STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	R 09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 an annual and follow-up survey on 09/17/26.	D 000		
D 383	10A NCAC 13F .1006 (g) Medication Storage 10A NCAC 13F .1006 Medication Storage (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medications in the refrigerator were secure. The findings are: Observations of the refrigerator in the kitchen on 09/17/26 between 11:10am and 12:30pm revealed: -On the inside door shelf of the refrigerator door was a metal box. -In the metal box was labeled bags that contained insulin pens for 3 individual residents. -The metal box and the door to the kitchen were not locked. Interview with a medication aide (MA) on 09/17/26 at 12:37pm revealed: -She knew the medications in the refrigerator were to be secured in a locked box.	D 383		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034110	A. BUILDING: _____ B. WING _____	R 09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 383	Continued From page 1 -She was aware the medication lock box was not secured but she had no key to the lock box. -She had not told the Manager or the Administrator she needed a key. Interview with Manager on 09/17/26 at 1:26pm revealed: -She knew the medications in the refrigerator were to be locked in a lock box. -She was not aware the box in the refrigerator was not locked and the MA had no key to the lock box until the MA told her today (09/17/26). -She expected the medications located in the kitchen refrigerator to be locked and secured in a lock box. Interview with the Administrator on 09/17/26 at 1:35pm revealed: -The medications in the refrigerator were to be locked. -She was not aware the box in the refrigerator was not locked and the MA did not have a key to the lock box until the Manager told her today (09/17/26). -She expected the medications in the refrigerator to be locked when the MA was not in the kitchen and for the kitchen to be locked if the MA had no key for the lock box.	D 383		