STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081008	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN MANOR REST HOME	390 HARDIN ROAD FOREST CITY, NC 28043

(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 survey on 08/12/24.	D 000		
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 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	D 259		

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 259	Continued From page 1	D 259		

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 assure care plans were developed and signed by the assessor for 2 of 3 sampled residents (#2, and #3).

The findings are:

1. Review of Resident #2's current FL2 dated 10/24/24 revealed diagnoses included schizoaffective disorder, insomnia, anxiety, type 2 diabetes, and chronic obstructive pulmonary disease.

Review of the Resident Register revealed an admission date of 05/01/17.

Review of Resident #2's Care Plan dated 06/23/25 revealed it was not signed or dated by the assessor.

Refer to the interview with the medication aide (MA) on 08/12/25 at 10:56am.

Refer to the interview with the Resident Care Coordinator (RCC) on 08/12/25 at 10:57am.

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 259	Continued From page 2 2. Review of Resident #3's current FL2 dated 7/31/25 revealed diagnoses included anxiety and diabetes. Review of Resident #3's Resident Register revealed an admission date of 7/29/16. Review of Resident #3's Care Plan dated 08/29/24 revealed it was not signed and dated by the assessor. Refer to the interview with the MA on 08/12/25 at 10:56am. Refer to the interview with the RCC on 08/12/25 at 10:57am. _____ Interview with the MA on 08/12/25 at 10:56am revealed she assisted in assessing the residents and documenting on the care plans, but she did not know she was supposed to sign and date the care plan. Interview with the RCC on 8/12/25 at 10:57am revealed: -She and the MA were responsible for assessing the residents and completing the care plans. -She did not know the assessor should sign and date the care plans.	D 259		