STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	R 05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 April 30, 2025-May 1, 2025.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 6 sampled staff (Staff B, Staff D, and Staff F) had no substantiated findings on the North Carolina Health Care Personal Registry (HCPR) upon hire. The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired on 04/01/25 as a medication aide (MA). -There was no documentation a Health Care Personnel Registry (HCPR) review was completed upon hire. Interview with Staff B on 05/01/25 at 3:12pm revealed: -She had worked at the facility previously and was rehired last month. -She was not sure what information the facility checked except a drug screen and criminal background. Interview with the Administrator on 05/01/25 at	D 137		

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D 137	Continued From page 1 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the HCPR for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the HCPR check on new hires. -The BOM had resigned about 2 weeks ago. -Staff B's HCPR should have been checked upon hire by the previous BOM. 2. Review of Staff D's personnel record revealed: -Staff D was hired on 04/09/25 as a personal care aide (PCA). -There was no documentation a Health Care Personnel Registry (HCPR) review was completed upon hire. Interview with Staff D on 05/01/25 at 11:12am revealed: -She was hired last month. -She did a drug screen a few days after she was hired but did not recall the exact date. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the HCPR for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the HCPR check on new hires. -The BOM had resigned about 2 weeks ago. -Staff D's HCPR should have been checked upon hire by the previous BOM. 3. Review of Staff F's personnel record revealed: -Staff F was hired on 10/30/24 as a personal care	D 137		

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D 137	Continued From page 2 aide (PCA). -There was no documentation a Health Care Personnel Registry (HCPR) review was completed upon hire. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the HCPR for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the HCPR check on new hires. -The BOM had resigned about 2 weeks ago. -Staff F's HCPR should have been checked upon hire by the previous BOM. -Staff F's HCPR was checked on 02/11/25 with no substantial findings of abuse, neglect or misappropriation of funds. Attempted telephone interview with Staff F on 05/01/25 at 12:45pm was unsuccessful.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 5 of 6 sampled staff (Staff B, Staff C, Staff D, Staff E and Staff F) had a criminal background check completed upon hire.	D 139		

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D 139	Continued From page 3 The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired on 04/01/25 as a medication aide (MA). -There was no documentation a criminal background check was completed upon hire. Interview with Staff B on 05/01/25 at 3:12pm revealed: -She had worked at the facility previously and was rehired last month. -She was not sure what information the facility checked except a drug screen and criminal background, but she did not remember the exact date they were done. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the criminal background check for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the criminal background check on new hires and then the administrator or the corporate staff would review for their eligibility for being hired. -The BOM had resigned about 2 weeks ago. -Staff B's criminal background check should have been checked upon hire by the previous BOM and reviewed before she was allowed to work. 2. Review of Staff C's personnel record revealed: -Staff C was hired on 10/23/24 as a medication aide (MA). -There was no documentation a criminal background check was completed upon hire and reviewed before being allowed to work.	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 139	Continued From page 4 -Staff C's criminal background check was done on 10/23/24 but was not completed by being reviewed until 01/04/25. Attempted telephone interview with Staff C on 05/01/25 at 12:50pm was unsuccessful. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the criminal background check for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the criminal background check on new hires and then the administrator or the corporate staff would review for their eligibility for being hired. -The BOM had resigned about 2 weeks ago. -Staff C's criminal background check should have been checked upon hire by the previous BOM and reviewed before she was allowed to work. 3. Review of Staff D's personnel record revealed: -Staff D was hired on 04/09/25 as a personal care aide (PCA). -There was no documentation a criminal background check was completed upon hire. -Staff D's criminal background check was done on 05/01/25 and reviewed on 05/01/25. Interview with Staff D on 05/01/25 at 11:12am revealed: -She was hired last month. -She did not remember getting a criminal background check done upon hire. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM)	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 139	Continued From page 5	D 139		

was responsible for checking the criminal background check for all employees upon hire.
-When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the criminal background check on new hires.
-The BOM had resigned about 2 weeks ago.
-Staff D's criminal background check should have been checked upon hire by the previous BOM.
-Staff D's criminal background check was completed this morning on 05/01/25.

4. Review of Staff E's personnel record revealed:
-Staff E was hired on 01/06/25 as a personal care aide (PCA).
-There was no documentation a criminal background check was completed upon hire.

Attempted telephone interview with Staff E on 05/01/25 at 12:40pm was unsuccessful.

Interview with the Administrator on 05/01/25 at 10:55am revealed:
-The previous Business Office Manager (BOM) was responsible for checking the criminal background check for all employees upon hire.
-When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the criminal background check on new hires.
-The BOM had resigned about 2 weeks ago.
-Staff E's criminal background check should have been checked upon hire by the previous BOM.
-Staff E's criminal background check was checked on 01/06/25 but was not completed by being reviewed until 01/13/25.

5. Review of Staff F's personnel record revealed:
-Staff F was hired on 10/30/24 as a personal care aide (PCA).

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D 139	Continued From page 6 -There was no documentation a criminal background check was completed upon hire. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking criminal background check for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the criminal background check on new hires. -The BOM had resigned about 2 weeks ago. -Staff F's criminal background check should have been checked upon hire by the previous BOM. -Staff F's criminal background check was checked on 10/30/24 but was not completed by being reviewed until 01/13/25. Attempted telephone interview with Staff F on 05/01/25 at 12:45pm was unsuccessful.	D 139		
D 140	10A NCAC 13F .0407(a)(8) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure documentation of an examination and screening for the presence of controlled substances was completed for 2 of 6	D 140		

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D 140	Continued From page 7 sampled staff (Staff C and Staff F). The findings are: 1. Review of Staff C's personnel record revealed: -Staff C was hired on 10/23/24 as a medication aide (MA). -There was no documentation a drug screen was completed upon hire and before being allowed to work. -Staff C's drug screen was not done until 12/04/24, 6 weeks after being hired. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the drug screens for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the drug screens on new hires and then the administrator or the corporate staff would review for their eligibility for being hired. -The BOM had resigned about 2 weeks ago. -Staff C's drug screen had been done late but she did not remember the circumstances of it being completed after hire. Attempted telephone interview with Staff C on 05/01/25 at 12:50pm was unsuccessful. 2. Review of Staff F's personnel record revealed: -Staff F was hired on 10/30/24 as a personal care aide (PCA). -There was no documentation a drug screen was completed upon hire and before being allowed to work. -Staff F's drug screen was not done until 12/04/24, 6 weeks after being hired.	D 140		

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D 140	Continued From page 8 Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking drug screens for all employees upon hire. -When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the drug screen on new hires. -The BOM had resigned about 2 weeks ago. -Staff F's drug screen should have been checked upon hire by the previous BOM. -Staff F's drug screen had been done late but she did not remember the circumstances of it being completed after hire. Attempted telephone interview with Staff F on 05/01/25 at 12:45pm was unsuccessful. Based on interviews and record reviews, the facility failed to ensure documentation of an examination and screening for the presence of controlled substances was completed for 2 of 6 sampled staff (Staff C and Staff F). The findings are: 1. Review of Staff C's personnel record revealed: -Staff C was hired on 10/23/24 as a medication aide (MA). -There was no documentation a drug screen was completed upon hire and before being allowed to work. -Staff C's drug screen was not done until 12/04/24, 6 weeks after being hired. Interview with the Administrator on 05/01/25 at 10:55am revealed: -The previous Business Office Manager (BOM) was responsible for checking the drug screens for	D 140		

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all employees upon hire.
-When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the drug screens on new hires and then the administrator or the corporate staff would review for their eligibility for being hired.
-The BOM had resigned about 2 weeks ago.
-Staff C's drug screen had been done late but she did not remember the circumstances of it being completed after hire.

Attempted telephone interview with Staff C on 05/01/25 at 12:50pm was unsuccessful.

2. Review of Staff F's personnel record revealed:
-Staff F was hired on 10/30/24 as a personal care aide (PCA).
-There was no documentation a drug screen was completed upon hire and before being allowed to work.
-Staff F's drug screen was not done until 12/04/24, 6 weeks after being hired.

Interview with the Administrator on 05/01/25 at 10:55am revealed:
-The previous Business Office Manager (BOM) was responsible for checking drug screens for all employees upon hire.
-When there was not a BOM, then the Resident Care Coordinator (RCC) and she were responsible for completing the drug screen on new hires.
-The BOM had resigned about 2 weeks ago.
-Staff F's drug screen should have been checked upon hire by the previous BOM.
-Staff F's drug screen had been done late but she did not remember the circumstances of it being completed after hire.

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D 140	Continued From page 10 Attempted telephone interview with Staff F on 05/01/25 at 12:45pm was unsuccessful.	D 140		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure personal care tasks were documented related to emptying, positioning, and catheter care for 1 of 5 sampled residents (#4) who had an indwelling urinary catheter. The findings are: Review of Resident #4's current FL2 dated 03/27/25 revealed diagnoses included congestive heart failure, hyperlipidemia, urinary tract infection, anemia, and type 2 diabetes mellitus. Review of Resident #4's current care plan dated 01/16/25 revealed Resident #4 had an indwelling foley catheter. Review of Resident #4's March 2025 activities of daily living (ADL) log revealed: -There was an entry for toileting/hygiene, assist resident as needed with toileting, changing depends, washing, and drying well scheduled for 6:00am to 2:00pm, 2:01pm to 10:00pm, and	D 269		

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D 269	Continued From page 11 10:01pm to 5:59am. -Toileting/hygiene was documented as completed daily from 6:00am to 2:00pm from 03/01/25 to 03/31/25. -Toileting/hygiene was documented as completed on 30 of 31 shifts from 2:01pm to 10:00pm from 03/01/25 to 03/31/25. -Toileting/hygiene was documented as completed on 27 of 31 shifts from 10:01pm to 5:59pm. -There was no entry that Resident #4's catheter drainage bag was emptied from 03/01/25 to 03/31/25. Review of Resident #4's March 2025 electronic medication administration record (eMAR) revealed there was no entry that Resident #4's catheter drainage bag was emptied from 03/01/25 to 03/31/25. Review of Resident #4's April 2025 ADL log revealed: -There was an entry for toileting/hygiene, assist resident as needed with toileting, changing depends, washing, and drying well scheduled for 6:00am to 2:00pm, 2:01pm to 10:00pm, and 10:01pm to 5:59am. -Resident #4 was out of the facility from 04/02/25 to 04/11/25. -Toileting/hygiene was documented as completed on 21 of 21 shifts from 6:00am to 2:00pm from 04/01/25 to 04/30/25. -Toileting/hygiene was documented as completed on 21 of 21 shifts from 2:01pm to 10:00pm from 04/01/25 to 04/30/25. -Toileting/hygiene was documented as completed on 20 of 20 shifts from 10:01pm to 5:59pm. -There was no entry that Resident #4's catheter drainage bag was emptied from 04/01/25 to 04/30/25.	D 269		

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D 269	Continued From page 12 Review of Resident #4's April 2025 eMAR revealed there was no entry that Resident #4's catheter drainage bag was emptied from 04/01/25 to 04/30/25. Observation of Resident #4 on 04/30/25 at 9:02am revealed: -Resident #4 was sitting in a wheelchair. -Resident #4 had a catheter drainage bag hanging from the upper portion of the right armrest of the wheelchair. Second observation of Resident #4 on 05/01/25 at 8:45am revealed: -Resident #4 was sitting in a wheelchair. -Resident #4's catheter drainage bag was hanging on the lower portion of the right armrest, near the seat of the wheelchair. Interview with Resident #4 on 05/01/25 at 8:45am revealed: -He was unsure how long he had a urinary catheter, but it had been a while. -He was unable to empty the drainage bag himself and needed assistance from the facility staff. -The facility staff usually emptied the catheter drainage bag 1-2 times each day. -Sometimes his catheter drainage bag got almost completely full before it was emptied. -Sometimes his catheter drainage bag was not emptied on the night shift. -Most of the time, the day shift staff would empty his catheter drainage bag. -He often had to ask the facility staff to empty the drainage bag; many of the staff members did not empty the catheter bag unless he asked them to empty it. -He thought the facility staff should have a schedule to empty the drainage bag.	D 269		

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-He usually had to ring his call bell and request for the drainage bag to be emptied or it may not be emptied.

Interview with a personal care aide (PCA) on 05/01/25 at 9:30am revealed:
-She started working at the facility a few months ago.
-Resident #4 had always had a urinary catheter since she had been working at the facility.
-She usually checked Resident #4's catheter drainage bag 2-3 times on her shift to see if the drainage bag needed to be emptied.
-Sometimes Resident #4 used his call bell and asked the staff to empty the drainage bag.
-Sometimes when she came in for her shift in the morning at 6:00am, Resident #4's catheter drainage bag was completely full.
-Resident #4 often complained that his catheter drainage bag was not emptied overnight.
-She did not document on any facility forms when she emptied Resident #4's catheter drainage bag.
-She was unsure if she was supposed to document when she emptied Resident #4's catheter drainage bag.
-She had not received any instructions on when to empty or how to care for Resident #4's catheter.
-When she provided catheter care to Resident #4, she cleaned around the tubing and away from the body.
-She positioned Resident #4's catheter drainage bag below his waist so the urine could flow properly.

Interview with a medication aide (MA) on 05/01/25 at 9:43am revealed:
-She started working at the facility in March 2025.
-PCAs usually emptied Resident #4's catheter drainage bag but she had emptied the drainage

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bag a few times.
-She did not document on any facility forms when she emptied Resident #4's catheter drainage bag.
-She was unsure if the staff was supposed to document when they emptied Resident #4's catheter drainage bag.
-She cleaned around the insertion site and down the tubing when she provided catheter care to Resident #4.
-Resident #4's catheter drainage bag should be positioned near his knees or lower.

Telephone interview with a nurse from Resident #4's home health agency on 05/01/25 at 9:17am revealed:
-She currently saw Resident #4 once weekly for skilled nursing visits.
-She changed Resident #4's catheter tubing once a month.
-Resident #4 did not empty the catheter drainage bag himself and the facility staff emptied the drainage bag.
-The facility staff should be emptying the drainage bag 2-3 times each day and documenting when they emptied the drainage bag.

Interview with the Administrator on 05/01/25 at 10:35am revealed:
-PCAs and MAs received 3 days of training with another staff member when they started working at the facility.
-PCAs and MAs had skills validations completed before they started working independently with the residents.
-PCAs and MAs were instructed by the Resident Care Coordinator (RCC) on how to provide care to each resident.
-Resident #4 was currently the only resident in the facility with a urinary catheter.
-The facility staff should empty Resident #4's

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D 269	Continued From page 15 catheter drainage bag at least daily. -The facility did not have a formal policy on catheter care for residents. -The facility did not have a specific form for documenting when Resident #4's catheter drainage bag was emptied. -She was not aware the staff should document when Resident #4's catheter drainage bag was emptied Interview with Resident #4's primary care provider (PCP) on 05/01/25 at 12:10pm revealed: -Resident #4 had a urinary catheter since he was admitted to the facility. -The facility staff should empty Resident #4's catheter drainage bag every shift. -The facility staff should document each time the drainage bag was emptied. -Allowing the drainage bag to become too full could put Resident #4 at risk for infections. Attempted interview with the Resident Care Coordinator (RCC) on 04/30/25 and 05/01/25 was unsuccessful.	D 269		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues.	D 273		

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The facility failed to ensure health care referral and follow-up for 2 of 5 sampled residents (#4, #5) including scheduling an echocardiogram for a resident as ordered (#4) and ensuring the primary care provider (PCP) was notified of low and elevated finger stick blood sugars (FSBS) as ordered in parameters (#5).

1. Review of Resident #4's current FL2 dated 03/27/25 revealed diagnoses included congestive heart failure, hyperlipidemia, urinary tract infection, anemia, and type 2 diabetes mellitus.

Review of Resident #4's physician's order dated 02/18/25 revealed there was an order to return for an echocardiogram (An echocardiogram is an ultrasound of the heart that helps to assess the heart's structure and function).

Review of Resident #4's after visit summary dated 02/18/25 from a heart and vascular specialist revealed Resident #4 was scheduled for an echocardiogram on 04/10/25 at 1:00pm.

Review of Resident #4's after visit summary dated 04/11/25 revealed Resident #4 was hospitalized with hematuria from 04/02/25 to 04/11/25 (Hematuria is a medical term meaning blood in the urine).

Interview with Resident #4 on 05/01/25 at 8:45am revealed:
-He last saw his cardiologist a couple of months ago.
-He had not been to the cardiology office recently for an echocardiogram.
-He could not recall the last time he had an echocardiogram.
-He thought he was supposed to return to the cardiology office for some additional testing.

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D 273	Continued From page 17 Telephone interview with a scheduling coordinator at Resident #4's cardiology office on 04/30/25 at 2:50pm revealed: -Resident #4 was scheduled for an echocardiogram on 04/10/25. -The appointment was cancelled by someone at the facility on 04/10/25 because Resident #4 was in the hospital, and the facility would call to reschedule. -Resident #4's echocardiogram had not been rescheduled. Telephone interview with a registered nurse (RN) at Resident #4's cardiology office on 04/30/25 at 4:51pm revealed: -Resident #4 had a diagnosis of chronic diastolic congestive heart failure. -Resident #4's last echocardiogram was in December 2023. -Resident #4 saw the cardiologist on 02/18/25. -The cardiologist increased Resident #4's diuretic dosage at that visit and wanted him to return for an echocardiogram a few weeks later (A diuretic is a medication used to remove excess fluid from the body). -The facility should contact the office and reschedule the appointment for the echocardiogram. Interview with the transportation coordinator on 05/01/25 at 10:15am revealed: -Either she or the Resident Care Coordinator (RCC) were responsible for scheduling the residents' medical appointments. -Resident #4 had an appointment for an echocardiogram on 04/10/25 but he was in the hospital, and she cancelled the appointment. -She had taken Resident #4 to some other medical appointments since he got out of the	D 273		

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hospital but had not taken him for the echocardiogram.
-She had not contacted Resident #4's cardiology office to reschedule his echocardiogram.

Interview with the Administrator on 05/01/25 at 10:35am revealed:
-The RCC informed the transportation coordinator when a resident needed transportation to a medical appointment.
-The transportation coordinator was responsible for scheduling the residents' medical appointments.
-She was not aware Resident #4 needed to have an echocardiogram.
-She was not aware Resident #4's echocardiogram had not been rescheduled.
-If a residents' appointment needed to be rescheduled, the transportation coordinator should reschedule the appointment within a week.
-It may have been an oversight that Resident #4's echocardiogram was not rescheduled when he returned from the hospital.
-When Resident #4's echocardiogram appointment was cancelled by the transportation coordinator, another appointment to reschedule Resident #4's echocardiogram should have been made at that time.

Interview with Resident #4's primary care provider (PCP) on 05/01/25 at 12:10pm revealed:
-Resident #4 had a diagnosis of congestive heart failure.
-Resident #4 saw his cardiologist in February 2025 because he was having some increased swelling in his legs.
-Resident #4's cardiologist scheduled an echocardiogram
-Resident #4 was in the hospital when the

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echocardiogram was scheduled on 04/10/25.
-She assumed Resident #4's echocardiogram was rescheduled when he returned to the facility from the hospital.
-Resident #4's congestive heart failure was stable, but the echocardiogram needed to be performed as soon as possible because his cardiologist ordered the test.

Attempted interview with the Resident Care Coordinator (RCC) on 04/30/25 and 05/01/25 was unsuccessful.

2. Review of Resident #5's current FL2 dated 03/27/25 revealed:
-Diagnoses included type 1 diabetes mellitus, hyperlipidemia, anxiety, depression, intellectual disabilities, mental disorders, epilepsy, insomnia, hypertension, Atrial fibrillation, peripheral vascular disease, gastroesophageal reflux disorder, and vitamin D deficiency.
-There was an order for finger stick blood sugars (FSBS) to be checked 4 times a day.
-There was an order to give 4 glucose tablets if the FSBS was less than 70 and to recheck in 15 minutes.
-There was an order to notify provider if the FSBS was less than 70 or more than 400.

Review of Resident #5's physician order dated 04/29/24 revealed there was an order to notify the provider if the FSBS was more than 400.

Review of Resident #5's electronic medication administration record (eMAR) for March 2025 revealed:
-There was an entry for FSBS to be checked 4 times a day and to give 4 glucose tablets if the blood sugar (BS) was less than 70 and to recheck in 15 minutes and to notify the provider if the

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FSBS was less than 70 or more than 400.
-There was documentation on 03/05/25 at 11:45am of a FSBS reading of 65.
-There was documentation on 03/10/25 at 4:45pm of a FSBS reading of 14.
-There was documentation on 03/12/25 at 4:45pm of a FSBS reading of 418.
-There was documentation on 03/22/25 at 8:00pm of a FSBS reading of 67.
-There was documentation on 03/26/25 at 8:00pm of a FSBS reading of 57.
-There was no documentation the primary care provider (PCP) was notified of FSBSs less than 70 or greater than 400.

Review of Resident #5's March 2025 eMAR exceptions page revealed there was no documentation the PCP was notified of FSBSs less than 70 or greater than 400.

Review of Resident #5's progress notes for March 2025 revealed there was no documentation the PCP was notified of FSBSs less than 70 or greater than 400.

Review of Resident #5's eMAR for April 2025 revealed:
-There was an entry for finger stick blood sugar (FSBS) to be checked 4 times a day and to give 4 glucose tablets if the FSBS was less than 70 and to recheck in 15 minutes and to notify the provider if the BS was less than 70 or more than 400.
-There was documentation on 04/07/25 at 3:34pm of a FSBS reading of 65.
-There was documentation on 04/11/25 at 4:45pm of a FSBS reading of 41.
-There was documentation on 04/20/25 at 11:45am of a FSBS reading of 29.
-There was documentation on 04/23/25 at

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4:45pm of a FSBS reading of 12; there was no documentation noted for a recheck.
-There was documentation on 04/23/25 at 11:45am of a FSBS reading of 69.
-There was documentation on 04/23/25 at 4:45pm of a FSBS reading of 60.
-There was documentation on 04/25/25 at 11:45am of a FSBS reading of 42; there was no documentation noted for a recheck.

-There was documentation on 04/26/25 at 4:45pm of FSBS reading of 67 and 4 glucose tablets administered and was documented as effective but no other FSBS reading was documented.
-There was no other documentation of PCP being notified of FSBS of less than 70 or greater than 400 during the month of April 2025.

Review of Resident #5's April 2025 eMAR exceptions page revealed there was no documentation the PCP was notified of FSBSs less than 70 or greater than 400.

Review of Resident #5's progress notes for April 2025 revealed there was no documentation the PCP was notified of FSBSs less than 70 or greater than 400.

Interview with a medication aide (MA) on 05/01/25 at 9:45am revealed:
-She had been a MA for about 9 years, and she had worked previously at this facility.
-She had just returned to work here at this facility the first part of April 2025.
-She had not known until yesterday, 04/30/25, when the other MA had told her that there was a notebook at the nursing station that the MAs would document when they had to call the PCP.

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D 273	Continued From page 22 Interview with the Administrator 05/01/25 at 11:00am revealed: -The MA should call the PCP for blood sugars greater than 400 and less than 70 based on the parameters ordered. -The FSBS that were on the printed eMAR were showing different readings than what was shown on the computer. -She would need to contact the pharmacy regarding the differences in the readings from the printed eMAR versus the computer screen as she was not sure why or how that would happen. -She did not think that a blood glucose monitor would read a blood sugar that low nor did she think a person could live with a blood sugar of 12. -The MAs should have rechecked any blood sugar that was that low (12) immediately. -She could not find documentation that the PCP had been notified of FSBS readings greater than 400 or less than 70 for Resident #5. -When the MA had to notify the PCP, the PCP would have a document of the triaged call that would be placed in the resident's chart. -The MAs could document the PCP contact on the eMAR exceptions page as well. -She was concerned that Resident #5 had FSBS that were lower than 70 and higher than 400 that were not reported to the PCP. Interview with Resident #5's PCP on 05/01/25 at 11:30am revealed: -She had not received notifications of Resident #5's FSBSs greater than 400 or less than 70 except maybe once or twice. -She wanted to be notified of the Resident #5's blood sugars that were lower than 70 or higher than 400. -It was harder to get blood sugars up when it was lower than 70; if the blood sugar were higher than 400, they could give her insulin injections to make	D 273		

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D 273	Continued From page 23 it come down easier than to get it to go up. -Resident #5's blood sugar was difficult to control and that was why she had referred Resident #5 to see the endocrinologist back in February 2025. -Resident #5 was also non-compliant when it came to her diet so monitoring her FSBS and notification of low or high blood sugar levels were important in trying to maintain control. Based on observations, interviews, and record reviews, it was determined that Resident #5 was not interviewable.	D 273		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 5 sampled residents (#5) which included a medication used to treat low blood sugars (#5). The findings are: Review of Resident #5's current FL2 dated 03/27/25 revealed: -Diagnoses included type 1 diabetes mellitus, hyperlipidemia, anxiety, depression, intellectual	D 358		

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disabilities, mental disorders, epilepsy, insomnia, hypertension, Atrial fibrillation, peripheral vascular disease, gastroesophageal reflux disorder, and vitamin D deficiency.
-There was an order for finger stick blood sugars (FSBS) to be checked 4 times a day and to give 4 glucose tablets if the FSBS was less than 70 and to recheck in 15 minutes.

Review of Resident #5's electronic medication administration record (eMAR) for March 2025 revealed:
-There was an entry for FSBS to be checked 4 times a day and to give 4 glucose tablets if the FSBS was less than 70 and to recheck in 15 minutes and to notify the provider if the FSBS was less than 70 or more than 400.
-There was documentation on 03/05/25 at 11:45am of a FSBS reading of 65.
-There was documentation on 03/10/25 at 4:45pm of a FSBS reading of 14.
-There was documentation on 03/12/25 at 4:45pm of a FSBS reading of 418.
-There was no documentation of Resident #5 being administered 4 glucose tablets as ordered for blood sugars less than 70 on these dates.

Review of Resident #5's eMAR for April 2025 revealed:
-There was an entry for FSBS to be checked 4 times a day and to give 4 glucose tablets if FSBS was less than 70 and to recheck in 15 minutes and to notify the provider if the FSBS was less than 70 or more than 400.
-There was documentation on 04/20/25 at 11:45am of a FSBS reading of 29.
-There was documentation on 04/23/25 at 4:45pm of a FSBS reading of 12.
-There was documentation on 04/23/25 at 11:45am of a FSBS reading of 69.

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-There was documentation on 04/23/25 at 4:45pm of a FSBS reading of 60.
-There was documentation on 04/25/25 at 11:45am of a FSBS reading of 42.
-There was no documentation of Resident #5 being administered 4 glucose tablets as ordered for blood sugars less than 70 on these dates.

Interview with a medication aide (MA) on 05/01/25 at 9:45am revealed:
-She had been a MA for about 9 years, and she had worked previously at this facility.
-She had just returned to work here at this facility the first part of April 2025.
-She had Resident #5 eat a snack if her blood sugar levels were low.
-She did not recall having to give Resident #5 glucose tablets.

Interview with the Administrator 05/01/25 at 11:00am revealed:
-The MA should give the glucose tablets as ordered for Resident #5.
-The MAs should document Resident #5's glucose tablets administration on the eMAR and on the exceptions page they should document a recheck of the FSBS for the effectiveness of the glucose tablets.

Interview with Resident #5's primary care provider (PCP) on 05/01/25 at 11:30am revealed:
-It was harder to get blood sugars up when it was lower than 70; if the blood sugar were higher than 400, they could give Resident #5 insulin injections to make it come down easier than to get it to go up.
-It was imperative that the MAs give the glucose tablets as ordered for that reason.

Based on observations, interviews, and record

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D 358	Continued From page 26 reviews, it was determined that Resident #5 was not interviewable.	D 358		
D 367	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure medication administration records were accurate for 1 of 5 sampled residents (#3) including a medication used to treat or prevent skin infections. Review of Resident #3's current FL2 dated	D 367		

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	HAL043006	A. BUILDING: _____ B. WING _____	R 05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 367	Continued From page 27 03/27/25 revealed diagnoses included type 2 diabetes mellitus, chronic pain syndrome, restless leg syndrome, vertigo, asthma, and glaucoma. Review of Resident #3's primary care provider's (PCP) order dated 02/28/25 revealed there was an order to cleanse wound on right lower leg with soap and water, apply triple antibiotic ointment, and cover with a bandaid twice daily until healed (Triple antibiotic ointment is a medication used to treat or prevent skin infections). Review of Resident #3's March 2025 electronic medication administration record (eMAR) revealed: -There was an entry for triple antibiotic ointment, cleanse wound on right lower leg with soap and water, apply ointment, and cover with a bandaid twice a day until healed scheduled for 7:00am and 7:00pm. -The triple antibiotic ointment and bandaid were documented as administered at 7:00am from 03/02/25 to 03/31/25. -The triple antibiotic ointment and bandaid were documented as administered at 7:00pm from 03/01/25 to 03/31/25. Review of Resident #3's April 2025 eMAR revealed: -There was an entry for triple antibiotic ointment, cleanse wound on right lower leg with soap and water, apply ointment, and cover with a bandaid twice a day until healed scheduled for 7:00am and 7:00pm. -The triple antibiotic ointment and bandaid were documented as administered at 7:00am from 04/01/25 to 04/30/25. -The triple antibiotic ointment and bandaid were documented as administered at 7:00pm from 04/01/25 to 04/30/25.	D 367		

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D 367	Continued From page 28 Review of Resident #3's May 2025 eMAR revealed: -There was an entry for triple antibiotic ointment, cleanse wound on right lower leg with soap and water, apply ointment, and cover with a bandaid twice a day until healed scheduled for 7:00am and 7:00pm. -The triple antibiotic ointment and bandaid were documented as administered at 7:00am on 05/01/25. Observation of Resident #3's medications on hand on 05/01/25 at 1:48pm revealed there was a full 1 ounce tube of triple antibiotic ointment filled on 04/17/25. Observation of Resident #3 on 04/30/25 at 3:58pm revealed: -There were no open areas on Resident #3's right lower leg. -There was no bandaid on Resident #3's right lower leg. Second observation of Resident #3 on 05/01/25 8:40am revealed there was no bandaid to Resident #3's right lower leg. Interview with Resident #3 on 04/30/25 at 3:58pm revealed: -Her PCP ordered an ointment for a sore on her leg. -The sore was healed and had been healed for a while now. -The facility staff were putting ointment and a bandaid on her leg a couple of times a day at one time. -The day shift staff stopped putting the ointment on her right leg a few weeks ago. -The evening shift staff applied the ointment	D 367		

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sometimes but did not apply a bandaid.

Second interview with Resident #3 on 05/01/25 at 8:40am revealed:
-She had already taken her morning medications.
-No one had applied ointment or a bandaid to her leg this morning at 7:00am.

Interview with a medication aide (MA) on 05/01/25 at 9:43am revealed:
-She followed the instructions on the residents' eMAR when she administered medications to residents.
-She documented on the residents' eMAR at the time she administered the medications.
-Resident #3 cleaned the wound on her right lower leg herself.
-She applied triple antibiotic ointment to Resident #3's right lower leg daily.
-She did not apply a bandaid to Resident #3's right lower leg because she did not think the eMAR said to apply a bandaid.
-She thought the area on Resident #3's right lower leg was starting to heal.
-She usually administered Resident #3's triple antibiotic ointment after she finished administering medications to all the residents
-She had not administered Resident #3's triple antibiotic ointment this morning, 05/01/25.
-If she had documented Resident #3's triple antibiotic ointment as administered this morning, 05/01/25, she may have clicked the computer mouse on the entry by mistake.

Interview with the Administrator on 05/01/25 at 10:35am revealed:
-The Resident Care Coordinator (RCC) completed monthly eMAR audits.
-The eMARs were also reviewed and printed for the PCP before the PCP visited residents each

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D 367	Continued From page 30	D 367		

week.
-MAs should follow the instructions on the residents' eMAR when they administered medications to residents.
-MAs should complete documentation on the eMAR when the medication was administered.
-MAs should not be documenting that they were applying triple antibiotic ointment and a bandaid to Resident #3's right leg if they were not completing the task as ordered.
-The MA should not have documented on Resident #3's eMAR if the triple antibiotic was not applied this morning, 05/01/25.

Interview with a pharmacist at the facility's contracted pharmacy on 05/01/25 at 1:51pm revealed:
-The pharmacy entered new medication orders on the facility's eMARs.
-The pharmacy received the order for Resident #3's triple antibiotic ointment on 02/28/25.
-Resident #3's triple antibiotic ointment was scheduled to begin on the facility's eMARs on 03/01/25.
-Resident #3's triple antibiotic ointment was dispensed on 02/28/25 and 04/17/25.

Interview with Resident #3's PCP on 05/01/25 at 12:10pm revealed:
-Resident #3 had an irritated area on her right lower leg and Resident #3 scratched the area.
-She ordered to clean the scratched area on Resident #3's right leg with soap and water, apply triple antibiotic ointment, and a bandaid so the area would not get worse.
-She wrote the order for Resident #3's right leg to be continued until healed so it could be stopped when the area healed.
-The area on Resident #3's right lower leg had been healed for a few weeks now.

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D 367	Continued From page 31 -MAs should follow the instructions on Resident #3's eMAR. -MAs should not document they were applying the triple antibiotic ointment and a bandaid if they were not applying them to Resident #3's right leg. -If MAs had questions about any orders, they could contact her for questions. Attempted interview with the Resident Care Coordinator (RCC) on 04/30/25 and 05/01/25 was unsuccessful.	D 367		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to send incident/accident reports to the county department of social services (DSS) for 1 of 5 sampled residents (#1) who required emergency medical evaluations for falls. The findings are: Review of Resident #1's current FL-2 dated 03/27/25 revealed diagnoses included epilepsy	D 451		

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(seizure disorder), dementia, anxiety, heart failure, muscle weakness, and unsteady gait.

Review of Resident #1's incident/accident (I/A) reports for March and April 2025 revealed there were I/A reports for Resident #1's falls on 03/17/25, 04/02/25, and 04/25/24 that required Resident #1 to be sent to the local emergency department (ED) for evaluation and treatment.

Interview with a medication aide (MA) on 05/01/25 at 9:45am revealed:
-When an incident or accident occurred, the MA on duty would assess the resident and call 911 if more than first aid was needed for the resident.
-The family, Resident Care Coordinator (RCC), and the primary care provider (PCP) would be notified as well.
-The MA on duty at the time of an incident was responsible for completing an incident and accident (I/A) report and faxing it to Department of Social Services.
-They were to give the report to the RCC or the Administrator.
-A copy of the I/A report should be in the resident's record.

Telephone interview with the Adult Home Specialist (AHS) with the County DSS on 05/01/25 at 8:42am revealed:
-She had received the incident and accident (I/A) report for resident #1 dated 04/02/25.
-She had not received any other I/A reports for Resident #1.

Interview with the Administrator on 05/01/25 at 10:55am revealed:
-The MAs were responsible for completing an incident/accident (I/A) report at the time of an incident once the resident has received first aid if

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D 451	Continued From page 33 needed or sent to the emergency department (ED). -The MAs were supposed to put the completed report in the RCC's file and notify the RCC and Administrator about the incident. -The MA should fax the reportable I/A reports to the local county DSS. -The reportable I/As were those in which the resident required more than first aid and or had to be sent out to the ED. -She was not aware that DSS had not received the I/A reports for Resident #1.	D 451		