STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: _____ B. WING _____	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CARE	337 HOSPITAL STREET MOCKSVILLE, NC 27028

(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 Complaint investigation from 02/11/25 - 02/12/25.	D 000		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report injuries of unknown origin to the Health Care Personnel Registry (HCPR) for 8 of 8 sampled residents who were not identified. The findings are: Review of the facility's Resident Abuse, Neglect, and Exploitation policy revealed in the event of physical or verbal abuse, neglect, fraud, or exploitation of the Resident or Resident's property or allegations of physical or verbal abuse, neglect, fraud, or exploitation of the Resident or community property by community staff, the community would complete the (HCPR) 24-hour report now referred to as the Initial Report. Review of text messages which were communicated between a former personal care aide (PCA) and the Special Care Coordinator (SCC) from 08/21/24 to 12/09/24 which were obtained from the local sheriff's office revealed: -On 08/21/24, there was a picture of an inner right thigh with a yellowish, circular bruise. -On 08/22/24, there was a picture of an	D 438		

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D 438	Continued From page 1	D 438		

unidentified body part that had a bruise.
-On 08/23/24, there was a picture of the radial aspect of a right wrist with a grayish bruising extending toward the mid-way of the hand and thumb and halfway up the arm toward the elbow.
-On 11/04/25, there was a picture of the top of a wrist with yellowish-reddish bruising extending toward the elbow about 4 inches.
-On 12/04/24, there was a picture of a right arm with two areas of broken skin just below the right elbow.
-On 12/09/24, there was a picture of a lower left abdominal quadrant with a 4-inch, dark gray bruise.
-On 12/09/24, there was a second picture of a right arm with a bandage just below the elbow with yellow bruising on the elbow.
-On 12/09/24, there was a third picture of a 4 x 4 bandage on the right side of a resident's lower trunk.

Review of the facility's incident reports from 08/01/24 to 02/12/25 revealed no incident reports that matched the dates and injuries of the pictures.

Review of the facility's HCPR reporting from 08/01/24 to 02/12/25 revealed no documentation that HCPR was notified of these 8 injuries of unknown origin.

Interview with a PCA on 02/12/25 at 8:58am revealed:
-When she saw a bruise or skin tear, she would let the medication aide (MA) know.
-She would complete a skin assessment form to indicate the location of the bruise or skin tear.
-She did not do an incident report; the MA or SCC was responsible for completing an incident report if one was needed.

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D 438	Continued From page 2 Interview with the Resident Care Coordinator (RCC) on 02/12/25 at 10:15am revealed: -When a resident sustained a bruise or an injury of unknown origin, the MA should report the injury to the SCC and complete an incident report. -She was not familiar with the (HCPR). Interview with the SCC on 02/21/25 at 2:35pm revealed: -When the PCA noted an injury of unknown origin, such as a bruise or skin tear, the PCA would notify the MA, and the MA would notify her. -She would complete an incident report and report the incident to her supervisor, the Administrator. -She did not recall receiving pictures of bruises and injuries from a PCA. -If a resident had an injury of unknown origin, an incident report would be completed, the primary care provider (PCP), the family, and any ancillary services such as hospice, would be notified, and it would be documented in the resident's progress notes. Telephone interview with the previous Administrator on 02/12/25 at 3:27pm revealed: -If a resident had a bruise or other injury, an assessment should done to determine what caused the injury, the PCP and family should be notified, and an incident report should be completed. -An incident report should be completed by the SCC when there was an injury of unknown origin and report the incident to the Administrator. -The Administrator would be responsible for notifying the HCPR. -All HCPRs completed by her would be on file at the facility. -She did not recall being notified of any injuries of	D 438		

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D 438	Continued From page 3 unknown origin from August 2024 to December 2024 that required HCPR to be notified. Interview with the current Administrator on 02/12/25 at 5:08pm revealed: -Any injury of unknown origin would require an HCPR to be completed. -If the reason was known for the injury, it would be documented in the residents' progress notes. -She was not employed with the facility on the dates of the injuries of unknown origin and did not know if the HCPR was notified. Requests of the residents' skin assessments were requested on 02/12/25 at 3:45pm were not provided by the survey exit.	D 438		