STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096003	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY REST VILLA NO. 1	305 VANCE STREET FREMONT, NC 27830

(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 August 20, 2025-August 21, 2025.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure that 2 of 3 sampled staff who administered medications to residents completed the state approved 5-hour and 10-hour or 15-hour medication aide training (Staff B and Staff C) prior to administering medications. The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired on 07/19/22 as a medication aide (MA). -Staff B's clinical skills checklist was dated 07/28/22. -Staff B passed the MA exam on 08/03/17. -There was no documentation Staff B completed the state approved 5-hour and 10-hour, or	D 125		

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D 125	Continued From page 1 15-hour medication aide training course. 2. Review of Staff C's personnel record revealed: -Staff C was hired on 12/07/23 as a MA. -Staff C's clinical skills checklist was dated 01/25/24. -Staff C passed the MA exam on 10/10/17. -There was no documentation Staff C completed the state approved 5-hour and 10-hour, or 15-hour medication aide training course. Interview with Staff C on 08/20/25 at 12:25pm revealed she had never taken a state approved 5-hour and 10-hour or 15-hour medication aide training course. Interview with the Supervisor in Charge (SIC) on 08/21/25 at 11:00am revealed the Facility Manager was responsible for ensuring documentation was in the staff's personnel files. Interview with the Administrator on 08/21/25 at 10:00am revealed: -She did not know that there was a required state approved 5-hour and 10-hour or 15-hour medication aide training. -She did not know that the certificate from the state approved training was required to be in the staff's personnel file. -It was the Facility Manager's responsibility to ensure that all the required documents were in the staff's personnel file. -The Manager was currently out on leave and she was not sure if she would be returning to her position. -She performed random staff personnel file reviews monthly. -She reviewed two staff personnel files last month. -It was her responsibility to ensure that all the	D 125		

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D 125	Continued From page 2 staff's required documents were available for review.	D 125		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents were provided 14 hours of activities each week. The findings are: Review of the facility's monthly activities calendar on 08/20/25 at 08:24am revealed: -The August 2025 activity calendar was posted on the wall in the facility. -There were 8 hours posted in the first full week of August 2025 with one activity per day. -There were 11 hours posted in the first full week of August 2025 with one activity per day. -There were 10 hours posted in the first full week of August 2025 with one activity per day. Observation of the facility on 08/20/25 between 10:00am and 12:00pm revealed there was no word search activity offered to residents. Interview with a resident on 08/20/25 at 8:30am revealed they only provide a few activities provided per week.	D 317		

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D 317	Continued From page 3 Interview with a second resident on 08/20/25 at 11:15am revealed: -There were not a lot of activities offered, just bingo, church, and card games. -The only thing to do here was watch television or sit outside. Interview with a third resident on 08/20/25 at 11:40am revealed they rarely had activities and she would like to have more. Interview with the medication aide (MA) on 08/20/25 at 12:25pm revealed: -The staff were not responsible for the activities. -The transporter was responsible for the activities. Interview with the transporter on 08/21/25 at 8:25 am revealed: -She had been helping with activities for about 3-4 months due to the Activity Director who is also the Facility Manger was out on leave. -She had not been trained to provide activities. -She did not provide activities on 08/20/25 because she had to transport residents to appointments. -She tried to provide activities when she was not transporting residents. -She was not responsible for completing the activity calendar. -She could transport 5 residents at a time on outings. Interview with the Supervisor in Charge (SIC)/Secretary on 08/20/25 at 1:55pm revealed: -The Facility Manager was the Activity Director. -The Facility Manager completed her training for activities this year. -The transporter helped with activities.	D 317		

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D 317	Continued From page 4 -The facility was required to provide 14 hours of activities weekly. -One of the residents helped her develop the activity calendar. -She knew that the August 2025 activity calendar did not have the required 14 hours weekly. -She knew that activities were not provided today, 08/20/25. -Staff do not help provide activities when the transporter was not at the facility. Interview with the Administrator on 08/21/25 at 10:00am revealed: -The facility was required to provide 14 hours of activities weekly. -The Facility Manager had completed her training in activities. -The transporter was covering for the Manager/Activity Director. -The SIC/Secretary developed the activity calendar. -She did not know that they were not providing 14 hours per week of activities.	D 317		
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	D 358		

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D 358	Continued From page 5	D 358		

reviews the facility failed to ensure medications were administered as ordered for 3 of 3 sampled residents (#1, #2, #3) related to medications not being dated with open and expiration dates for medications used to treat diabetes (#1, #2), glaucoma (#2), and dry eyes (#3).

The findings are:

Review of the facility's undated medication administration policy revealed it shall be the responsibility of the Executive Director, Resident Care Director, Manager, Supervisor in Charge, or their designee and the Pharmacy Consultant to ensure that all resident care personnel are trained in proper handing, storage, and administration of medications.

1. Review of Resident #2's current FL-2 dated 06/05/25 revealed diagnoses included deaf, diabetes, low iron anemia, dementia, paranoid schizophrenia, glaucoma, hypertension, and hyperglycemia.

a. Review of Resident #2's signed physician orders dated 06/05/25 revealed there was an order for Latanoprost 0.005% eye drops instill one drop each eye at bedtime. (Latanoprost eye drops are used to treat glaucoma).

Observation of Resident #2's medications on hand revealed:
-There was 1 opened bottle of Latanoprost 0.005% eye drops.
-The Latanoprost 0.005% eye drops were filled on 07/23/2025.
-The Latanoprost 0.005% eye drops were not dated when the medication was opened or an expiration date.

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D 358	Continued From page 6 b. Review of Resident #2's signed physician orders dated 06/05/25 revealed there was an order for Lantus Solostar 100 unit/ml inject 40 units every morning. Observation of Resident #2's medications on hand revealed: -Four Lantus Solostar flex pens were removed from the refrigerator. -There were 2 unopened Lantus Solostar flex pens and 2 opened Lantus Solostar flex pens in the same prescription box dated 07/28/25. -The 2 opened Lantus Solostar flex pens were not dated when they were opened nor did they have an expiration date. Refer to interview with the medication aide (MA) on 08/20/25 at 1:12pm. Refer to interview with the Supervisor in Charge (SIC)/Secretary on 08/20/25 at 1:38pm. Refer to telephone interview with the facility's contracted pharmacist on 08/20/25 at 2:15pm. Refer to telephone interview with the Administrator on 08/21/25 at 10:00am. 2. Review of Resident #1's current FL-2 dated 6/13/25 revealed diagnoses included renal calculus. Review of Resident #1's signed physician orders dated 6/20/25 revealed there was an order for Novolog 100units/ml sliding scale check blood sugar before meals and at bedtime. (Novolog is a fast-acting insulin used to lower the blood sugar). Observation of Resident #1's medications on hand revealed:	D 358		

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-Five Novolog flex pens that were removed from the refrigerator.
-There were 3 unopened Novolog flex pens and 2 opened Novolog flex pens in the same prescription box dated 06/20/25.
-The 2 opened Novolog flex pens were not dated when they were opened nor did they have an expiration date.

Refer to interview with the medication aide (MA) on 08/20/25 at 1:12pm.

Refer to interview with the Supervisor in Charge (SIC)/Secretary on 08/20/25 at 1:38pm.

Refer to telephone interview with the facility's contracted pharmacist on 08/20/25 at 2:15pm.

Refer to telephone interview with the Administrator on 08/21/25 at 10:00am.

3. Review of Resident #3's current FL-2 dated 11/12/24 revealed diagnoses included diabetes, hypertension, depression, dementia, and chronic pain.

Review of Resident #3's signed physician orders dated 08/04/25 revealed there was an order for Carboxymethyl Cell 0.5% eye drop instill one drop into both eyes four times daily. (Carboxymethyl Cell eye drops are used to treat dry eyes).

Observation of Resident #3's medications on hand revealed:
-There were two unopened bottles of Carboxymethyl Cell 0.5% eye drops.
-There was one opened bottle of Carboxymethyl Cell 0.5% eye drops that was not dated with when the medication was opened or the expiration

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D 358	Continued From page 8 date. Refer to interview with the medication aide (MA) on 08/20/25 at 1:12pm. Refer to interview with the Supervisor in Charge (SIC)/Secretary on 08/20/25 at 1:38pm. Refer to telephone interview with the facility's contracted pharmacist on 08/20/25 at 2:15pm. Refer to telephone interview with the Administrator on 08/21/25 at 10:00am. _____ Interview with the medication aide (MA) on 08/20/25 at 1:12pm revealed: -She had been a MA for 10 years. -She had worked for the facility for 1.5 years. -She had never been trained to date insulin or eye drops when opened or put an expiration date on the medication. -She did not know that the insulin and eye drops expired after a certain amount of time once they were opened. -She was trained to use the expiration date on the medication. -All insulin was stored in the refrigerator. -No insulin was kept in the medication cart. Interview with the Supervisor in Charge (SIC)/Secretary on 08/20/25 at 1:38pm revealed: -She had been a MA for 25 years. -She had worked for the facility since 2000. -She worked on the medication cart administering medications occasionally. -The facility performed monthly medication cart audits. -She was not trained to date insulin pens or eye drops when they were opened or place an expiration date.	D 358		

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D 358	Continued From page 9 -The Facility Manager was responsible for performing medication cart audits. -The Facility Manager had been out of work on leave for over a month. Telephone interview with the facility's contracted pharmacist on 08/20/25 at 2:15pm revealed: -Insulin flex pens should be dated when they were opened and when they expired. -Insulin flex pens should not be used if opened and not dated. -Eye drops should be dated when they were opened and when they expired. -Eye drops usually expired in 30 days after opening and some expiration dates are longer than 30 days. -Eye drops should not be used if opened and not dated. Telephone interview with the Administrator on 08/21/25 at 10:00am revealed: -Eye drops and insulin pens should be dated when they were opened and with an expiration date. -Medication cart audits were performed monthly by the Facility Manager. -The Facility Manager had been out on leave for over a month. -She had not performed any medication cart audits since the Facility Manager had been out on leave. -She was usually in the facility 2-3 times weekly. -If the eye drops were not dated the staff would not know when the eye drops were expired and the residents could develop an eye infection. -Expired insulin could become less effective and a resident could go into a diabetic coma and blood sugar could become elevated. -No medication education had been performed in 2025 related to dating insulin and eye drops.	D 358		

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D 358	Continued From page 10 Attempted telephone interview with the facility's primary care provider (PCP) on 08/20/25 at 2:30pm was unsuccessful.	D 358		