STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045127	A. BUILDING: _____ B. WING _____	R 09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME # 22	41 TORE'S DRIVE EAST FLAT ROCK, NC 28726

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Henderson County Department of Social Services conducted an annual and follow up survey on 09/01/26.	C 000		
C 353	10A NCAC 13G .1006 (b) Medication Storage 10A NCAC 13G .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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that medications stored in a medication cart were locked when not under the direct supervision of staff. The findings are: Review of the facility 2016 Medication Storage Policy and Procedure revealed all prescription and non-prescription medications stored by the facility would be maintained in a safe manner under locked security except when under the direct physicial supervision of staff in charge of medicaiton administration. Observation of the facility's medication cart on 09/01/26 at 9:41am revealed: -It was positioned against the wall to the entrance of the dining room. -The medication cart was unlocked. -There was not any staff in sight. -The medication aide (MA) walked into the area	C 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045127	A. BUILDING: _____ B. WING _____	R 09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME # 22	41 TORE'S DRIVE EAST FLAT ROCK, NC 28726

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 353	Continued From page 1 from the hall and walked passed the medication cart. Interview with the MA on 09/01/26 at 9:45am revealed: -She did not know why the medication cart was unlocked. -She knew the medication cart should always be locked when not in direct supervision of staff. Interview with the Manager on 09/01/26 at 9:44am revealed: -The medication cart should have been locked. -Staff were trained to always lock the medication cart when not in view of it.	C 353		