an undated Resident Licensed Health Professional Support (LHPS) policy revealed: -The purpose of the policy was to establish guidelines for completing, reviewing, and maintaining LHPS assessments for residents who required health related tasks or services. -The facility was committed to ensuring that all residents received safe, appropriate, and individualized care. -A LHPS assessment should be completed to identify resident care needs, determine required staff training, and ensure that delegated health tasks were performed safely and according to state regulations. -The LHPS policy applied to all residents, licensed health professionals, personal care aides (PCAs), medication aides (MAs), and staff involved in providing care or delegated health tasks. -An initial LHPS assessment should be	D 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 2	D 162		

completed upon admission when a resident had a healthcare need that required assessment by a licensed health professional.
-The assessment should include the resident's health conditions, required procedures and treatments, level of assistance required, safety concerns, staff training requirements, and ability of staff to safely perform delegated tasks.
-LHPS assessments should be reviewed upon admission, following significant changes in a resident's condition, after hospitalization or return from a higher level of care, when new health tasks were added, and as required by state regulations.
-Staff that perform LHPS related tasks must receive proper training and validation before performing a task independently.
-Training must be completed by an appropriate licensed health professional.
-Competency checks should be documented and maintained in employee records.
-LHPS assessments and related documentation must be maintained in the resident's record to include the date of the assessment, resident's identified needs, required staff interventions, training recommendations, signature of assessing licensed professional, follow up reviews and updates.
-Staff were responsible for following the resident's care plan and LHPS recommendations at all times.
-Any tasks that staff are not trained or validated to perform must not be completed until proper training has occurred.
-The Administrator was responsible to ensure LHPS policies were followed and ensure assessments and documentation were maintained.
-The LHPS was responsible for completing assessments, provide recommendations and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 3	D 162		

required training, and complete required training before performing delegated tasks.
-The facility would periodically review LHPS assessments, training records, and documentation to ensure compliance, resident safety, and quality of care.

Review of an undated LHPS Skills Validation policy revealed:
-The policy was established to ensure that all LHPS staff provided safe, competent, and consistent resident care in accordance with state regulations.
-All staff must successfully complete a skills validation before performing delegated nursing tasks independently.
-Skills validation was conducted by a registered nurse (RN) or other qualified licensed healthcare professional authorized by state regulations.
-The policy had requirements to complete facility orientation, review all applicable policies and procedures, demonstrate competency in each delegated task, follow state regulations, report any changes in resident condition immediately to the supervisor or licensed nurse, and perform only those tasks that have been delegated and validated.
-Employees must demonstrate competency in hand hygiene, infection control, standard precautions and personal protective equipment (PPE), medication administration, medication documentation, blood pressure, pulse, respirations, temperature, oxygen saturation, blood glucose monitoring, safe transfers and ambulation, fall prevention, oxygen safety, documentation standards, resident rights, and incident reporting.
-All LHPS staff should complete an annual skills validation and may be required to complete additional competency evaluations when new

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 4	D 162		

equipment or procedures were introduced, a performance concern was identified, required by the RN, Administrator, or state regulations, and return from an extended leave of absence.

Review of Resident #2's current FL-2 dated 08/12/25 revealed diagnoses included late onset Alzheimer's, hypertension, and major depression.

Review of a prescription for Resident #2 from the hospice provider revealed there was an order to apply the lap belt as needed for restlessness, dated 08/21/25.

Review of Resident #2's LHPS evaluation dated 06/03/26 revealed:
-Personal care tasks currently present were identified as care of residents who are physically restrained and the use of care practice as alternatives to restraints, maintaining accurate input and output data, transferring semi-ambulatory or non-ambulatory residents, bowel or bladder training programs to regain continence, oxygen administration and monitoring, and range of motion exercises.
-LHPS Personal Care Task provided were documented as range of motion, oxygen, and transferring with staff competency validation.
-The LHPS Initial Evaluation and Quarterly Review of Residents was signed by a Registered Nurse (RN) on 06/03/26.
-There were no tasks identified for restraints.

Review of Staff A's personnel record revealed:
-Staff A's hire date was 07/08/25.
-Staff A was hired as a medication aide (MA).
-There was documentation the LHPS Skills Competency Evaluation was completed on 05/21/26
-The task of the care of residents who were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 5	D 162		

physically restrained and the use of care practices as alternative to restraints was not checked off or dated as completed.

Review of Staff B's personnel record revealed:
-Staff B's hire date was 03/18/13.
-Staff B was hired as a MA.
-There was documentation the LHPS Skills Competency Evaluation was completed on 12/17/21.
-The task of the care of residents who were physically restrained and the use of care practices as alternative to restraints had "N/A," and was not checked off or dated as completed.

Review of Staff C's personnel record revealed:
-Staff C's hire date was 05/11/26.
-Staff C was hired as a MA.
-There was documentation the LHPS Skills Competency Evaluation was completed on 05/21/26
-The task of the care of residents who were physically restrained and the use of care practices as alternative to restraints was not checked off or dated.

Review of Staff D's personnel record revealed:
-Staff D's hire date was 02/17/26.
-Staff D was hired as a personal care aide (PCA).
-There was documentation the LHPS Skills Competency Evaluation was completed on 05/21/26
-The task of the care of residents who were physically restrained and the use of care practices as alternative to restraints was not checked off or dated.

Review of Staff F's personnel record revealed:
-Staff F's hire date was 05/04/26.
-Staff F was hired as a PCA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 6	D 162		

-There was documentation the LHPS Skills Competency Evaluation was completed on 05/21/26
-The task of the care of residents who were physically restrained and the use of care practices as alternative to restraints was not checked off or dated.

Telephone interview with the facility's contracted LHPS RN on 07/16/26 at 2:31pm revealed:
-She was aware that Resident #2 had an order for a lap belt due to her restlessness.
-It was an oversight on her part that she did not complete a competency validation for staff on restraints for Resident #2.

Interview with a PCA on 07/17/26 at 3:14pm revealed:
-Resident #2 wore the lap belt most days.
-He checked on Resident #2 at least every 30 minutes to ensure her safety when wearing the lap belt.
-He was not aware of any place where staff had to document restraint checks or when the restraint was removed.
-He had not received any one-on-one training by staff since he had worked at the facility.
-The only restraint training he thought that he may have received was through an online course, but he was not sure if he had completed one or not.

Interview with a MA on 07/16/26 at 3:00pm revealed:
-She could not remember if the LHPS RN completed training with her on the use of restraints.
-She did not apply or remove the resident's lap belt, the PCAs were responsible for removing the restraint every 2 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 7 Interview with a second MA on 07/16/26 at 3:23pm revealed: -She had not completed any restraint training since she had worked at the facility. -She had restraint training at her previous place of employment. -PCAs applied the lap belt to Resident #2 every day. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm revealed: -Resident #2 wore a lap belt for her safety. -She first thought the resident wore the lap belt daily but then reported that she was not sure if she wore it every day. -The PCAs removed the lap belt every 2 hours and then reapplied the restraint. -It was her responsibility to ensure the LHPS RN had completed the LHPS Skills Competency Evaluation on all staff before they applied a restraint to a resident. -It was an oversight that all the LHPS RN had not completed the LHPS Skills Competency Evaluation. Telephone interview with the Administrator on 07/17/26 at 3:38pm revealed: -She was not aware that the LHPS RN had not completed restraint skills competency and validation on staff. -The RCC reviewed the LHPS skills competency and validation checklist to ensure it was completed. -She ensured that the RCC had reviewed the LHPS skills competency and validation checklist but evidently had overlooked it and did not realize that some staff had not completed the restraint task. -All staff should be trained on restraints and validated on the task by the LHPS RN to ensure	D 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 162	Continued From page 8 the residents' safety. Refer to Tag 165 10A NCAC 13F .0506 Training on Physical Restraints. Refer to Tag 278 10A NCAC 13F .0903(a) Licensed Health Professional Support. Refer to Tag 484 10A NCAC .1501(c) Use of Physical Restraints and Alternatives.	D 162		
D 165	10A NCAC 13F .0506 Training On Physical Restraints 10A NCAC 13F .0506 Training On Physical Restraints (a) An adult care home shall assure that all staff responsible for caring for residents with medical symptoms that warrant restraints are trained on the use of alternatives to physical restraint use and on the care of residents who are physically restrained. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide training on physical restraints for 3 of 6 sampled staff (Staff A, Staff C, and Staff D). The findings are: Review of an undated facility physical restraint	D 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 9	D 165		

policy revealed:
-A physical restraint was any physical or mechanical device attached to or adjacent to the resident's body that the resident can not remove easily, and that restricts freedom of movement or normal access to one's body.
-The facility would provide training to staff to ensure that, in the event of a physical restraint being deemed necessary, the training would include used only in circumstances in which the resident has medical symptoms for which the resident's physician has determined warrant the use of restraints and not for discipline or convenience purposes, used only after alternative methods to provide a safe environment for the resident have been tried and documented by the administrator or their designee in the resident's record as being unsuccessful, and a potential decline in the resident's functioning has been identified, and used only after an assessment and care planning process has been completed, except in emergencies where the health and safety of the resident is threatened.
-The facility would follow all rules and regulations and in compliance with the North Carolina Department of Human Services (NCDHHS) rules issued for adult care homes (10A NCAC 13F .1501 Use of Physical Restraints and Alternatives).
-The facility would document or have an order for restraints.
-Residents should be in restraints no longer than 2 hours at a time.

Review of an undated facility policy on Resident Restraint Assessment and Monitoring Policy revealed:
-The purpose of the policy was to ensure that any use of a physical restraint would be evaluated carefully, used only when necessary, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 10	D 165		

monitored to protect the residents' safety, dignity, rights, and quality of life.
-The facility was committed to using the least restrictive interventions possible and promote resident independence.
-The facility would only use restraints when assessed as necessary to prevent immediate risk of harm to the resident or others and when less restrictive alternatives have been attempted and found ineffective.
-Restraints would not be used for convenience, punishment, or staff convenience.
-Prior to the implementation of any restraint, the resident must receive a comprehensive assessment by the appropriate licensed healthcare professional.
-The assessment should include the reason the restraint was being considered, the specific safety concern or risk identified, medical condition(s) contributing to the need for the restraint, the resident's physical and cognitive status, ability to perform activities of daily living (ADLs), mobility and fall risk assessment, behavior history and triggers, pain assessment, medication review for possible contributing factors, review of less restrictive alternatives attempted, and resident and/or responsible party input and preferences.
-Before a restraint could be considered, staff must attempt appropriate alternatives, including but not limited to increased supervision, environmental modifications, activity engagement, toileting schedule, positioning devices, comfort measures, redirection and reassurance, and adjustments to care routines.
-All alternatives attempted must be documented.
-If a restraint was determined necessary, the resident's care plan must be updated to include the type of restraint used, medical reason for use, safety goal, alternatives attempted, required monitoring schedule, staff responsibilities, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 11	D 165		

plan for reduction or discontinuation of restraint.
-Staff must monitor the resident according to the facility's established schedule and document the resident's physical condition, skin integrity, circulation and range of motion, comfort level, emotional response, any injuries or complications, and continued need for restraint.
-Any changes in the resident's condition must be reported to the nurse and responsible parties as appropriate.
-The continued need for a restraint must be reviewed regularly whenever there was a significant change in the resident's condition.
-Staff must continually evaluate whether the restraint can be reduced or discontinued.
-All staff members responsible for resident care would receive ongoing education regarding proper restraint use, resident rights, alternatives to restraints, monitoring requirements, and documentation expectations.
-Residents had the right to be free from unnecessary restraints and to receive care that maintained their dignity, independence, and personal choices.
-The policy would be reviewed annually or whenever regulations changed to ensure compliance with current state and federal requirements.

Review of a training statement on the Use of Physical Restraints and Alternatives revealed:
-There was a statement listed about the facilities restraint policy.
-Below the statement was a place for the name of staff, the date, the prescribing physician, the residents name, and the name of the responsible party.
-The statement was that staff understood that a restraint should be used only with a written order from a physician or physician extender, except in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 12	D 165		

an emergency where the health or safety of the resident is in immediate danger.
-Restraints were only used after other alternatives that would provide a safe environment for the resident to prevent physical injury.
-Restraints were used after the assessment and care planning process had been completed, except in emergencies.
-Restraints would be removed and they should be applied correctly according to the manufacturer's instructions.
-All restraint use should be documented.
-"I sign this, stating I have had training and have read 10A NCAC 13F .1501 and understand that the restraint should be removed every 2 hours."

Review of Resident #2's current FL-2 dated 08/12/25 revealed:
-Diagnoses included late onset Alzheimer's, hypertension, and major depression.
-The resident was constantly disoriented.

Review of a prescription for Resident #2 from the hospice provider revealed there was an order to apply the lap belt as needed for restlessness, dated 08/21/25.

Observation of Resident #2 on 07/15/26 at 8:29am revealed the resident was in her wheelchair with a lap belt around her waist.

Observation of Resident #2 on 07/16/26 at 2:21pm revealed the resident was in her wheelchair with a lap belt around her waist.

Review of Staff A's personnel record revealed:
-Staff A's hire date was 07/08/25.
-Staff A was hired as a medication aide (MA).
-There was no documentation that Staff A had completed the training/statement on the Use of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 13	D 165		

Physical Restraints and Alternatives.
-There was no documentation for staff training on physical restraints.

Interview with Staff A on 07/16/26 at 3:00pm revealed:
-She was a MA.
-She could not remember if the LHPS RN or management had completed training with her on the use of restraints.
-She did not apply or remove the resident's lap belt, the personal care aides (PCAs) were responsible for removing the restraint every 2 hours.

Review of Staff C's personnel record revealed:
-Staff C's hire date was 05/11/26.
-Staff C was hired as a MA.
-There was no documentation that Staff C had completed the training/statement on the Use of Physical Restraints and Alternatives.
-There was no documentation for staff training on physical restraints.

Review of Staff D's personnel record revealed:
-Staff D's hire date was 02/17/26.
-Staff D was hired as a personal care aide (PCA).
-There was no documentation that Staff D had completed the training/statement on the Use of Physical Restraints and Alternatives.
-There was no documentation for training on physical restraints.

Interview with a Staff F on 07/17/26 at 3:14pm revealed:
-He was a PCA.
-He checked on Resident #2 at least every 30 minutes to ensure her safety when wearing the lap belt.
-He had not received any one-on-one training

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 14	D 165		

from staff since he had worked at the facility.
-The only restraint training he thought that he may have received was through an online course, but he was not sure if he had completed one or not.
-He had completed a training statement on the Use of Physical Restraints and Alternatives.

Interview with a second MA on 07/16/26 at 3:23pm revealed:
-She had not completed any restraint training since she had worked at the facility.
-She had restraint training at her previous place of employment.

Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm revealed:
-Resident #2 wore a lap belt for her safety.
-The PCAs removed the lap belt every 2 hours and then reapplied the restraint.
-She did not realize that several staff had not completed restraint training.
-The Licensed Health Professional Support (LHPS) Registered Nurse (RN) usually completed an LHPS Skills Competency Evaluation that included training on restraints for staff.
-It was her responsibility to follow up on staff training to ensure staff had received training on restraints and she had overlooked the training.

Telephone interview with the Administrator on 07/17/26 at 3:38pm revealed:
-She was not aware that the LHPS RN had not completed restraint skills competency and validation on staff.
-The RCC reviewed the LHPS skills competency and validation checklist to ensure it was completed.
-She thought all staff had completed a training statement on the Use of Physical Restraints and Alternatives.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 165	Continued From page 15 -It was ultimately her responsibility that staff were trained on restraints.	D 165		
D 237	10A NCAC 13F .0703 (e) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website at https://medicaid.ncdhhs.gov/media/6549/open. The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following: (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care; (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset; (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status, bowel and bladder functioning status, manner of communication of needs, skin condition, respiratory status, and nutritional status including orders for therapeutic diets; (4) special care factors, including physician	D 237		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 237	Continued From page 16 orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints; (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication; (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents' (#3) medication orders were complete to include the frequency of administration and dosage of all medications were documented on the resident's current FL2. The findings are: Review of the facility's current medication administration policy from 02/26/26 revealed: -All staff would know the elements of a complete order for psychotropic orders including the specific indications for administration, clarification, care plan regarding administration, and training on administration and documenting behavior after administration and any side effects. -Staff would be trained on admission and transfer	D 237		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 237	Continued From page 17	D 237		

orders.
-Staff would be trained on verification of orders on the FL-2 and who is responsible for the orders, documentation and verification which could include changing medications, sending orders to the facilities contracted pharmacy, training of time lapse obtaining the prescribing physician's signature, and emergency after hours pharmacy information and where the information would be posted.
-Quality assurance included that all charts would be monitored and reviewed by the Resident Care Coordinator (RCC) and all forms would be updated and sent to the physicians for updates and signatures which included FL-2's and physician orders.
-When a verbal order was given for a new medication, staff should obtain the physician's signature.

Review of Resident #3's current FL-2 dated 03/15/26 revealed:
-Diagnoses included epilepsy, acute kidney failure, and hypertension.
-There was an order for Acetaminophen 500mg (Acetaminophen is used to treat mild pain).
-The Acetaminophen order did not indicate the dosage or frequency of administration.
-There was an order for Allopurinol 100mg (Allopurinol is used to treat gout and kidney stones).
-The Allopurinol order did not include the dosage or frequency of administration.
-There was an order for Aspirin EC 81mg.
-The Aspirin order did not include the dosage or frequency of administration.
-There was an order for Atropine 1% eye drop (Atropine is used to treat inflammation of the eye).
-The Atropine did not include the dosage or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 237	Continued From page 18	D 237		

frequency of administration.
-There was an order for Benfotiamine 300mg (Benfotiamine is used to treat diabetic neuropathy).
-The Benfotiamine order did not include the dosage or frequency of administration.
-There was an order for Docusate Sodium 100mg (Docusate Sodium is used to treat constipation).
-The Docusate Sodium order did not include the dosage of frequency or administration.
-There was an order for Eliquis 25mg (Eliquis is used to treat and prevent blood clots).
-The Eliquis order did not include the dosage or frequency of administration.
-There was an order for Fish Oil 1,000mg (Fish Oil is used to treat high levels of triglycerides).
-The Fish Oil order did not include the dosage or frequency of administration.
-There was an order for Hydrochlorothiazide 25mg (Hydrochlorothiazide is used to treat high blood pressure).
-The Hydrochlorothiazide order did not include the dosage or frequency of administration.
-There was an order for Levetiracetam 750mg (Levetiracetam is used to prevent seizures).
-The Levetiracetam order did not include the dosage or frequency of administration.
-There was an order for Magnesium Oxide 400mg (Magnesium Oxide is used to treat indigestion).
-The Magnesium Oxide order did not include the dosage or frequency of administration.
-There was an order for a Multivitamin.
-The Multivitamin order did not include the dosage or frequency of administration.
-There was an order for Senna Plus 8.650mg (Senna Plus is used to treat constipation).
-The Senna Plus order did not include the dosage or frequency of administration.
-There was an order for Lorazepam 0.5mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 237	Continued From page 19	D 237		

(Lorazepam is used to treat anxiety).
-The Lorazepam order did not include the dosage or frequency of administration.
-There was an order for Ipratropium-albuterol .5 as needed (Ipratropium-albuterol is used to treat wheezing or shortness of breath).
-The Ipratropium-albuterol did not include the dosage or frequency of administration.

Telephone interview with the manager at the facilities contracted pharmacy on 07/16/26 at 9:13am revealed:
-The pharmacy could not accept orders from the facility that did indicate the frequency or dosage information on an order because it was not considered a complete order.
-When the pharmacy received Resident #3's FL-2 dated 03/17/26, the pharmacist contacted the physician for clarification of orders so the orders could be processed.

Interview with the RCC on 07/17/26 at 1:43pm revealed:
-She did not realize there was not a completed FL-2 with frequency of administration and dosage instructions for Resident #3 until state surveyors brought it to her attention.
-She was not sure how it happened and felt that it was accidentally overlooked.
-It was her responsibility to ensure the FL-2's had complete orders.

Interview with the Administrator on 07/16/26 at 3:00pm revealed:
-FL-2's should have complete orders.
-If the RCC had a question about orders on an FL-2 she should contact the prescribing physician to obtain clarification of the orders.
-She was not sure how Resident #3's 03/17/26 FL-2 was in her chart without complete orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 237	Continued From page 20 -It was the RCCs responsibility to ensure all FL-2's were complete and accurate.	D 237		
D 253	10A NCAC 13F .0801 (a) (b) Resident Assessment 10A NCAC 13F .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 253	Continued From page 21 hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10) skin integrity; (11) memory, orientation and cognition; (12) vision and hearing; (13) speech and communication; (14) assistive devices needed; and (15) a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf at no cost. This Rule is not met as evidenced by: Based on record reviews and interviews, the	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 253	Continued From page 22 facility failed to ensure 1 of 3 sampled residents (#2) had a care plan assessment that was completed 30 days following admission. The findings are: Review of an undated care plan policy revealed: -The facility was committed to providing individualized, person-centered care to each resident. -A comprehensive care plan would be developed, maintained, and reviewed to ensure that each resident's physical, emotional, social, and safety needs were identified and addressed. -The purpose of the policy was to establish guidelines for the development, implementation, monitoring, and updating of resident care plans to promote quality care and compliance with state regulations. -Each resident admitted to the facility should have an individualized care plan developed based on the resident's assessment, medical needs, preferences, abilities, and personal goals. -The care plan would serve as a guide for all staff members involved in providing care and services to the resident. -A resident care plan should include but not be limited to the resident's medical conditions and diagnoses, level of assistance needed with activities of daily living (ADLs), mobility and fall risk needs, nutrition and hydration needs, medication and treatment needs, cognitive status and behavioral needs, personal preferences and routines, communication needs, safety concerns, activity interests and social needs, and special care instructions. -Care plans should be developed with input from appropriate staff, the resident when possible, and/or the resident's responsible party or representative.	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 253	Continued From page 23 -All staff members were responsible for following the residents' care plan and providing care according to the identified needs and preferences. -Staff should review care plans as required, report changes in resident conditions promptly, document care provided accurately and communicate concerns or changes to the appropriate supervisor. -Failure to follow a resident's care plan could result in corrective action. -Care plans should be reviewed upon admission, after significant changes in a resident's condition, following hospitalization or major medical events, when there was a change in care needs, and according to regulatory requirement. -Updates should be made when necessary to ensure the care plan remains accurate and reflects the residents' current needs. -The Administrator ensured policies and procedures were followed and ensured adequate oversight of care planning. -The nursing/medication staff was responsible to assess resident needs, update care plans as needed, and communicate changes in condition. -All care plan reviews, updates and changes should be documented in the resident's record. -Documentation must be complete, accurate, and timely. -The facility would monitor care plan compliance through audits, observations, and reviews to ensure residents receive safe, appropriate, and individualized care. Review of Resident #2's current FL-2 dated 08/12/25 revealed diagnoses included late onset Alzheimer's, hypertension, and major depression. Review of Resident #2's Resident Register revealed an admission date of 08/11/25.	D 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 253	Continued From page 24 Review of Resident #2's record revealed there was no care plan. Interview with the RCC on 07/17/26 at 1:43pm revealed: -She was responsible for completing Resident #2's care plan after admission and when the resident had a significant change. -She should have completed Resident #2's care plan within 30 days after she was admitted to the facility. -She was not sure why Resident #2's did not have a care plan in her record. -She could not remember the last time she completed chart audits to ensure resident care plans were completed and in their record. Interview with the Administrator on 07/16/26 at 1:42pm revealed: -She had not been able to find a care plan for Resident #2. -She was not sure if she had thinned Resident #2's record and stored her care plan in a barn on the property. -She sent a new care plan to the resident's primary care provider (PCP) today (07/16/26) by facsimile to have it completed. -She and the RCC were responsible to ensure Resident #2's care plan was completed and in her record within 30 days of admission. -She had not completed chart audits recently which would have allowed her to realize that Resident #2's care plan was not available.	D 253		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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		

to meet the routine and acute health care needs of residents.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to meet the acute health care needs for 2 of 3 sampled residents (#2, #3) related to failure to notify the healthcare provider of multiple missed medications (#2, #3).

The findings are:

1. Review of Resident #2's current FL2 dated 08/12/25 revealed:
-Diagnoses included closed left hip fracture, late onset Alzheimer's dementia, gastroesophageal reflux (GERD), hypertension, and major depression.
-There was an order for Ativan (Ativan is the brand name for lorazepam, a medication used to treat anxiety and agitation) 0.5mg, one twice daily.
-There was an order for Seroquel (Seroquel is the brand name for quetiapine, an antipsychotic medication used to treat schizophrenia, bi-polar disorder, and major depression) 25mg, one tablet in the evening.
-There was an order for Remeron (Remeron is the brand name for mirtazapine, a medication used to treat major depressive disorder) 7.5mg, take one tablet at bedtime.

Review of a Client Medication Report for Resident #2 provided by the hospice provider revealed:
-There was an order for Zyrtec (Zyrtec is the brand name for cetirizine, a medication used to treat allergy symptoms) 10mg, give one tablet daily for allergy symptoms.
-There was an order for Ativan 0.5mg, take one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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	D 273		

tablet every four hours as needed for restlessness/anxiety.
-There was an order for mirtazapine 7.5mg, take one tablet at bedtime for sleep/mood.
-There was an order quetiapine 25mg, take two tablets at bedtime for mood.
-There was an order Senna Plus (Senna Plus is a combination medication of a stool softener and laxative used to treat constipation), take 2 tablets daily for constipation.
-There was an order for furosemide (furosemide is used to treat fluid retention) 20mg, take one tablet daily for edema.
-The Client Medication Report was documented as reviewed by the Hospice Medical Director on 06/17/26, 06/30/26, and on 07/15/26.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy provider on 07/16/26 at 2:31pm revealed:
-An order was received Resident 2's lorazepam 0.5mg to take one tablet twice a day for anxiety on 08/12/25.
-An order was received for Resident #2 to take lorazepam 0.5mg, take one tablet every four hours as needed for anxiety, agitation, and restlessness on 08/13/25.
-When the order for lorazepam every four hours as needed was received on 08/13/25 for Resident #2, the order for scheduled lorazepam 0.5mg twice a day was discontinued on 08/13/25.
-An order was received for Resident #2 for furosemide 20mg, take one tablet every day for edema on 08/12/25.
-An order was received for Resident #2 for quetiapine 25mg, take two tablets at bedtime for mood on 08/14/25.
-An order was received for Resident #2 for mirtazapine 7.5mg, take one tablet at bedtime for sleep on 08/12/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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	D 273		

-An order was received for Resident #2 for cetirizine 10mg, take one tablet daily for allergies on 10/10/25.
-An order was received for Resident #2 for Senna Plus 8.6mg-50mg, take 2 tablets everyday for constipation.

There was no signed physician order sheet provided for Resident #2.

Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for cetirizine (a medication used to treat allergy symptoms) 10mg, take one tablet daily for allergies scheduled at 8:00am.
-Cetirizine 10mg was documented as not administered on 5 occasions out of 31 opportunities in the month of May 2026 with the exception documented as "physically unable to take" on each occasion.
-There was an entry for lorazepam (used to treat anxiety and agitation) 0.5mg, take one tablet two times a day for anxiety, scheduled at 8:00am and 8:00pm.
-Lorazepam 0.5mg was documented as not administered on 19 occasions out 62 opportunities in the month of May 2026 with the exception documented as "physically unable to take" on each occasion.
-There was an entry for Mirtazapine (used to treat major depressive disorder) 7.5mg, take one tablet at bedtime for sleep, scheduled at 8:00pm.
-Mirtazapine 7.5mg was documented as not administered on 5 occasions for 31 opportunities in the month of May 2026 with the exception documented as "physically unable to take" on each occasion.
-There was an entry for quetiapine (used to treat schizophrenia, bi-polar disorder, and major

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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	D 273		

depression) 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm.
-Quetiapine 25mg, two tablets, was documented as not administered at 8:00pm on 8 occasions out of 31 opportunities for the month of May 2026, with the exception documented as "physically unable to take" for each occasion.
-There was an entry for Senna Plus (a combination medication of docusate sodium and sennosides used to treat constipation) 8.6mg-50mg, take two tablets every day for constipation scheduled at 8:00am.
-Senna Plus 8.6mg-50mg, two tablets was documented as not administered at 8:00am on 4 occasions out of 31 opportunities for the month of May 2026, with the exception documented as "physically unable to take" on each occasion.

Review of Resident #2's June 2026 eMAR revealed:
-There was an entry for cetirizine 10mg, take one tablet daily for allergies scheduled at 8:00am.
-Cetirizine 10mg was documented as not administered on 17 occasions out of 30 opportunities in the month of June 2026 with the exception documented as "physically unable to take" on each occasion.
-There was an entry for furosemide (used to treat fluid retention) 20mg, take one tablet every day for edema, scheduled for 8:00am.
-Furosemide 20mg was documented as not administered at 8:00am on 4 occasions out of 30 opportunities for the month of June 2026, with the exception documented as "physically unable to take" on each occasion.
-There was an entry for lorazepam 0.5mg, take one tablet two times a day for anxiety, scheduled at 8:00am and 8:00pm.
-Lorazepam 0.5mg was documented as not administered on 19 occasions out 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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	D 273		

opportunities in the month of June 2026 with the exception documented as "physically unable to take" on each occasion.
-There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm.
-Quetiapine 25mg, two tablets, was documented as not administered at 8:00pm on 23 occasions out of 30 opportunities for the month of June 2026, with the exception documented as "physically unable to take" for each occasion.

Review of Resident #2's July 2026 eMAR revealed:
-There was an entry for Mirtazapine (used to treat major depressive disorder) 7.5mg, take one tablet at bedtime for sleep, scheduled at 8:00pm.
-Mirtazapine 7.5mg was documented as not administered on 10 occasions for 14 opportunities in the month of July 2026 with the exception documented as "physically unable to take" on each occasion.

Review of provided Charting Notes for Resident #2 revealed:
-The charting notes were for the last 90 days, printed on 07/16/26.
-There was an entry for 05/03/26 at 12:18pm, buspirone and Lasix (the brand name for furosemide) ordered, called in by hospice.
-There was an entry for 05/07/26 at 5:09pm, resident did not eat dinner tonight, she was sleeping in her room.
-There was an entry for 05/21/26 at 3:36pm, resident has a rash on top of her right thigh area, personal care aide (PCA) put cream on the area.
-There were no other charting notes provided for Resident #2 for May 2026, June 2026, and July 2026.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 30 Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm. Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. 2. Review of Resident #3's current FL-2 dated 07/15/26 revealed: -Diagnoses included epilepsy, acute kidney failure, and hypertension. -There was an order Levetiracetam (Levetiracetam is used to treat epilepsy) 750mg, take one tablet twice a day. There was no signed physician order sheet provided for Resident #3. Telephone interview with a pharmacist with the facilities contracted pharmacy on 07/15/26 at 3:06pm revealed: -The pharmacy dispensed Levetiracetam 750mg, take one tablet twice a day on 04/13/26 with a quantity of 30 tablets, for a 15 day supply. -The pharmacy dispensed Levetiracetam 750mg, take one tablet twice a day on 04/29/26 with a quantity of 30 tablets, for a 15 day supply. -The pharmacy dispensed Levetiracetam 750mg, take one tablet twice a day on 05/19/26 with a quantity of 30 tablets, for a 15 day supply. -The pharmacy dispensed Levetiracetam 750mg,	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 31	D 273		

take one tablet twice a day on 06/15/26 with a quantity of 30 tablets, for a 15 day supply.
-The pharmacy dispensed Levetiracetam 750mg, take one tablet twice a day on 06/29/26 with a quantity of 30 tablets, for a 15 day supply.
-When a resident received hospice services, their medications did not always come up on the regular batch cycle refill.
-The pharmacy had a "health minder system" that would remind them to reach out to the facility when a medication needed to be refilled.
-Even though it was the facilities' responsibility to notify the pharmacy when Resident #3 needed a refill, the pharmacy tried to stay on top of any refills and communicated with a MA at the facility if they noticed a medication needed to be refilled when they were on hospice services.
-MAs at the facility would either fax or call with a refill request.
-Levetiracetam was a medication used to prevent seizures in individuals that had a diagnosis of epilepsy.
-Suddenly stopping the administration of Levetiracetam for Resident #3 increased her risk of seizures.

Telephone interview with the pharmacy manager from the facilities contracted pharmacy on 07/16/26 at 9:13am revealed:
-When a resident was on hospice services, the pharmacy filled the first prescription.
-After the first prescription was filled, subsequent prescription refills had to be ordered by the facility or hospice agency.
-The Levetiracetam 750mg for Resident #3 was due to be filled on 06/15/26.
-The facility could request a refill by sending a fax to the pharmacy or through the eMAR software system, which produced an electronic fax that the pharmacy received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 32 -Resident #3 was at risk of increased seizures due to missed doses of Levetiracetam. Review of Resident #3's June 2026 electronic medication administration record (eMAR) revealed: -There was an entry for Levetiracetam 750mg, take one tablet twice a day at 9:00am and 8:00pm. -Levetiracetam 750mg was documented as not administered on 6 occasions out of 60 opportunities in the month of June 2026 with the exception documented as "physically unable to take" on each occasion. -Levetiracetam 750mg was documented as not administered on 5 occasions out of 60 opportunities in the month of June 2026 with the exception documented as "physically unable to take, on order" on each occasion. -Levetiracetam 750mg was documented as not administered on 1 occasion out of 60 opportunities in the month of June 2026 with the exception documented as "physically unable to take, waiting on pharmacy." Review of Resident #3's July 2026 eMAR revealed: -There was an entry for Levetiracetam 750mg, take one tablet twice a day at 9:00am and 8:00pm. -Levetiracetam 750mg was documented as not administered on 6 occasions out of 62 opportunities in the month of July 2026 with the exception documented as "physically unable to take" on each occasion. -Levetiracetam 750mg was documented as not administered on 1 occasion out of 62 opportunities in the month of July 2026 with the exception documented as "physically unable to take, on order."	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 33 Review of provided Charting Notes for Resident #3 revealed: -The charting notes were for the last 90 days, printed on 07/15/26. -There were no charting notes provided for Resident #3 related to her medications for May 2026, June 2026, or July 2026. Refer to interview with a MA on 07/16/26 at 2:03pm. Refer to Interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the RCC on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Attempted telephone interview with Resident #3's hospice provider on 07/17/26 at 9:33am was unsuccessful. _____ Interview with a MA on 07/16/26 at 2:03pm revealed: -The documentation of "physically unable to take" on the eMAR exceptions meant the medication was not in the facility. -When a resident was on hospice, the MA could also notify hospice that a refill was needed for a resident. -She preferred to call the hospice nurse to inform them that a resident needed refills. -If a medication was scheduled to be delivered and it was not, she would call the pharmacy or call the hospice nurse to inform them the medication for the resident was not delivered. -If a medication was not available for a resident to	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 34	D 273		

take, she called the pharmacy and let the RCC know the resident was out of the medication.
-She would normally notify the pharmacy or the RCC if the resident had missed two doses of the medication.

Interview with a second MA on 07/17/26 at 1:08pm revealed:
-"Physically unable to take" on the residents' eMAR meant the medication was not in the facility.
-MAs and the RCC were responsible for ordering medications from the pharmacy.
-If a resident was on hospice, the pharmacy would request a new order from the hospice provider.
-She usually called the hospice agency to request the refill be sent to the pharmacy or faxed the hospice agency to request a refill.
-If a resident went without medication, it was important to contact the hospice agency about the missed doses so they could help with refills.

Interview with the RCC on 07/17/26 at 1:43pm revealed:
-"Physically unable to take" on the eMAR meant a medication was not available in the facility.
-She contacted hospice to obtain medication refills at times by fax or telephone call.
-There were times that she contacted the hospice agency to request a refill and followed up with the pharmacy and the medication still had not arrived at the facility.
-She made numerous phone calls to the resident's hospice nurse for medication refills, but she did not document each phone call.

Telephone interview with the Administrator on 07/17/26 at 3:40pm revealed:
-The resident's primary care provider (PCP) or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 35 hospice provider should be contacted when a resident missed three doses of their medications. -The RCC or the MAs should contact the resident's provider regarding the missed medications and should document the contact in the resident's charting notes. Refer to Tag 358 10A NCAC .1004(a) Medication Administration.	D 273		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples;	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 36 (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises;	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 37 (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure licensed health professional support (LHPS) evaluations were completed quarterly for 2 of 3 sampled residents (Residents #1, #2) who required finger stick blood sugar (FSBS) testing four times a day, and medication administration through injection (#1) and a resident with orders for a lap belt, which is a type of restraint (#2). The findings are: Review of an undated Resident Licensed Health Professional Support (LHPS) policy revealed: -The purpose of the policy was to establish guidelines for completing, reviewing, and maintaining LHPS assessments for residents who required health related tasks or services. -The facility was committed to ensuring that all residents received safe, appropriate, and individualized care. -A LHPS assessment should be completed to identify resident care needs, determine required staff training, and ensure that delegated health	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 38	D 278		

tasks were performed safely and according to state regulations.
-The LHPS policy applied to all residents, licensed health professionals, personal care aides (PCAs), medication aides (MAs), and staff involved in providing care or delegated health tasks.
-An initial LHPS assessment should be completed upon admission when a resident had a healthcare need that required assessment by a licensed health professional.
-The assessment should include the residents health conditions, required procedures and treatments, level of assistance required, safety concerns, staff training requirements, and ability of staff to safely perform delegated tasks.
-LHPS assessments should be reviewed upon admission, following significant changes in a resident's condition, after hospitalization or return from a higher level of care, when new health tasks were added, and as required by state regulations.
-The Administrator or designated nurse should ensure the residents' LHPS assessment was reviewed and updated when needed.
-Staff that perform LHPS related tasks must receive proper training and validation before performing a task independently.
-Training must be completed by an appropriate licensed health professional.
-Competency checks should be documented and maintained in employee records.
-LHPS assessments and related documentation must be maintained in the resident's record to include the date of the assessment, resident's identified needs, required staff interventions, training recommendations, signature of assessing licensed professional, follow up reviews and updates.
-Staff were responsible for following the resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 39	D 278		

care plan and LHPS recommendations at all times.
-Any tasks that staff are not trained or validated to perform must not be completed until proper training has occurred.
-The Administrator was responsible to ensure LHPS policies were followed and ensure assessments and documentation were maintained.
-The LHPS was responsible to complete assessments, provide recommendations and required training, and complete required training before performing delegated tasks.
-The facility would periodically review LHPS assessments, training records, and documentation to ensure compliance, resident safety, and quality of care.

Review of an undated LHPS Skills Validation policy revealed:
-The policy was established to ensure that all Licensed Health Personnel Support (LHPS) staff provided safe, competent, and consistent resident care in accordance with state regulations.
-All LHPS staff must successfully complete a skills validation before performing delegated nursing tasks independently.
-Skills validation was conducted by a registered nurse (RN) or other qualified licensed healthcare professional authorized by state regulations.
-The policy had requirements to complete facility orientation, review all applicable polices and procedures, demonstrate competency in each delegated task, follow state regulations, report any changes in resident condition immediately to the supervisor or licensed nurse, and perform only those tasks that have been delegated and validated.
-Employees must demonstrate competency in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 40	D 278		

hand hygiene, infection control, standard precautions and personal protective equipment (PPE), medication administration, medication documentation, blood pressure, pulse, respirations, temperature, oxygen saturation, blood glucose monitoring, safe transfers and ambulation, fall prevention, oxygen safety, documentation standards, resident rights, and incident reporting.
-All LHPS staff should complete an annual skills validation and may be required to complete additional competency evaluations when new equipment or procedures were introduced, a performance concern was identified, required by the RN, Administrator, or state regulations, and return from an extended leave of absence.

1. Review of Resident #1's current FL-2 dated 03/16/26 revealed:
-Diagnoses included Alzheimer's Disease, dementia, type 2 diabetes, hypertension, hypothyroidism, hyperlipidemia, and gastroesophageal reflux disease (GERD).
-There was an order for Toujeo (a long-acting insulin used to control high blood sugar) Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes.

Review of Resident #1's record revealed that there was no signed physician order sheet for Resident #1 within the past 6 months.

A signed physician's order sheet for Resident #1 was requested on 07/15/26 at 10:38am.

Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed:
-There was a printed Physician's order sheet with current orders as of 05/01/26.
-The printed Physician's order sheet with current

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 41	D 278		

orders as 05/01/26 for Resident #1 was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am.
-There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring.
-There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes.
-There was a printed Physician's order sheet with current orders as of 06/01/26.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 was signed by the hospice LPN on 07/15/26 at 11:16am.
-There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring.
-There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes.
-There was a printed Physician's order sheet with current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 was signed by the hospice LPN on 07/15/26 at 11:16am.
-There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring.
-There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes.

Review of a copy of prescription for Resident #1 revealed an order for Accu-Chek Guide Test Strip, check blood sugar before meals (AC) and at bedtime (HS), dated 04/15/26.

Review of a copy of prescription for Resident #1 revealed an order for Toujeo Solostar U-300 insulin, 30 U at bedtime, for 5 pens with 0 refills,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 42 dated 04/15/26. Review of Resident #1's May 2026 electronic medication administration (eMAR) revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm. -Resident #1's FSBS was documented as checked on 119 occasions out of 124 opportunities for the month of May 2026. -There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm. -Toujeo Solostar 300u/ml, 30 units was documented as administered on 30 occasions out of 31 opportunities for the month of May 2026. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm. -Resident #1's FSBS was documented as checked on 118 occasions out of 120 opportunities for the month of June 2026. -There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm. -Toujeo Solostar 300u/ml, 30 units was documented as administered on 30 occasions out of 30 opportunities for the month of June 2026. Review of Resident #1's July 2026 eMAR revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 43	D 278		

-Resident #1's FSBS was documented as checked on 56 occasions out of 57 opportunities for the month of July 2026.
-There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm.
-Toujeo Solostar 300u/ml, 30 units was documented as administered on 14 occasions out of 14 opportunities for the month of July 2026.

Review of Resident #1's Licensed Health Professional Support (LHPS) evaluation dated 06/03/26 revealed:
-Personal care tasks currently present were identified as maintaining accurate intake and output data, transferring semi-ambulatory or non-ambulatory residents, bowel or bladder training programs to regain continence, range of motion exercises, and oxygen administration and monitoring.
-LHPS Personal Care Task provided were documented as wheelchair, oxygen, and nebulizer with staff competency validated.
-The nurse did not include medication through injection as a task for the resident.
-The nurse did not include collecting and testing of finger stick blood samples as a task for the resident.
-The LHPS Initial Evaluation and Quarterly Review of Residents was signed by a Registered Nurse (RN) on 06/03/26.

Telephone interview with the facility's contracted LHPS Registered Nurse (RN) on 07/16/26 at 2:31pm revealed:
-She was aware that Resident #1 received daily FSBS checks and insulin via injection.
-It was an oversight on her part, that she did not identify LHPS tasks for FSBS checks and administration of insulin via injection for Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 44 #1. Refer to interview with the Licensed Health Professional Support (LHPS) Registered Nurse (RN) on 07/16/26 at 2:31pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. 2. Review of Resident #2's current FL-2 dated 08/12/25 revealed: -Diagnoses included late onset Alzheimer's disease, major depression, and hypertension. -The resident was non ambulatory. -The resident was constantly disoriented. Review of Resident #2's record revealed that there was no signed physician order sheet for the resident within the past 6 months. A signed physician's order sheet for Resident #2 was requested on 07/15/26 at 10:38am. Review of a prescription for Resident #2 from the hospice provider revealed there was an order to apply the lap belt as needed for restlessness, dated 08/21/25. Review of Resident #2's May 2026 electronic medical administration (eMAR) revealed: -There was an entry to apply lap belt as needed for restlessness. -There were no entries that the lap belt was applied from 05/01/26 to 05/31/26. Review of Resident #2's June 2026 eMAR revealed:	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 45	D 278		

-There was an entry to apply lap belt as needed for restlessness.
-There were no entries that the lap belt was applied from 06/01/26 to 06/30/26.

Review of Resident #2's July 2026 eMAR revealed:
-There was an entry to apply lap belt as needed for restlessness.
-There were no entries that the lap belt was applied from 07/01/26 to 07/15/26.

Review of Resident #2's Licensed Health Professional Support (LHPS) evaluation dated 06/03/26 revealed:
-Personal care tasks currently present were identified as care of residents who are physically restrained and the use of care practice as alternatives to restraints, maintaining accurate input and output data, transferring semi-ambulatory or non-ambulatory residents, bowel or bladder training programs to regain continence, oxygen administration and monitoring, and range of motion exercises.
-LHPS Personal Care Task provided were documented as range of motion, oxygen, and transferring with staff competency validation.
-The LHPS Initial Evaluation and Quarterly Review of Residents was signed by a Registered Nurse (RN) on 06/03/26.
-There were no tasks identified for restraints.

Telephone interview with the facility's contracted LHPS RN on 07/16/26 at 2:31pm revealed:
-She was aware that Resident #2 had an order for a lap belt due to her restlessness.
-It was an oversight on her part that she did not identify LHPS tasks for restraints for Resident #2.

Observation of Resident #2 on 07/15/26 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 46 8:29am revealed the resident was in her wheelchair with a lap belt around her waist. Observation of Resident #2 on 07/16/26 at 2:21pm revealed the resident was in her wheelchair with a lap belt around her waist. Based on interviews and record reviews, it was determined Resident #3 was not interviewable. Attempted telephone interview with Resident #3's hospice provider on 07/17/26 at 9:33am was unsuccessful. Refer to interview with the Licensed Health Professional Support (LHPS) Registered Nurse (RN) on 07/16/26 at 2:31pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. _____ Interview with the Licensed Health Professional Support (LHPS) Registered Nurse (RN) on 07/16/26 at 2:31pm revealed: -She came to facility monthly, and staff notified her of the residents due for their quarterly LHPS evaluation. -She based her LHPS evaluation on what staff reported to her, her observations and physical assessment of the resident, record review, and review of the current FL2. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm revealed: -She or the Administrator were responsible to make sure the residents had their quarterly LHPS evaluations.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 278	Continued From page 47 -She or the Administrator were responsible for reviewing the LHPS evaluations to ensure all tasks were identified. -She had not noticed that there were no tasks identified for Resident #1 for FSBS or medications administered via injection. -She had not noticed that there were no tasks identified related to the use of the lap belt for Resident #2. -She was still learning her role as RCC. Interview with the Administrator on 07/16/26 at 3:00pm revealed: -The RCC was responsible to review the residents' LHPS evaluations for identified tasks. -It was important that all tasks be identified for the care of the residents. -LHPS evaluations were to be done upon admission, quarterly and when there was a change in the residents' medical needs or new tasks identified. -She expected the LHPS evaluations to be thorough and complete.	D 278		
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:	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 48 (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the 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 interviews, and record reviews, the facility failed to ensure the quarterly licensed health professional support (LHPS) evaluations for 1 of 3 sampled residents (#1) with LHPS tasks were completed and included a physical assessment, evaluation of care provided, and recommendations based on the physical assessment and evaluation of the resident including tasks for collecting and testing of fingerstick blood samples, and medication administration through injection. The findings are: Review of an undated Resident Licensed Health Professional Support (LHPS) policy revealed: -The purpose of the policy was to establish guidelines for completing, reviewing, and maintaining LHPS assessments for residents who required health related tasks or services. -The facility was committed to ensuring that all residents received safe, appropriate, and individualized care.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 49 -A LHPS assessment should be completed to identify resident care needs, determine required staff training, and ensure that delegated health tasks were performed safely and according to state regulations. -The LHPS policy applied to all residents, licensed health professionals, personal care aides (PCAs), medication aides (MAs), and staff involved in providing care or delegated health tasks. -An initial LHPS assessment should be completed upon admission when a resident had a healthcare need that required assessment by a licensed health professional. -The assessment should include the residents health conditions, required procedures and treatments, level of assistance required, safety concerns, staff training requirements, and ability of staff to safely perform delegated tasks. -LHPS assessments should be reviewed upon admission, following significant changes in a resident's condition, after hospitalization or return from a higher level of care, when new health tasks were added, and as required by state regulations. -Staff must immediately report changes in a resident's condition. -The Administrator or designated nurse should ensure the resident's LHPS assessment was reviewed and updated when needed. -Staff that perform LHPS related tasks must receive proper training and validation before performing a task independently. -Training must be completed by an appropriate licensed health professional. -Competency checks should be documented and maintained in employee records. -LHPS assessments and related documentation must be maintained in the resident's record to include the date of the assessment, resident's	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 50	D 280		

identified needs, required staff interventions, training recommendations, signature of assessing licensed professional, follow up reviews and updates.
-Staff were responsible for following the resident's care plan and LHPS recommendations at all times.
-Any tasks that staff are not trained or validated to perform must not be completed until proper training has occurred.
-The Administrator was responsible to ensure LHPS policies were followed and ensure assessments and documentation were maintained.
-The LHPS was responsible to complete assessments, provide recommendations and required training, and complete required training before performing delegated tasks.
-The facility would periodically review LHPS assessments, training records, and documentation to ensure compliance, resident safety, and quality of care.

Review of Resident #1's current FL-2 dated 03/16/26 revealed:
-Diagnoses included Alzheimer's Disease, dementia, type 2 diabetes, hypertension, hypothyroidism, hyperlipidemia, and gastroesophageal reflux disease (GERD).
-There was an order for Toujeo (a long-acting insulin used to control high blood sugar) Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes.

Review of Resident #1's record revealed that there was no signed physician order sheet for Resident #1 within the past 6 months.

A signed physician's order sheet for Resident #1 was requested on 07/15/26 at 10:38am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 51 Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed: -There was a printed Physician's order sheet with current orders as of 05/01/26. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am. -There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring. -There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes. -There was a printed Physician's order sheet with current orders as of 06/01/26. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 was signed by the hospice LPN on 07/15/26 at 11:16am. -There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring. -There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes. -There was a printed Physician's order sheet with current orders as of 07/01/26. -The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 was signed by the hospice LPN on 07/15/26 at 11:16am. -There was an order for blood sugar check, check blood sugar four times a day, before meals and at bedtime for monitoring. -There was an order for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes. Review of a copy of prescription for Resident #1 revealed an order for Accu-Chek Guide Test	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 52 Strip, check blood sugar before meals (AC) and at bedtime (HS), dated 04/15/26. Review of a copy of prescription for Resident #1 revealed an order for Toujeo Solostar U-300 insulin, 30 U at bedtime, for 5 pens with 0 refills, dated 04/15/26. Review of Resident #1's May 2026 electronic medication administration (eMAR) revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm. -Resident #1's FSBS was documented as checked on 119 occasions out of 124 opportunities for the month of May 2026. -There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm. -Toujeo Solostar 300u/ml, 30 units was documented as administered on 30 occasions out of 31 opportunities for the month of May 2026. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm. -Resident #1's FSBS was documented as checked on 118 occasions out of 120 opportunities for the month of June 2026. -There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm. -Toujeo Solostar 300u/ml, 30 units was documented as administered on 30 occasions out of 30 opportunities for the month of June 2026.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 53 Review of Resident #1's July 2026 eMAR revealed: -There was an entry for blood sugar check, check blood sugar four times a day, before meals and at bedtime, scheduled at 7:30am, 11:30am, 4:30pm, and 8:00pm. -Resident #1's FSBS was documented as checked on 56 occasions out of 57 opportunities for the month of July 2026. -There was an entry for Toujeo Solostar 300u/ml, inject 30 units subcutaneously at bedtime for diabetes, scheduled at 8:00pm. -Toujeo Solostar 300u/ml, 30 units was documented as administered on 14 occasions out of 14 opportunities for the month of July 2026. Review of Resident #1's current Licensed Health Professional Support (LHPS) review dated 06/03/26 revealed: -The primary diagnosis was documented as Alzheimer's. -There were no other diagnoses listed for "Other Diagnosis". -The nurse documented Resident #1's personal care tasks present were maintaining accurate intake and output data, transferring semi-ambulatory or non-ambulatory residents, bowel or bladder training program to regain continence, range of motion exercises, and oxygen administration and monitoring. -The nurse did not include medication through injection as a task for the resident. -The nurse did not include collecting and testing of finger stick blood samples as a task for the resident. -The section for vital signs and weight was blank. -The section to document the physical assessment noted: resident was a hospice patient who was 89 years old, resident was alert and oriented times one.	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 54 -There was no physical assessment related to any of Resident #1's LHPS tasks. -There was no physical assessment related to the resident's task of medication through injection including no documentation regarding the injection sites. -There was no physical assessment related to collecting and testing of finger stick blood samples. -There was no physical assessment regarding the resident's skin or feet. -Change and follow-up recommended to meet the resident's needs was documented as N/A. Telephone interview with the facility's contracted LHPS Registered Nurse (RN) on 07/16/26 at 2:31pm revealed: -She came to facility monthly, and staff notified her of the residents that were due for their quarterly LHPS evaluation. -She based her LHPS evaluation on what staff reported to her, her observations and physical assessment of the resident, record review, orders and eMAR review, and review of the resident's current FL2. -She did a physical assessment with the LHPS evaluations. -If a resident was diabetic, she checked their skin and feet. -If a resident received insulin, she checked injection sites. -She was aware that Resident #1 had a history of diabetes and received daily FSBS checks and insulin via injection. -It was an oversight on her part, that she did not identify LHPS tasks for FSBS checks and administration of insulin via injection for Resident #1. -It was an oversight on her part, that she did not include her physical assessment on Resident	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 55 #1's 06/03/26 LHPS evaluation. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm revealed: -She or the Administrator were responsible to make sure the residents had their quarterly LHPS evaluations. -She or the Administrator were responsible for reviewing the LHPS evaluations to ensure the evaluations were complete. -She was not aware of the need for a documented physical assessment of the resident on their LHPS evaluations. -She was still learning her role as RCC. Interview with the Administrator on 07/16/26 at 3:00pm revealed: -The RCC was responsible to review the residents' LHPS evaluations for identified tasks. -The LHPS RN was supposed to do an assessment of the resident at the time of the LHPS evaluation to identify tasks and care needs. -LHPS evaluations were to be done upon admission, quarterly and when there was a change in the residents' medical needs or new tasks identified. -She expected the LHPS evaluations to be thorough and complete.	D 280		
D 345	10A NCAC 13F .1002(b) Medication Orders 10A NCAC 13F .1002 Medication Orders (b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 56	D 345		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure medication orders were maintained in the residents' records for 1 of 3 sampled residents (#1).

The findings are:

Review of the facility's current medication administration policy from 02/26/26 revealed:
-All staff would know the elements of a complete order for psychotropic orders including the specific indications for administration, clarification, care plan regarding administration, and training on administration and documenting behavior after administration and any side effects.
-Staff would be trained on admission and transfer orders.
-Staff would be trained on verification of orders on the FL-2 and who is responsible for the orders, and documentation and verification which could include changing medications, sending orders to the facilities contracted pharmacy, training of time lapse obtaining the prescribing physician's signature, and emergency after hours pharmacy information and where the information would be posted.
-Quality assurance included that all charts would be monitored and reviewed by the Resident Care Coordinator (RCC) and all forms would be updated and sent to the physicians for updates and signatures which included FL-2's and physician orders.
-When a verbal order was given for a new medication, staff should obtain the physician's signature.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 57 1. Review of Resident #1's current FL-2 dated 03/16/26 revealed diagnoses included Alzheimer's Disease, dementia, type 2 diabetes, hypertension, hypothyroidism, hyperlipidemia, and gastroesophageal reflux disease (GERD). a. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's trazodone (trazodone is used to treat major depression and insomnia) 50mg, take one at bedtime for mood was received on 12/09/25. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for trazodone 50mg, take one tablet at bedtime for mood scheduled at 8:00pm. -Trazodone 50mg was documented as administered at 8:00pm on 05/01/26 through 05/31/26. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for trazodone 50mg, take one tablet at bedtime for mood scheduled at 8:00pm. -Trazodone 50mg was documented as administered at 8:00pm on 06/01/26 through 06/30/26. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for trazodone 50mg, take one tablet at bedtime for mood scheduled at 8:00pm. -Trazodone 50mg was documented as	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 58	D 345		

administered at 8:00pm on 07/01/26 through 07/14/26.

A signed physician's order for Resident #1's trazodone 50mg was requested on 07/15/26 at 10:38am.

Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed:
-There was a printed Physician's order sheet with current orders as of 05/01/26.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was not signed by the Hospice Medical Director (HMD).
-There was a printed Physician's order sheet with current orders as of 06/01/26.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was not signed by the HMD.
-There was a printed Physician's order sheet with current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was signed by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 59	D 345		

hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for trazodone 50mg, take one tablet at bedtime for mood was not signed by the HMD.

Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

Refer to interview with the Administrator on 07/16/26 at 4:12pm.

b. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's haloperidol (haloperidol is used to treat schizophrenia, acute psychosis and agitation) 0.5mg, take one tablet every six hours as needed for anxiety and nausea was received on 12/10/24.

Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for haloperidol 0.5mg, take one tablet every 6 hours as needed for anxiety and nausea.
-Haloperidol 0.5mg was not documented as administered in the month of May 2026.

Review of Resident #1's June 2026 eMAR revealed:
-There was an entry for haloperidol 0.5mg, take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 60	D 345		

one tablet every 6 hours as needed for anxiety and nausea.
-Haloperidol 0.5mg was not documented as administered in the month of June 2026.

Review of Resident #1's July 2026 eMAR revealed:
-There was an entry for haloperidol 0.5mg, take one tablet every 6 hours as needed for anxiety and nausea.
-Haloperidol 0.5mg was not documented as administered in the month of July 2026.

A signed physician's order for Resident #1's haloperidol 0.5mg was requested on 07/15/26 at 10:38am.

Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed:
-There was a printed Physician's order sheet with current orders as of 05/01/26.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was not signed by the Hospice Medical Director (HMD).
-There was a printed Physician's order sheet with current orders as of 06/01/26.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was signed by the hospice LPN on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 61	D 345		

07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was not signed by the HMD.
-There was a printed Physician's order sheet with current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 1 which included an order for haloperidol 0.5mg, take one tablet every six hours as needed for anxiety and nausea was not signed by the HMD.

Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

Refer to interview with the Administrator on 07/16/26 at 4:12pm.

c. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's ibuprofen (Ibuprofen is a non-steroidal anti-inflammatory used to treat pain, fever, and inflammation) 400mg, take one tablet every six hours as needed for fever or pain was received on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 62 11/22/22. Review of Resident #1's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for ibuprofen 400mg, take one tablet every 6 hours as needed for pain or fever, may alternate with acetaminophen (used to treat fever, and mild to moderate pain). -Ibuprofen 400mg was not documented as administered during the month of May 2026. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for ibuprofen 400mg, take one tablet every 6 hours as needed for pain or fever, may alternate with acetaminophen. -Ibuprofen 400mg was not documented as administered during the month of June 2026. Review of Resident #1's July 2026 eMAR revealed: -There was an entry for ibuprofen 400mg, take one tablet every 6 hours as needed for pain or fever, may alternate with acetaminophen. -Ibuprofen 400mg was not documented as administered during the month of July 2026. A signed physician's order for Resident #1's ibuprofen 400mg was requested on 07/15/26 at 10:38am. Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed: -There was a printed Physician's order sheet with current orders as of 05/01/26. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever,	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 63 may alternate with acetaminophen was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever, may alternate with acetaminophen was not signed by the Hospice Medical Director (HMD). -There was a printed Physician's order sheet with current orders as of 06/01/26. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever, may alternate with acetaminophen was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever, may alternate with acetaminophen was not signed by the HMD. -There was a printed Physician's order sheet with current orders as of 07/01/26. -The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever, may alternate with acetaminophen was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ibuprofen 400mg, take one tablet every six hours as needed for pain or fever, may alternate with acetaminophen was not signed by the HMD. Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 64 Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm. Refer to interview with the Administrator on 07/16/26 at 4:12pm. d. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's lorazepam (lorazepam is used to treat anxiety) 0.5mg, take one tablet every four hours as needed for agitation or restlessness was received on 09/23/22. Review of Resident #1's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation or restlessness. -Lorazepam was not documented as administered on five occasions in the month of May 2026. Review of Resident #1's June 2026 eMAR revealed: -There was an entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation or restlessness. -Lorazepam was not documented as administered on three occasions in the month of June 2026. Review of Resident #1's July 2026 eMAR revealed:	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 65 -There was an entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation or restlessness. -Lorazepam was not documented as administered for the month of July 2026. A signed physician's order for Resident #1's lorazepam 0.5mg was requested on 07/15/26 at 10:38am. Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed: -There was a printed Physician's order sheet with current orders as of 05/01/26. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation or restlessness was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation or restlessness was not signed by the Hospice Medical Director (HMD). -There was a printed Physician's order sheet with current orders as of 06/01/26. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation and restlessness was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation and restlessness was not signed by the HMD. -There was a printed Physician's order sheet with	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 66	D 345		

current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation and restlessness was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for lorazepam 0.5mg, take one tablet every four hours as needed for agitation and restlessness was not signed by the HMD.

Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

Refer to interview with the Administrator on 07/16/26 at 4:12pm.

e. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's ondansetron (ondansetron is used to treat nausea) 4mg, take one tablet every eight hours as needed for nausea and vomiting was received on 03/20/23 with a standing orders set.

Review of Resident #1's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 67	D 345		

hours, "standing order".
-Ondansetron 4mg was not documented as administered in the month of May 2026.

Review of Resident #1's June 2026 eMAR revealed:
-There was an entry for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order".
-Ondansetron 4mg was not documented as administered in the month of June 2026.

Review of Resident #1's July 2026 eMAR revealed:
-There was an entry for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order".
-Ondansetron 4mg was not documented as administered in the month of July 2026.

A signed physician's order for Resident #1's ondansetron 4mg was requested on 07/15/26 at 10:38am.

Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed:
-There was a printed Physician's order sheet with current orders as of 05/01/26.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 68 included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was not signed by the Hospice Medical Director (HMD). -There was a printed Physician's order sheet with current orders as of 06/01/26. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was not signed by the HMD. -There was a printed Physician's order sheet with current orders as of 07/01/26. -The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ondansetron 4mg, take one tablet one tablet every eight hours as needed for nausea/vomiting, not to exceed 3 doses in 24 hours, "standing order" was not signed by the HMD. Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 69	D 345		

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

Refer to interview with the Administrator on 07/16/26 at 4:12pm.

f. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's ipratropium-albuterol (ipratropium-albuterol is a combination medication used to treat chronic obstructive pulmonary disease, chronic bronchitis, and emphysema), inhale one via every four hours as needed for shortness of breath was received on 12/11/25.

Review of Resident #1's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath.
-Ipratropium-albuterol was not documented as administered during the month of May 2026.

Review of Resident #1's June 2026 eMAR revealed:
-There was an entry for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath.
-Ipratropium-albuterol was not documented as administered during the month of June 2026.

Review of Resident #1's July 2026 eMAR revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 70 -There was an entry for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath. -Ipratropium-albuterol was not documented as administered during the month of July 2026. A signed physician's order for Resident #1's ipratropium-albuterol solution was requested on 07/15/26 at 10:38am. Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed: -There was a printed Physician's order sheet with current orders as of 05/01/26. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was not signed by the Hospice Medical Director (HMD). -There was a printed Physician's order sheet with current orders as of 06/01/26. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was signed by the hospice LPN on 07/15/26 at 11:16am. -The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was not signed	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 71	D 345		

by the HMD.
-There was a printed Physician's order sheet with current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for ipratropium-albuterol, inhale one vial of solution via nebulizer every four hours as needed for shortness of breath was not signed by the HMD.

Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

Refer to interview with the Administrator on 07/16/26 at 4:12pm.

g. Telephone interview with the pharmacy manager with the facility's contracted pharmacy provider on 07/16/26 at 9:14am revealed the original order for Resident #1's benzonatate (benzonatate is non-narcotic cough suppressant)100mg, take one capsule three times a day as needed for cough was received on 07/16/25.

Review of Resident #1's May 2026 electronic medication administration record (eMAR)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 72	D 345		

revealed:
-There was an entry for benzonatate 100mg, take one capsule three times a day as needed for cough.
-Benzonatate 100mg was not documented as administered during the month of May 2026.

Review of Resident #1's June 2026 eMAR revealed:
-There was an entry for benzonatate 100mg, take one capsule three times a day as needed for cough.
-Benzonatate 100mg was not documented as administered during the month of June 2026.

Review of Resident #1's July 2026 eMAR revealed:
-There was an entry for benzonatate 100mg, take one capsule three times a day as needed for cough.
-Benzonatate 100mg was not documented as administered during the month of July 2026.

A signed physician's order for Resident #1's benzonatate 100mg capsules was requested on 07/15/26 at 10:38am.

Review of a physician's order sheets for Resident #1 provided on 07/15/26 at 12:55pm revealed:
-There was a printed Physician's order sheet with current orders as of 05/01/26.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which included an order for benzonatate 100mg, take one capsule three times a day as needed for cough
was signed by the hospice Licensed Practical Nurse (LPN) on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 05/01/26 for Resident #1 which

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 73	D 345		

included an order for benzonatate 100mg, take one capsule three times a day as needed for cough was not signed by the Hospice Medical Director (HMD).
-There was a printed Physician's order sheet with current orders as of 06/01/26.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for benzonatate 100mg, take one capsule three times a day as needed for cough was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as 06/01/26 for Resident #1 which included an order for benzonatate 100mg, take one capsule three times a day as needed for cough was not signed by the HMD.
-There was a printed Physician's order sheet with current orders as of 07/01/26.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for benzonatate 100mg, take one capsule three times a day as needed for cough was signed by the hospice LPN on 07/15/26 at 11:16am.
-The printed Physician's order sheet with current orders as of 07/01/26 for Resident #1 which included an order for benzonatate 100mg, take one capsule three times a day as needed for cough was not signed by the HMD.

Refer to interview with the hospice Licensed Practical Nurse (LPN) on 07/17/26 at 12:52pm.

Refer to interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 74 Refer to interview with the Administrator on 07/16/26 at 4:12pm. _____ Interview with the hospice LPN on 07/17/26 at 12:52pm revealed: -She wrote orders for the Hospice Medical Director (HMD) for the residents under their care at the facility. -When she wrote orders for the residents, she gave the orders to the Resident Care Coordinator (RCC) or to the medication aides (MAs) to fax to the pharmacy. -The facility did not provide complete Physician's order sheets to be signed. -Wednesday, 07/15/26, was the first time she was provided with complete Physician's order sheets to sign for her hospice residents. Interview with the hospice Registered Nurse (RN) on 07/17/26 at 2:38pm revealed: -All verbal orders for the residents receiving hospice services through their company were sent to the HMD for signature and then were sent back to the facility via fax. -All orders given by hospice were signed by the HMD. -A verbal order sheet was completed and sent to the HMD for signature and the signed copy of the order was sent back to the facility. -The facility should have a copy of all orders issued by hospice. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm revealed: -She was responsible for making sure all medication and treatment orders were in the residents' record. -She was not aware that there were orders missing from the Resident #1's record because hospice sent orders directly to the pharmacy.	D 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 345	Continued From page 75 Interview with the Administrator on 07/16/26 at 4:12pm revealed the RCC and the day shift MA were responsible to make sure all orders were in the residents' record.	D 345		
D 349	10A NCAC 13F .1002 (f) Medication Orders 10A NCAC 13F .1002 Medication Orders (f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration are reviewed and signed by the resident's physician or prescribing practitioner at least every six months. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medication orders signed every 6 months and maintained in the resident's record for 1 of 3 sampled residents (#2). The findings are: Review of Resident #2's current FL2 dated 08/12/25 revealed: -Diagnoses included closed left hip fracture, late onset Alzheimer's dementia, gastroesophageal reflux (GERD), hypertension, and major depression. -There was an order for Buspar (Buspar is the brand name for buspirone, a medication used to treat anxiety disorder) 7.5mg twice daily. -There was an order for Colace (Colace is a brand name for docusate sodium, a stool softener	D 349		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 349	Continued From page 76	D 349		

used to treat constipation) 200mg, twice a day.
-There was an order for Neurontin (Neurontin is the brand name for gabapentin, a medication used to treat seizures and nerve pain) 100mg daily.
-There was an order for Claritin (Claritin is the brand name for loratadine, a medication used to treat allergy symptoms) 10mg, take one daily.
-There was an order for Glycolax (Glycolax is a brand name for polyethylene glycol, a powdered laxative used to treat constipation) 17-gram packet, one daily.
-There was an order for Peri-Colace (Peri-Colace is a brand for a combination medication of docusate sodium and sennosides, used to treat constipation) two tablets twice a day.
-There was an order for Zoloft (Zoloft is the brand name for sertraline, a medication used to treat depression, anxiety, and panic disorder) 50mg, one daily.
-There was an order for Ativan (Ativan is the brand name for lorazepam, a medication used to treat anxiety and agitation) 0.5mg, one twice daily.
-There was an order for Seroquel (Seroquel is the brand name for quetiapine, an antipsychotic medication used to treat schizophrenia, bi-polar disorder, and major depression) 25mg, one tablet in the evening.
-There was an order for Remeron (Remeron is the brand name for mirtazapine, a medication used to treat major depressive disorder) 7.5mg, take one tablet at bedtime.
-There was an order for Oscal-D (a calcium and vitamin d supplement), take one tablet daily.
-There was an order for Culturelle (a probiotic for gut health), take two capsules daily.

Review of Resident #2's record revealed that there was no signed physician order sheet for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 349	Continued From page 77 Resident #2 within the past 6 months. A signed physician order sheet was requested for Resident #2 on 07/15/26 at 10:38am and not provided by survey exit. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 2:05pm revealed: -She was responsible for making sure all medication and treatment orders were in the residents' record. -She was not aware that there were orders missing from Resident #2's record because hospice sent orders directly to the pharmacy. Interview with the Administrator on 07/16/26 at 4:12pm revealed the RCC and the day shift MA were responsible to make sure all orders were in the residents' record. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful.	D 349		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 78 Based on observations, interviews, and record reviews, the facility failed to administer medications according to provider orders for 2 of 3 sampled residents (#2 & #3) including medications used to treat fluid retention, allergy symptoms, constipation, anxiety and agitation, major depression, to stabilize moods, improve gut health, and vitamin D deficiency (#2), and a medication used to treat epilepsy (#3). The findings are: Review of the facility's current medication administration policy dated 02/26/26 revealed: -All staff would know the elements of a complete order for psychotropic orders including the specific indications for administration, clarification, care plan regarding administration, and training on administration and documenting behavior after administration and any side effects. -Staff would be trained on admission and transfer orders. -Staff would be trained on verification of orders on the FL-2 and who is responsible for the orders, and documentation and verification which could include changing medications, sending orders to the facilities contracted pharmacy, training of time lapse when obtaining the prescribing physician's signature, and emergency after hours pharmacy information and where the information would be posted. -Staff would be trained on receipt of medications including the security of who was authorized to receive medication deliveries, verification of receipt from pharmacy, invoices, and delivery sheets, and reporting discrepancies. -Quality assurance included that all charts would be monitored and reviewed by the Resident Care Coordinator (RCC) and all forms would be	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 79 updated and sent to the physicians for updates and signatures which included FL-2's and physician orders. -All medication aides (MA) were responsible for reordering and reporting medications being out or waiting on a new prescription to the RCC. -All MAs were responsible for documenting any issues or occurrences that affect a resident's overall care plan and should report any concerns that resident's or their families have to the RCC. -When a new medication order was started the MA should send the new order to the pharmacy, double checking for any allergy to the medication before sending the order to the pharmacy. -After the medication is delivered by the pharmacy, the MA may begin the medication. -If a family or hospice care team member brought a medication for a resident the MA could begin the medication after they received the medication from a family member or hospice care team member. -MAs could use a paper medication administration record (MAR) if an electronic medication administration (eMAR) was not available for the medication. -All orders should be started no later than 48 hours after the medication was delivered to the facility. -In the event that the facilities contracted pharmacy did not have the medication, the MA could contact the facilities back up pharmacy. -When a verbal order was given for a new medication, staff should obtain the physician's signature. 1. Review of Resident #2's current FL-2 dated 08/12/25 revealed diagnoses included closed left hip fracture, late onset Alzheimer's dementia, gastroesophageal reflux (GERD), hypertension, and major depression.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 80	D 358		

a.Review of Resident #2's current FL-2 dated 08/12/25 revealed an order for lorazepam (lorazepam is a medication used to treat anxiety and agitation) 0.5mg, one twice daily.

Review of Resident #2's record revealed an order for lorazepam 0.5mg, take one tablet every 4 hours as needed for anxiety or restlessness or agitation, for 90 tablets with 2 refills remaining, dated 06/09/26.

Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for lorazepam 0.5mg, take one tablet two times a day for anxiety, scheduled at 1:00pm and 5:00pm.
-Lorazepam 0.5mg was documented as administered at 1:00pm on 05/01/26 through 05/22/26.
-Lorazepam 0.5mg was documented as administered at 5:00pm on 05/01/26.
-Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/02/26, with the exception documented as "physically unable to take, she was sleeping".
-Lorazepam 0.5mg was documented as administered at 5:00pm on 05/03/26 through 05/12/26.
-Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/13/26 ,with the exception documented as "physically unable to take, resident sleeping".
-Lorazepam 0.5mg was documented as administered at 5:00pm on 05/14/26 through 05/22/26.
-Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/23/26, with the exception documented as "physically

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 81 unable to take". -Lorazepam 0.5mg was documented as administered at 1:00pm on 05/24/26. -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/24/26,with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/25/26, with the exception documented as "physically unable to take, waiting on prescription (RX)". -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/25/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/26/26, with the exception documented as "physically unable to take, waiting on RX". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/27/26 and on 05/28/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/29/26, with the exception documented as "physically unable to take, waiting on RX". -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/29/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/30/26, with the exception documented as "physically unable to take, waiting on order". -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/30/26 and at 1:00pm and 5:00pm on 05/31/26, with the exception documented as "physically unable to take".	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 82 -There was a second entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety, and restlessness. -Lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety, restlessness was not documented as administered on 05/01/26 through 05/31/26. Review of Resident #2's June 2026 eMAR revealed: -There was an entry for lorazepam 0.5mg, take one tablet two times a day for anxiety, scheduled at 1:00pm and 5:00pm with a start date of 08/13/25 and a stop date of 06/10/26. -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 06/01/26 and on 06/02/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 06/03/26 through 06/05/26, with the exception documented as "physically unable to take, waiting on RX". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 06/06/26 and on 06/07/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 06/08/26 and 06/09/26, with the exception documented as "physically unable to take, waiting on RX". -Lorazepam 0.5mg was documented as not administered at 1:00pm on 06/10/26, with the exception documented as "physically unable to take". -There was a second entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for anxiety, agitation, restlessness and was documented as administered on 06/11/26 at 10:40am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 83 There was no signed physician order sheet provided for Resident #2. Observation of Resident #2's medications on hand on 07/16/26 at 1:54pm revealed: -There was medication bubble card with a prescription label containing Resident #2's name for lorazepam 0.5mg, take one tablet every 4 hours as needed for anxiety, agitation, restlessness, with a dispense date of 06/09/26 for 90 tablets. -There were 89 tablets of lorazepam 0.5mg remaining. Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed: -The original order for Resident #2's lorazepam 0.5mg was received on Resident #2's FL-2 dated 08/12/25, to take one tablet twice a day. -The following day on 08/13/25, an order was received for Resident #2 for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety or restlessness and once the order for lorazepam 0.5mg as needed was received the order for scheduled lorazepam 0.5mg twice daily was discontinued. -Resident #2's lorazepam was not batch-filled since it was a controlled substance and had to be requested by the facility each time. -Lorazepam 0.5mg, take every 4 hours as needed was dispensed for Resident #2 on 10/23/25, 12/01/25, 01/22/26, and on 06/09/26 for a quantity of 90 tablets each time. Interview with a medication aide (MA) on 07/16/26 at 2:03pm revealed: -The documentation of "physically unable to take" on the eMAR exceptions meant the medication was not in the facility.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 84 -The MAs were responsible for re-ordering medications for the residents. -Resident #2's lorazepam was a controlled substance and required a prescription. -Resident #2 was under the care of hospice and if a prescription was needed, it was between the hospice nurse and the pharmacy to obtain the needed prescription. -She knew that Resident #2's lorazepam was scheduled then was changed to as needed only. Interview with a second MA on 07/17/26 at 1:08pm revealed: -"Physically unable to take" on the residents' eMAR meant the medication was not in the facility. -The MAs were responsible for re-ordering medications for the residents. -If a resident was under the care of hospice, a prescription was usually needed each time for a refill and hospice was contacted for refills. -Prescription refills could be requested via text from the hospice provider. -Resident #2's hospice provider required several phone calls to request a prescription refill and refills could take days. -Hospice should be notified if Resident #2 had missing medications. -It could be difficult to get prescriptions from Resident #2's hospice provider. -She knew Resident #2 had orders for scheduled lorazepam and as needed lorazepam. -She was certain Resident #2's hospice nurse had been notified that she needed a refill on lorazepam. -She thought Resident #2's hospice nurse came to see the resident every 2 weeks. Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 85 -Medications could be re-ordered through the eMAR system or calling the pharmacy to requests refills. -"Physically unable to take" on the eMAR meant a medication was not available in the facility. -She had trouble getting prescriptions refills from Resident #2's hospice provider. -She had made numerous phone calls to Resident #2's hospice nurse for her lorazepam refill but she did not document each phone call. -When she called Resident #2's hospice nurse for refills, she was usually told by the hospice nurse that she was waiting on the provider to send the prescription. -Refills should be requested when the medications reached the blue line on the medication package, and the resident's hospice provider or primary care provider (PCP) should be notified then that a refill was needed so a resident would not run out of their medications. -Medication cart audits were not routinely performed but would be started. -EMAR audits were not performed but would be started. Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm. Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the RCC on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Based on observations and record reviews it was determined Resident #2 was not interviewable.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 86 Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. b. Review of Resident #2's current FL-2 dated 08/12/25 revealed an order for quetiapine (quetiapine is an anti-psychotic medication used to treat schizophrenia, bi-polar disorder, and major depression) 25mg, one tablet in the evening. Review of a copy of Resident #2's record revealed an order for quetiapine 25mg, take 2 tablets (50mg) at bedtime for mood for 60 tablets with 2 refills dated 06/19/26. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm. -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 05/01/26 through 05/09/26. -Quetiapine 25mg. two tablets was documented as not administered at 8:00pm on 05/10/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 05/11/26 and on 05/12/26, with the exception documented as "physically unable to take, ordered". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm with the exception documented as "physically unable to take, waiting on order". -Quetiapine 25mg. two tablets was documented as administered at 8:00pm on 05/14/26. -Quetiapine 25mg, two tablets was documented	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 87	D 358		

as not administered at 8:00pm on 05/15/26 through 05/18/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 05/19/26 through 05/31/26.

Review of Resident #2's June 2026 eMAR revealed:
-There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm.
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/01/26 and 06/02/26.
-Quetiapine 25mg. two tablets was documented as not administered at 8:00pm on 06/03/26 and on 06/04/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/05/26 through 06/07/26, with the exception documented as "physically unable to take".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/08/26 and on 06/09/26, with the exception documented as 'physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/10/26 and on 06/11/26, with the exception documented as "physically unable to take".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/12/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/13/26.
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/14/26, with the exception documented as "physically unable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 88 to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/15/26 and on 06/16/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/17/26, with the exception documented as "physically unable to take, ordered". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/18/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/19/26 through 06/21/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/22/26. -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/23/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/24/26 and on 06/25/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/26/26 and on 06/27/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/28/26 through 06/30/26. Review of Resident #2's July 2026 eMAR revealed: -There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 89 -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 07/01/26. -Quetiapine 25mg. two tablets was documented as not administered at 8:00pm on 07/02/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 07/03/26 through 07/14/26. Observation of Resident #2's medications on hand on 07/16/26 at 1:52pm revealed: -There was medication bubble card with a prescription label containing Resident #2's name for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, dispensed on 06/27/26 for quantity of 60 tablets. -There were 26 tablets of quetiapine 25mg tablets remaining. Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed: -The original order for Resident #2's quetiapine 25mg was received on 08/12/25, to take one tablet at bedtime. -On 08/14/25, a new order was received for Resident #2 for quetiapine 25mg, take 2 tablets at bedtime for mood. -Resident #2's medications were not batch filled and had to be requested by the facility each time. -Quetiapine 25mg, take 2 tablets at bedtime for mood were dispensed for Resident #2 on 04/21/26 for a quantity of 30 tablets for a 15-day supply, on 05/18/26 for a quantity of 30 tablets for a 15-day supply, and on 06/27/26 for 60 tablets for a 30-day supply. Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 90 Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the RCC on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Based on observations and record reviews it was determined Resident #2 was not interviewable. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. c. Review of Resident #2's current FL-2 dated 08/12/25 revealed an order for mirtazapine (mirtazapine is used to treat major depressive disorder) 7.5mg, take one tablet at bedtime. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for mirtazapine 7.5mg, take one tablet at bedtime for sleep, scheduled at 8:00pm. -Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/01/26 through 05/12/26. -Mirtazapine 7.5mg was documented as not administered at 8:00pm on 05/13/26, with the exception documented as "physically unable to take, waiting on order". -Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/14/26. -Mirtazapine 7.5mg was documented as not administered at 8:00pm on 05/15/26 through 05/18/26, with the exception documented as	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 91	D 358		

"physically unable to take, on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/19/26 through 05/31/26.

Review of Resident #2's June 2026 eMAR revealed:
-There was an entry for mirtazapine 7.5mg, take one tablet at bedtime for sleep, scheduled at 8:00pm.
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 06/01/26 and on 06/02/26.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 06/03/26, with the exception documented as "physically unable to take, on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 06/04/26 through 06/07/26.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 06/08/26, with the exception documented as "physically unable to take, on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 06/09/26 through 06/29/26.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 06/30/26, with the exception documented as "physically unable to take".

Review of Resident #2's July 2026 eMAR revealed:
-There was an entry for mirtazapine 7.5mg, take one tablet at bedtime for sleep, scheduled at 8:00pm.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 07/01/26 and on 07/02/26, with the exception documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 92	D 358		

"physically unable to take, on order".
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 07/03/26 through 07/05/26, with the exception documented as "physically unable to take".
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 07/06/26 and on 07/07/26, with the exception documented as "physically unable to take, on order".
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 07/08/26 and on 07/09/26, with the exception documented as "physically unable to take".
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 07/10/26, with the exception documented as "physically unable to take, on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 07/11/26 through 07/14/26.

Observation of Resident #2's medications on hand on 07/16/26 at 1:52pm revealed:
-There was medication bubble card with a prescription label containing Resident #2's name for mirtazapine 7.5mg, take one tablet at bedtime for sleep, dispensed on 07/14/26 for quantity of 31 tablets.
-There were 26 tablets of mirtazapine 7.5mg tablets remaining.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's mirtazapine 7.5mg was received on 08/12/25, take one tablet at bedtime.
-Resident #2's medications were not batch-filled and had to be requested by the facility each time.
-Mirtazapine 7.5mg, take 1 tablet at bedtime for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 93	D 358		

sleep was dispensed for Resident #2 on 04/11/26 for a quantity of 15 tablets for a 15-day supply, on 04/26/26 for a quantity of 15 tablets for a 15-day supply, and on 05/28/26 for 15 tablets for a 15-day supply, on 06/03/26 for 23 tablets for a 23-day supply, and on 07/07/26 for 31 tablets for a 31-day supply.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

Refer to interview with the RCC on 07/17/26 at 1:43pm.

Refer to interview with the Administrator on 07/16/26 at 3:00pm.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful.

d. Review of Resident #2's record revealed an order for cetirizine (an antihistamine used to treat allergy symptoms) 10mg, take 1 tablet daily for allergies for 30 tablets with 2 refills remaining dated 05/22/26.

Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for cetirizine 10 mg, take one tablet daily for allergies, scheduled at 8:00am.
-Cetirizine 10mg was documented as administered at 8:00am on 05/01/26 through

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 94 05/11/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/12/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as administered at 8:00am on 05/13/26 through 05/17/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/18/26, with the exception documented as "physically unable to take, on order". -Cetirizine 10mg was documented as administered at 8:00am on 05/19/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/20/26 and on 05/21/26, with the exception documented as "physically unable to take, waiting on RX". -Cetirizine 10mg was documented as not administered at 8:00am on 05/22/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as administered at 8:00am on 05/23/26 through 05/31/26. Review of Resident #2's June 2026 eMAR revealed: -There was an entry for cetirizine 10mg, take one tablet daily for allergies, scheduled at 8:00am. -Cetirizine 10mg was documented as administered at 8:00am on 06/01/26 through 06/07/26. -Cetirizine 10mg was documented as not administered at 8:00am on 06/08/26 and on 06/09/26, with the exception documented as "physically unable to take, waiting on RX". -Cetirizine 10mg was documented as administered at 8:00am on 06/10/26 and on 06/11/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 95 -Cetirizine 10mg was documented as not administered at 8:00am on 06/12/26 through 06/14/26, with the exception documented as "physically unable to take, waiting on RX". -Cetirizine 10mg was documented as administered at 8:00am on 06/15/26 through 06/17/26. -Cetirizine 10mg was documented as not administered at 8:00am on 06/18/26 through 06/22/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as not administered at 8:00am on 06/23/26, with the exception documented as "physically unable to take, waiting on RX". -Cetirizine 10mg was documented as not administered at 8:00am on 06/24/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as administered at 8:00am on 06/25/26. -Cetirizine 10mg was documented as not administered at 8:00am on 06/26/26 through 06/30/26, with the exception documented as "physically unable to take". Review of Resident #2's July 2026 eMAR from 07/01/26 through 07/15/26 revealed: -There was an entry for cetirizine 10mg, take one tablet daily for allergies, scheduled at 8:00am. -Cetirizine 10mg was documented as not administered at 8:00am on 07/01/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as administered at 8:00am on 07/02/26 through 07/05/26. -Cetirizine 10mg was documented as not administered at 8:00am on 07/06/26, with the exception documented as "physically unable to	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 96	D 358		

take".
-Cetirizine 10mg was documented as administered at 8:00am on 07/07/26 through 07/15/26.

Observation of Resident #2's medications on hand on 07/16/26 at 1:52pm revealed:
-There was medication bubble card with a prescription label containing Resident #2's name for cetirizine 10mg, take one tablet at daily for allergies, dispensed on 07/06/26 for quantity of 30 tablets.
-There were 20 tablets of cetirizine 10mg tablets remaining.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's cetirizine 10mg was received on 10/10/25, take one tablet daily for allergies.
-Resident #2's medications were not batch filled and had to be requested by the facility each time.
-Cetirizine 10mg, take 1 tablet daily for allergies was dispensed for Resident #2 on 04/21/26 for a quantity of 15 tablets for a 15-day supply, on 05/22/26 for a quantity of 15 tablets for a 15-day supply, on 06/05/26 for 30 tablets for a 30-day supply, and on 07/06/26 for 30 tablets for a 30-day supply.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

Refer to interview with the RCC on 07/17/26 at 1:43pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 97 Refer to interview with the Administrator on 07/16/26 at 3:00pm. Based on observations and record reviews it was determined Resident #2 was not interviewable. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. e. Review of Resident #2's record revealed an order for furosemide (furosemide is used to treat fluid retention) 20mg, take 1 tablet daily for swelling for 30 tablets with 2 refills remaining dated 06/26/26. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed; -There was an entry for furosemide 20mg, take one tablet every day for swelling, scheduled at 8:00am. -Furosemide 20mg was documented as administered at 8:00am on 05/01/26 through 05/11/26. -Furosemide 20mg was documented as not administered at 8:00am on 05/12/26, with the exception documented as 'physically unable to take". -Furosemide was documented as administered at 8:00am on 05/13/26 through 05/31/26. Review of Resident #2's June 2026 eMAR revealed; -There was an entry for furosemide 20mg, take one tablet every day for swelling, scheduled at 8:00am. -Furosemide 20mg was documented as administered at 8:00am on 06/01/26 through 06/11/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 98	D 358		

-Furosemide 20mg was documented as not administered at 8:00am on 06/12/26, with the exception documented as 'physically unable to take, waiting on RX".
-Furosemide 20mg was documented as administered at 8:00am on 06/13/26 through 06/21/26.
-Furosemide 20mg was documented as not administered at 8:00am on 06/22/26, with the exception documented as 'physically unable to take".
-Furosemide 20mg was documented as not administered at 8:00am on 06/23/26, with the exception documented as 'physically unable to take, waiting on RX".
-Furosemide 20mg was documented as not administered at 8:00am on 06/24/26, with the exception documented as 'physically unable to take".
-Furosemide 20mg was documented as administered at 8:00am on 06/25/26 through 06/30/26.

Observation of Resident #2's medications on hand on 07/16/26 at 1:52pm revealed:
-There was medication bubble card with a prescription label containing Resident #2's name for furosemide 20mg, take one tablet daily for swelling, dispensed on 06/26/26 for quantity of 30 tablets.
-There were 10 tablets of furosemide 20mg tablets remaining.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's furosemide 20mg was received on 08/12/25, take one tablet daily for swelling.
-Resident #2's medications were not batch filled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 99	D 358		

and had to be requested by the facility each time.
-Furosemide 20mg, take 1 tablet daily for swelling was dispensed for Resident #2 on 03/09/26 for a quantity of 31 tablets for a 31-day supply, on 04/16/26 for a quantity of 15 tablets for a 15-day supply, on 05/02/26 for 11 tablets for an 11-day supply, and on 06/26/26 for 30 tablets for a 30-day supply.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

Refer to interview with the RCC on 07/17/26 at 1:43pm.

Refer to interview with the Administrator on 07/16/26 at 3:00pm.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful.

f. Review of Resident #2's record revealed a verbal order dated 04/10/26 for Senna Plus (a combination of a stimulant laxative and stool softener used to treat constipation) 8.6mg-50mg tablet, take 2 tablets every day for constipation.

Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for Senna Plus 8.6mg-50mg, take two tablets everyday for constipation, scheduled at 8:00am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 100 -Senna Plus, two tablets was documented as administered at 8:00am on 05/01/26 through 05/11/26. -Senna Plus, two tablets was documented as not administered at 8:00am on 05/12/26, with the exception documented as "physically unable to take". -Senna Plus, two tablets was documented as administered at 8:00am on 05/13/26 through 05/19/26. -Senna Plus, two tablets was documented as not administered at 8:00am on 05/20/26 and on 05/21/26, with the exception documented as "physically unable to take, waiting on RX". -Senna Plus, two tablets was documented as not administered at 8:00am on 05/22/26, with the exception documented as "physically unable to take". -Senna Plus, two tablets was documented as administered at 8:00am on 05/23/26 through 05/31/26. Observation of Resident #2's medications on hand on 07/16/26 at 1:52pm revealed: -There was a medication bubble card with a prescription label containing Resident #2's name for Senna Plus 8.6mg-50mg, take two tablets daily for constipation, dispensed on 06/22/26 for quantity of 60 tablets. -There were 12 tablets of Senna Plus 8.6mg-50mg tablets remaining. Telephone interview with the pharmacy manager for the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed: -The original order for Resident #2's Senna Plus 8.6mg-50mg was received on 08/13/25, take two tablets daily for constipation. -Resident #2's medications were not batch filled and had to be requested by the facility each time.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 101 -Senna Plus 8.6mg-50mg, take 2 tablets daily for constipation was dispensed for Resident #2 on 03/09/26 for a quantity of 62 tablets for a 31-day supply, on 05/22/26 for a quantity of 60 tablets for a 30-day supply, and on 06/22/26 for 60 tablets for a 30-day supply. Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm. Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the RCC on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Based on observations and record reviews it was determined Resident #2 was not interviewable. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. g. Review of Resident #2's current FL-2 dated 08/12/25 revealed an order for oyster shell calcium plus vitamin D (a combination supplement used to prevent or treat low blood calcium and support bone health), take one tablet daily. Review of Resident #2's record revealed an order dated 05/22/26 to discontinue oyster shell calcium with vitamin D. Review of Resident #2's record revealed an order dated 05/26/26 to discontinue oyster shell calcium with vitamin D.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 102 Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for oyster shell calcium 500-vitamin D3 200, take one tablet every day for supplement, scheduled at 8:00am. -Oyster shell calcium 500-vitamin D3 200, was documented as administered at 8:00am on 05/01/26 through 05/11/26. -Oyster shell calcium 500-vitamin D3 200, was documented as not administered at 8:00am on 05/12/26, with the exception documented as "physically unable to take". -Oyster shell calcium 500-vitamin D3 200, was documented as administered at 8:00am on 05/13/26 through 05/31/26. Review of Resident #2's June 2026 eMAR revealed: -There was an entry for oyster shell calcium 500-vitamin D3 200, take one tablet every day for supplement, scheduled at 8:00am with a stop date of 06/10/26. -Oyster shell calcium 500-vitamin D3 200, was documented as administered at 8:00am on 06/01/26 through 06/03/26. -Oyster shell calcium 500-vitamin D3 200, was documented as not administered at 8:00am on 06/04/26, with the exception documented as "withheld per DR/RN orders, med d/c". -Oyster shell calcium 500-vitamin D3 200, was documented as not administered at 8:00am on 06/04/26, with the exception documented as "withheld per DR/RN orders, d/c". -Oyster shell calcium 500-vitamin D3 200, was documented as administered at 8:00am on 06/06/26 and on 06/07/26. -Oyster shell calcium 500-vitamin D3 200, was documented as not administered at 8:00am on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 103 06/08/26 and on 06/09/26, with the exception documented as "withheld per DR/RN orders, med d/c". -Oyster shell calcium 500-vitamin D3 200, was documented as not administered at 8:00am on 06/10/26, with the exception documented as "physically unable to take". Telephone interview with the pharmacy manager with the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed: -An order was received to discontinue Resident #2's oyster shell calcium-vitamin D3 on 05/22/26. -Resident #2's oyster shell calcium-vitamin D3 was discontinued by the pharmacy technician on 05/22/26. -She thought it was possible the facility staff could have re-activated Resident #2's oyster shell calcium-vitamin D3 order. Interview with a medication aide (MA) on 07/16/26 at 2:08pm revealed: -The pharmacy entered medication orders and discontinued medication orders into the eMAR system. -If a medication was discontinued but still showed as active on the eMAR, the MAs were to contact the pharmacy to notify that the discontinued medication was still an active order on the eMAR. Interview with a second MA on 07/17/26 at 1:19pm revealed: -New orders and discontinued orders were entered into the eMAR system by the pharmacy. -The Resident Care Coordinator (RCC) or the MAs had to approve new orders or discontinued orders after they were entered by the pharmacy. -If a medication was ordered or discontinued for a resident, she reported the new order or order change verbally to the next MA coming on duty.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 104	D 358		

-There was no written shift report between the oncoming and off going MA.
-She sent the order to discontinue Resident #2's oyster shell calcium to the pharmacy but was not sure why it was not discontinued in the eMAR system until June 2026.
-There was no order tracking system in place at the facility that she was aware of.
-She felt that communication between the MAs at shift change was not the best.

Interview with the Administrator on 07/16/26 at 4:12pm revealed:
-Orders were keyed into the eMAR system by the pharmacy and the RCC approved the orders.
-Discontinued orders were also keyed into the eMAR system by the pharmacy and the RCC approved discontinued orders as well.
-Staff were expected to review all new orders and discontinued orders and to get clarification if needed.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful.

h. Review of Resident #2's current FL-2 dated 08/12/25 revealed an order for lactobacillus (a probiotic for gut health), take two capsules daily.

Review of Resident #2's record revealed an order dated 05/22/26 to discontinue lactobacillus.

Review of Resident #2's record revealed an order dated 05/26/26 to discontinue lactobacillus.

Review of Resident #2's May 2026 electronic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 105	D 358		

medication administration record (eMAR) revealed:
-There was an entry for lactobacillus, take two capsules every day for supplement, scheduled at 8:00am.
-Lactobacillus, two capsules was documented as administered at 8:00am on 05/01/26 through 05/11/26.
-Lactobacillus, two capsules was documented as not administered at 8:00am on 05/12/26, with the exception documented as "physically unable to take".
-Lactobacillus, two capsules was documented as administered at 8:00am on 05/13/26 through 05/31/26.

Review of Resident #2's June 2026 eMAR revealed:
-There was an entry for lactobacillus, take two capsules every day for supplement, scheduled at 8:00am with a stop date of 06/10/26.
-Lactobacillus, two capsules was documented as administered at 8:00am on 06/01/26 through 06/03/26.
-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/04/26, with the exception documented as "withheld per DR/RN orders, med d/c".
-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/04/26, with the exception documented as "withheld per DR/RN orders, d/c".
-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/05/26, with the exception documented as "physically unable to take, d/c".
-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/06/26 and on 06/07/26, with the exception documented as "physically unable to take".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 106	D 358		

-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/08/26 and on 06/09/26, with the exception documented as "withheld per DR/RN orders, med d/c".
-Lactobacillus, two capsules was documented as not administered at 8:00am on 06/10/26, with the exception documented as "physically unable to take".

Telephone interview with the pharmacy manager with the facility's contracted pharmacy on 07/16/26 at 2:43pm revealed:
-An order was received to discontinue Resident #2's lactobacillus capsules on 05/22/26.
-Resident #2's lactobacillus was discontinued by the pharmacy technician on 05/22/26.
-She thought it was possible the facility staff could have re-activated Resident #2's lactobacillus order.

Interview with a medication aide (MA) on 07/16/26 at 2:08pm revealed:
-The pharmacy entered medication orders and discontinued medication orders into the eMAR system.
-If a medication was discontinued but still showed as active on the eMAR, the MAs were to contact the pharmacy to notify that the discontinued medication was still an active order on the eMAR.

Interview with a second MA on 07/17/26 at 1:19pm revealed:
-New orders and discontinued orders were entered into the eMAR system by the pharmacy.
-The Resident Care Coordinator (RCC) or the MAs had to approve new orders or discontinued orders after they were entered by the pharmacy.
-If a medication was ordered or discontinued for a resident, she reported the new order or order change verbally to the next MA coming on duty.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 107	D 358		

-There was no written shift report between the oncoming and off going MA.
-She sent the order to discontinue Resident #2's lactobacillus to the pharmacy but was not sure why it was not discontinued in the eMAR system until June 2026.
-There was no order tracking system in place at the facility that she was aware of.
-She felt that communication between the MAs at shift change was not the best.

Interview with the Administrator on 07/16/26 at 4:12pm revealed:
-Orders were keyed into the eMAR system by the pharmacy and the RCC approved the orders.
-Discontinued orders were also keyed into the eMAR system by the pharmacy and the RCC approved discontinued orders as well.
-Staff were expected to review all new orders and discontinued orders and to get clarification if needed.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful.

2.Review of Resident #3's current FL-2 dated 07/15/26 revealed:
-Diagnoses included epilepsy, acute kidney failure, and hypertension.
-There was an order levetiracetam 750mg, take one tablet twice a day (Levetiracetam is used to treat epilepsy).

Review of a hospice comprehensive assessment and care plan dated 07/09/26 revealed Resident #3 began hospice services on 07/24/25 with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 108 diagnosis of senile degeneration of the brain, not elsewhere classified. Review of Resident #3's June 2026 eMAR revealed: -There was an entry for levetiracetam 750mg, take one tablet twice a day at 9:00am and 8:00pm. -Levetiracetam 750mg was documented as administered at 9:00am on 06/06/26 and 06/07/26. -Levetiracetam 750mg was documented as physically unable to take at 8:00pm on 06/06/26 and 06/07/26. -Levetiracetam 750mg was documented as administered at 9:00am on 06/08/26 and 06/09/26. -Levetiracetam 750mg was documented as physically unable to take, on order from the pharmacy on 06/08/26 and 06/09/26 at 8:00pm. -Levetiracetam 750mg was documented as administered at 9:00am on 06/10/26 and 06/11/26. -Levetiracetam 750mg was documented as physically unable to take on 06/10/26 and 06/11/26 at 8:00pm. -Levetiracetam 750mg was documented as physically unable to take and waiting on prescription on 06/12/26 at 9:00am. -Levetiracetam 750mg was documented as physically unable to take, on order from the pharmacy on 06/12/26 at 8:00pm. -Levetiracetam 750mg was documented as physically unable to take at 9:00am on 06/13/26 and 06/14/26. -Levetiracetam 750mg was documented as physically unable to take, on order from the pharmacy on 06/13/26 and 06/14/26 at 8:00pm. -Levetiracetam 750mg was documented as administered at 9:00am on 06/15/26.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 109	D 358		

-Levetiracetam 750mg was documented as physically unable to take on 06/15/26 at 8:00pm.

Review of Resident #3's July 2026 eMAR from 07/01/26 to 07/04/26 revealed:
-There was an entry for levetiracetam 750mg, take one tablet twice a day at 9:00am and 8:00pm.
-Levetiracetam 750mg was documented as administered on 07/02/26 at 9:00am.
-Levetiracetam 750mg was documented as physically unable to take, on order from the pharmacy on 07/02/26 at 8:00pm.
-Levetiracetam 750mg was documented as administered on 07/03/26 at 9:00am.
-Levetiracetam 750mg was documented as physically unable to take on 07/03/26 at 8:00pm.
-Levetiracetam 750mg was documented as physically unable to take on 07/04/26 at 9:00am and 8:00pm.

Observation of medications on hand on 07/15/26 at 2:14pm revealed:
-There was one bubble card of levetiracetam 750mg, take one tablet twice a day at 8:00am and 8:00pm.
-There was a dispense date of 06/29/26.
-There were 9 tablets of levetiracetam 750mg available to administer to Resident #3.
-There was a second bubble card of levetiracetam 750mg, take one tablet twice a day at 8:00am and 8:00pm.
-There was a dispense date of 07/13/26.
-There were 30 tablets of levetiracetam 750mg available to administer to Resident #3.

Telephone interview with a pharmacist with the facilities contracted pharmacy on 07/15/26 at 3:06pm revealed:
-The pharmacy dispensed levetiracetam 750mg,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 110	D 358		

take one tablet twice a day on 04/13/26, 04/29/26, 05/19/26, 06/15/26, and 06/29/26, with a quantity of 30 tablets, for a 15 day supply.
-When a resident received hospice services, their medications did not always come up on the regular batch cycle refill.
-The pharmacy had a "health minder system" that would remind them to reach out to the facility when a medication needed to be refilled.
-Even though it was the facilities' responsibility to notify the pharmacy when Resident #3 needed a refill, the pharmacy tried to stay on top of any refills and communicated with a MA at the facility if they noticed a medication needed to be refilled when they were on hospice services.
-MAs at the facility would either fax or call with a refill request.
-Levetiracetam was a medication used to prevent seizures in individuals that had a diagnosis of epilepsy.
-Suddenly stopping the administration of levetiracetam for Resident #3 increased her risk of seizures.

Second telephone interview with the pharmacist at the facilities contracted pharmacy on 07/15/26 at 3:20pm revealed:
-The pharmacy did receive a request for a refill on Resident #3's levetiracetam 750mg on 06/04/26 from a MA.
-The pharmacy received a second request to refill Resident #3's levetiracetam 750mg on 06/14/26 at 7:19pm.
-The pharmacy filled the order for levetiracetam 750mg quantity of 30, for a 15 day supply for Resident #3 on 06/14/26 and the medication was delivered to the facility on 06/15/26.

Telephone interview with the pharmacy manager from the facilities contracted pharmacy on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 111 07/16/26 at 9:13am revealed: -When a resident was on hospice services, the pharmacy filled the first prescription. -After the first prescription was filled, subsequent prescription refills had to be ordered by the facility or hospice agency. -The levetiracetam 750mg for Resident #3 was due to be filled on 06/15/26. -The facility could request a refill by sending a fax to the pharmacy or through the eMAR software system, which produced an electronic fax that the pharmacy received. -Resident #3 was at risk of increased seizures due to missed doses of levetiracetam. Telephone interview with a licensed practical nurse (LPN) from the residents hospice agency on 07/17/26 at 12:52pm revealed: -She was not aware that Resident #3 had not been administered several doses of levetiracetam. -There was no documentation of communication from the facility about Resident #3 not having levetiracetam available to administer. -The facility did not provide the hospice agency with care coordination on behalf of the resident. -She would want to know that the levetiracetam was not available to administer so she could notify the pharmacy, the hospice team and the hospice medical director (HMD). -Resident #3 was placed at an increased risk of seizures when she did not receive her Levetiracetam. Telephone interview with a registered nurse (RN) from the residents' hospice agency on 07/17/26 at 2:38pm revealed: -She was not aware that Resident #3 had missed several doses of levetiracetam. -Levetiracetam was a seizure medication used to	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 112	D 358		

help prevent seizures.
-Resident #3 was at risk of having seizures when she did not receive her medication as prescribed.
-She was worried that the resident could have experienced physiological withdrawals as a side effect from not receiving her levetiracetam.
-When Resident #3 did not have her levetiracetam it affected her quality of life and dignity.
-If the facility had notified the hospice agency that the resident was out of refills for her Levetiracetam, she would have assisted with getting the medication filled and also updated the HMD to help ensure the resident's safety.

Interview with a MA on 07/16/26 at 2:03pm revealed:
-She preferred to call the hospice nurse to inform them that Resident #3 needed refills.
-When staff initials were circled on the eMAR it meant that the resident's medication was not administered.
-She was not sure why Resident #3 went so many days without her levetiracetam.
-She should have notified the RCC, the hospice nurse and pharmacy that Resident #3's levetiracetam was not available to administer.
-She was not sure why she did not notify the RCC, hospice nurse or pharmacy that the resident's medication was not available to administer.

Interview with a second MA on 07/17/26 at 1:08pm revealed:
-She was not aware that Resident #3 had missed several doses of her levetiracetam.
-She documented once in July that the resident's levetiracetam was not available and did not realize that there was documentation on the eMAR that two previous doses of the medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 113	D 358		

were documented as not administered.
-She should have notified the pharmacy, the RCC and the hospice nurse to inform that the medication was still not at the facility.
-She knew Resident #3 took levetiracetam to help prevent seizures due to her epilepsy.
-When the resident did not receive her levetiracetam it increased her risk of seizures.

Interview with the RCC on 07/17/26 at 1:43pm revealed:
-She was not sure how the MAs missed contacting the pharmacy or the hospice agency when Resident #3's levetiracetam was not available for administration.
-Resident #3 was prescribed levetiracetam to help prevent seizures, and without her medication she was at risk of having seizures.

Interview with the Administrator on 07/16/26 at 3:00pm revealed:
-She expected Resident #3 to have all her medications available to administer per physician orders.
-Resident #3 was prescribed levetiracetam to help prevent seizures.
-She did not want any resident to miss any medications and Resident #3 should not have missed several doses of her levetiracetam.
-When Levetiracetam was not available to be administered to the resident it placed her at a higher risk of seizures.

Based on observations and record reviews it was determined Resident #3 was not interviewable.

Attempted telephone interview with Resident #3's HMD on 07/17/26 at 9:33am was unsuccessful.

Refer to interview with a MA on 07/16/26 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 114 2:03pm. Refer to Interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the RCC on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. _____ Interview with a MA on 07/16/26 at 2:03pm revealed: -When a resident had 5 doses left of a medication, there was a blue line on the medication bubble card, and it was a reminder for the MAs to contact the pharmacy to request a refill. -Most medications were delivered on a batch cycle, but for hospice patients, the MA or RCC had to request the refill from the pharmacy. -Refills were requested by fax or by ordering a refill through the facilities medication administration software system to the pharmacy. -When a resident was on hospice, the MA could also notify hospice that a refill was needed for a resident. -She preferred to call the hospice nurse to inform them that Resident #2 and Resident #3 needed refills. -Most of the time if a medication was ordered before 2:00pm, the medication would be delivered to the facility from the pharmacy that evening. -If a medication was scheduled to be delivered and it was not, she would call the pharmacy or call the hospice nurse to inform them the medication for the resident was not delivered. -When a medication was not available for a resident to take, the MAs completed the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 115	D 358		

exception area of the eMAR and chose physically unable to take which meant the medication was not available.
-If a medication was not available for a resident to take, she called the pharmacy and let the RCC know the resident was out of the medication.
-She would normally notify the pharmacy or the RCC if the resident had missed two doses of the medication.
-She completed cart audits by trying to glance all the time to compare medications on hand with physician orders and the eMAR when she had the time.

Interview with a second MA on 07/17/26 at 1:08pm revealed:
-MAs and the RCC were responsible for ordering medications from the pharmacy.
-There was a system in the eMAR software where MAs could click a button to request a refill on a medication.
-There were times that the pharmacy notified the MA that a new prescription was needed to fill a medication.
-If a resident was on hospice, the pharmacy would request a new order from the hospice provider.
-She usually called the hospice agency to request the refill be sent to the pharmacy or faxed the hospice agency to request a refill.
-She usually requested a medication refill when the medication bubble card had between 5 to 10 days of medication left.
-Usually when she requested a medication refill directly from the hospice agency the medication refill arrived at the facility within 1-2 days.
-When there was an exception on the eMAR that a resident was physically unable to take the medication, it meant the medication was not available to administer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 116 -If a resident went without medication, it was important to contact the hospice agency about the missed doses so they could help with refills. -She had not completed any medication cart audits since she began work at the facility. -She usually completed a shift report when the new MA came in to relieve her so that the new MA was up to date on any issues with residents. -There were some challenges with communication between MAs at the facility that could cause issues with medication refills. Interview with the RCC on 07/17/26 at 1:43pm revealed: -When a medication was not available to administer to a resident, she was able to reorder the medication in the eMAR software system that sent a message to the pharmacy to refill the medication. -Sometimes the pharmacy faxed the facility to inform them that a medication refill prescription was needed. -She contacted hospice to obtain medication refills at times by fax or telephone call. -There were times that she contacted the hospice agency to request a refill and followed up with the pharmacy and the medication still had not arrived at the facility. -There were times that there was lost communication between the facility, the hospice agency, and the pharmacy which could cause a delay in refills. -She would have tried to help coordinate with the hospice agency and pharmacy if she knew a resident was out of refills. -She had not completed any cart audits as RCC but had started them today (07/17/26). Interview with the Administrator on 07/16/26 at 3:00pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 117 -The MAs or the RCC were responsible for ordering medication refills for each resident. -If a medication was not delivered to the facility by the pharmacy, she expected the MA or RCC to continue to communicate with the pharmacy until the medication was delivered to the facility to ensure the residents had their medication. -All medications should be in the facility, and she expected the medications to be available at all times. -The MAs should check the medication carts daily to ensure no residents were missing medications. -If a medication needed to be ordered from the facilities back up pharmacy a MA or the RCC could go to the local pharmacy to pick up the medication. -The MAs should document communication with the pharmacy or hospice in the facility communication notes so there was a system to track when a resident still needed a medication refill. -The facilities contracted pharmacy completed cart audits quarterly. -She had not completed cart audits and was not sure if the RCC had completed any cart audits. -If a resident was out of a medication for 3 to 5 days, she expected the MA or RCC to notify the pharmacy and help resolve any issue to ensure the medication was delivered to the facility for the resident so that medications could be administered as ordered. _____ The facility failed to administer medications as ordered to two sampled residents (#2, #3) including a medication used for anxiety and agitation, a medication used to treat depression, and insomnia, a medication used to treat allergy symptoms (#2), and an anti-seizure medication, placing the resident at increased risk for seizure activity (#3) due to medications not being	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 118 available for administration. 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 07/16/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 31, 2026.	D 358		
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:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 119	D 367		

Based on interviews and record reviews, the facility failed to ensure the medication administration records were accurate for 2 of 3 sampled residents (#2, #3) including documentation for a medication to treat anxiety, a medication used to treat allergy symptoms, medications used to treat depression (#2), and a medication used to treat epilepsy (#3).

The findings are:

1. Review of Resident #2's current FL2 dated 08/12/25 revealed:
-Diagnoses included closed left hip fracture, late onset Alzheimer's dementia, gastroesophageal reflux (GERD), hypertension, and major depression.
-There was an order for Ativan (Ativan is the brand name for lorazepam, a medication used to treat anxiety and agitation) 0.5mg, one twice daily.
-There was an order for Seroquel (Seroquel is the brand name for quetiapine, an antipsychotic medication used to treat schizophrenia, bi-polar disorder, and major depression) 25mg, one tablet in the evening.
-There was an order for Remeron (Remeron is the brand name for mirtazapine, a medication used to treat major depressive disorder) 7.5mg, take one tablet at bedtime.

There was no signed physician order sheet provided for Resident #2.

a. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for lorazepam 0.5mg, take one tablet two times a day for anxiety, scheduled at 1:00pm and 5:00pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 120 -Lorazepam 0.5mg was documented as administered at 1:00pm on 05/01/26 through 05/22/26. -Lorazepam 0.5mg was documented as administered at 5:00pm on 05/01/26. -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/02/26, with the exception documented as "physically unable to take, she was sleeping". -Lorazepam 0.5mg was documented as administered at 5:00pm on 05/03/26 through 05/12/26. -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/13/26 ,with the exception documented as "physically unable to take, resident sleeping". -Lorazepam 0.5mg was documented as administered at 5:00pm on 05/14/26 through 05/22/26. -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/23/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as administered at 1:00pm on 05/24/26. -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/24/26,with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/25/26, with the exception documented as "physically unable to take, waiting on prescription (RX)". -Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/25/26, with the exception documented as "physically unable to take". -Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/26/26, with the exception documented as "physically	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 121	D 367		

unable to take, waiting on RX".
-Lorazepam 0.5mg was documented as not administered at 1:00pm and 5:00pm on 05/27/26 and on 05/28/26, with the exception documented as "physically unable to take".
-Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/29/26, with the exception documented as "physically unable to take, waiting on RX".
-Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/29/26, with the exception documented as "physically unable to take".
-Lorazepam 0.5mg was documented as not administered at 1:00pm on 05/30/26, with the exception documented as "physically unable to take, waiting on order".
-Lorazepam 0.5mg was documented as not administered at 5:00pm on 05/30/26 and at 1:00pm and 5:00pm on 05/31/26, with the exception documented as "physically unable to take".
-There was a second entry for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety, and restlessness.
-Lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety, restlessness was not documented as administered on 05/01/26 through 05/31/26.
-Lorazepam 0.5mg was documented as administered on one occasion at 8:00am between 05/23/26 and 05/31/26.

Review of Resident #2's controlled substance log (CSL) for lorazepam 0.5mg revealed:
-Resident #2's name was handwritten on the CSL.
-Lorazepam 0.5mg tablet, take one tablet as needed every 4 hours for anxiety was handwritten under Resident #2's name.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 122	D 367		

-Lorazepam 0.5mg was last documented as signed out at 5:00pm on 05/22/26 with a balance of zero tablets remaining.
-There was no documentation that lorazepam 0.5mg was signed out on 05/23/26 at 8:00am.

Review of second CSL for Resident #2's lorazepam 0.5mg revealed:
-There was a printed prescription label with Resident #2's name for lorazepam 0.5mg, take one tablet every 4 hours as needed for anxiety, agitation, restlessness for a quantity of 90 tablets dated 06/09/26.
-The was documentation lorazepam 0.5mg was signed out on 06/11/26 at 10:44am leaving a quantity of 89 tablets remaining.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy provider on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's lorazepam 0.5mg was received on Resident #2's FL2 dated 08/12/25, to take one tablet twice a day.
-The following day on 08/13/25, an order was received for Resident #2 for lorazepam 0.5mg, take one tablet every 4 hours as needed for agitation, anxiety or restlessness and once the order for lorazepam 0.5mg as needed was received the order for scheduled lorazepam 0.5mg twice daily was discontinued for Resident #2.
-Resident #2's lorazepam was not batch-filled since it was a controlled substance and had to be requested by the facility each time.
-Lorazepam 0.5mg, to take every 4 hours as needed was dispensed for Resident #2 on 10/23/25, 12/01/25, 01/22/26, and on 06/09/26 for a quantity of 90 tablets each time.

Based on observations and record reviews it was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 123 determined Resident #2 was not interviewable. Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm. Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. Attempted telephone interview with Resident #2's hospice provider on 07/17/26 at 11:20am and at 2:32pm were unsuccessful. b. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm. -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 05/01/26 through 05/09/26. -Quetiapine 25mg. two tablets was documented as not administered at 8:00pm on 05/10/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 05/11/26 and on 05/12/26, with the exception documented as "physically unable to take, ordered". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm with the exception documented as "physically unable to take, waiting on order". -Quetiapine 25mg. two tablets was documented	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 124	D 367		

as administered at 8:00pm on 05/14/26.
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 05/15/26 through 05/18/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 05/19/26 through 05/31/26.
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on one occasion between 05/10/26 and 05/18/26.

Review of Resident #2's June 2026 eMAR revealed:
-There was an entry for quetiapine 25mg, take two tablets (50mg) at bedtime for mood, scheduled at 8:00pm.
-Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/01/26 and 06/02/26.
-Quetiapine 25mg. two tablets was documented as not administered at 8:00pm on 06/03/26 and on 06/04/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/05/26 through 06/07/26, with the exception documented as "physically unable to take".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/08/26 and on 06/09/26, with the exception documented as "physically unable to take, on order".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/10/26 and on 06/11/26, with the exception documented as "physically unable to take".
-Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/12/26, with the exception documented as "physically unable to take, on order".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 125 -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/13/26. -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/14/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/15/26 and on 06/16/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/17/26, with the exception documented as "physically unable to take, ordered". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/18/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/19/26 through 06/21/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/22/26. -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/23/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/24/26 and on 06/25/26, with the exception documented as "physically unable to take". -Quetiapine 25mg, two tablets was documented as not administered at 8:00pm on 06/26/26 and on 06/27/26, with the exception documented as "physically unable to take, on order". -Quetiapine 25mg, two tablets was documented as administered at 8:00pm on 06/28/26 through 06/30/26. -Quetiapine 25mg, two tablets was documented	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 126	D 367		

as administered at 8:00pm on two occasions between 06/03/26 and 06/27/26.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy provider on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's quetiapine 25mg was received on 08/12/25, to take one tablet at bedtime.
-On 08/14/25, a new order was received for Resident #2 for quetiapine 25mg, take 2 tablets at bedtime for mood.
-Resident #2's medications were not batch filled and had to be requested by the facility each time.
-Quetiapine 25mg, take 2 tablets at bedtime for mood as dispensed for Resident #2 on 04/21/26 for a quantity of 30 tablets for a 15-day supply, on 05/18/26 for a quantity of 30 tablets for a 15-day supply, and on 06/27/26 for 60 tablets for a 30-day supply.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm.

Refer to interview with the Administrator on 07/16/26 at 3:00pm.

c. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed:
-There was an entry for mirtazapine 7.5mg, take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 127	D 367		

one tablet at bedtime for sleep, scheduled at 8:00pm.
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/01/26 through 05/12/26.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 05/13/26, with the exception documented as "physically unable to take, waiting on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/14/26.
-Mirtazapine 7.5mg was documented as not administered at 8:00pm on 05/15/26 through 05/18/26, with the exception documented as "physically unable to take, on order".
-Mirtazapine 7.5mg was documented as administered at 8:00pm on 05/19/26 through 05/31/26.
-Mirtazapine 7.5mg was documented as administered at 8:00pm on one occasion between 05/13/26 and 05/18/26.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy provider on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's mirtazapine 7.5mg was received on 08/12/25, to take one tablet at bedtime.
-Resident #2's medications were not batch-filled and had to be requested by the facility each time.
-Mirtazapine 7.5mg, take 1 tablet at bedtime for sleep was dispensed for Resident #2 on 04/11/26 for a quantity of 15 tablets for a 15-day supply, on 04/26/26 for a quantity of 15 tablets for a 15-day supply, and on 05/28/26 for 15 tablets for a 15-day supply, on 06/03/26 for 23 tablets for a 23-day supply, and on 07/07/26 for 31 tablets for a 31-day supply.

Based on observations and record reviews it was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 128 determined Resident #2 was not interviewable. Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm. Refer to interview with a second MA on 07/17/26 at 1:08pm. Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 3:00pm. d. Review of Resident #2's May 2026 electronic medication administration record (eMAR) revealed: -There was an entry for cetirizine (an antihistamine used to treat allergy symptoms) 10mg, take one tablet daily for allergies, scheduled at 8:00am. -Cetirizine 10mg was documented as administered at 8:00am on 05/01/26 through 05/11/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/12/26, with the exception documented as "physically unable to take". -Cetirizine 10mg was documented as administered at 8:00am on 05/13/26 through 05/17/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/18/26, with the exception documented as "physically unable to take, on order". -Cetirizine 10mg was documented as administered at 8:00am on 05/19/26. -Cetirizine 10mg was documented as not administered at 8:00am on 05/20/26 and on 05/21/26, with the exception documented as	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 129	D 367		

"physically unable to take, waiting on RX".
-Cetirizine 10mg was documented as not administered at 8:00am on 05/22/26, with the exception documented as "physically unable to take".
-Cetirizine 10mg was documented as administered at 8:00am on 05/23/26 through 05/31/26.
-Cetirizine 10mg was documented as administered at 8:00am on one occasion between 05/18/26 and 05/22/26.

Review of Resident #2's June 2026 eMAR revealed:
There was an entry for cetirizine 10mg, take one tablet daily for allergies, scheduled at 8:00am.
-Cetirizine 10mg was documented as administered at 8:00am on 06/01/26 through 06/07/26.
-Cetirizine 10mg was documented as not administered at 8:00am on 06/08/26 and on 06/09/26, with the exception documented as "physically unable to take, waiting on RX".
-Cetirizine 10mg was documented as administered at 8:00am on 06/10/26 and on 06/11/26.
-Cetirizine 10mg was documented as not administered at 8:00am on 06/12/26 through 06/14/26, with the exception documented as "physically unable to take, waiting on RX".
-Cetirizine 10mg was documented as administered at 8:00am on 06/15/26 through 06/17/26.
-Cetirizine 10mg was documented as not administered at 8:00am on 06/18/26 through 06/22/26, with the exception documented as "physically unable to take".
-Cetirizine 10mg was documented as not administered at 8:00am on 06/23/26, with the exception documented as "physically unable to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 130	D 367		

take, waiting on RX".
-Cetirizine 10mg was documented as not administered at 8:00am on 06/24/26, with the exception documented as "physically unable to take".
-Cetirizine 10mg was documented as administered at 8:00am on 06/25/26.
-Cetirizine 10mg was documented as not administered at 8:00am on 06/26/26 through 06/30/26, with the exception documented as "physically unable to take".
-Cetirizine 10mg was documented as administered at 8:00am on six occasions on 06/08/26 through 06/30/26.

Telephone interview with the pharmacy manager for the facility's contracted pharmacy provider on 07/16/26 at 2:43pm revealed:
-The original order for Resident #2's cetirizine 10mg was received on 10/10/25, to take one tablet daily for allergies.
-Resident #2's medications were not batch filled and had to be requested by the facility each time.
-Cetirizine 10mg, take 1 tablet daily for allergies was dispensed for Resident #2 on 04/21/26 for a quantity of 15 tablets for a 15-day supply, on 05/22/26 for a quantity of 15 tablets for a 15-day supply, on 06/05/26 for 30 tablets for a 30-day supply, and on 07/06/26 for 30 tablets for a 30-day supply.

Based on observations and record reviews it was determined Resident #2 was not interviewable.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 131 Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm. Refer to interview with the Administrator on 07/16/26 at 4:12pm. 2. Review of Resident #3's current FL-2 dated 07/15/26 revealed: -Diagnoses included epilepsy, acute kidney failure, and hypertension. -There was an order Levetiracetam (Levetiracetam is used to treat epilepsy), 750mg take one tablet twice a day. There was no signed physician order sheet provided for Resident #3. Review of Resident #3's June 2026 electronic medication administration record (eMAR) revealed: -There was an entry for Levetiracetam 750mg, take one tablet twice a day scheduled at 9:00am and 8:00pm (Levetiracetam is used to prevent seizures). -Levetiracetam 750mg was documented as administered at 9:00am on 06/06/26 -Levetiracetam 750mg was documented as not administered at 8:00pm on 06/06/26, with the exception documented as "physically unable to take." -Levetiracetam 750mg was documented as administered at 9:00am on 06/07/26 -Levetiracetam 750mg was documented as not administered at 8:00pm on 06/07/26, with the exception documented as "physically unable to take." -Levetiracetam 750mg was documented as administered at 9:00am on 06/08/26. -Levetiracetam 750mg was documented as not administered at 8:00pm on 06/08/26, with the	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 132	D 367		

exception documented as "physically unable to take, on order."
-Levetiracetam 750mg was documented as administered at 9:00am on 06/09/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/09/26, with the exception documented as "physically unable to take, on order."
-Levetiracetam 750mg was documented as administered at 9:00am on 06/10/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/10/26, with the exception documented as "physically unable to take."
-Levetiracetam 750mg was documented as administered at 9:00am on 06/11/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/11/26, with the exception documented as "physically unable to take."
-Levetiracetam 750mg was documented as not administered at 9:00am on 06/12/26, with the exception documented as "physically unable to take, waiting on prescription."
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/12/26, with the exception documented as "physically unable to take, on order."
-Levetiracetam 750mg was documented as not administered at 9:00am on 06/13/26, with the exception documented as "physically unable to take."
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/13/26, with the exception documented as "physically unable to take, on order."
-Levetiracetam 750mg was documented as administered at 9:00am on 06/14/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/14/26, with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 133	D 367		

exception documented as "physically unable to take, on order."
-Levetiracetam 750mg was documented as administered at 9:00am on 06/15/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 06/15/26, with the exception documented as "physically unable to take."

Review of Resident #3's July 2026 eMAR revealed:
-There was an entry for Levetiracetam 750mg, take one tablet twice a day scheduled at 9:00am and 8:00pm.
-Levetiracetam 750mg was documented as administered at 9:00am on 07/02/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 07/02/26, "physically unable to take, on order."
-Levetiracetam 750mg was documented as administered at 9:00am on 07/03/26.
-Levetiracetam 750mg was documented as not administered at 8:00pm on 07/03/26, "physically unable to take."
-Levetiracetam 750mg was documented as not administered at 9:00am on 07/04/26, "physically unable to take."
-Levetiracetam 750mg was documented as not administered at 8:00pm on 07/04/26, "physically unable to take."

Telephone interview with a pharmacist with the facilities contracted pharmacy on 07/15/26 at 3:06pm revealed:
-Levetiracetam 750mg, take twice a day was dispensed for Resident #3 on 04/13/26, 04/29/26, 05/19/26, 06/15/26, and 06/29/26 for a quantity of 30 tablets each time which was for a 15 day supply.
-When a resident received hospice services, their

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 134	D 367		

medications did not always come up on the regular batch cycle refill.
-The pharmacy had a "health minder system" that would remind them to reach out to the facility when a medication needed to be refilled.
-Even though it was the facilities' responsibility to notify the pharmacy when Resident #3 needed a refill, the pharmacy tried to stay on top of any refills and communicated with a MA at the facility if they noticed a medication needed to be refilled when they were on hospice services.
-MAs at the facility would either fax or call with a refill request.
-Levetiracetam was a medication used to prevent seizures in individuals that had a diagnosis of epilepsy.
-Suddenly stopping the administration of Levetiracetam for Resident #3 increased her risk of seizures.

Based on observations and record reviews it was determined Resident #3 was not interviewable.

Refer to interview with a medication aide (MA) on 07/16/26 at 2:03pm.

Refer to interview with a second MA on 07/17/26 at 1:08pm.

Refer to interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm.

Refer to interview with the Administrator on 07/16/26 at 3:00pm.

Attempted telephone interview with Resident #3's hospice provider on 07/17/26 at 9:33am was unsuccessful.

_____

Interview with a medication aide (MA) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 135	D 367		

07/16/26 at 2:03pm revealed:
-When a medication was not available for a resident to take, the MAs completed the exception area of the eMAR and chose physically unable to take which meant the medication was not available.
-She may have documented by mistake that a resident's medication was administered when it was not.

Interview with a second MA on 07/17/26 at 1:08pm revealed:
-When there was an exception on the eMAR that a resident was physically unable to take the medication, it meant the medication was not available to administer.
-Medications should not be documented as administered on the resident's eMAR if the medication was not administered.
-It was possible she mistakenly documented medications administered on the eMAR when they were not available in the facility.

Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm revealed:
-She expected the MAs to document accurately on the resident's eMAR.
-The MAs should never document a medication was administered if the medication was not available.
-EMAR audits were not performed but would be started.

Interview with the Administrator on 07/16/26 at 4:12pm revealed:
-The MAs were expected to document all medications administered on the residents' eMAR.
-If a medication was not administered, the MAs were expected to document the medication was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 136 not administered and to document a reason why the medication was not administered. -If a resident's medication was documented as administered when the medication was not in the facility, it must have been a mistake on the MA's part. -She expected the residents' eMARs to be accurate and reflect what medications were and were not administered and why. -There were no scheduled eMAR audits by the facility staff that she was aware of. .	D 367		
D 484	10A NCAC 13F .1501 (c) Use Of Physical Restraints And Alternatives 10A NCAC 13F .1501 Use Of Physical Restraints And Alternatives (c) In addition to the requirements in Rules 13F .0801, .0802 and .0903 of this Subchapter regarding assessments and care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph (a)(5) of this Rule shall meet the following requirements: (1) The assessment and care planning shall be implemented through a team process with the	D 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 137 team consisting of at least a supervisor or personal care aide, a registered nurse, the resident and the resident's responsible person or legal representative. If the resident or resident's responsible person or legal representative is unable to participate, there shall be documentation in the resident's record that they were notified and declined the invitation or were unable to attend. (2) The assessment shall include consideration of the following: (A) medical symptoms that warrant the use of a restraint; (B) how the medical symptoms affect the resident; (C) when the medical symptoms were first observed; (D) how often the symptoms occur; (E) alternatives that have been provided and the resident's response; and (F) the least restrictive type of physical restraint that would provide safety. (3) The care plan shall include the following: (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to reduce restraint time once the resident is restrained; (B) the type of restraint to be used; and (C) care to be provided to the resident during the time the resident is restrained.	D 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 138	D 484		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to ensure an assessment and care planning was completed prior to the application of a restraint for 1 of 1 resident (#2) with a lap belt.

The findings are:

Review of an undated facility policy on Resident Restraint Assessment and Monitoring Policy revealed:
-The purpose of the policy was to ensure that any use of a physical restraint would be evaluated carefully, used only when necessary, and monitored to protect the residents' safety, dignity, rights, and quality of life.
-The facility was committed to using the least restrictive interventions possible and promote resident independence.
-The facility would only use restraints when assessed as necessary to prevent immediate risk of harm to the resident or others and when less restrictive alternatives have been attempted and found ineffective.
-Restraints would not be used for convenience, punishment, or staff convenience.
-Prior to the implementation of any restraint, the resident must receive a comprehensive assessment by the appropriate licensed healthcare professional.
-The assessment should include the reason the restraint was being considered, the specific safety concern or risk identified, medical condition(s) contributing to the need for the restraint, the resident's physical and cognitive status, ability to perform activities of daily living (ADLs), mobility and fall risk assessment, behavior history and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 139 triggers, pain assessment, medication review for possible contributing factors, review of less restrictive alternatives attempted, and resident and/or responsible party input and preferences. -Before a restraint could be considered, staff must attempt appropriate alternatives, including but not limited to increased supervision, environmental modifications, activity engagement, toileting schedule, positioning devices, comfort measures, redirection and reassurance, and adjustments to care routines. -All alternatives attempted must be documented. -If a restraint was determined necessary, the resident's care plan must be updated to include the type of restraint used, medical reason for use, safety goal, alternatives attempted, required monitoring schedule, staff responsibilities, and plan for reduction or discontinuation of restraint. -Staff must monitor the resident according to the facility's established schedule and document the resident's physical condition, skin integrity, circulation and range of motion, comfort level, emotional response, any injuries or complications, and continued need for restraint. -Any changes in the resident's condition must be reported to the nurse and responsible parties as appropriate. -The continued need for a restraint must be reviewed regularly whenever there was a significant change in the resident's condition. -Staff must continually evaluate whether the restraint can be reduced or discontinued. -All staff members responsible for resident care would receive ongoing education regarding proper restraint use, resident rights, alternatives to restraints, monitoring requirements, and documentation expectations. -Residents had the right to be free from unnecessary restraints and to receive care that maintained their dignity, independence, and	D 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 140	D 484		

personal choices.
-The policy would be reviewed annually or whenever regulations changed to ensure compliance with current state and federal requirements.

Review of Resident #2's current FL-2 dated 08/12/25 revealed:
-Diagnoses included late onset Alzheimer's, hypertension, and major depression.
-The resident was constantly disoriented.

Review of Resident #2's record revealed there was no care plan.

Review of Resident #2's LHPS evaluation dated 06/03/26 revealed:
-Personal care tasks currently present were identified as care of residents who are physically restrained and the use of care practice as alternatives to restraints, maintaining accurate input and output data, transferring semi-ambulatory or non-ambulatory residents, bowel or bladder training programs to regain continence, oxygen administration and monitoring, and range of motion exercises.
-LHPS Personal Care Task provided were documented as range of motion, oxygen, and transferring with staff competency validation.
-The LHPS Initial Evaluation and Quarterly Review of Residents was signed by a Registered Nurse (RN) on 06/03/26.
-There were no tasks identified for restraints.

Review of Resident #2's LHPS evaluation dated 02/02/26 revealed:
-Personal care tasks currently present were identified as care of residents who are physically restrained and the use of care practice as alternatives to restraints, transferring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 141	D 484		

semi-ambulatory or non-ambulatory residents, oxygen administration and monitoring, feeding techniques for residents with swallowing problems, clean dressing changes excluding packing wounds and application of prescribed enzymatic debriding agents, and oral suctioning.
-LHPS Personal Care Task provided were documented as restraints and transfers with staff competency validation.
-The LHPS Initial Evaluation and Quarterly Review of Residents was signed by a RN on 02/02/26.

Observation of Resident #2 on 07/15/26 at 8:29am revealed the resident was in her wheelchair with a lap belt around her waist.

Observation of Resident #2 on 07/16/26 at 2:21pm revealed the resident was in her wheelchair with a lap belt around her waist.

Review of a prescription for Resident #2 from the hospice provider revealed there was an order to apply the lap belt as needed for restlessness, dated 08/21/25.

Review of Resident #2's record revealed:
-There was no record of a resident assessment or care plan for a lap belt as a restraint for Resident #2.
-There was no record or documentation of alternatives to the use of a lap belt as a restraint for Resident #2.

Telephone interview with the facility's contracted LHPS RN on 07/16/26 at 2:31pm revealed:
-She was aware that Resident #2 had an order for a lap belt due to her restlessness.
-It was an oversight on her part that she did not complete a competency validation for staff on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 142	D 484		

restraints for Resident #2.

Interview with the Resident Care Coordinator (RCC) on 07/17/26 at 1:43pm revealed:
-Resident #2 wore a lap belt for her safety.
-She and the Administrator had looked for the resident's care plan but had not been able to find one.
-She was responsible for completing Resident #2's care plan.
-She was responsible for reviewing the LHPS evaluation.
-She could not remember the last time she completed chart audits to ensure resident care plans were completed and in their record.

Interview with the Administrator on 07/16/26 at 1:42pm revealed:
-She had not been able to find a care plan for Resident #2.
-She was not sure if she had thinned Resident #2's record and stored her care plan in a barn on the property.
-She sent a new care plan to the resident's primary care provider (PCP) today (07/16/26) by facsimile to have it completed.
-She and the RCC were responsible to ensure Resident #2's care plan was completed and in her record.
-She had not completed chart audits recently which would have allowed her to realize that Resident #2's care plan was not available.

Telephone interview with the Administrator on 07/17/26 at 3:38pm revealed:
-She was not aware that Resident #2 did not have a care plan or assessment for restraints until yesterday (07/16/26).
-A care plan and assessment for restraints should have been completed for Resident #2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	R 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(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 484	Continued From page 143 Attempted telephone interview with Resident #2's responsible party (RP) on 07/17/26 at 2:28pm was unsuccessful. Refer to Tag 253 10A NCAC 13F .0801(a) Resident Assessment Refer to Tag 278 10A NCAC 13F .0903(a) Licensed Health Professional Support.	D 484		