STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey intermittently from 05/06/26 to 08/25/26 with an exit conference via telephone on 08/25/26. The survey was extended to allow for licensee interview.	{D 000}		
D 144	10A NCAC 13F .0407 (a)(10) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (10) be willing to cooperate with state and local inspectors when determining and maintaining compliance with the rules of this Subchapter. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to cooperate with state inspectors to determine compliance during a follow-up survey by failing to be available for entry of the facility during the initiation of the survey and the Licensee being unavailable by phone for the duration of the survey. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 30 residents. -The expiration date of the facility's license was 12/31/26. Observation of the facility on 05/06/26 at 8:37am revealed there were no staff or residents present in the facility.	D 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 144	Continued From page 1	D 144		

Telephone interview with the Administrator on 05/06/26 at 8:26am and 10:10am revealed:
-The facility was closed and under repairs and there were no residents residing at the facility.
-There were 16 to 17 at the time of evacuation residents were transferred out to other facilities.
-She was unsure if renovations had begun or had been scheduled.
-She became the Administrator in February 2026 after the evacuation of the residents.
-She thought some of the residents were discharged but she was unsure which ones.
-She was not sure why a survey was being conducted since the facility was closed for repairs.
-The building was not safe to enter and there was no one available to go to the facility.
-She was not denying access to the facility but would know more the following week.
-The Manager told her the facility was locked up and all resident medications had been removed.

Second telephone interview with the Administrator on 05/14/26 at 1:19pm revealed:
-She did not know if the plan was to reopen the facility but the residents were temporarily placed at other facilities.
-The receiving facilities were given the former Manager's contact information and instructed to reach out to her.

Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful.

Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful.

Attempted telephone interview with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 144	Continued From page 2 Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful.	D 144		
{D 176}	10A NCAC 13F .0601 (a) Management of Facilities-General Administrato 10A NCAC 13F .0601 Management Of Facilities - General Administrator And Manager Responsibilities (a) Each adult care home shall have an administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co administrator, when there is	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 3 one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co administrator where it is used in this Subchapter. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION The Type A1 Violation was abated. Non-compliance continues. THIS IS A TYPE B VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure the total operation and management of the facility to ensure services were provided to maintain the health, safety, and welfare of the resident as related, resident rights, medication storage, and fire safety, emergency preparedness plans and accounting for resident funds. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 30 residents. -The expiration date of the facility's license was 12/31/26. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 4 areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice." -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Observation of the facility on 05/06/26 at 8:37am revealed: -The right side entrance door was unlocked and opened into the dayroom of the facility. -The dayroom contained 3 black garbage bags on a folding table that had a resident name written on a piece of paper that was taped to each bag. -There were 3 black garbage bags on the floor of the dayroom leading into the hall that had a resident name written on a piece of paper that was taped to each bag. -There was a clear garbage bag containing clothing on the floor of the dayroom leading into the hall that had a resident name written on a piece of paper that was taped to the bag. -There was a blanket, jackets and other clothing items, and several stuffed animals in chairs. -There was a rollator in the dayroom with a resident name written on a piece of paper that was taped to the seat. -There was a laundry basket in the hallway containing resident clothes and a suitcase. -There were personal items left in resident rooms including toiletries, clothing and other personal items. -The door to the medication room was unsecured and there were binders with protected health information and personal identifiable information including incident reports, mail and medical records. -There was a bubble pack labeled senna with 29 doses remaining sitting on the desk inside the	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 5	{D 176}		

medication room. (Senna is a medication used to treat constipation.)
-There were 2 unopened boxes of Invega Sustenna for injection inside the medication refrigerator. (Invega Sustenna is a long acting medication administered by injection to treat mental health disorders.)
-There was a box of Lispro insulin containing 4 injection pens inside the medication refrigerator. (Lispro insulin is a short acting insulin used to control high blood sugar for people with diabetes.)
-There was a box of Lantus insulin containing 2 pens, 1 box of Lantus insulin containing 3 pens and another box of Lantus containing 4 injection pens inside the medication refrigerator. (Lantus is a long acting insulin used to control high blood sugar for people with diabetes.)
-There was a vial of Haldol Decanoate for injection inside the medication refrigerator. (Haldol Decanoate is a long acting medication administered by injection to treat mental health disorders.)
-There were 3 vials of Purified Protein Derivative (PPD) inside the medication refrigerator. (PPD is a medication used to test for exposure to tuberculosis (TB).

Telephone interview with a representative with the County Water Management Department on 05/06/26 at 1:50pm revealed the water at the facility was turned off on 02/06/26 at the request of the owner and there had been no water at the facility since that time.

Telephone interview with the guardian for a resident on 05/07/26 at 10:01am revealed:
-He initiated the resident's discharge to the receiving facility on 03/05/26 and seemed to be happy at the receiving facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 6 -The facility did not communicate when repairs were expected to be completed and the receiving facility needed the authority to continue services for the resident. Telephone interview with the guardian for a second resident on 05/11/26 at 3:53pm revealed: -It had been "an absolute mess" since his family member was evacuated from the facility. -He had been unable to get in touch with anyone from the facility and they would not return his calls. -His family member went to see the a dentist and was denied service due to insurance issues. -The resident's family wanted him to return to the facility if it re-opened because it was closer for them to visit. Telephone interview with the Administrator from the receiving facility on 05/07/26 at 9:18am revealed: -He was not receiving any money for the residents that he accepted into his facilities indefinitely due to an emergency evacuation from the previous facility in February 2026. -He had attempted to contact the previous Owner regarding resident funds but there was no answer and no return call. Telephone interview with the Administrator on 05/06/26 at 8:26am and 10:10am revealed: -The facility was closed and under repairs and there were no residents residing at the facility. -There were 16 to 17 at the time of evacuation residents were transferred out to other facilities. -She was unsure if renovations had begun or had been scheduled. -She became the Administrator in February 2026 after the evacuation of the residents. -She thought some of the residents were	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 7	{D 176}		

discharged but she was unsure which ones.
-She was not sure why a survey was being conducted since the facility was closed for repairs.
-The building was not safe to enter.
-She was not sure why the side door was not secured.
-The Manager told her the facility was locked up and all resident medications had been removed.
-The heating, ventilation and air conditioning (HVAC) system was not working and there was no water at the facility.
-She did not know what had been done or scheduled with regards to repairs but would know more the following week.

Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful.

Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful.

Second telephone interview with the Administrator on 05/08/26 at 11:33am revealed:
-She did not know if there were contracts with any contractor to complete repairs.
-Obtaining contractors for the repairs was the Owner's responsibility.

Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful.

Third telephone interview with the Administrator on 05/12/26 at 9:41am revealed:
-She was waiting to see what happened with repairs and renovation at the facility.
-She could not answer questions regarding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 8 renovations. -She assumed the water was off at the facility due to needed renovations and repairs. -She had some knowledge that a resident from the facility was discharged from the family care home (FCH) he was staying in but she did not know why he was discharged and assumed the Administrator of the FCH issued a 30 day discharge notice. -She assumed he was discharged because the FCH only accepted private pay residents and she assumed he was placed in a facility that accepted residents receiving special assistance (SA). -She thought the Emergency Preparedness Plan was for when residents were in the facility but there had been no residents in the facility for months. Interview with the Manager on 05/08/26 at 10:51am and 11:17am revealed: -The facility planned to re-open but she did not know when that would happen. -The Owner had been in contact with contractors for repairs but she did not know if repairs had been started. -The facility had been locked when she last left and there had been no process for checking on the facility to ensure it remained secured since residents were evacuated in February 2026. -The former Manager still had a key to the facility. -She thought the former Manager of the facility may have come to the facility because lawn equipment was missing from the backyard and she may have come inside and left the door unlocked. -She found a window screen had also been removed from a front window as if someone had attempted to get in through the window. -Staff began cleaning out the facilty, removing old dressers and beds that morning on 05/08/26.	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 9 Second telephone interview with the Manager on 05/14/26 at 9:17am revealed: -Residents were not given all their belongings when they went to other facilities. -Residents were only given enough for a couple of weeks and the rest of their items were left in their rooms. -Some resident clothing had to be thrown away that morning because of mold on the clothes. -She had been back to the facility on 2 occasions to get more things for residents and she thought the last time was in March 2026. Review of an email from the Owner/Licensee to the surveyor with the Adult Care Licensure Section (ACLS) on 05/12/26 at 10:33am revealed the Owner stated communication via email was the best way to reach her. Review of an email to the Owner/Licensee on 05/12/26 at 10:42am revealed: -The email was sent by the surveyor with the Adult Care Licensure Section. -The surveyor requested a convenient time to connect by phone regarding questions related to residents of the facility. -The surveyor relayed that resident names could not be transmitted via email. Review of the reply from the Owner/Licensee to the surveyor on 05/12/26 at 10:44am revealed the surveyor could speak with the Administrator or the Manager regarding residents as she was unable to provide information on any residents. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful.	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 10 Review of an email to the Owner/Licensee from the ACLS surveyor on 05/18/26 at 8:22am revealed that a document containing questions regarding the facility and care of the residents was sent via email to the Administrator. Review of an automatic response email to the ACLS surveyor 05/18/26 at 1:08pm revealed the Owner/Licensee was out of the country and would have limited access to email until 06/05/26 and would respond as soon as possible. Review of an email from the ACLS surveyor on 05/22/26 at 9:34am revealed: -A follow-up email was sent to see if the Owner/Licensee had any questions regarding the email and document sent on 05/18/26. -The surveyor asked when to expect a response to the questions in the document in order to complete the survey. Review of an automatic response email from the Owner the ACLS surveyor on 05/22/26 at 9:34am revealed the Owner/Licensee was out of the country and would have limited access to email until 06/05/26 and would respond as soon as possible. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Review of an email from the ACLS surveyor on 06/08/26 at 1:23pm revealed: -The surveyor attempted to reach the Owner/Licensee by phone regarding questions that were emailed on 05/18/26. -The surveyor asked when a response would be expected.	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 11 Review of the emailed response from the Owner/Licensee to the ACLS surveyor on 06/08/26 at 3:29pm revealed she would review the questions and respond by the the end of the next day. Review of an email from the Owner/Licensee to the ACLS surveyor on 06/11/26 at 7:05am revealed there was an attachment with the Owner/Licensee's response to survey questions that were emailed on 05/18/26. Review of an email from the ACLS surveyor to the Owner/Licensee on 06/11/26 at 7:58am revealed the surveyor would review the Owner/Licensee's responses to questions and asked for a time to connect to discuss any follow-up questions. Review of an email from the Owner/Licensee to the ACLS surveyor on 06/11/26 at 9:52am revealed the Owner/Licensee stated that email was the best way to reach her and did not offer a time to talk. Review of an email from the ACLS surveyor to the Owner/Licensee on 06/11/26 follow up questions were attached for the Owner/Licensee to reply. Review of an email sent by the ACLS surveyor to the Owner/Licensee on 06/15/26 at 10:07am revealed: -There had been no response from the questions emailed on 06/11/26. -The Owner/Licensee's response was requested to be sent on 06/11/26 and to reach out with questions if clarification was needed. Review of an email for the Owner/Licensee to the	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 12 ACLS surveyor dated 06/16/26 revealed there was an attachment with responses to follow-up questions that were emailed to the provider on 06/11/26. Review of a letter from the Administrator dated 06/15/26 revealed: -The letter was sent to the Licensee and the North Carolina Department of Health and Human Services Division of Health Service Regulation, Adult Care Licensure Section via email and certified mail. -The Administrator issued a formal resignation from her position with Pantego Rest Home and would no longer serve as Administrator or responsible party for the facility effective 06/29/26. -The facility was unoccupied and was undergoing repairs and renovations to address physical plant deficiencies and to achieve compliance with applicable licensure requirement. The future operation of the facility remained under consideration and may include permanent closure or surrender of the facility license. -The Licensee remains responsible for ensuring compliance with all applicable federal, state, and local laws, regulations, licensure requirements and directives issued by the Division of Health Service Regulation including any requirements associated with continued renovations, licensure status, closure or future reopening of the facility. Telephone interview with the office Manager on 08/17/26 at 3:44pm revealed she did not know who the Administrator of the facility was. Telephone interview with the Owner/Licensee on 08/25/26 at 8:30am revealed: -There was currently no Administrator for the facility.	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 13 -She was currently in Administrator training to be her own Administrator. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful. Non-compliance was identified in the following areas: 1. Based on observations, interviews and record reviews, the facility failed to cooperate with state inspectors to determine compliance during a follow-up survey by failing to be available for entry of the facility during the initiation of the survey and the Licensee being unavailable by phone for the duration of the survey. [Refer to tag 144, 10A NCAC 13F .0407(a)(10) Other Staff Qualifications (Standard Deficiency)]. 2. Based on observations, interviews, and record reviews, the facility failed to ensure residents were treated with respect, consideration, dignity and right to privacy related to residents who were evacuated and left behind their personal belongings and had still not received, as well as failing to maintain confidential medical records that were left behind in an unsecured facility and ensuring residents received their personal funds while in the accepting facility. [Refer to Tag 338, 10A NCAC 13F .0909 Resident Rights (Type Unabated A1 Violation).] 3. Based on observations, interviews, and record reviews, the facility failed to ensure the	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 14 medication room was secured after all residents were evacuated due to an emergency including an unsecured medication refrigerator. [Refer to Tag 378, 10A NCAC 13F .1006(b) Medication Storage (Standard Deficiency).] 4. Based on interviews and record reviews, the facility failed to provide each resident or the resident's authorized representative a written monthly accounting of the resident's funds. [Refer to Tag 420, 10A NCAC 13F .1104(b) Accounting for Resident Funds (Type B Violation).] 5. Based on record reviews and interviews, the facility failed to ensure personal funds were available to residents upon request. [Refer to tag 423, 10A NCAC 13F .1104(e) Accounting for Resident Funds (Type B Violation).] 6. Based on observations, interviews and records the facility failed to implement their emergency preparedness plan which included weather events and utility failures to ensure residents' health and safety and continuity of care and services during an emergency as evidenced by the facility being left unsecured with resident medications, resident belongings and resident records left behind. .[Refer to Tag 503, 10A NCAC 13F .0309(d)(g)(i) Fire Safety and Emergency Preparedness Plans (Standard Deficiency).] _____ The facility failed to ensure the Administrator was responsible for the total operation and management of the facility to ensure services were provided to maintain the health, safety, and welfare of residents. The Administrator failed to ensure the facility was secured and privacy was maintained as evidenced by leaving the side door to the facility unlocked, and the medication room	{D 176}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 176}	Continued From page 15 unsecured with medications left inside an unsecured medication refrigerator. The Administrator also failed to ensure residents received all their belongings and failed to ensure an accounting of resident funds and ensuring personal allowance was made available to the residents following evacuation to other homes due to utility failures during a snowstorm. The Administrator resigned her position with her last day being June 29, 2026 and the facility remains without a licensed Administrator. These failures were detrimental to the health, safety and welfare of the residents which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with GS. 131D-34 on May 15, 2026, for the violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED October 09, 2026.	{D 176}		
{D 338}	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION Based on these findings, the previous Type A1 Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to ensure residents	{D 338}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 16 were treated with respect, consideration, dignity and right to privacy related to residents who were evacuated and left behind their personal belongings and had still not received, as well as failing to maintain confidential medical records that were left behind in an unsecured facility and ensuring residents received their personal funds while in the accepting facility. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice." -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Observation of the facility on 05/06/26 at 8:37am revealed: -The right side entrance door was unlocked and opened into the dayroom of the facility. -The dayroom contained 3 black garbage bags on a folding table that had a resident name written on a piece of paper that was taped to each bag. -There were 3 black garbage bags on the floor of	{D 338}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 17	{D 338}		

the dayroom leading into the hall that had a resident name written on a piece of paper that was taped to each bag.
-There was a clear garbage bag containing clothing on the floor of the dayroom leading into the hall that had a resident name written on a piece of paper that was taped to the bag.
-There was a blanket, jackets and other clothing items, and several stuffed animals in chairs.
-There was a rollator in the dayroom with a resident name written on a piece of paper that was taped to the seat.
-There was a laundry basket in the hallway containing resident clothes and a suitcase.
-There were personal items left in resident rooms including toiletries, clothing and other personal items.
-The door to the medication room was unsecured and there were binders with protected health information and personal identifiable information including incident reports, mail and medical records.

Telephone interview with the guardian for a resident on 05/07/26 at 9:47am revealed:
-Her family member was evacuated from the facility and moved to another county in February 2026.
-She was not sure if she received a discharge notice but has signed some papers back in March 2026.
-Her family member had not received all of his belongings from the facility and there had been no offer from facility management with plans to obtain his belongings from the rest home since it had closed.

Telephone interview with the resident on 05/07/26 at 4:24pm revealed:
-He missed his friends at the facility and wanted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 18	{D 338}		

to return.
-He had difficulty getting his money since he had moved to the new facility.
-The staff at the receiving facility provided what he needed but he wanted to have his own money to spend.
-No one from the facility had contacted him to check in or discuss moving back to the facilty and he didn't know if it would re-open.

Telephone interview with an Owner of a facility that had accepted residents from Pantego Rest Home on 05/07/26 at 9:18am revealed:
-Three of the facility's residents were transferred to his family care homes in February 2026 due to an emergency situation and the facility.
-He did not know the names of the Owner or the Administrator from the facility.
-He spoke with the office manager for the facility about payment for the residents that had been transferred to him and had attempted to contact the former Manager on several occasions but had not received any financial assistance for residents he had taken in.
-No one from the facility had contacted him regarding the residents.

Telephone interview with an Administrator of a second facility that had accepted residents from Pantego Rest Home on 05/13/26 at 9:05am revealed:
-A resident came to her facility with no clothing.
-She had to buy clothes and shoes for the resident when he arrived.

Telephone interview with a second resident on 05/07/26 at 4:08pm revealed:
-She liked it much better at the facility in which she currently resided.
-She stayed in bed all the time at the previous

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 19	{D 338}		

facility and now her walking was improving.
-There were a few clothing items that were left at the facility but she had what she needed.

Interview with a third resident on 05/11/26 at 8:20am revealed:
-She missed her friends at the facility and wanted to go back if it re-opened.
-She received most of her items but some stuff was left behind.
-She did not know if the facility would re-open.
-She was not receiving her personal funds each month but the facility she was staying in was providing what she needed.

Interview with a fourth resident on 05/11/26 at 9:32am revealed:
-She wanted to go back to the facility but she did not know if she would be able to.
-She wanted her television, cell phone and clothes that were left at the facility.

Interview with a fifth resident on 05/11/26 at 9:39am revealed:
-She did not get all her belongings from the facility since they had been evacuated.
-It made her feel bad that she did not receive her belongings.
-No one from the facility had reached out to check on her or discuss getting her things that were left at the facility.

Interview with a sixth resident on 05/11/26 at 12:21pm revealed:
-He received most of his belongings but not all.
-He was looking forward to going back to the facility but no one had updated him on when he might be able to return.
-He was upset he was not receiving his personal funds each month but the Administrator at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 20 current facility provided him with what he needed. Telephone interview with the guardian for a seventh resident on 05/11/26 at 3:53pm revealed: -It had been "an absolute mess" since his family member was evacuated from the facility. -He had been unable to get in touch with anyone from the facility and they would not return his calls. -His family member went to see the a dentist and was denied service due to insurance issues. -The resident's family wanted him to return to the facility if it re-opened because it was closer for them to visit. Interview with the Manager on 05/08/26 at 10:51am and 11:17am revealed: -The facility planned to re-open but she did not know when that would happen. -The Owner/Licensee had been in contact with contractors for repairs but she did not know if repairs had been started. -The facility had been locked when she last left and there had been no process for checking on the facility to ensure it was secured since residents were evacuated in February 2026. -The former Manager still had a key to the facility. -She thought the former Manager of the facility may have come to the facility because lawn equipment was missing from the backyard and she may have come inside and left the door unlocked. -She found a window screen had also been removed from a front window as if someone had attempted to get in through the window. -Staff began cleaning out the facilty, removing old dressers and beds that morning (05/08/26). -Some resident clothing had to be thrown away that morning because there was mold on them.	{D 338}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 21 Second telephone interview with the Manager on 05/14/26 at 9:17am revealed: -Residents were not given all their belonging when they went to other facilities. -Residents were only given enough clothing for a couple of weeks and the rest on their items were left in their rooms. -She had been back to the facility on 2 occasions to get more things for residents and she thought the last time was in March 2026. Telephone interview with the Office Manager on 05/13/26 at 8:40am revealed: -The former Manager was the payee for residents since August or September of 2025. -She had not received any of the resident funds since that time so there was nothing for her to account for. Telephone interview with the Administrator on 05/14/26 at 1:19pm revealed: -The residents were temporarily placed in other facilities due to the emergency evacuation but residents remained Pantego Rest Home residents. -The Manager reported that she had removed all medications and records had been removed from the facility and the facility was locked. -She was not sure why the facility was not secured. -The former Manager still had a key and may have gone back in the facility and left it unlocked. -She did not know if the former Manager still had any association with the facility Owner's business. -The facility should have been kept secure. -She was concerned about"HIPAA (Health Insurance Portability and Accountability Act) law and confidentiality" and stated "a lot could happen" if the facility and resident records were not kept secured but would not elaborate on what	{D 338}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 22	{D 338}		

that meant. (HIPAA is a federal law enacted to protect sensitive patient health information from being disclosed without the patient's consent or knowledge and establishes rules standard specifically for protecting Protected Health information such as medical histories, test results, insurance information and other personal identifiable information.)
-She thought everything had been removed from the facility and the Manager was responsible for ensuring the residents had all their belongings.
-The former Manager would be responsible for ensuring the residents received their funds since she was the payee.
-It was her responsibility to attempt to connect the receiving facility to the former Manager and the facilities were given the former Manager's contact information.
-She did not know what the receiving facilities were told about the resident funds.

Second telephone interview with the Administrator on 06/15/26 at 3:13pm revealed:
-She was the Administrator as of 02/11/26.
-There had been no residents at the facility since that time.
-The Administrator in conjunction with the the Office Manager were responsible for managing and accounting for resident funds under normal circumstances.
-The former Manager was the payee so she would have been responsible for for keeping records of resident funds.
-Since the former Manager was payee, the Office Manager would not have had access to the funds.
-She spoke with a representative with a local branch of the Social Security Administration who reported that the former Manager had returned all the residents' money in a lump sum.
-She asked the representative if the situation had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 23 been escalated but was told the former Manager was cooperating with them to get the money returned so it could be sent to the residents. -She did not know if the former Manager continued to be the payee for the residents. Review of an emailed response from the Owner/Licensee on 06/01/26 at 7:09am revealed: -She thought the facility, medication room, medications and resident records were locked and secure. -Unsecured medications and resident records were not acceptable. -Access was to be limited to authorized persons only. -She was not sure when she was last at the facility but the Manager completed checks in May 2026. Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview on with the	{D 338}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 338}	Continued From page 24 Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful. _____ The facility's failure to ensure residents' rights were maintained to ensure residents who were evacuated on the evening of 02/02/26 to various locations had obtained their personal belongings they were forced to leave behind. Residents were unsure if they would be able to return, had not been informed of the status of the reopening and some were missing their friends and family. Residents had not received personal funds since the time of the evacuation and the receiving facilities had to purchase their care items and needed medications that were left behind in the unlocked facility along with some of the residents medical records. This failure resulted in neglect and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with GS. 131D-34 on May 15, 2026, for the violation.	{D 338}		
{D 378}	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration.	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 378}	Continued From page 25 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication room was secured after all residents were evacuated due to an emergency including an unsecured medication refrigerator. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice." -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Observation of the facility on 05/06/26 at 8:37am revealed: -The right side entrance door was unlocked and opened into the dayroom of the facility. -The medication room off the dayroom was unsecured.	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 378}	Continued From page 26 -There was a bubble pack labeled senna with 29 doses remaining sitting on the desk inside the medication room. (Senna is a medication used to treat constipation.) -There were 2 unopened boxes of Invega Sustenna for injection inside the medication refrigerator. (Invega Sustenna is a long acting medication administered by injection to treat mental health disorders.) -There was a box of Lispro insulin containing 4 injection pens inside the medication refrigerator. (Lispro insulin is a short acting insulin used to control high blood sugar for people with diabetes.) -There was a box of Lantus insulin containing 2 pens, 1 box of Lantus insulin containing 3 pens and another box of Lantus containing 4 injection pens inside the medication refrigerator. (Lantus is a long acting insulin used to control high blood sugar for people with diabetes.) -There was a vial of Haldol Decanoate for injection inside the medication refrigerator. (Haldol Decanoate is a long acting medication administered by injection to treat mental health disorders.) -There were 3 vials of Purified Protein Derivative (PPD) inside the medication refrigerator. (PPD is a medication used to test for exposure to tuberculosis (TB). Interview with the Manager on 05/08/26 at 11:17am revealed: -The facility was locked when she last left. -The former Manager still had a key to the facility. -She thought the former Manager of the facility may have come to the facility because lawn equipment was missing from the backyard and she may have come inside and left the door unlocked since she still had a key to the facility. -No one was going by the facility to ensure it	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 378}	Continued From page 27 remained secured. -She had not been back to the facility since residents were evacuated in February 2026. Telephone interview with the Manager on 05/14/26 at 9:17am revealed: -She did not know why the side door was open on 05/06/26 but thought someone must have gone through the door. -She stated that there was also a screen missing from a window to the right of the front door of the facility. -She did not know why there were still medications in the medication room refrigerator but she sent only sent medications that were needed at the time of the evacuation. Telephone interview with the Administrator on 05/06/26 at 10:10am revealed: -She was not sure why a survey was being conducted since the facility was closed for repairs. -The building was not safe to enter. -She was not sure why the side door was not secured. -The Manager told her the facility was locked up and all resident medications had been removed. Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful.	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 378}	Continued From page 28 Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful.	{D 378}		
D 420	10A NCAC 13F .1104 (b) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (b) No employee of a facility shall handle the personal funds for a resident, except for the facility administrator or the administrator's designee after having received prior written authorization from the resident or the resident's authorized representative. The facility administrator or their designee shall maintain an accurate account balance and accounting of all funds received, disbursements, and the balance on hand which shall be available upon request to the resident or their authorized representative during the facility's regular business office hours.	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 29	D 420		

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on interviews and record reviews, the facility failed to provide each resident or the resident's authorized representative a written monthly accounting of the resident's funds.

The findings are:

Review of an email sent from the Office Manager, to the Administrator of a facility that received 3 residents from the facility, dated 02/09/26 at 8:33pm revealed:
-The facility was planning to re-open and did not want to have the payee switched from them.
-The facility would pay the Administrator for the residents he received monthly.
-The February check would total their benefits minus their allowance and the pro-rated time since the residents were evacuated 02/02/26.
-There was a breakdown for funds received for each resident in the amount of $493 in Special Assistance (SA) and $994 in Supplemental Security Income (SSI) for one resident, $120 in SSI and $894 in (Social Security Administration (SSA) benefit for a second resident and $399 in SSI, $615 for SSA and $473 in SA for a third resident.

Review of the emailed response from the Administrator of the receiving facility on 02/09/26 at 9:09am revealed he requested that checks be mailed separate and gave the address to which to send the checks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 30	D 420		

Telephone interview with the Administrator from the receiving facility on 05/07/26 at 9:18am revealed:
-He was not receiving any money for the residents that he accepted into his facilities indefinitely due to an emergency evacuation from the previous facility in February 2026.
-He had attempted to contact the former Manager regarding resident funds but there was no answer and no return call.
-He thought the former Manager still owned the facility.

Telephone interview with a second Administrator of a facility the received residents at the time of evacuation on 05/13/26 at 9:05am revealed:
-She had not received any funds for the residents in her care.
-She had spoken with the facility Manager who reported to her that the former Manager received the money and returned it to the Social Security Administration.
-She called the Social Security Administration in March or April 2026 (date unknown) and they told her the money had not been returned.
-She was paying for the resident's medications, doctor appointments, incontinence supplies and other items.
-She had attempted to contact the former Manager but she did not get an answer or a return call.

Telephone interview with a third Administrator on 05/12/26 at 2:49pm revealed:
-The 2 residents she received from the facility were not receiving their funds.
-She was supplying all resident needs including personal care and comfort items.

Telephone interview with the Manager on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 31 05/14/26 at 9:17am revealed: -The residents that were placed in other facilities in February 2026 that had not been discharged continued to be the responsibility of Pantego Rest Home. -The former Manager was the payee for residents at the time of evacuation and the receiving facilities would need to apply to become the payee but she did not know what to tell them about pay for the time the residents had been in their facility until the payee was changed. Telephone interview with the Office Manager on 05/13/26 at 8:40am revealed: -The former Manager was the payee for residents since August or September of 2025. -She had not received any of the resident funds since that time so there was nothing for her to account for. Telephone interview with the Administrator on 05/14/26 at 1:19pm revealed: -The residents were temporarily placed in other facilities due to the emergency evacuation but residents remained Pantego Rest Home residents. -The former Manager would be responsible for ensuring the residents received their funds since she was the payee. -It was her responsibility to attempt to connect the receiving facility to the former Manager and the facilities were given the former Manager's contact information. -She did not know what the receiving facilities were told about the resident funds. Second telephone interview with the Administrator on 06/15/26 at 3:13pm revealed: -She was the Administrator as of 02/11/26. -There had been no residents at the facility since	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 32	D 420		

that time.
-The Administrator in conjunction with the the Office Manager were responsible for managing and accounting for resident funds under normal circumstances.
-The former Manager was the payee so she would have been responsible for for keeping records of resident funds.
-Since the former Manager was payee, the Office Manager would not have had access to the funds.
-She spoke with a representative with a local branch of the Social Security Administration who reported that the former Manager had returned all the residents' money in a lump sum.
-She asked the representative if the situation had been escalated but was told the former Manager was cooperating with them to get the money returned so it could be sent to the residents.
-She did not know if the former Manager continued to be the payee for the residents.

Telephone interview with the former Manager on 05/13/26 at 12:37pm revealed:
-She had not been associated with the facility since February 2026.
-She was payee for the residents but the account was closed in April 2026 after she sent all resident funds for March and April were sent back to the Social Security Administration.
-The facility told everyone she was holding the residents' money.
-She got calls everyday regarding resident money and would no longer answer her phone.

Review of emailed response from the Owner/Licensee on 08/24/26 revealed:
-When an individual serving as representative payee is no longer associated with the facility, the facility took steps to ensure that the appropriate parties were notified and a replacement payee or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 33	D 420		

other authorized representative was established as necessary.
-The facility was responsible to protect residents' interests and take reasonable steps to ensure resident funds handled by the facility were properly accounted for and residents who could not manage their own funds had appropriate authorized representative or payee..
-Resident funds that are received or handled by the facility, the facility's practice and responsibility was to maintain appropriate accounting, keep resident funds separate from facility operating funds and make the resident's funds available to the resident or authorized representative.
-The business relationship with the former Manager ended in February 2026.
-The former Manager served as representative payee for certain residents and was instructed to release and/or return all resident funds for which she remained responsible to the appropriate parties.
-When it became apparent that resident funds had not been released as instructed, staff (unidentified) was to contact the Social Security Administration (SSA) to report the situation and address the representative payee issue.
-The facility did not consider funds remaining under the former Manager's control to be facility funds, and the facility did not authorize the former Manager to continue to withholding or controlling resident funds on behalf of the facility after the termination of the relationship.
-The facility's intent throughout the process was to protect the resident's funds and have the funds transferred through the appropriate legal and governmental process rather than attempt to take possession of the SSA funds that remained under the control of the former Manager.

Attempted telephone interview with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 34 Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful. _____ The facility failed to ensure residents or their authorized representative was provided an accounting of residents' funds after residents were evacuated on the evening of 02/02/26 to various locations. The payee for the residents had not worked for the facility since that time and the facility failed to ensure resident funds were issued appropriately to ensure the residents received their funds since the evacuation. Residents did not receive personal funds during that time and the receiving facilities were left to provide for clothes, toiletries, and medications. The failure was detrimental to the health, safety	D 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 420	Continued From page 35 and welfare of the residents and constitutes a Type B Violation. _____ A plan of protection in accordance with G.S. 131D-34 was requested on 08/17/26 for this violation but was not provided. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 09, 2026.	D 420		
D 423	10A NCAC 13F .1104 (e) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (e) All or any portion of a resident's personal funds shall be available to the resident or their authorized representative upon request during the facility's established business days and hours except as provided in Rule .1105 of this Section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure personal funds were available to residents upon request. The findings are: Review of an email sent from the Office Manager to the Administrator of a facility that received 3	D 423		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 36	D 423		

residents from the facility dated 02/09/26 at 8:33pm revealed:
-The facility was planning to re-open and did not want to have the payee switched from them.
-The facility would pay the Administrator for the residents he received monthly.
-The February check would total their benefits minus their allowance and the pro-rated time since the residents were evacuated 02/02/26.
-There was a breakdown for funds received for each resident in the amount of $493 in Special Assistance (SA) and $994 in Supplemental Security Income (SSI) for one resident, $120 in SSI and $894 in (Social Security Administration (SSA) benefit for a second resident and $399 in SSI, $615 for SSA and $473 in SA for a third resident.

Review of the emailed response from the Administrator of the receiving facility on 02/09/26 at 9:09am revealed he requested that checks be mailed separate and gave the address to which to send the checks.

Telephone interview with the Administrator from the receiving facility on 05/07/26 at 9:18am revealed:
-He was not receiving any money for the residents that he accepted into his facilities indefinitely due to an emergency evacuation from the previous facility in February 2026.
-He had attempted to contact the former Manager regarding resident funds but there was no answer and no return call.
-He thought the former Manager still owned the facility.

Telephone interview with a second Administrator of a facility the received residents at the time of evacuation on 05/13/26 at 9:05am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 37	D 423		

-She had not received any funds for the residents in her care.
-She had spoken with the facility Manager who reported to her that the former Manager received the money and returned it to the Social Security Administration.
-She called the Social Security Administration in March or April 2026 (date unknown) and they told her the money had not been returned.
-She was paying for the resident's medications, doctor appointments, incontinence supplies and other items.
-She had attempted to contact the former Manager but she did not get an answer or a return call.

Telephone interview with a third Administrator on 05/12/26 at 2:49pm revealed:
-The 2 residents she received from the facility were not receiving their funds.
-She was supplying all resident needs including personal care and comfort items.

Telephone interview with the Manager on 05/13/26 at 8:30am revealed:
-She worked at one of the facilities that accepted residents from Pantego Rest Home during the evacuation.
-The receiving facility was not receiving any funds for the residents they received.
-The receiving facility was paying for doctor visits and supplying toiletries and other care needs and the residents were not receiving their personal allowance.

Telephone interview with the Manager on 05/14/26 at 9:17am revealed:
-The residents that were placed in other facilities in February 2026 that had not been discharged continued to be the responsibility of Pantego Rest

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 38	D 423		

Home.
-The former Manager was the payee for residents at the time of evacuation and the receiving facilities would need to apply to become the payee but she did not know what to tell them about pay for the time the residents had been in their facility until the payee was changed.

Telephone interview with the Office Manager on 05/13/26 at 8:40am revealed:
-The former Manager was the payee for residents since August or September of 2025.
-She had not received any of the resident funds since that time so there was nothing for her to account for.

Telephone interview with the Administrator on 05/14/26 at 1:19pm revealed:
-The residents were temporarily placed in other facilities due to the emergency evacuation but residents remained Pantego Rest Home residents.
-The former Manager would be responsible for ensuring the residents received their funds since she was the payee.
-It was her responsibility to attempt to connect the receiving facility to the former Manager and the facilities were given the former Manager's contact information.
-She did not know what the receiving facilities were told about the resident funds.

Second telephone interview with the Administrator on 06/15/26 at 3:13pm revealed:
-She was the Administrator as of 02/11/26.
-There had been no residents at the facility since that time.
-The Administrator in conjunction with the the Office Manager were responsible for managing and accounting for resident funds under normal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 39	D 423		

circumstances.
-The former Manager was the payee so she would have been responsible for for keeping records of resident funds.
-Since the former Manager was payee, the Office Manager would not have had access to the funds.
-She spoke with a representative with a local branch of the Social Security Administration who reported that the former Manager had returned all the residents' money in a lump sum.
-She asked the representative if the situation had been escalated but was told the former Manager was cooperating with them to get the money returned so it could be sent to the residents.
-She did not know if the former Manager continued to be the payee for the residents.

Telephone interview with the former Manager on 05/13/26 at 12:37pm revealed:
-She had not been associated with the facility since February 2026.
-She was payee for the residents but the account was closed in April 2026 after she sent all resident funds for March and April 2026 to the Social Security Administration.
-The facility told everyone she was holding the residents' money.
-She got calls everyday regarding resident money and would no longer answer her phone.

Review of emailed response from the Owner/Licensee on 08/24/26 revealed:
-When an individual serving as representative payee is no longer associated with the facility, the facility took steps to ensure that the appropriate parties were notified and a replacement payee or other authorized representative was established as necessary.
-The facility was responsible to protect residents' interests and take reasonable steps to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 40 resident funds handled by the facility were properly accounted for and residents who could not manage their own funds had appropriate authorized representative or payee.. -Resident funds that are received or handled by the facility, the facility's practice and responsibility was to maintain appropriate accounting, keep resident funds separate from facility operating funds and make the resident's funds available to the resident or authorized representative. -The business relationship with the former Manager ended in February 2026. -The former Manager served as representative payee for certain residents and was instructed to release and/or return all resident funds for which she remained responsible to the appropriate parties. -When it became apparent that resident funds had not been released as instructed, staff (unidentified) was to contact the Social Security Administration (SSA) to report the situation and address the representative payee issue. -The facility did not consider funds remaining under the former Manager's control to be facility funds, and the facility did not authorize the former Manager to continue to withholding or controlling resident funds on behalf of the facility after the termination of the relationship. -The facility's intent throughout the process was to protect the resident's funds and have the funds transferred through the appropriate legal and governmental process rather than attempt to take possession of the SSA funds that remained under the control of the former Manager. Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful. Attempted telephone interview with the	D 423		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 41 Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful. _____ The facility failed to ensure residents or their authorized representative had their personal funds available upon request after residents were evacuated on the evening of 02/02/26 to various locations. The payee for the residents had not worked for the facility since that time and the facility failed to ensure personal funds to cover the costs for clothes, toiletries, and medications when they were moved to other facilities. The failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. _____ A plan of protection in accordance with G.S. 131D-34 was requested on 08/18/26 for this violation but was not provided.	D 423		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 423	Continued From page 42 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 09, 2026.	D 423		
{D 503}	10A NCAC 13F .0309 (d) (g) (i) Fire Safety and Emergency Preparedness Plans 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (d) Each facility shall develop and implement an emergency preparedness plan to ensure resident health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following: (1) Procedures to address the following threats and hazards that may create an emergency for the facility: (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold; (B) fires; (C) utility failures, to include power, water, and gas; (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems; (E) interruptions in communication including phone service and the internet; (F) unforeseen widespread communicable public health and emerging infectious diseases; (G) intruders and active assailants; and (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency. (2) The procedures outlined in Subparagraph (d) (1) shall address the following: (A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical	{D 503}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 43 supplies, medical records, medications, medication records, emergency power, and emergency equipment; (B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served; (C) identification of residents with Alzheimer's disease and related dementias, residents with mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation; (D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues; and (E) procedures for coordinating and communicating with the local emergency management agency and local law enforcement. (3) The emergency preparedness plan shall include contact information for State and local resources for emergency response, local law enforcement, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department. (g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and be accessible to staff working in the facility. (i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency	{D 503}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 44 management officials. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews and records the facility failed to implement their emergency preparedness plan which included weather events and utility failures to ensure residents' health and safety and continuity of care and services during an emergency as evidenced by the facility being left unsecured with resident medications, resident belongings and resident records left behind. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26. Review of the facility's Disaster Plan provided via email from the Administrator 05/13/26 at 9:23am revealed: -Procedures for evacuation included the move of residents to a safe location recommended by local code enforcement officials, public safety officials, or when there was an immediate threat to the residents' safety. -There were instructions to obtain medications, emergency charts and supplies for relocation and	{D 503}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 45 secure needed assistance to transport residents to two named local schools. -There were instructions to keep familiar staff with the residents to ensure care and services in the new location. -There were instructions to notify all family members/responsible persons, local Department of Social Services (DSS) and the Division of Facility Services of the relocation site. -There were instructions to ensure valuable items and/or toxic materials were secure. -There were instructions to ensure windows and doors were secured or in the proper position according to the type of emergency. -Medication Aides (MAs) would be responsible for making sure all medication was packed and properly stored, residents charts were properly packed up and ready for transport and all other documents that may be needed for medication administration. -Personal Care Aides (PCAs) were responsible for packing up any needed belongings and activity supplies to keep residents occupied while at the relocation facility and assist in other areas as needed. -The Disaster Plan included contact information for State and local resources for emergency response, local law enforcement, facility staff, residents, responsible parties, vendors, contractors and utility companies. Observation of the facility on 05/06/26 at 8:37am revealed: -There was a window on the left of the front door that was broken. -The right side entrance door was unlocked and opened into the dayroom of the facility. -The door to the medication room was unsecured and there were binders with protected health information and personal identifiable information	{D 503}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 46	{D 503}		

including incident reports, mail and medical records.
-There was a bubble pack labeled as senna with 29 doses remaining sitting on the desk inside the medication room with a dispensing label for a resident that had been evacuated in February 2026. (Senna is a medication used to treat constipation.)
-There were 2 unopened boxes of Invega Sustenna for injection inside the unsecured medication refrigerator with a dispensing label for a resident that had been evacuated in February 2026. (Invega Sustenna is a long-acting medication used to treat psychotic disorders such as schizophrenia.)
-There was a box of Lispro insulin containing 4 injection pens inside the unsecured medication refrigerator. (Lispro is a short-acting insulin used to treat diabetes.)
-There was a box of Lantus insulin containing 2 pens, 1 box of Lantus insulin containing 3 pens and another box of Lantus containing 4 injection pens inside the unsecured medication refrigerator with a dispensing label for a resident that had been evacuated in February 2026. (Lantus is a long-acting insulin used to treat diabetes.)
-There was a vial of Haldol Decanoate for injection inside the unsecured medication refrigerator with a dispensing label for a resident that had been evacuated in February 2026. (Haldol Decanoate is a long-acting medication used to treat psychotic disorders such as schizophrenia.)
-There were 3 vials of Purified Protein Derivative (PPD) inside the unsecured medication refrigerator. (PPD is used to test for exposure to tuberculosis which is a contagious, airborne bacterial infection that primarily affects the lungs.)

Telephone interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 47 05/12/26 at 9:41am revealed she thought the Emergency Preparedness Plan was for when residents were in the facility but there had been no residents in the facility for months. Second telephone interview with the Administrator on 05/14/26 revealed: -She was not sure why the facility was not secured. -The former Manager still had a key and may have gone back in the facility and left it unlocked. -She did not know if the former Manager still had any association with the facility Owner's business. -The facility should have been kept secure. -She was concerned about"HIPAA (Health Insurance Portability and Accountability Act) law and confidentiality" and stated a lot could happen but would not elaborate on what that meant. Review of an emailed response from the Owner/Licensee on 06/01/26 at 7:09am revealed: -She thought the facility, medication room, medications and resident records were locked and secure. -Unsecured medications and resident records were not acceptable. -Access was to be limited to authorized persons only. -She was not sure when she was last at the facility but the Manager completed checks in May 2026. Attempted telephone interview with the Owner/Licensee on 05/06/26 at 8:24am, 9:56am and 3:35pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/07/26 at 10:36am and 4:50pm was unsuccessful.	{D 503}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007025	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANTEGO REST HOME	143 SWAMP ROAD PANTEGO, NC 27860

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 503}	Continued From page 48 Attempted telephone interview with the Owner/Licensee on 05/08/26 at 2:32pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 05/12/26 at 9:30am was unsuccessful. Attempted telephone interview with the Owner/Licensee on 06/05/26 at 1:52pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/17/26 at 3:48pm was unsuccessful. Attempted telephone interview with the Owner/Licensee on 08/18/26 at 1:25pm was unsuccessful. [Refer to Tag 338 10A NCAC 13F .0909 Resident Rights.]	{D 503}		