Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034107	A. BUILDING: _____ B. WING _____	R-C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/STOREY VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 10/23/25.	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 record reviews and interviews, the facility failed to ensure 1 of 3 sampled medication aides (MA) (Staff C) completed an examination test developed and administered by the North Carolina (NC) Division of Health Service Regulation (DHSR) within 60 days from the date of hire. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a MA on 07/24/25. -There was documentation Staff C completed the 15-hour medication training on 08/01/25. -There was documentation Staff C completed the MA Clinical Skills Competency Validation checklist on 08/01/25. -There was no documentation Staff C passed a medication aide examination developed and	D 125		

Reviewed& Acknowledged 12/02/2025 BB

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D 125	Continued From page 1 administered by the NC DHSR. Review of a resident's October 2025 electronic medication administration record (eMAR) revealed there was documentation Staff C administered medications on 10/08/25 and 10/15/25. Interview with Staff C on 10/23/25 at 4:20pm revealed: -She was aware that an examination test developed and administered by the NC DHSR needed to be completed within 60 days from the date of hire. -She took the examination test on 10/15/25 and did not pass. -She was scheduled to retake the examination test on 10/28/25. Interview with the Resident Care Coordinator (RCC) on 10/23/25 at 4:00pm revealed: -She was not aware that an examination test developed and administered by the NC DHSR needed to be completed within 60 days from the date of hire. -She thought MAs had 90 days to complete the examination test. Interview with the Administrator on 10/23/25 at 4:10pm revealed: -She was not aware that an examination test developed and administered by the NC DHSR needed to be completed within 60 days from the date of hire. -She thought MAs had 90 days to complete the examination test. -Staff C was being taken off the medication cart until she passed the examination test.	D 125	Staff member was trained and checked off but admin. was following 90 days to complete and not new ruling of 60. All staff are now dated within 60 days to get med tech. Staff was removed from med. cart immediately and resumed cart when she passed her med. tech. test on 10-28-25	

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D 358	Continued From page 2	D 358	Copy of med. tech. certificate included. RCC will follow 60 day window to ensure timeline is complete as new hires are trained.	11-19-25
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, record reviews and interviews, the facility failed to ensure medications were administered as ordered by a licensed practitioner for 1 of 3 sampled residents (#1) related to administration of medications packaged for evening administration administered at 1:20pm and medications for pain and gas relief not administered as scheduled at 1:00pm. The findings are: Review of Resident #1's current FL2 dated 06/11/25 revealed diagnoses included gastro-esophageal reflux disease, diabetes type II, angina, mixed lipidemia, peripheral neuropathy, hypertension, and long-term use of antiplatelets. Review of Resident #1's Resident Register revealed an admission date of 09/12/23. Review of Resident #1's Physician's After Visit summary of medications ordered dated 10/20/25 revealed: -There was an order for aspirin (used to help circulation) 81mg daily.	D 358		

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D 358	Continued From page 7 (RCC) on 10/23/25 at 3:20pm revealed: -The facility staff had contacted Resident #1's PCP's office today around 2:00pm. -The facility staff was instructed to give the remaining medications due for the day at the next scheduled time of administration and watch the resident for any signs of unusual behaviors since the resident would receive all medications scheduled for the day.	D 358	Staff members 1st offense Staff member followed protocol with the med. error. Reported to Admin, pharmacy, doctor and noted in the chart. Instructions were followed. we reinterated protocol with Right Resident Medication Dose Time Route documentation → Refresher training 12-5-25 RCC checks Quick MAR daily and chart notes for errors. 10-24-25	11-17-25