STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001172	A. BUILDING: _____ B. WING _____	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A VISION COME TRUE	220 HATCH STREET BURLINGTON, NC 27217

(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 and follow-up survey on 11/07/25.	D 000		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify medication orders for 1 of 3 sampled residents (#2) regarding blood pressure medication that included parameters. The findings are: Review of Resident #2's current FL2 dated 10/07/25 revealed: -Diagnoses included hypertension and diabetes mellitus type 2. -There was an order for clonidine (a medication used to treat high blood pressure) 0.1mg three times a day as needed if the systolic blood pressure was greater than or equal to 160 or if the diastolic blood pressure was greater than or	D 344		

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 344	Continued From page 1	D 344		

equal to 90.

Review of Resident #2's medication administration record (MAR) for October 2025 and November 2025 from 11.01.25 to 11.06.25 revealed there was an entry for clonidine 0.1mg three times a day as needed if the systolic blood pressure was greater than or equal to 160 or if the diastolic blood pressure was greater than or equal to 90.

Review of blood pressure log for Resident #2 for October 2025 revealed there were blood pressure results documented twice daily in the morning and at night.

Review of a blood pressure log for Resident #2 for November 2025 from 11.01.25 to 11.06.25 revealed there were blood pressure results documented twice daily in the morning and at night.

Interview with the supervisor in charge (SIC) on 11.06.25 at 1:45pm revealed:
-Resident #2's blood pressure was checked twice a day in the morning and in the evening.
-There were a couple of times Resident #2's blood pressure was high and needed the as needed clonidine.
-She did not check Resident #2's blood pressure three times a day because there was not an order to do so.

Interview with the registered nurse (RN) on 11.06.25 at 1:50pm revealed:
-Resident #2's blood pressure was checked twice a day.
-She knew there was an order to give clonidine 0.1mg three times a day as needed.
-It made sense that Resident #2's blood pressure

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D 344	Continued From page 2 should be checked three times a day to know whether to give the clonidine or not. -She had not called Resident #2's primary care provider (PCP) to clarify the order. -She should have clarified the order with Resident #2's PCP. Telephone interview with the Administrator on 11.06.25 at 2:20pm revealed the RN should have clarified the order with Resident #2's PCP regarding the blood pressure checks. Attempted telephone interview with Resident #2's PCP on 11.06.25 at 12:20pm was unsuccessful.	D 344		