STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081014	A. BUILDING: _____ B. WING _____	08/21/2026

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 08/20/26 - 08/21/26.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 5 sampled residents (#1,#3 and #4) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #1's current FL2 dated 05/27/26 revealed diagnoses included alzheimer's disease, anemia, mild persistent asthma and hypertension. Review of Resident #1's Resident Register revealed she was admitted to the facility on 11/22/22.	D 234		

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D 234	Continued From page 1 Review of Resident #1's record on 08/20/26 revealed: -There was documentation a TB test was administered and was documented as having a negative result but there was no documentation of the date it was read as negative and no documentation of the person who read the test. -There was no documentation a step 2 TB test was administered. Refer to the interview with the Health and Wellness Director (HWD) on 08/21/26 at 10:00am. Refer to the interview with the Administrator on 08/21/26 at 11:20am. 2. Review of Resident #3's current FL2 dated 12/03/25 revealed diagnoses included hypoglycemia, dementia, vitamin D deficiency and coronary artery disease . Review of Resident #3's Resident Register revealed an admission date of 03/02/23. Review of Resident #3's immunization report revealed: -There was documentation a TB test was administered on 02/10/23 and was documented as having a negative result but there was no documentation of the date it was read as negative and no documentation of the person who read the test. -There was documentation a second TB test was placed on 02/22/23 and was documented as having a negative result but there was no documentation of the date it was read as negative and no documentation of the person who read the test.	D 234		

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D 234	Continued From page 2 Refer to interview with the Administrator on 08/21/26 at 11:20am. 3. Review of Resident #4's current FL2 dated 12/03/25 revealed diagnoses included Parkinson's disease, hypertension, anxiety, hypothyroidism and insomnia. Review of Resident #4's Resident Register revealed an admission date of 08/09/17. Review of Resident #4's record revealed: -There was documentation a step 1 TB test was completed on 08/09/17. -There was no documentation a step 2 TB test was completed. Refer to the interview with the Health and Wellness Director (HWD) on 08/21/26 at 10:00am. Refer to interview with the Administrator on 08/21/26 at 11:20am. _____ Interview with the Health and Wellness Director (HWD) on 08/21/26 at 10:00am revealed: -She was responsible for resident TB tests being completed. -The facilities computer system did not have a dedicated space to document the date, time or person reviewing TB tests. -The form on the facilities computer system had comment section to add information. -She would document date, time and person reviewing TB tests in the comment section moving forward. Interview with the Administrator on 08/21/26 at 11:20am revealed: -The HWD was responsible for TB tests being	D 234		

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D 234	Continued From page 3 completed on residents. -She was not aware the HWD did not sign past TB tests. -The facility corporate office changed to a computer based system for documentation and pertinent information should be entered in the comment section, including TB test results. -She expected the HWD to enter TB test documentation in the comment section in the computer based system.	D 234		
D 259	10A NCAC 13F .0802 (a) (c) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Subchapter; (5) a dated signature of the assessor upon	D 259		

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D 259	Continued From page 4	D 259		

completion; and
(6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid.

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure the physician signed and dated the care plan within 15 days for 3 of 3 sampled residents (Resident (#4, #5 and #6).

The findings are:

1. Review of Resident #4's current FL2 dated 12/03/25 revealed diagnoses included Parkinson's disease, hypertension, anxiety, hypothyroidism and insomnia.

Review of Resident #4's Resident Register revealed an admission date of 08/09/17.

Review of Resident #4's unsigned care plan dated 01/16/26 revealed:
-Resident #4 required limited assistance with eating and bathing.
-Resident #4's care plan was not signed by the primary care provider (PCP).

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Review of Resident #4's unsigned care plan dated 07/16/26 revealed:
-Resident #4 required limited assistance with eating and bathing.
-Resident #4's care plan was not signed by the primary care provider (PCP).

Refer to interview with the Health and Wellness Director on 08/21/26 at 8:42am.

Refer to the interview with the Administrator on 08/21/26 at 11:20am.

2. Review of Resident #6's current FL2 dated 07/01/26 revealed diagnoses included Vitamin D deficiency, mild dementia and macular degeneration.

Review of Resident #4's Resident Register revealed an admission date of 11/14/24.

Review of Resident #6's unsigned care plan dated 11/15/25 revealed:
-Resident #6 required limited assistance with eating and bathing.
-Resident #6's care plan was not signed by the primary care provider (PCP).

Review of Resident #6's unsigned care plan dated 04/26/26 revealed:
-Resident #6 required limited assistance with eating and bathing.
-Resident #6's care plan was not signed by the primary care provider (PCP).

Refer to interview with the Health and Wellness Director on 08/21/26 at 8:42am.

Refer to the interview with the Administrator on 08/21/26 at 11:20am.

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D 259	Continued From page 6 3. Review of Resident #5's current FL2 dated 06/28/26 revealed diagnoses included anxiety disorder, pressure ulcer of the sacral region stage 2, history of falling, unspecified abnormalities of gait and mobility, orthopnea (shortness of breath when lying flat), hyperlipidemia, essential hypertension, type 2 diabetes. Review of Resident #5's Resident Register revealed an admission date of 12/26/29. Review of Resident #5's unsigned care plan dated 03/09/26 revealed: -Resident #5 required limited assistance with dressing, grooming and bathing. -Resident #5 required extensive assistance with toileting. -Resident #5's care plan was not signed by the primary care provider (PCP). Refer to interview with the Health and Wellness Director on 08/21/26 at 8:42am. Refer to the interview with the Administrator on 08/21/26 at 11:20am. _____ Interview with the Health and Wellness Director on 08/21/26 at 8:42am revealed: -She was responsible for completing care plans every six months. -She thought the care plans were not signed in 2026 because she saw the signature page with the PCP's signature and did not realize it was dated in 2024. Interview with the Administrator on 08/21/26 at 11:20am revealed: -The Health and Wellness Director (HWD) was responsible for completing care plans and	D 259		

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D 259	Continued From page 7 obtaining signatures. -She knew care plans needed a PCP signature. -She thought the PCP was signing care plans. -The facility did care plans every six months for all residents. -The facility received a report from the facility's computer based system every six months to remind staff when care plans are due for residents.	D 259		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 residents (#1,#2 and	D 464		

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D 464	Continued From page 8 #3) had a Special Care Unit (SCU) care plan updated on a quarterly basis. The findings are: 1. Review of Resident #1's current FL2 dated 05/27/26 revealed diagnoses included alzheimer's disease, anemia, mild persistent asthma and hypertension. Review of Resident #1's Resident Register revealed she was admitted to the facility on 11/22/22. Review of Resident #1's Care Plan dated 11-05-25 revealed she required extensive assistance with bathing, dressing and grooming. Review of Resident #1's unsigned Care Plan dated 10/01/24 revealed: -Resident #1 required extensive assistance with bathing. -Resident #1's care plan was not signed by Resident #1's primary care provider (PCP). Refer to interview with the Health and Wellness Director (HWD) on 08/20/26 at 3:46pm. Refer to interview with the Administrator on 08/21/26 at 11:20am. 2. Review of Resident #2's current FL2 dated 02/02/26 revealed: -Diagnoses included dementia, diabetes mellitus type 2, depression, chronic pain, hypothyroidism, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, gastroesophageal reflux disease, chronic kidney disease stage 3, and osteoporosis. -The level of care was documented as Special	D 464		

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Care Unit (SCU).

Review of Resident #2's Resident Register revealed an admission date on 02/03/26.

Review of Resident #2's unsigned Care Plan dated 03/10/26 revealed:
-Resident #2 required extensive assistance with toileting, bathing, dressing, and grooming.
-Resident #2's Care Plan was signed and dated by the Health and Wellness Director (HWD) on 03/10/26.
-Resident #2's Care Plan was not signed by Resident #2's primary care provider (PCP).

Review of Resident #2's record revealed there were no other Care Plans available for review.

Refer to the interview with the HWD on 08/20/26 at 3:46pm.

Refer to the interview with the Administrator on 08/21/26 at 11:20am.

3. Review of Resident #3's current FL2 dated 12/03/25 revealed diagnoses included hypoglycemia, dementia, coronary artery disease and Vitamin D deficiency.

Review of Resident #3's Resident Register revealed an admission date of 03/02/23.

Review of Resident #3's unsigned care plan dated 11/26/25 revealed:
-Resident #3 required extensive assistance with toileting, bathing, dressing and grooming.
-Resident #3 required total assistance with eating and ambulation.
-Resident #3's care plan was not signed by the primary care provider (PCP).

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D 464	Continued From page 10 Review of Resident #3's unsigned care plan dated 05/25/26 revealed: -Resident #3 required extensive assistance with toileting, bathing, dressing and grooming. -Resident #3 required total assistance with eating and ambulation. -Resident #3's care plan was not signed by the primary care provider (PCP). -Resident #3's care plan was not signed by the primary care provider (PCP). Review of Resident #3's record revealed there were no other Care Plans available for review. Refer to the interview with the Health and Wellness Director on 08/20/26/26 at 3:46pm. Refer to the interview with the Administrator on 08/21/26 at 11:20am. _____ Interview with the Health and Wellness Director (HWD) on 08/20/26 at 3:46pm revealed: -She did not know SCU care plans needed to be completed quarterly. -She thought the PCP only needed to sign the yearly care plan. Interview with the Administrator on 08/21/26 at 11:20am revealed: -The Health and Wellness Director (HWD) was responsible for completing care plans and obtaining signatures. -She knew care plans needed a PCP signature. -She thought the PCP was signing care plans. -The facility did care plans every six months for all residents. -The facility received a report from the facility's computer based system every six months to remind staff when care plans are due for residents.	D 464		

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D 464	Continued From page 11 -The computer based system did not send a report every three months to indicate care plans are needed for special care residents.	D 464		