STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023041	A. BUILDING: _____ B. WING _____	C 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	630 SUGAR HILL ROAD LAWNDALE, NC 28090

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D 000	Initial Comments The Adult Care Licensure Section conducted a complaint investigation survey on October 28, 2025.	D 000		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled medication	D 164		

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D 164	Continued From page 1 aide (MA) had completed training on the care of the diabetic resident prior to administering insulin. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a personal care aide (PCA) on 07/11/25. -There was no documentation Staff A had completed training on the care of the diabetic resident prior to administering insulin. Review of Resident #1's October 2025 finger stick blood sugar (FSBS) record revealed there was documentation Staff A obtained FSBS on 10/04/25, 10/05/25, 10/11/25, 10/12/25, 10/13/25, 10/14/25, 10/24/25 and 10/25/25. Telephone interview with Staff A on 10/28/25 at 2:15pm revealed: -She was hired as a personal care aide. -She started back to work at the facility a few months ago after being gone for over a year. -She had completed diabetic training when she work at the facility last as a MA. -She did not have the diabetic training since she started back to work at the facility. Interview with the Administrator on 10/28/25 at 3:00pm revealed: -Staff A was hire on 07/11/25 as a MA/PCA. -She was responsible to make sure Staff A completed the diabetic training with in 30 days after Staff A was hired but she forgot and was too busy with other duties.	D 164		
D 367	10A NCAC 13F .1004 (j) Medication Administration	D 367		

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D 367	Continued From page 2 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 observations, interviews, and record reviews, the facility failed to ensure medication administration records were accurate for 2 of 3 sampled residents (#1 & #2) related to finger stick blood sugars (FSBS). The findings are: 1. Review of Resident #1's current FL2 dated 01/13/25 revealed: -Diagnoses included type 2 diabetes. -An order to check a FSBS every day.	D 367		

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D 367	Continued From page 3	D 367		

Review of Resident #1's October 2025 FSBS record and glucometer history revealed:
-On 10/17/25 at 11:35am, Resident #1's glucometer value was recorded as 76 and the FSBS record was documented as 74.
-On 10/18/25 at 11:34am, Resident #1's glucometer value was recorded as 140 and the FSBS record was documented as 93.
-On 10/19/25 at 12:05pm, Resident #1's glucometer value was recorded as 77 and the FSBS record was documented as 120.
-On 10/20/25 at 12:21pm, Resident #1's glucometer value was recorded as 84 and the FSBS record was documented as 104.
-Resident #1's FSBS was not accurately documented for 4 out of 27 opportunities.

Telephone interview with a personal care aide (PCA)/medication aide (MA) on 10/28/25 at 2:15pm revealed:
-She obtained Resident #1's FSBS when she worked but, sometimes his glucometer was acting up by displaying the number and it would disappear, and another number would show up.
-She wrote down the wrong number because of the glucometer issues.
-She did not know the glucometer reading did not match the FSBS record.

Refer to interview with the Administrator on 10/28/25 at 3:00pm.

2. Review of Resident #2's current FL2 dated 09/29/25 revealed:
-Diagnoses included diabetes.
-An order to check a FSBS every day.

Review of Resident #2's October FSBS record and glucometer history revealed:
-On 10/18/25 at 6:48am, Resident #2's

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D 367	Continued From page 4 glucometer value was recorded as 93 and the FSBS record was documented as 121. -On 10/19/25 at 6:45am, Resident #2's glucometer value was recorded as 98 and the FSBS record was documented as 140. -On 10/26/25 at 6:49am, Resident #2's glucometer value was recorded as 96 and the FSBS recorded was documented as 122. Refer to interview with the Administrator on 10/28/25 at 3:00pm. _____ Interview with the Administrator on 10/28/25 at 3:00pm revealed: -The PCAs/MAs were responsible to document the correct FSBS from the glucometers onto the resident's FSBS record immediately after obtaining the FSBS. -There were no audits completed using the resident's FSBS records and the resident's glucometer to verify the documented FSBS matched the glucometer's recorded FSBS.	D 367		
D 613	10A NCAC 13F .1801 (d) Infection Prevention & Control Policies & Pro 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES (d) In accordance with Rule .1211 of this Subchapter and G.S. 131D-4.4A(b)(4), the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (b)(2) of this Rule.	D 613		

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D 613	Continued From page 5	D 613		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure the mandatory state approved training on the policies and procedures of infection prevention and control was completed for 1 of 3 sampled staff (Staff A) within 30 days of hire.

The findings are:

Review of Staff A's personnel record revealed:
-Staff A was hired as a personal care aide (PCA)/medication aide (MA) on 07/11/25.
-There was no documentation of an infection control policies and procedures in Staff A's personnel record.
-There was no documentation Staff A had completed the mandatory state approved training on the policies and procedures of infection prevention and control.

Review of the Resident #1's October 2025 finger stick blood sugar (FSBS) record revealed there was documentation Staff A obtained FSBS on 10/04/25, 10/05/25, 10/11/25, 10/12/25, 10/13/25, 10/14/25, 10/24/25 and 10/25/25.

Telephone interview with Staff A on 10/28/25 at 2:15pm revealed:
-She was hired as a personal care aide a few months ago after being gone for over a year.
-She had completed the mandatory state approved training on the policies and procedures of infection prevention and control when she work at the facility last as a MA.
-She did not have the mandatory state approved

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D 613	Continued From page 6 training on the policies and procedures of infection prevention and control since she started back to work at the facility. Interview with the Administrator on 10/28/25 at 3:00pm revealed: -Staff A was hired on 07/11/25 as a MA/PCA. -She was responsible to make sure Staff A completed the mandatory state approved training on the policies and procedures of infection prevention and control with in 30 days after Staff A was hired but she forgot and was too busy with other duties.	D 613		