Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 on 07/07/26 to 07/08/26.	{D 000}		
{D 465}	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: FOLLOW-UP TO CONTINUING TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation has not been abated. Based on record reviews and interviews, the facility failed to ensure the minimum number of staff were present at all times to meet the needs of residents residing in the Special Care Unit (SCU) for 15 of 18 shifts sampled from 06/26/26 to 07/05/26. The findings are: Review of the facility's 2026 license from the Division of Health Service Regulation revealed the facility was licensed for a SCU with a capacity of 48 beds. Review of the facility's Special Care Unit Staffing	{D 465}	Responses to cited deficiencies do not constitute an admission or agreement by the facility of truth of facts alleged or conclusions set forth in the Statement of Deficiencies or the Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with state laws.	

L Howell 08/19/26

Reviewed and acknowledged SW 08/20/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 1 policy dated 08/05/25 revealed: -At no time would there be less than one trained staff for up to 8 residents on first and second shirts, and one hour of staff time for each additional resident. -On third shift, there would be one staff for up to 10 residents, and .8 hours of staff time for each additional resident. -There shall be a care coordinator on duty in the unit at least 8 hours a day, five days a week. -The care coordinator would be considered one of the staff above when the SCU was occupied by 15 or fewer residents. Review of the SCU census dated 06/26/26, 06/27/26, and 07/03/26 revealed a census of 38 residents, requiring 38 aide hours on first and second shift and 30.4 hours on third shift. Review of the SCU census dated 06/28/26 and 07/04/26 revealed a census of 39 residents, requiring 39 aide hours on first and second shift and 31.2 hours on third shift. Review of the SCU census dated 07/05/26 revealed a census of 40 residents, requiring 40 aide hours on first and second shift and 32 hours on third shift. Review of the Employee time cards dated 06/26/26 revealed there were 27.75 aide hours provided on the third shift, leaving the shift short 2.65 aide hours. Review of the Employee time cards dated 06/27/26 revealed: -There were 30.5 aide hours provided on the second shift, leaving the shift short 7.5 aide hours. -There were 15.75 aide hours provided on the	{D 465}	10A NCAC 13F .1308(a) Facility will comply with rule .1308. Community ED will assure that facility is staffed according to regulations. Community has implemented Manager On Duty schedule for weekends to assist with assuring accurate staffing is in place. Regional Support in serviced ED, Care Coordinators, BOC and staff on rule .1308 utilizing DHSR " Staffing of Licensed Adult Care Homes" power point. ED implemented On Call policy to help ensure coverage is maintained according to rule .1308	08/07/26 08/07/26 07/15/26 07/15/26 07/15/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 2 third shift, leaving the shift short 14.65 aide hours. Review of the Employee time cards dated 06/28/26 revealed: -There were 22 aide hours provided on the first shift, leaving the shift short 17 aide hours. -There were 34 aide hours provided on the second shift, leaving the shift short 5 aide hours. -There were 15.5 aide hours provided on the third shift, leaving the shift short 15.7 aide hours. Review of the Employee time cards dated 07/03/26 revealed: -There were 31.5 aide hours provided on the first shift, leaving the shift short 6.5 aide hours. -There were 31.25 aide hours provided on the second shift, leaving the shift short 6.75 aide hours. -There were 25.15 aide hours provided on the third shift, leaving the shift short 5.25 aide hours. Review of the Employee time cards dated 07/04/26 revealed: -There were 33.5 aide hours provided on the first shift, leaving the shift short 5.5 aide hours. -There were 23 aide hours provided on the second shift, leaving the shift short 16 aide hours. -There were 26 aide hours provided on the third shift, leaving the shift short 5.2 aide hours. Review of the Employee time cards dated 07/05/26 revealed: -There were 36.5 aide hours provided on the first shift, leaving the shift short 3.5 aide hours. -There were 35.25 aide hours provided on the second shift, leaving the shift short 4.75 aide hours. -There were 22.25 aide hours provided on the third shift, leaving the shift short 9.75 aide hours.	{D 465}	ED in serviced staff on Attendance, Call Out Procedures, Accountability for Attendance and On Call Policy ED and Care Coordinators will review schedules weekly to ensure proper coverage for the next 45 days and then biweekly after for the next quarter. ED and/or BOC will review timecards at morning meeting to assure employees are clocking into correct department and to correct any missed punches Regional Support will review labor report daily for 45 days and weekly thereafter for the next quarter to ensure compliance with adequate staffing according to rule .1308	07/15/26 and 07/24/26 08/07/26 08/07/26 08/07/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 3 Telephone interview with a family member on 07/08/26 at 10:21am revealed: -Staff were not properly supervising the residents on the unit when she visited the facility. -Her family member was sliding out of her wheelchair and the staff in the dayroom did not assist the resident. -She had to bring it to the staff's attention. Interview with the facility's contracted Physical Therapist (PT) on 07/08/26 at 9:46am revealed: -There had been an increase in falls on the unit within the last month. -There were 2-3 falls per week in the SCU. -She requested staff to increase supervision of the residents on the unit. -She was not aware if the unit was short staffed. Interview with a personal care aide (PCA) on 07/08/26 at 8:31am revealed: -There were 4 PCAs and a medication aide (MA) on first shift, 3 PCAs and a MA on second shift, and 2 PCAs and a MA on third shift. -When there were call outs, there would be 2-3 PCA's working on first shift and 2-3 PCA's working on second shift. -The SCU was short staffed on the weekends because of "call-outs." -It took her longer to provide personal care to the residents when the shift was short staffed. -When the unit was short staffed, dinner was served late and the residents did not received showers until later, and the residents had later bedtimes. -Staffing was short usually on weekends, so there was more work and it took longer to get the work done. -There was an increase in residents' falls when the unit was short staffed. -Staff complained to the Special Care Unit	{D 465}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 4 Coordinator (SCC) about the unit being short staffed. -The SCC told her she was trying to get more staff hired. Interview with another PCA on 07/08/26 at 8:44am revealed: -There were 3 to 4 PCAs and a MA on first and second shift, and 2 PCAs and a MA on third shift. -The SCU was sometimes short staffed during the weekends because staff would "call out." -There was an increase of resident falls due to a lack of supervision when there were "call-outs." -Second shift had increased falls due to lack of supervision. Interview with a MA on 07/08/26 at 9:00am revealed: -There were 3 to 4 PCAs and a MA on first and second shift, and 2 PCAs and a MA on third shift. -The SCU was not always fully staffed on the weekends due to a lot of "call outs." -She would work on the floor after passing medications to provide care to residents when they were short staffed. -She would come in early at 4:00am to help. Interview with the SCC on 07/08/26 at 11:17am revealed: -She was responsible for scheduling staff to work in the SCU. -She scheduled 5 PCAs and a MA on first and second shift, and 3 PCAs and a MA on third shift. -Staffing had been short since the end of May 2026 because 6 PCAs had resigned. -The SCU schedule was fully staffed but staff would "call out" causing the unit to be short staffed. -She would ask staff to come to work or ask staff to work overtime.	{D 465}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 5 -Staff had complained in the past about being short staffed but had not recently. Interview with the Administrator on 07/08/26 at 11:59am revealed: -The SCC was responsible for scheduling staff to work in the SCU. -The SCC scheduled 5 PCAs and a MA on first and second shift, and 4 PCAs and a MA on third shift. -She reviewed the punch cards daily to ensure there were enough PCAs on the unit. -There were a lot of "call outs" from 06/26/26 to 07/05/26. -The SCC made her aware the unit was short staffed when there were "call outs." -The SCC would try to find another staff member to come in. -There had been an increase in resident falls due to the unit being short staffed. -She reviewed all incident reports. -She compared the incident reports to the staff punch card to determine the number of staff on duty at the time of the incident. -Staff complained to the SCC about not being able to provide personal care to the residents due to being short staffed. -She hired 4 PCAs who would start working at the facility on 07/14/26. -She was concerned there was an increase of falls due to lack of resident supervision. The facility failed to ensure the minimum number of staff were present at all times on all three shifts to meet the needs of residents residing in the SCU for 15 of 18 shifts sampled over 6 days from 06/26/26 to 07/05/26. The facility's failure to provide sufficient staffing in the SCU was detrimental to the health, safety, and welfare of the residents and constitutes a Continuing	{D 465}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 465}	Continued From page 6 Unabated Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/07/26 for this violation.	{D 465}		