STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 with a complaint investigation from 11/04/25 to 11/07/25.	D 000		
D 079	10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to provide a safe environment as evidenced by furniture being stored in a resident's room, unsecured oxygen tanks in a resident's room and storage room, and lamps without lampshades sitting on bathroom sinks because the overhead lights did not work. The findings are: 1. Observation of resident room 408 in the Special Care Unit (SCU) on 11/05/25 at 8:14am	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 079	Continued From page 1	D 079		

revealed:
-The room was identified as bed A and bed B.
-A resident resided in bed A.
-Where bed B would be, on the right side of the room, there were four mattresses stacked on top of one another.
-There were five bed rails and three headboards in the room, that were leaning against another mattress.
-The headboard was not secure and tipped over easily when touched by the Surveyor.
-There was a wheelchair and a wheeled walker in the room.
-There was a recliner with a side table sitting on it and another side table next to the chair.

Telephone interview with the responsible party for the resident who resided in resident room 408 on 11/05/25 at 4:50pm revealed:
-She visited the resident in the dayroom area two weeks ago and did not know furniture was being stored in the resident's room.
-She was concerned for the resident's safety with having furniture stored in the room.
-The resident had used items in the facility to be aggressive towards other residents in the past.

Interview with a personal care aide (PCA) on 11/05/25 at 4:11pm revealed:
-Furniture had been stored in the resident's room for about five months.
-She was not sure who stored the furniture in the room.
-She was concerned the resident would get hurt by the furniture falling over in the room.

Interview with a housekeeper on 11/06/25 at 2:20pm revealed:
-He did not place the furniture in the room.
-The furniture had been stored in the room for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 079	Continued From page 2 about four months. Interview with the Maintenance Director of on 11/06/25 at 11:49am revealed: -He was hired three months ago. -He was not aware of who stored the furniture in the resident's room. -The furniture had been stored in the room since he started working at the facility. -He was concerned for the resident's safety. Interview with the Special Care Unit Coordinator (SCC) on 11/05/25 at 4:32pm revealed: -The furniture had been stored in the room for about four months. -She thought either housekeeping or maintenance stored the furniture in the room. -She was concerned the resident could fall over the furniture in the room. Interview with the Administrator on 11/05/25 at 4:38pm revealed: -Room 408 was a shared room until four weeks ago. -He was not aware furniture was being stored on the other side of the resident's room. -He was concerned for the resident's safety with the furniture being stored in the room. 2. According to guidance from the National Fire Protection Association (NFPA) compressed oxygen (O2) cylinders must be secured in a rack or stand to prevent tipping over. Observation of resident room 109 in the Assisted Living (AL) on 11/04/25 at 8:09am revealed: -There was an O2 cylinder standing on the floor. -There was no gauge on the cylinder to indicate the amount of oxygen in the tank. -There were five O2 cylinders with green tags	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 079	Continued From page 3 stored in a metal rack. Interview with a personal care aide (PCA) on 11/05/25 at 11:49am revealed: -The tank sitting on the floor was empty because it did not have a green tag. -If an oxygen tank was empty, it would be okay for the tank to sit on the floor. -If a tank had a green tag, it meant the tank was full and needed to be stored in a rack. Observation of a storage room on 11/04/25 at 8:36am revealed: -There was an O2 cylinder standing on the floor. -There was no gauge on the cylinder to indicate the amount of oxygen in the tank. Interview with another PCA on 11/05/25 at 11:10am revealed: -Oxygen tanks should not be on the floor; the tanks should be in a rack. -She had not seen any oxygen tanks sitting on the floor. Interview with a medication aide (MA) on 11/05/25 at 11:59am revealed: -The PCAs and MAs were responsible for making sure oxygen tanks were stored correctly. -It did not matter if the oxygen tank was full or empty, the oxygen tanks should be stored in a rack. Interview with the Maintenance Director on 11/05/25 at 3:16pm revealed: -The care staff were responsible for the residents' oxygen tanks. -He would ensure the oxygen tanks were properly stored. Interview with the Administrator on 11/07/25 at	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 079	Continued From page 4 11:40am revealed: -Oxygen tanks should be stored in a crate. -If an oxygen tank fell over, it would put the resident at risk because the tank could explode. 3. Observation of resident room 102 in the AL on 11/06/25 at 11:40am revealed: -The overhead light in the bathroom did not work. -There was a lamp without a lampshade on the bathroom counter beside the sink. -The lamp was not sitting flush on the counter; one edge was on the sink. Interview with a resident who resided in room 102 on 11/06/25 at 11:40am revealed: -Her overhead light had not worked in a "long time". -She did not like having the lamp on the bathroom counter because it was not safe around the water. -She had asked for maintenance to fix the overhead light, but nothing had been done. Observation of resident room 113 in the AL on 11/07/25 at 8:01am revealed: -The overhead light in the bathroom did not work. -There was a lamp without a lampshade on the bathroom counter beside the sink. -The lamp was not sitting flush on the counter; one edge was on the sink. Attempted interview with the residents who resided in resident room 113 on 11/07/25 at various times from 8:00am-11:00am was unsuccessful. Interview with the Maintenance Director on 11/06/25 at 11:45am revealed: -He knew there were resident rooms without working lights in the bathrooms.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 079	Continued From page 5 -The light bulbs could not be replaced; the entire lighting unit had to be replaced. -He had notified the Administrator that he needed to order the lighting units, but he did not know if they had been ordered or not. -He knew it was not safe for the lamps to be in the bathroom, but it was the only way for the residents to have light in the bathroom. -The lamps were not safe because of the increased risk of electrical shock. Interview with the Administrator on 11/07/25 at 11:40am revealed: -He was aware that there were lights not working in the bathroom that needed to be replaced. -His concern for the residents was with low light, the residents could not see clearly and the safety of the residents because the lamp was close to the sink and water. _____ The facility failed to ensure the safety of a resident who resided on the Special Care Unit by storing furniture in a resident's room, creating a hazardous environment, one in which the resident could trip and fall; and failed to secure oxygen tanks stored in a resident's room. This failure was detrimental to their health, safety, and welfare, and constitutes a Type B Violation. _____ A plan of protection was requested in accordance with G.S. 131D-34 on 12/02/25 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 22, 2025.	D 079		
D 113	10A NCAC 13F .0311 (d) Other Requirements 10A NCAC 13F .0311 Other Requirements	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 113	Continued From page 6 (d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 3 of 7 fixtures sampled in the special care unit (SCU) that were less than 100 degrees. The findings are: Review of the facility's local Environmental Health Section inspection report dated 06/02/25 revealed: -There were observations of hot water temperatures below 100 degrees F in several residents' rooms including sink faucets in the bathrooms. -Resident room 402 in the SCU had a hot water temperature of 97 degrees F at the sink. Review of the facility's weekly hot water temperature log from 10/01/25 to 10/30/25 revealed: -There were three columns on the water temperature log; the columns were the date, location, and temperature.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 113	Continued From page 7 -The Maintenance Director checked the hot water temperature in 3 rooms of each of the four halls daily, for a total of 12 rooms. -The hot water temperatures ranged from 107 to 113 degrees F for each room the hot water was checked from 10/01/25 to 10/30/25. -There were no water temperatures below 100 degrees F recorded on the weekly hot water temperature log. Observation of the hot water temperature in resident room 303 on 11/04/25 at 8:45am revealed the hot water temperature at the bathroom sink was 97.2 degrees F. Observation of the hot water temperature in resident room 308 on 11/04/25 at 8:51am revealed the hot water temperature at the bathroom sink was 93.2 degrees F. Observation of the hot water temperature in resident room 405 on 11/04/25 at 9:01am revealed the hot water temperature at the bathroom sink was 98.9 degrees F. Interview with the Maintenance Director on 11/04/25 at 9:15am. -He checked the hot water temperatures daily in three residents' rooms on each hall. -He did not check the hot water temperatures that morning in room 303, 308, or 405. -He adjusted the hot water heater after he was notified by the surveyor of the hot water being below 100 degrees F. -He would recheck the hot water temperatures an hour after he adjusted the hot water heater. Second observation of the hot water temperature in resident room 303 on 11/04/25 at 3:42pm revealed the hot water temperature at the	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 113	Continued From page 8	D 113		

bathroom sink was 97.7 degrees F after hot water was adjusted by the Maintenance Director.

Second observation of the hot water temperature in resident room 308 at 11/04/25 at 3:42pm revealed the hot water temperature at the bathroom sink was 98.6 degrees F after the hot water was adjusted by the Maintenance Director.

Second observation of the hot water temperature in resident room 405 on 11/04/25 at 3:45pm revealed the hot water temperature at the bathroom sink was 107 degrees F after the hot water was adjusted by the Maintenance Director.

Interview with the Maintenance Director on 11/04/25 at 3:50pm revealed:
-The hot water temperature fluctuated because the facility did not have a mixer to maintain the hot water temperatures.
-It was difficult to maintain the hot water temperatures without a mixer.
-When he adjusted the hot water heater for the hot water temperatures on the SCU, the hot water temperatures on the AL would change.

Calibration of the surveyor's thermometer and the Maintenance Director's thermometer using an ice-water slurry on 11/04/25 at 4:10pm revealed both thermometers read 32 degrees F.

Observation of the hot water temperature in resident room 303 on 11/05/25 at 8:10am revealed the hot water temperature at the bathroom sink was 112.6 degrees F after the hot water was adjusted by the Maintenance Director.

Observation of the hot water temperature in resident room 308 on 11/05/25 at 8:15am revealed the hot water temperature at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 113	Continued From page 9	D 113		

bathroom sink was 110.4 degrees F after the hot water was adjusted by the Maintenance Director.

Interview with the family member of a resident who resided in room 308 on 11/04/25 at 3:44pm revealed:
-She visited her family member daily.
-She had noticed the hot water took a long time to get warm, but she had not mentioned it to anyone

Interview with a personal care aide (PCA) on 11/05/25 at 3:16pm revealed:
-She had not noticed the hot water being cold in the residents' bathrooms.
-No one had complained about the hot water being too cold.
-She let the water in the shower run for 6 minutes so the water would be hot enough for the residents to take a shower.

Interview with a medication aide (MA) on 11/05/25 at 10:43am revealed no one had complained to her about the water being too cold.

Interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 8:18am revealed no one had complained to her that the water was too cold.

Interview with the Maintenance Director on 11/04/25 at 3:50pm revealed:
-He tried to keep the hot water temperatures around 107 to 108 degrees F.
-He thought the state requirement for hot water temperatures was 105 to 120 degrees F.
-He did not know the state requirement for hot water temperatures was 100 to 116 degrees F.
-If there was a hot water temperature below 100 degrees F, he did not document the below normal temperature in the weekly hot water temperature

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 113	Continued From page 10	D 113		

log.
-When the hot water temperature got within normal range, he would document that reading.
-He adjusted the hot water heater at least once a week.

Interview with the Maintenance Director on 11/05/25 at 8:15am revealed:
-He had asked his Supervisor for a mixer so the hot water temperatures could be adjusted and maintained at a consistent temperature.
-He did not remember when he spoke with his Supervisor about a mixer.
-He had to make do with what he had for now.

Interview with the Administrator on 11/07/25 at 10:49am revealed:
-The Maintenance Director checked the hot water temperatures in random rooms 5 days a week.
-The Maintenance Director had mentioned the hot water would drop below 100 degrees F at times and the need for a mixer.
-The Maintenance Director would adjust the water temperatures to ensure the hot water temperatures were between 100 to 116 degrees F.
-The facility did not have a mixer for the hot water; he did not know why the facility did not have a mixer.
-The residents needed hot water when they showered.
-He expected the Maintenance Director to continue to check hot water temperatures in random rooms 5 days a week and adjust the water temperatures as needed.
-He expected the Maintenance Director to communicate with him when the hot water temperatures were outside of the normal range.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 125	Continued From page 11	D 125		
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 staff who administered medications had completed the state approved 5-hour, 10-hour or 15-hour medication aide (MA) training courses and had a validated clinical skills checklist prior to administering medications to residents for 1 of 4 sampled staff (Staff B). The findings are: Review of Staff B's, MA, personnel record revealed: -Staff B was hired on 06/18/24 as a MA. -There was no documentation that Staff B completed the state-approved 5-hour, 10-hour or 15-hour medication aide training. -There was no documentation of a medication clinical skills validation checklist completed for Staff B. Interview with Staff B on 11/07/25 at 7:39am revealed:	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 125	Continued From page 12	D 125		

-She administered medications to the residents on second and third shifts.
-She completed the medication administration class eight years ago.
-When she was hired, the Business Office Manager (BOM) did not ask her for her certification verifying she had completed the medication administration class.
-She completed the clinical skills checklist with the Licensed Health Professional Support (LHPS) nurse when she was hired.

Telephone interview with the LHPS nurse on 11/07/25 at 8:29am revealed:
-She completed the Medication Aide Clinical Skills Competency Validation checklist after Staff B was hired.
-The BOM was responsible for placing the documentation in the employee's personnel record.
-The BOM was responsible for ensuring Staff B completed the 5, 10, or 15-hour medication aide training.

Interview with the BOM on 11/07/25 at 8:34am revealed:
-She and the Administrator were responsible for ensuring Staff B completed the 5, 10, or 15-hour medication aide training.
-She would have scheduled the Registered Nurse (RN) to complete the clinical skills checklist for Staff B after she had been trained on the medication cart.
-She and the Administrator were responsible for auditing the personnel records to ensure they were compliant.
-She was not aware that Staff B did not complete completed the 5, 10, or 15-hour medication aide training or had the clinical skills checklist in her personnel record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 125	Continued From page 13 -She audited the personnel records a month ago. Interview with the Administrator on 11/07/25 at 12:30pm revealed: -He and the BOM were responsible for ensuring Staff B completed the 5, 10, or 15-hour medication aide training. -The BOM would have scheduled the RN to complete the clinical skills checklist for Staff B after she had been trained on the medication cart. -He and the BOM were responsible for auditing the personnel records to ensure they were compliant. -The BOM audited the personnel records a month ago.	D 125		
D 140	10A NCAC 13F .0407(a)(8) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure documentation of an examination and screening for the presence of controlled substances was completed for 2 of 6 sampled staff (C and E). The findings are: 1. Review of Staff C's, medication aide (MA), personnel record revealed:	D 140		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 140	Continued From page 14 -Staff C was hired on 03/31/25. -There was no documentation Staff C completed a drug screening when she was hired. Interview with Staff C on 11/07/25 at 8:43pm revealed she thought she had completed a drug screen when she was hired. Interview with the Business Office Manager (BOM) on 11/07/25 at 8:34am revealed: -She was not aware Staff C did not have a drug screening in her personnel record. -She could not locate a drug screening in Staff C's personnel record. Refer to the interview with the BOM on 11/07/25 at 8:34am. Refer to the interview with the Administrator on 11/07/25 at 12:30pm. 2. Review of Staff E's, personal care aide (PCA), personnel record revealed: -Staff E was hired on 03/26/25. -There was no documentation Staff E completed a drug screening when she was hired. Telephone interview with Staff E on 11/07/25 at 11:11am revealed: -She did not have a drug screen when she was hired. -She was told by the previous Business Office Manager (BOM), there were no drug screening kits in the facility. Interview with the BOM on 11/07/25 at 8:34am revealed: -She was not aware Staff E did not have a drug screening in her personnel record. -She could not locate a drug screening in Staff	D 140		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 140	Continued From page 15 E's personnel record. Refer to the interview with the BOM on 11/07/25 at 8:34am. Refer to the interview with the Administrator on 11/07/25 at 12:30pm. _____ Interview with the BOM on 11/07/25 at 8:34am revealed she was responsible for completing drug screenings for all new staff. Interview with the Administrator on 11/07/25 at 12:30pm revealed the BOM was responsible for completing drug screenings for all new staff.	D 140		
D 194	10A NCAC 13F .0608 (a)(b) Staffing for Facilities With A Census Of 21 10A NCAC 13F .0608 Staffing for Facilities With A Census Of 21 Or More Residents (a) Each facility with a census of 21 or more residents shall have staff on duty to meet the needs of the residents. (b) In addition to the requirement in Paragraph (a) of this Rule, each facility with a census of 21 or more residents shall comply with the following staffing requirements: (1) On first shift and second shift, the total aide duty hours shall be at least: (A) 16 hours of aide duty for facilities with a census of 21 to 40 residents. (B) 20 hours of aide duty for facilities with a census of 41 to 50 residents. (C) 24 hours of aide duty for facilities with a census of 51 to 60 residents. (D) 28 hours of aide duty for facilities with a census of 61 to 70 residents.	D 194		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 16	D 194		

(E) 32 hours of aide duty for facilities with a census of 71 to 80 residents.
(F) 36 hours of aide duty for facilities with a census of 81 to 90 residents.
(G) 40 hours of aide duty for facilities with a census of 91 to 100 residents.
(H) 44 hours of aide duty for facilities with a census of 101 to 110 residents.
(I) 48 hours of aide duty for facilities with a census of 111 to 120 residents.
(J) 52 hours of aide duty for facilities with a census of 121 to 130 residents.
(K) 56 hours of aide duty for facilities with a census of 131 to 140 residents.
(L) 60 hours of aide duty for facilities with a census of 141 to 150 residents.
(M) 64 hours of aide duty for facilities with a census of 151 to 160 residents.
(N) 68 hours of aide duty for facilities with a census of 161 to 170 residents.
(O) 72 hours of aide duty for facilities with a census of 171 to 180 residents.
(P) 76 hours of aide duty for facilities with a census of 181 to 190 residents.
(Q) 80 hours of aide duty for facilities with a census of 191 to 200 residents.
(R) 84 hours of aide duty for facilities with a census of 201 to 210 residents.
(S) 88 hours of aide duty for facilities with a census of 211 to 220 residents.
(T) 92 hours of aide duty for facilities with a census of 221 to 230 residents.
(U) 96 hours of aide duty for facilities with a census of 231 to 240 residents.
(2) On third shift, the total aide duty hours shall be at least:
(A) 8 hours of aide duty for facilities with a census of 21 to 30 residents.
(B) 16 hours of aide duty for facilities with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 17 census of 31 to 60 residents. (C) 24 hours of aide duty for facilities with a census of 61 to 90 residents. (D) 32 hours of aide duty for facilities with a census of 91 to 120 residents. (E) 40 hours of aide duty for facilities with a census of 121 to 150 residents. (F) 48 hours of aide duty for facilities with a census of 151 to 180 residents. (G) 56 hours of aide duty for facilities with a census of 181 to 210 residents. (H) 64 hours of aide duty for facilities with a census of 211 to 240 residents. (3) If the Department determines the needs of the residents at a facility are not being met by staffing requirements of Paragraph (b) of this Rule, the Department shall require the facility to employ staff to meet the needs of the residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to meet the minimum required aide hours to meet the needs of residents residing in the Assisted Living (AL) for 19 of 30 shifts sampled shifts from 10/17/25-11/03/25. The findings are:	D 194		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 18 Review of the facility's 2025 license from the Division of Health Service Regulation revealed the facility was licensed for a capacity of 46 beds on the Assisted Living (AL). Review of the AL census dated 10/17/25-11/03/25 revealed a census of 48 residents, requiring 24 aide hours on first and second shift and 16 aide hours on third shift. Review of the Employee Time Cards dated 10/17/25 revealed: -There were 18.5 aide hours provided on the second shift, leaving the shift short 5.5 aide hours. -There were 10.25 aide hours provided on the third shift, leaving the shift short 5.75 aide hours. Review of the Employee Time Cards dated 10/18/25 revealed: -There were 22.75 aide hours provided on the first shift, leaving the shift short 1.25 aide hours. -There were 21.25 aide hours provided on the second shift, leaving the shift short 2.75 aide hours. Review of the Employee Time Cards dated 10/25/25 revealed: -There were 22.75 aide hours provided on the first shift, leaving the shift short 1.25 aide hours. -There were 12.25 aide hours provided on the second shift, leaving the shift short 11.75 aide hours. -There were 7.5 aide hours provided on the third shift, leaving the shift short 8.5 aide hours. Review of the Employee Time Cards dated 10/26/25 revealed: -There were 22.5 aide hours provided on the first	D 194		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 19	D 194		

shift, leaving the shift short 1.5 aide hours.
-There were 12.75 aide hours provided on the second shift, leaving the shift short 11.25 aide hours.
-There were 7.5 aide hours provided on the third shift, leaving the shift short 8.5 aide hours.

Review of the Employee Time Cards dated 10/31/25 revealed:
-There were 22.5 aide hours provided on the first shift, leaving the shift short 1.5 aide hours.
-There were 19 aide hours provided on the second shift, leaving the shift short 5 aide hours.

Review of the Employee Time Cards dated 11/01/25 revealed:
-There were 23 aide hours provided on the first shift, leaving the shift short 1 aide hour.
-There were 14 aide hours provided on the second shift, leaving the shift short 10 aide hours.
There were 14.75 aide hours provided on third shift, leaving the shift short 1.25 aide hours.

Review of the Employee Time Cards dated 11/02/25 revealed:
-There were 19 aide hours provided on the first shift, leaving the shift short 5 aide hours.
-There were 17 aide hours provided on the second shift, leaving the shift short 7 aide hours.
-There were 8.5 aide hours provided on the third shift, leaving the shift short 7.5 aide hours.

Review of the Employee Time Cards dated 11/03/25 revealed there were 7.5 aide hours provided on the third shift, leaving the shift short 8.5 aide hours.

Confidential interview with a resident revealed:
-When she rang her call bell, she did not get help and would have to walk down to the nurse's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 20	D 194		

station.
-Recently, she had to go down the hall and ask for her medication that she had not received, and the personal care aide (PCA) told her the medication aide (MA) was in the Special Care Unit (SCU).

Interview with a resident on 11/05/25 at 11:22am revealed the AL was often "understaffed" because she would not always get her medications between 6:00am-6:30am like she was supposed to; she would not get the medication until 8:00am.

Confidential interview with a aide member revealed there were times when there was only one PCA working in the SCU and a MA who was working both AL and the SCU.

Confidential interview with a second aide member revealed that staffing on the weekends was "horrible".

Confidential interview with a third aide member revealed:
-The residents complained about not getting their medications on time.
-Sometimes, at 11:00pm-12:00am, residents were still waiting for their routine medications to be administered.
-She had seen the MAs "goofing off" and "sleeping".

Telephone interview with a PCA on 11/07/25 at 12:58pm revealed:
-There were times when there were 2 PCAs in the facility and only one MA.
-When there was only 1 PCA in the SCU, the MA stayed in the SCU.
-There had been times when she was the only aide in the AL because the MA was in the SCU.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 21	D 194		

-If a MA called out, the SCU Coordinator (SCC) or the Resident Care Coordinator (RCC) would come in to work.

Interview with a MA on 11/07/25 at 7:45am revealed:
-There were times when only 3 aide members were in the facility.
-She worked both the SCU and the AL and went back and forth between the two units.
-There were 8-9 residents who were administered 6:00am medications.
-There was another MA who would come in early when she was scheduled to work to help with early morning medications.

Interview with the SCC on 11/07/25 at 12:44pm revealed:
-She and the RCC worked on the schedule together.
-There were times they had a lot of "call-outs".
-Sometimes the aide called the SCC or the RCC to let them know when there were call-outs, but not every time.
-When she was aware of the call-outs, she would try to find another aide member to come in.
-Aides had complained they were short-staffed, especially when the facility was admitting residents, back-to-back, and the number of residents who were in wheelchairs, because those residents required more care.

Interview with the Administrator on 11/07/25 at 11:40am revealed:
-The SCC and the RCC were responsible for scheduling aide to work.
-His concern would be that the residents needed more supervision, especially if the weekends were short-staffed.
-They had been hiring new aide, and at times, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 194	Continued From page 22 facility was overstaffed. _____ The facility failed to ensure there were adequate staff to respond to the needs of the residents. As a result, residents had to go to the nurse's station when their call bells were not answered and residents had to request medications that were not administered at the scheduled time. The facility's failure to provide sufficient staffing to meet the needs of residents in the AL was detrimental to their health, safety, and welfare, and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/07/25 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 22, 2025.	D 194		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 23 Based on observations, interviews, and record reviews, the facility failed to provide supervision according to the residents' assessed needs for 2 of 5 sampled residents (#2 and #15), including a resident (#2) who wandered in other residents' rooms and had multiple altercations with other residents which resulted in other residents being injured; and a resident (#15) who wandered in other residents' rooms. The findings are: 1. Review of Resident #2's current FL-2 dated 10/20/25 revealed: -Diagnoses included Alzheimer's disease with psychotic episodes and major depressive disorder. -She was ambulatory. -She was constantly disoriented. Review of Resident #2's signed special care unit (SCU) disclosure statement dated 09/24/25 revealed: -The SCU was equipped with aggressive behavior monitoring and management by trained staff and supervision by staff trained in Alzheimer/dementia care. -The resident would be evaluated by management when each behavior occurred and documentation of each new intervention. -Staff were trained in managing at risk behaviors such as agitation, aggression, and assaultive behavior to include use of redirection, recognizing escalating behavior, and maintaining safety. -Any resident at risk for behaviors shall be placed on increased supervision and any behavior which escalates to a threat to the resident or others shall require immediate intervention to ensure safety as to move residents out of harm's way and call Emergency Medication Services (EMS).	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 24 Review of Resident #2's unsigned care plan dated 11/04/25 revealed: -Resident #2's behavioral patterns were aggression, anxiousness, screaming, and uncooperative. -Intervention for behaviors were to redirect Resident #2. Review of Resident #2's mental health after visit summary dated 10/11/25 revealed: -Resident #2 had chronic and ongoing dementia that included behavioral disturbances that presented as anxiety, agitation and aggressiveness. -Resident #2 was treated with trazodone and sertraline for mood stabilization. -Resident #2 required redirection due to behavior. -Staff reported Resident #2 had been observed taking items from other residents' rooms'. -Staff reported an improvement in behaviors following her initial admission to the facility with consistent medication administration. Review of Resident #2's mental health after visit summary dated 11/05/25 revealed: -Resident #2 had chronic and ongoing dementia that included behavioral disturbances that presented as anxiety, agitation and aggressiveness. -Resident #2 was treated with trazodone, sertraline and melatonin. -Staff reported Resident #2 had been difficult to redirect, displaying behaviors that included anxiety, agitation and physical aggressiveness. -Resident #2 was observed to be tearful and unable to provide a cause; staff provided supportive care with noted improvement. -There was an order to increase Resident #2's trazodone 50mg from ½ tablet to one tablet at	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 25	D 270		

bedtime.

a. Review of Resident #2's accident/incident report dated 10/30/25 revealed:
-The time of the accident/incident was 1:15pm.
-The type of accident/incident was behavioral with physical altercation.
-Resident #2 got into a physical altercation with another resident.
-There were no injuries.
-There was no immediate action taken.

Review of Resident #2's incident report dated 10/31/25 revealed:
-The time of the incident was 1:14pm.
-The type of incident was behavioral with physical altercation.
-Resident #2 got into an altercation with another resident.
-There were no injuries.
-There was no immediate action taken.
-Staff were instructed to monitor Resident #2.

Review of triage from the Mental Health Provider's (MHP) office note dated 10/31/25 revealed:
-Resident #2 got into an altercation with another resident, swinging at the other resident but did not make contact.
-Please follow-up and notify the MHP of any changes.

b. Review of Resident #2's incident report dated 11/03/25 revealed:
-The time of the incident was 2:00pm.
-The type of incident was a fall.
-Resident #2 was found lying in the hallway with a head injury that was bleeding.
-EMS was called and Resident #2 was transferred to the Emergency Department (ED).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 26 Interview with a personal care aide (PCA) on 11/07/25 at 8:01am revealed: -Resident #2 walked into another resident's room. -The other resident did not want Resident #2 in her room. -The other resident tried to get Resident #2 out of her room. -The other resident pushed Resident #2 and she fell; Resident #2 hit her head when she fell. Telephone interview with Resident #2's family member on 11/05/25 at 7:21pm revealed: -Resident #2 had a fall on Monday, 11/03/25. -She received a phone call from the first shift medication aide (MA) who told her Resident #2 was in another resident room, there was an altercation, and Resident #2 fell. -Resident #2 fell backwards, hitting the back of her head. -Resident #2 was taken to the ED by EMS; she had a large scrape on the back of her head. Interview with a MA on 11/07/25 at 8:05am revealed: -She saw Resident #2 lying in the hallway in front of another resident's room on 11/03/25. -She did not see the other resident push Resident #2, but she did hear yelling coming from that area of the hallway. c. Review of Resident #2's incident report dated 11/04/25 revealed: -The time of the incident was 7:20am. -The type of incident was behavior, physical aggression. -Resident #2 came out of her room and launched toward a second resident with a sharp object, moving toward the resident in a violent way, shouting and charging at the resident.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 27 -A third resident grabbed Resident #2 an attempted to remove the sharp object from Resident #2's hand; during the struggle the third resident fell and hit her head. -There were no injuries. -There was no immediate action taken. Telephone interview with a medication aide (MA) on 11/07/25 at 10:33am revealed: -She worked third shift when the incident happened between Resident #2 and a third resident on the morning of 11/04/25. -She found the third resident on the floor. -The third resident was angry because Resident #2 was trying to hit a second resident with the leg of a wheelchair. -The third resident tried to stop Resident #2 from hitting the second resident and the third resident fell during the scuffle. Interview with a second MA on 11/07/25 at 8:01am revealed: -She worked first shift on Tuesday, 11/04/25, when the incident/accident between Resident #2 and the third resident occurred on third shift. -The accident/incident happened on third shift around 7:00am. -The third resident involved in the altercation with Resident #2 had an injury on the back of her head and was bleeding; the MA sent the third resident to the hospital. Interview with the third resident on 11/07/25 at 11:45am revealed: -She saw Resident #2 and a second resident having a disagreement in the living room. -Resident #2 was going to hit the second resident with a piece of metal. -She tried to stop Resident #2 from hitting the second resident.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 28	D 270		

-Next thing she knew, she and Resident #2 were pushing and shoving.
-She lost her balance, fell, and hit her head; Resident #2 fell on top of her.
-She had to go to the emergency department (ED) because she hit her head and it was bleeding.

Telephone interview with Resident #2's family member on 11/07/25 at 12:50pm revealed:
-The staff called on 11/04/25 and told her Resident #2 had an altercation with a resident and another resident fell and hit her head and was sent to the ED.
-The staff told her that Resident #2 was having aggressive behaviors.
-That was the first time she knew of Resident #2 having aggressive behaviors; that behavior was not like Resident #2.
-Staff from the facility called her last week and told her Resident #2 was going into other residents' rooms; the staff did not say anything about Resident #2 having aggressive behavior.

Interview with the third resident's family member on 11/04/25 at 12:35pm revealed:
-She was told by the staff that the resident had an altercation with Resident #2 and the other resident fell, hitting her head.
-The other resident was sent to the ED and received one staple in her head.

Interview with the third resident's family member on 11/07/25 at 8:08am revealed:
-She was told by the resident that Resident #2 was going to hit another resident who was sitting in the living room with an object.
-The resident grabbed the object that was being used by Resident #2 to hit the other resident and removed the object from Resident #2's hand; she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 29	D 270		

did not know what the object was.
-The resident and Resident #2 struggled, and the other resident fell and hit her head.

d. Review of Resident #2's incident report dated 11/06/25 revealed:
-The time of the incident was 1:45pm.
-The type of incident was physical abuse.
-Resident #2 bit another resident.
-There was no treatment needed.
-There was no immediate action taken.

Interview with a personal care aide (PCA) on 11/06/25 at 11:10am revealed:
-On 11/06/25, Resident #2 was in another residents' room and that resident yelled, do not come in here; she did not like her.
-The resident was trying to push Resident #2 out of her room.
-Resident #2 bit the other resident and the other resident hit Resident #2.
-She could see the bite marks on the other resident's hand yesterday, 11/05/25; the skin was not broken.
-Resident #2 had to be separated from other residents frequently.
-She tried to keep Resident #2 out of other residents' rooms and keep her away from other residents, but she had more than one resident to care for.
-There was not enough staff for Resident #2 to have one on one supervision.
-The Special Care Unit Coordinator (SCC) told staff to redirect Resident #2 each time there was an incident with another resident.
-In an 8-hour shift Resident #2 had to be removed from other residents' rooms 6 to 8 times.

Observation of the other resident's left hand on 11/06/25 at 2:20pm revealed there were two red

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 30	D 270		

marks on the soft tissue of her left hand next to her thumb, but there were no visible bite marks.

Interview with the other resident on 11/06/25 at 2:20pm revealed:
-That was where Resident #2 bit me (held her hand out to show the surveyor)
-Resident #2 was going into her room and she did not want her to.

Interview with another PCA on 11/06/25 at 2:08pm revealed:
-She did not see the encounter yesterday, 11/05/25, between Resident #2 and the other resident.
-A PCA called her and said she needed help with two residents; she could hear some commotion.
-The other PCA told her Resident #2 and the other resident were arguing and Resident #2 bit the other resident on the hand.
-The MA was notified of the incident.
-The MAs and SCC instructed the PCAs to redirect Resident #2 when there was a confrontation with another resident.

Interview with the MA on 11/06/25 at 4:10pm revealed:
-She was not told about the incident of Resident #2 biting another resident yesterday, 11/05/25.
-She was told of the incident today and she completed an incident report today, 11/06/25.

e. Observation of Resident #2 on 11/06/25 from 2:25pm to 2:30pm revealed:
-There were 18 residents sitting in the living room and dining room with 2 PCAs in the living room and one PCA sitting in the dining room.
-At 2:25pm, Resident #2, who was in the living room, ambulated down the 300 hallway and entered room 316.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 31	D 270		

-Resident #2 was holding a pair of plaid pants when she entered room 316.
-There were no other residents in the room.
-Resident #2 laid the plaid pants on the bed and picked up a lap quilt from room 316.
-At 2:27pm, Resident #2 exited room 316 with the lap quilt and ambulated back to the living room.
-At 2:30pm, Resident #2 attempted to push another resident and a PCA removed Resident #2 from the living room and sat her at a dining room table; the PCA sat with her.

Interview with the PCA on 11/06/25 at 2:28pm revealed:
-Resident #2 was allowed to go in and out of other residents' rooms and take the other residents' things from their rooms.
-When Resident #2 put the item from room 316 down, a PCA would pick it up and place it at the nurse's station.
-This was a SCU and that was what the residents would do, go in an out of other residents' rooms.

Observation of the SCU on 11/06/25 at 3:11pm revealed:
-Resident #2 entered room 314 and the resident in room 314 could be heard yelling, "help."
-Two PCAs went to room 314, removed Resident #2 from the room and closed the door to room 314.

Interview with one of the two PCAs on 11/06/25 at 3:13pm revealed:
-Resident #2 wandered into other residents' rooms many times during the day.
-The PCAs would remove Resident #2 from the other residents' rooms and redirect her.
-She had not been told to check on Resident #2 more frequently than every 2 hours; the PCAs watched and redirected Resident #2 when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 32 needed. Interview with the SCC on 11/07/25 at 9:24am revealed: -One of the three PCAs in the living room or dining room should have been watching Resident #2. -If the PCAs were supervising the residents as they should, Resident #2 would not have gone into room 314 or 316. _____ Interview with a resident on 11/07/25 at 11:45am revealed: -Resident #2 tried to come into her room several times. -She would tell Resident #2 she could not come into her room and Resident #2 would walk away. Interview with a PCA on 11/06/25 at 8:05am revealed: -Resident #2 wandered into other resident rooms. -She had overheard residents yelling, get out; she would go to the area where she heard the yelling and remove Resident #2 from other residents' rooms. -Several residents had complained about Resident #2 coming into their room. -She had been told to redirect Resident #2 when she wandered into other residents' rooms. -She had not been told anything else to do for Resident #2. -Resident #2 did not have 1 on 1 supervision when she was wandering. Interview with a second PCA on 11/06/25 at 2:08pm revealed: -Resident #2 went in and out of other residents' rooms. -Resident #2 would take things from other residents' rooms.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 33 -She had seen Resident #2 using the restroom in other residents' rooms. Interview with a third PCA on 11/06/25 at 11:10am revealed: -Resident #2 went into other residents' rooms and looked through their clothes and personal items. -One day, she did not remember when, Resident #2 had gone into another resident's room and was sitting in her chair. -The resident told her to get out of her room and to stay out. -The resident tried to pull Resident #2 out of the chair. -Resident #2 started hitting the resident and pulling her hair and attempted to bite the resident. -She had to call another staff member to help her separate Resident #2 and the other resident. Interview with a MA on 11/07/25 at 7:28am revealed: -Resident #2 stayed awake at night. -Resident #2 would sit, eat, talk, and laugh with the staff on third shift. -When Resident #2 got tired, she would lay down in her bed; she did not stay in bed long before she was back up. Telephone interview with a second MA on 11/07/25 at 10:33am revealed: -She worked 3rd shift and Resident #2 wandered most nights. -She would lay down occasionally, but not for long. -Resident #2 was aggressive toward other residents. -The only way to calm Resident #2 down was to talk to her softly. Interview with a third MA on 11/06/25 at 4:01pm	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 34	D 270		

revealed:
-Resident #2 wandered in and out of other residents' rooms.
-Resident #2 would remove residents' personal items from their rooms.
-Resident #2 was seen walking around the facility today, at two different times with another resident's clothing in her hand.
-Resident #2 would eventually lay the clothing down and the staff would pick it up and return the clothing to the owner.
-The clothing would be placed in a box at the nurse's station if the staff did not know who the clothing belonged to.

Telephone interview with Resident #2's Primary Care Provider (PCP) on 11/07/25 at 4:02pm revealed:
-She was aware of 1 or 2 incidents that Resident #2 had with other residents in the facility.
-She knew another resident went to the ED on 11/04/25 because of a fall and hitting her head, but she was not told it was a resident-to-resident incident/accident with Resident #2 being involved.
-She had just read today, 11/07/25, that Resident #2 had bitten another resident on 11/05/25.
-Resident #2's behaviors were causing injuries to other residents.
-The MHP had been seeing Resident #2 to assist with managing Resident #2's behaviors.

Interview with the MHP on 11/06/25 at 10:40pm revealed:
-She saw Resident #2 yesterday, 11/05/25, in the facility.
-The staff informed her yesterday that Resident #2 had aggressive behavior.
-She was notified on 11/05/25 during her visit that Resident #2 had aggressive behavior toward another resident on 11/04/25, but she was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 35	D 270		

aware of the seriousness of the altercation.
-She would have expected notification on 11/04/25 of the resident-to-resident altercation where a resident was sent to the hospital.
-She looked at and treated each case differently; medications were not the first line of treatment.
-She increased Resident #2's medication yesterday, 11/05/25.
-She increased Resident's trazodone 50mg from a ½ tablet to a whole tablet for assist with her mood.
-She observed Resident #2 crying yesterday, 11/05/25 during her visit.
-She was told Resident #2 had aggressive behavior toward other residents.
-She asked the staff to redirect Resident #2 when there was aggressive behavior toward other residents.
-She did not know the severity of the aggressive behavior on 11/04/25.
-She looked at each situation individually.
-Medication was not always the right choice for behavioral outbursts.
-She expected the staff to provide structure and activities, and to redirect the resident.

Interview with the SCC on 11/06/25 at 8:18am revealed:
-Resident #2 wandered into other residents' rooms all the time.
-She would go in other residents' rooms to use the restroom.
-She would go into other residents' rooms and pick up their personal items and bring them outside the room.
-Some residents kept their door locked to keep Resident #2 out of their room.
-Resident #2 was being seen by mental health but she had not started on any medication to control her behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 36	D 270		

-She told the staff to redirect the residents who wandered into other residents' rooms.

Interview with the Administrator on 11/07/25 at 10:49am revealed:
-Resident #2 was a caring person and wanted to care for the other residents in the SCU.
-The staff should keep Resident #2 busy with folding clothes, wiping off tables, and being involved in activities; she loved music and loved to dance.
-He was aware of Resident #2's behavior; he received the accident/incident reports.
-The PCAs could take Resident #2 outside for walks when the weather permitted.

Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.

Refer to the interview with a MA on 11/06/25 at 4:01pm.

Refer to the interview with the SCC on 11/07/25 at 9:24am.

Refer to the interview with the Administrator on 11/07/25 at 10:49am.

2. Review of Resident #15's current FL-2 dated 10/13/25 revealed:
-Diagnoses included dementia.
-He was constantly confused.
-He wandered.
-He was ambulatory.

Review of Resident #15's signed special care unit (SCU) disclosure statement dated 09/24/25 revealed:
-The SCU was equipped with aggressive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 37	D 270		

behavior monitoring and management by trained staff and supervision by staff trained in Alzheimer/dementia care.
-The resident would be evaluated by management when each behavior occurred and documentation of each new intervention.
-Staff were trained in managing at risk behaviors such as agitation, aggression, and assaultive behavior to include use of redirection, recognizing escalating behavior, and maintaining safety.
-Any resident at risk for behaviors shall be placed on increased supervision and any behavior which escalates to a threat to the resident or others shall require immediate intervention to ensure safety as to move residents out of harm's way and call Emergency Medication Services (EMS).

Review of Resident #15's signed care plan dated 11/07/25 revealed:
-He wandered.
-He was always disoriented and had significant memory loss.

Review of Resident #15's accident/incident reports revealed there were no accident/incident reports to review.

Review of Resident #15's mental health after visit summary dated 09/17/25 revealed:
-Resident #15 had severe Alzheimer's dementia which required supportive care and medication intervention.
-Resident #15 was started on memantine for cognition and sertraline for anxiety and mood, and staff were to redirect Resident #15.
-Resident #15 had severe and significant agitation, making management with supportive care challenging for the facility staff.

Review of Resident #15's mental health after visit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 38	D 270		

summary dated 10/11/25 revealed:
-Resident #15 had severe Alzheimer's dementia which required supportive care and medication intervention due to cognition impairment related to Alzheimer's dementia.
-Staff reported Resident #15 exhibited anxiety, agitation, and hallucinations, and was difficult to redirect.
-Staff should continue ongoing supportive care including redirecting.

Observation of Resident #15 on 11/06/25 from 2:16pm to 2:35pm revealed:
-At 2:16pm, the surveyor and a personal care aide (PCA) walked into a resident's room and observed Resident #15 laying in the resident's bed.
-The PCA told Resident #15 to get up, that was not his bed.
-Resident #15 got out of the bed and walked to the resident's bathroom and used the bathroom before leaving the resident's bedroom.
-At 2:30pm, Resident #15 was sitting in the living room with other residents and 2 PCAs.
-Resident #15 got up and walked into room 303.
-Resident #15 and found lying in the bed in room 303.
-No PCAs went to check on Resident #15.
-At 2:33pm, Resident #15 returned to the living room and sat down.
-At 2:35pm, Resident #15 returned to room 303.
-Another resident followed him into room 303; that resident returned and told a PCA that Resident #15 was using another resident's bathroom.

Interview with a PCA on 11/06/25 at 2:35pm revealed:
-Resident #15 went in and out of other residents' rooms all the times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 39	D 270		

-Resident #15 looked for a bed to lay down in and used any restroom he could find.

Interview with a second PCA on 11/06/25 at 2:08pm revealed:
-Resident #15 could be found in other residents' beds or using their restrooms.
-Resident #15 was not aggressive; he could easily be redirected out of other residents' rooms.

Interview with a resident in the SCU on 11/06/25 at 3:11pm revealed:
-She found Resident #15 in her bed one day.
-She made him get out of her bed and out of her room.
-Resident #15 went in and out of residents' rooms all the time.
-She saw Resident #15 go in another resident's room today, 11/06/25, and she told a PCA so the PCA could get Resident #15 out of the other resident's room.

Interview with a medication aide (MA) on 11/06/25 at 4:01pm revealed:
-Resident #15 wandered into other residents' rooms.
-She found Resident #15 lying in other residents' beds.
-Resident #15 would wander into other residents' rooms to use the restroom.
-Resident #15 did not take items from other residents' rooms.

Interview with the Special Care Unit Coordinator (SCC) on 11/07/25 at 9:24am revealed:
-Resident #15 wandered into other residents' rooms.
-Resident #15 would lay on other residents' beds and use their restrooms.
-Resident #15 was seen by the Mental Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 40	D 270		

Provider (MHP).
-She thought the MHP had adjusted Resident #15's medications.
-The staff should redirect Resident #15 when they saw him wandering into other residents' rooms or when they found him in other residents' rooms.

Based on observations, interviews, and record reviews, it was determined Resident #15 was not interviewable.

Refer to the interview with a MA on 11/06/25 at 4:01pm.

Refer to the interview with the SCC on 11/07/25 at 9:24am.

Refer to the interview with the Administrator on 11/07/25 at 10:49am.

_____

Interview with a MA on 11/06/25 at 4:01pm revealed:
-Residents should not be wandering into other residents' rooms.
-The PCAs were not supervising the residents as they should.
-If the surveyor saw residents wandering in other residents' rooms, the PCAs should have seen it also since the PCAs were in the living room and dining room.
-In the management meetings, the Administrator and the SCC stressed the point the residents who wandered must be supervised.
-The PCAs should walk through the halls and check residents' rooms for the residents that wandered.

Interview with the SCC on 11/07/25 at 9:24am revealed:
-The PCAs should engage the residents in an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 41 activity to keep them from wandering into other residents' rooms. -If the PCAs saw a wandering resident go into another resident's room, the PCA should remove them immediately. -There were games, coloring activities, and music available for the residents. -The PCAs were reminded at each meeting to monitor all residents, especially the residents who wandered. Interview with the Administrator on 11/07/25 at 10:49am revealed: -The PCAs should provide adequate supervision for the residents who wandered. -The residents who wandered and had behavioral issues should be evaluated by the MHP. -The staff should redirect residents when they wandered into other residents' rooms or when they anticipated an altercation. -He expected the staff to ensure residents were being supervised and kept busy to keep the residents from wandering into other residents' rooms. -He was concerned about personal items going missing and resident-to-resident altercations with injury. _____ The facility failed to ensure supervision was provided according to the resident's assessed needs for a resident (#2) who wandered in and out of residents' rooms, who was in resident-to-resident altercations causing an injury from a fall to another resident requiring an ED visit with staples for a laceration of the head, and an altercation where the resident bit another resident. The facility's failure resulted in substantial risk for physical harm, which constitutes a Type A2 Violation. _____	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 270	Continued From page 42 The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/07/25 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 7, 2025.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the health care needs for 3 of 9 sampled residents (#3, #5, and #6) including a resident (#5) whose laboratory results showed a decline in kidney function and the Primary Care Provider (PCP) ordered an urgent nephrology appointment, which was not made, and a urine sample that was not collected; a resident (#6) who reported experiencing pain during urination, but the PCP was not notified until 3 days later and the urine sample ordered by the PCP was not obtained for 3 days (#6); and notifying the PCP of a resident's fingerstick blood sugar (FSBS) readings greater than 450 (#3). The findings are: 1. Review of Resident #6's current FL-2 dated 07/01/25 revealed diagnoses included diabetes	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 43	D 273		

mellitus, gastro-esophageal reflux disease (GERD), chronic kidney disease (CKD) stage 4, and hypertensive heart disease with heart failure.

Review of Resident #6's PCP's after visit summary dated 10/20/25 revealed:
-Resident #6 reported she had increased frequency of urination with dysuria (painful urination, burning or stinging sensation); she suspected the resident had a urinary tract infection (UTI).
-She wrote an order to please obtain a urinalysis (UA).

Review of Resident #6's Primary Care Provider's (PCP's) triage note dated 10/29/25 revealed:
-Resident #6's labs were uploaded at 1:59pm.
-Bactrim (an antibiotic) was ordered once daily for 10 days.

Review of Resident #6's November 2025 electronic medication administration record (eMAR) revealed Resident #6's antibiotic was started on 11/01/25.

Interview with Resident #6 on 11/05/25 at 11:22am revealed:
-She told a [named] medication aide (MA) two weeks ago that she was hurting when she urinated, 10/17/25.
-She saw the PCP on 10/20/25, who ordered a UA.
-She was not given a cup to give a urine sample until 10/23/25.
-She did not get medication for another week after doing the urine sample.
-She suffered for a week and a half and wished she had gotten treatment sooner.

Interview with a personal care aide (PCA) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 44 11/06/25 at 12:46pm revealed: -The PCAs and MA were responsible for obtaining urine samples. - The Reside Care Coordinator (RCC) or MA would tell her when a urine sample was needed. -She did not recall if Resident #6 needed a urine sample or not. Interview with a MA on 11/06/25 at 3:32pm revealed: -The RCC let the MA know when a UA was needed for a resident. -The MAs and PCAs were responsible for collecting the urine samples. -The MAs were responsible for calling the laboratory to have the sample picked up. -She did not remember if Resident #6 had an order for a UA. Interview with the RCC on 11/06/25 at 4:20pm revealed: -If the staff member had reported to her when Resident #6 told her she was having pain when urinating, she would have sent a message to the PCP. -She could have obtained an order to get a UA from the PCP the same day the resident complained of pain. -Sample cups for obtaining a UA were on hand in the facility. -She got the order for Resident #6's UA on 10/20/25, and she let staff know the UA was needed. -The laboratory picked samples up the same day they were called. -She did not know why Resident #6 was not given a sample cup on 10/20/25. -She did not know why Resident #6's sample was not picked up until 10/27/25 if the resident was given the sample cup on 10/23/25 and provided a	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 45 sample on that date. Telephone interview with a representative from the facility's contracted laboratory on 11/07/25 at 8:44am revealed: -Resident #6's urine sample was received at the laboratory on 10/27/25. -Laboratory samples were picked up the same day the call was received. Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed: -She ordered Resident #6's urinalysis on 10/20/25 after seeing the resident at the facility. -She did not realize Resident #6's urinalysis was not obtained until 10/23/25. -As soon as Resident #6's urine sample was obtained, the laboratory should have been notified for pick up. -She would have liked to have known sooner the resident was complaining of pain when urinating, so the resident could have been treated sooner. -She was notified Resident #6's original order for an antibiotic was not dispensed because the pharmacy showed it as contraindicated and the order for ciprofloxacin was then ordered. -She was concerned that Resident #6 did not receive treatment in a timely manner, because the resident had a lot of UTIs, and her UTI could have gotten worse, and the resident could have become septic. Interview with the Administrator on 11/07/25 at 11:40am revealed: -He was concerned Resident #6 had to deal with pain longer than was necessary. -He expected staff to respond in a timely manner to a resident's needs. 2. Review of Resident #5's current FL-2 dated	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 46 01/13/25 revealed diagnoses included chronic kidney disease. a. Review of Resident #5's Primary Care Provider's (PCP's) signed progress note dated 09/22/25 revealed: - Resident #5's recent lab results showed a significant decline in her kidney and liver function. -There was an order for an urgent nephrology referral. Interview with Resident #5 on 11/05/25 at 11:47am revealed: -She had a nephrologist but did not remember the last time she was seen. -She remembered the PCP telling her that she would need to be seen by the nephrologist because of her labs. -She was not sure if she had an upcoming appointment. Telephone interview with a representative from Resident #5's nephrology office on 11/05/25 at 3:17pm revealed: -Resident #5 was last seen in August 2025. -There had not been any urgent follow-up appointment made in September 2025, October 2025 or November 2025. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 11:50am revealed: -She was responsible for reviewing the PCP's progress notes and checking for new orders. -She was responsible for making sure the follow-up appointments were made. -She must have missed Resident #5's nephrology follow-up appointment order. Interview with the Administrator on 11/06/25 at 4:00pm revealed:	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 47	D 273		

-The RCC was responsible for reviewing the PCP's progress notes and making sure any appointments or new orders were completed.
-He was not aware that Resident #5 had an order for an urgent nephrology follow-up appointment.
-He expected the progress notes to be reviewed timely and all follow-up appointments be completed.

Telephone interview with Resident #5's PCP 11/07/25 at 4:45pm revealed:
-She ordered the urgent nephrology follow-up due to Resident #5's kidney function declining.
-She was not aware that the follow-up appointment was not made.
-She was concerned that if Resident #5's kidney function continued to decline, she could end up in the hospital or possibly on dialysis.
-She expected the order to be followed.

b. Review of Resident #5's signed progress note dated 09/06/25 revealed:
-Resident #5 reported increased urinary frequency, both during the day and night.
-She denied pain or blood in her urine.
-There was an order to obtain a urine sample to check for infection.

Review of Resident #5's laboratory results on 11/06/25 revealed there were no results from a urine sample.

Interview with Resident #5 on 11/05/25 at 11:47am revealed she currently had no symptoms of a urinary tract infection (UTI).

Interview with a personal care aide (PCA) on 11/06/25 at 12:46pm revealed:
-The PCAs and medication aides (MA) were responsible for obtaining urine samples when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 48	D 273		

ordered by the PCP.
- She would be notified by the RCC or MA when a urine sample was needed so that she could collect it.
-She was not aware of the urine sample needed for Resident #5.

Interview with a MA on 11/06/25 at 10:42am revealed:
-The MAs and PCAs were responsible for collecting any ordered urine samples.
-The RCC would let the MAs know if they needed to collect a sample.
-The MAs were responsible for calling the local laboratory to have the sample picked up.
-She did not remember being told Resident #5 needed a urine sample collected.

Interview with the RCC on 11/06/25 at 3:35pm revealed:
-The RCC was responsible for reviewing the PCP progress notes and making sure any appointments or new orders were completed.
-She did not remember seeing an order for a urine sample.
-She called the laboratory and they stated they did not receive a urine sample order or a urine sample for Resident #5.

Telephone interview with Resident #5's PCP 11/07/25 at 4:45pm revealed:
-She ordered the urine sample because Resident #5 told her that she was having increased frequency.
-She sent the order over to the lab and put the order in her progress notes for the facility to follow up on.
-She was not aware that the urine sample was not collected.
-She was concerned that if Resident #5 had a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 49	D 273		

UTI and an antibiotic was not started, she could get sepsis (an infection in the bloodstream).
-She was not notified of any symptoms or changes in behavior for Resident #5 from the staff related to a UTI.
-She expected the order to be followed.

Interview with the Administrator on 11/06/25 at 4:00pm revealed:
-The RCC was responsible for making sure the PCP's orders were completed.
-He was not aware Resident #5 had an order for a urine sample to be collected.
-He was concerned that if Resident #5 had a UTI, she would not have received an antibiotic and could possibly get sepsis.
-He expected the PCP's orders to be followed and completed.

3. Review of Resident #3's current FL-2 dated 11/04/25 revealed diagnoses included dementia and diabetes mellitus type 2.

Review of Resident #3's physician orders dated 10/15/25 revealed there was an order to check the resident's FSBS three times a day and contact the primary care provider (PCP) if the FSBS was greater than 450.

Review of Resident #3's October 2025 electronic medication administration record (eMAR) from 10/14/25-10/26/25 revealed:
-There was an entry for FSBS checks three times daily at 7:30am, 11:30am, and 4:30pm; contact the PCP if the FSBS reading was greater than 450.
-There was a FSBS reading of 453 at 11:30am and 464 at 4:30pm on 10/24/25.
-There was a FSBS reading of 554 at 4:30pm on 10/26/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 50 Review of Resident #3's October 2025 progress notes revealed there was no documentation Resident #3's PCP was notified of the FSBS readings greater than 450. Interview with the PCP on 11/06/25 at 2:30pm revealed: -She did not recall if she was notified of Resident #3's FSBS readings greater than 450 in October 2025. -She wanted to be notified if Resident #3's FSBS reading was greater than 450. Interview with a medication aide (MA) on 11/06/25 at 3:43 pm revealed: -Resident #3 had an order to notify the PCP when the FSBS reading was greater than 450. -She did not notify the PCP because there was never a reading greater than 450 when she checked the resident's FSBS. Interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 2:11pm revealed: -She was aware Resident #3 had an order to notify the PCP of FSBS readings greater than 450. -The MAs should notify the PCP of FSBS readings greater than 450. -The MAs should document in the electronic progress notes anytime there was a FSBS reading greater than 450. -She did not notify the PCP of FSBS readings greater than 450 because it slipped her mind. Interview with the Administrator on 11/06/25 at 4:01pm revealed he expected the MAs to notify the PCP when Resident #3's FSBS readings were greater than 450 as ordered.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 273	Continued From page 51 Based on observations, interviews, and record reviews it was determined Resident #3 was not interviewable. _____ The facility failed to ensure health care referral and follow-up for a resident who had complained of pain when urinating and did not receive treatment for 2 weeks after she reported the pain to staff, putting the resident at risk of becoming septic because of a delay in treating a UTI (#6). A second resident (#5) complained of urinary frequency and a urine sample was ordered but was not collected or sent to the laboratory for testing which delayed treatment if she had a UTI, and an order to obtain an urgent nephrology appointment was not scheduled, resulting in increased risk for continued kidney function decline, hospitalization or the need for dialysis. The failure of the facility to provide health care referral and follow-up resulted in substantial risk of physical harm and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/06/25 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 7, 2025.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 52 (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 3 of 7 sampled residents (#2, #6, and #7) related to an order for blood pressure (BP) checks and an order to apply and remove Thrombo-Emboli Deterrent (TED) hose (#2); an order to check BP for 3 days for a resident whose BP was elevated and the resident was symptomatic (#6) and an order to apply and remove TED hose as directed (#7). The findings are: 1. Review of Resident #6's current FL-2 dated 07/01/25 revealed diagnoses included diabetes mellitus, gastro-esophageal reflux disease (GERD), chronic kidney disease (CKD) stage 4, and hypertensive heart disease with heart failure. Review of Resident #6's primary care provider (PCP) after visit summary dated 10/20/25 revealed: -Resident #6's BP was elevated on exam, 154/94, heart rate of 79, and she was symptomatic. -Resident #6 reported she had not had a recent fall but experienced discomfort with getting up too quickly or turning her head too fast. -The plan was to decrease midodrine (used to treat symptomatic orthostatic hypotension, low BP) dose and to check BP daily and report any episodes of dizziness. -There was an order to check BP daily for 3 days,	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 53	D 276		

report systolic BP greater than 160 or less than 120, and heart rate greater than 100 or less than 60.

Review of Resident #6's October 2025 electronic medication administration record (eMAR) for 10/22/25-10/24/25 revealed:
-There was an entry dated 10/22/25-10/24/25 to check Resident #6's BP for 3 days with parameters.
-The eMAR was initialed to indicate Resident #6's BP was checked for 3 days, however there were no results documented.

Review of Resident #6's October 2025 vital sign chart revealed her BP was 132/72 on 10/03/25 and 129/78 on 10/30/25; no other BPs were documented.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed the pharmacy did not enter orders to obtain BP on the eMAR unless they were associated with a medication.

Interview with Resident #6 on 11/07/25 at 9:08am revealed:
-Her BP was checked once a month.
-Her BP was not checked three days in a row in October 2025.
-She had experienced dizziness off and on.
-She was so dizzy the other day that she had to sit down.

Interview with a medication aide (MA) on 11/06/25 at 2:45pm revealed:
-If a resident had an order to check BPs with parameters, the MA was responsible for checking and documenting the results on the eMAR.
-If the PCP needed to be notified, the MA would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 54	D 276		

notify the PCP of any results outside of the parameter.
-BP readings were documented on the eMAR.

Interview with a second MA on 11/06/25 at 2:45pm revealed:
-BPs were obtained on residents when there was an entry in the eMAR, and the order "popped up" to tell her to check the resident's BP.
-BP results were documented on the eMAR.
-If Resident #6's BP was obtained it would be documented on the eMAR.

Interview with a third MA on 11/06/25 at 3:19pm revealed:
-The Resident Care Coordinator (RCC) was responsible for entering the orders for BPs in the eMAR system.
-The MAs would then document the BPs on the eMAR when it "popped up to be done".

Interview with the RCC on 11/06/25 at 4:20pm revealed:
-She was responsible for entering the BP orders in the eMAR.
-She did not know what happened with Resident #6's order to check her BP and why the readings were not documented on the eMAR.

Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed:
-She ordered Resident #6's BP to be checked for 3 days because she had changed the resident's midodrine dose, and she did not want the resident's BP to drop too low.
-Resident #6's BP was high on exam, and the resident complained of headache and dizziness.
-Resident #6's BP could have dropped low or stayed high, and she would like to have known.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 55 Interview with the Administrator on 11/07/25 at 11:40am revealed: -It was important for the MAs to follow orders as written to check Resident #6's BP. -Not knowing Resident #6's BP readings and the effect it had on her could have affected the resident's condition. 2. Review of Resident #7's current FL2 dated 10/13/25 revealed: -Diagnoses included left leg deep vein thrombosis (DVT), hypertension, and atrial fibrillation. -There was an order to apply TED hose every morning and remove them at night. Review of Resident #7's care plan dated 01/24/25 revealed: -He required limited staff assistance with dressing. -He required extensive staff assistance with grooming. Review of Resident #7's Licensed Health Professional Services (LHPS) assessment form dated 07/07/25 revealed: -Resident #7 had a task of applying TED hose daily and ensuring they were smooth and not wrinkled. -Resident #7's TED hose were not on at the time of the assessment, and the TED hose could not be located. Review of Resident #7's LHPS assessment form date 10/14/25 revealed: -Resident #7 had a task of applying TED hose daily and ensuring they were smooth and not wrinkled. -Resident #7's TED hose were not on at the time of the assessment, and the resident's legs were swollen.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 56 Review of Resident #7's October 2025 electronic medication administration record (eMAR) revealed: -There was an entry to apply TED hose in the morning and remove them at night on both legs with a scheduled application time of 8:00am and removal at 8:00pm. -There was documentation Resident #7's TED hose were applied and removed daily from 10/01/25-10/31/25. Review of Resident #7's November 2025 eMAR from 11/01/25-11/05/25 revealed: -There was an entry to apply TED hose in the morning and remove them at night on both legs with a scheduled application time of 8:00am and removal at 8:00pm. -There was documentation Resident #7's TED hose were applied and removed daily from 11/01/25-11/04/25 and applied at 8:00am on 11/05/25. Observation of Resident #7 on 11/04/25 at 2:40pm revealed: -The resident was not wearing TED hose. -He was wearing a pair of mid-calf black cotton socks. -He had indentations on his legs where the socks stopped indicating swelling. -His feet were also swollen. Observation of Resident #7 on 11/05/25 at 8:30am revealed: -The resident was not wearing TED hose. -He was wearing a pair of mid-calf black cotton socks. -He had indentations on his legs where the socks stopped indicating swelling. -His feet were also swollen.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 57 Interview with Resident #7 on 11/04/25 at 2:39pm revealed: -He was supposed to wear TED hose daily, but the staff did not put them on him, and he could not do it himself. -He had not had his TED hose on for "about two weeks". -He would wear the TED hose every day if the staff put them on for him. -He had a lot of swelling, especially in his feet. Interview with Resident #7 on 11/05/25 at 3:22pm revealed: -The staff put his TED hose on today, 11/05/25, sometime after breakfast, but he did not recall the time. -His legs and feet felt better with the TED hose on because they did not swell. Interview with a personal care aide (PCA) on 11/06/25 at 11:20am revealed: -Resident #7 had not worn TED hose in "about two weeks". -Resident #7 told her he threw the TED hose away because he did not wear them anymore. Interview with a medication aide (MA) on 11/06/25 at 11:26am revealed: -Resident #7's TED hose "popped" on the eMAR to remind staff they needed to be applied. -Resident #7 had told her he had a hard time getting the staff to put them on for him. -The staff on third shift should be putting Resident #7's TED hose on before they left. -Resident #7 would come to her and say no one had put his TED hose on, but it would be later in the day, and he would say it was too late at that point. -Resident #7's legs did swell a lot.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 58 -She saw on 11/05/25 that Resident #7's TED hose were not applied and made sure they were put on. Interview with a second MA on 11/06/25 at 2:45pm revealed: -TED hose were supposed to be applied by the third shift staff. -If the MA clicked off on the TED hose on the eMAR that the TED hose had been applied, the TED hose should have been put on. -She did not know if she was supposed to check to see if the resident's TED hose had been applied or not on first shift. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:20pm revealed: -The third shift MAs were responsible for applying the resident's TED hose. -If the MA did not get a chance to put the TED hose on, they should let the first shift know, and someone would have put them on. Telephone interview with Resident #7's primary care provider (PCP) on 11/06/25 at 11:54am revealed: -Resident #7's TED hose were ordered due to swelling. -She was concerned that if Resident #7 did not wear his TED hose as ordered, the resident could develop wounds. -Resident #7 had wounds in the past due to his legs swelling so big that they were weeping, and he developed a wound and had to receive home health care. Telephone interview with the LHPS nurse on 11/07/25 at 8:18am revealed: -She expected Resident #7's PCP's order for TED hose daily to be followed.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 59 -Resident #7's TED hose were used to control/reduce swelling and if the TED hose were not applied, the resident could experience swelling. Interview with the Administrator on 11/07/25 at 11:40am revealed: -He saw Resident #7 in a pair of shorts last week, and the resident had TED hose on. -It was important for Resident #7 to wear his TED hose as ordered, and he expected staff to put the TED hose on as ordered. 3. Review of Resident #2's current FL-2 dated 10/20/25 revealed diagnosis included hypertension. a. Review of Resident #2's after visit summary dated 10/20/25 revealed there was an order to check Resident #2's BP twice weekly for 2 weeks; notify the physician if the systolic BP was greater than 150 or the diastolic BP was less than 110. Review of Resident #2's October 2025 electronic medication administration record (eMAR) from 10/20/25 to 10/31/25 revealed: -There was no entry to check BP readings twice weekly for 2 weeks scheduled on the eMAR. -There was no documentation that the BP readings were checked and/or recorded twice weekly for 2 weeks from 10/20/25 to 10/31/25. Review of Resident #2's November 2025 eMAR from 11/01/25 to 11/04/25 revealed: -There was no entry to check BP readings twice weekly for 2 weeks scheduled on the eMAR. -There was no documentation that the BP readings were checked and/or recorded twice weekly for 2 weeks from 11/01/25 to 11/04/25.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 60 Review of Resident #2's October 2025 vital sign chart revealed: -There was a BP recorded on 10/31/25 of 128/66. -There were no other BP readings on the vital sign chart. Review of Resident #2's November 2025 from 11/01/25 to 11/04/25 vital sign chart revealed there was no vital sign chart available for review. Telephone interview with Resident #2's Primary Care Provider (PCP) on 11/07/25 at 4:01pm revealed: -She ordered BP checks for Resident #2 twice weekly for 2 weeks because she had ordered a different dosage of the BP medication. -She wanted to ensure that Resident #2's BP readings were controlled with the new medication change. -She expected the orders to be carried out by the staff. Interview with a medication aide (MA) on 11/05/25 at 10:43am revealed: -The Special Care Unit Coordinator (SCC) entered new orders for vital signs on the eMAR. -She had not seen an order entry for BP checks twice weekly for 2 weeks for Resident #2. -She did not know there was an order to check Resident #2's BP twice weekly for 2 weeks. Interview with the SCC on 11/06/25 at 8:18am revealed: -She entered non-pharmaceutical orders into the eMAR, such as BP checks and weight checks. -The task would show up on the eMAR for the MA to do. -She had not had time to enter the order to check Resident #2's BP twice weekly for two weeks because she worked on the medication cart and	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 61	D 276		

passed medications 4 days a week for 12 hours each day.
-There was not enough time to work as a MA and do the responsibilities of the SCC.

Interview with the Administrator on 11/07/25 at 10:49am revealed:
-It was the responsibility of the SCC to enter orders into the computer for the SCU residents.
-Resident #2's BP could have been too low or too high, and the staff would not have been aware.
-The SCC had to do a better job of entering new orders into the computer.
-He expected new orders to be entered into the computer and to be followed as ordered.

b. Review of Resident #2's signed physician order dated 10/06/25 revealed there was an order for knee high TED hose to bilateral lower extremities daily, apply in the morning and remove at bedtime.

Observation of Resident #2 on 11/04/25 at 12:30pm revealed:
-Resident #2 was not wearing TED hose.
-Resident #2 had swelling around her ankles.

Observation of Resident #2 on 11/05/25 at 8:40am revealed:
-Resident #2 was not wearing TED hose.
-Resident #2 had swelling around her ankles.

Observation of Resident #2 on 11/07/25 at 8:45am revealed:
-Resident #2 was not wearing TED hose.
-Resident #2 did not have any swelling around her ankles.

Review of Resident #2's October 2025 eMAR from 10/24/25 to 10/31/25 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 62 -There was an entry for TED hose with a scheduled application time of 8:00am and removal time at 8:00pm. -There was documentation that the TED hose was applied 7 of 8 times and the TED hose were removed 8 of 8 times from 10/24/25 to 10/31/25. Review of Resident #2's November 2025 eMAR from 11/01/25 to 11/03/25 revealed: -There was an entry for TED hose with a scheduled application time of 8:00am and removal time at 8:00pm. -There was documentation that the TED hose was applied 2 of 3 times and the TED hose were removed 3 of 3 times from 11/01/25 to 11/03/25. Interview with a personal care aide (PCA) on 11/05/25 at 3:16pm revealed: -She had not assisted Resident #2 with putting on or taking off TED hose. -She did not know if Resident #2 had an order for TED hose or not. Interview with another PCA on 11/06/25 at 4:45pm revealed: -She worked second shift and had never seen Resident #2 wear TED hose. -Resident #2 did not wear TED hose during the day. Interview with a third PCA on 11/07/25 at 8:25am revealed: -She put Resident #2's TED hose on one morning, but Resident #2 took them off. -Resident #2 would not keep the TED hose on; she complained of her legs hurting when the TED hose were on. -The MA and the SCC were aware that Resident #2 would not wear her TED hose.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 63 Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed: -Resident #2 had an order for TED hose to be placed on in the morning and removed at bedtime dated 10/06/25. -The pharmacy sent the TED hose to the facility on 10/17/25 for Resident #2. -The order was still an active order. Interview with a MA on 11/05/25 at 10:43am revealed: -Resident #2 had an order for TED hose, on in the morning and off at bedtime. -Resident #2 screamed when she attempted to place the TED hose on Resident #2's legs. -If she was able to get the TED hose on Resident #2's legs, Resident #2 would remove them. -She had refused the TED hose since they were ordered. -She documented Resident #2 refused the TED hose on the eMAR. -She did not know why the documentation appeared as if the TED hose were applied. Telephone interview with a MA on 11/07/25 at 10:33am revealed: -Resident #2 would wear the TED hose when she wanted to. -Resident #2 refused to wear the TED hose most of the time. -Resident #2 usually did not have the TED hose on when she came to work at 7:00pm. Interview with another MA on 11/07/25 at 8:01am revealed: -Resident #2 wore the TED hose one time. -The PCA should put the TED hose on when Resident #2 got out of bed in the morning. -She did not remember how she documented on	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 64	D 276		

the eMAR for Resident #2's TED hose.
-The documentation looked as if Resident #2 was wearing the TED hose when she was not.

Telephone interview with Resident #2's PCP on 11/07/25 at 4:02pm revealed:
-She was aware Resident #2 was refusing to wear the TED hose.
-She could see when she reviewed Resident #2's eMAR that documentation indicated that Resident #2 was wearing the TED hose.
-Resident #2 had an appointment with the cardiologist and she wanted the staff to attempt to put the TED hose on Resident #2 daily.

Interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 8:18am revealed:
-She put Resident #2's TED hose on when they arrived from the pharmacy.
-Resident #2 screamed the entire time she placed the TED hose on and she removed the TED hose as soon as she could.
-She had spoken to the PCP about Resident #2 refusing to wear the TED hose, but could not recall when.
-The PCP was aware Resident #2 would not wear the TED hose as ordered, but the PCP wanted the staff to attempt to put the TED hose on until Resident #2's cardiologist appointment.
-The PCP wanted the staff to keep trying to put the TED hose on Resident #2 until her cardiology appointment.

Interview with the Administrator on 11/07/25 at 10:49am revealed the MAs should document correctly on the eMARs to show the accurate care of the residents.

_____

The facility failed to ensure that physicians' orders were implemented for a resident (#6) who had an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 276	Continued From page 65 elevated BP during a PCP examination and reported symptoms of headache and dizziness. The PCP ordered a decrease in medication previously prescribed to elevate her BP due to hypotension, and an order was written to monitor the resident's BP for three days which was not implemented. A second resident (#7) who had a history of lower leg wounds that developed from swelling and weeping, was not wearing his TED hose as ordered, putting the resident at risk of increased swelling and wound development. This failure resulted in substantial risk of physical harm and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/06/25 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 7, 2025.	D 276		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 283	Continued From page 66	D 283		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure all food items stored and prepared by the facility were served under sanitary conditions related to mold growth in a refrigerator with spills, foods not properly covered to prevent contamination, expired foods, and food containers that were not properly labeled.

The findings are:

Review of the facility's environmental health inspection report conducted by the local department of health dated 08/18/25 revealed:
-The facility received a score of 99.
-The kitchen received a half point deduction related to thawing raw chicken in buckets containing running water with a temperature of 70 degrees Fahrenheit or below.
-The kitchen received a half point deduction for the dish machine not sanitizing properly.

Review of an undated deep cleaning schedule revealed:
-Deep cleaning of the kitchen was scheduled to occur every Wednesday, at the end of each shift.
-The refrigerator was to be cleaned weekly.
-Dietary staff were to check for expired foods weekly.

Observation of the kitchen on 11/04/25 at 9:36am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 283	Continued From page 67 revealed: -There were two plates of uncovered food that contained scrambled eggs, sausage links, and grits sitting on a counter in the kitchen. -There was an uncovered plate of food that contained scrambled eggs and ground sausage. -There was a clear opened zip-lock bag that contained about 20 sausage links. -A resident asked the kitchen staff for breakfast after breakfast had been served. -The resident was given an uncovered plate of food that was on a counter in the kitchen. Observation of the dry food storage on 11/04/25 at 9:43am revealed: -There was a jug of apple cider vinegar that had the cap partially opened with black particles around the rim. -There was a jug of pancake syrup with an open date of 11/2025, without the day. -There was an open bag of grits with an open date of 11/2025, without the day. Observation of the refrigerator in the kitchen on 11/04/25 at 9:44am revealed: -There was a container of vegetable soup with the preparation date of 10/18/25 and a use by date of 10/25/25. -There were a container of tartar sauce and a container of apple sauce labeled with the date of October 2025. -There was a container of ranch dressing with the expiration date of 11/01/25. -There was a tray of cut apples in separate dishes that were unwrapped, not dated and had turned brown in color. -There was a glass of brown liquid that was not dated or covered. -There was black mold on the three white wire racks in the refrigerator.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 283	Continued From page 68 -There was a buildup of food particles, debris and dried food spills on the floor of the kitchen. Observation of the walk-in freezer in the kitchen on 11/04/25 at 9:49am revealed there was a bag of hashbrowns in an open plastic bag sitting on a box in the walk-in cooler with no label or date. Observation of the dining room on 11/05/25 at 8:03am revealed: -There was a piece of breakfast sausage from breakfast on 11/04/25 on the floor under a chair. -There were crumbs, dried spills, and debris under the tables and chairs. -The breakfast meal had not been served and there were 7 residents in the dining room. Telephone interview with the Environmental Health Specialist (EHS) from the Local Department of Environmental Health on 11/05/25 at 8:55am revealed: -She last visited the facility on 08/18/25. -She cited the facility for improperly thawing food. -She was concerned about uncovered food being served after sitting for over two hours at room temperature. -Food held at room temperature over two hours, could cause a foodborne illness if eaten. -All opened foods should have been labeled using the month, date, and year to ensure it was discarded within seven days. -The refrigerator should have been cleaned weekly to prevent mold growth. Interview with a Dietary Aide (DA) on 11/06/25 at 9:25am revealed: -The Dietary Manager (DM) was responsible for scheduling cleaning in the kitchen. -She was responsible for cleaning the kitchen and dining room daily and served meals.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 283	Continued From page 69	D 283		

-The dining room was cleaned after each meal service.
-She and the DM were responsible for cleaning the kitchen and the refrigerator weekly.
-She threw away expired foods whenever she saw them in the refrigerator.
-She cleaned the wire racks in the refrigerator but could not remove the mold growth.
-She cleaned the refrigerator last Friday, 10/31/25.
-Food should be stored in the refrigerator until it was ready to be used.
-She labeled containers and food using the month, date, and year.
-She was not aware there was food that was not labeled correctly in the refrigerator.
-She was not aware of expired food in the refrigerator.
-She did not serve food that was uncovered and left out for over 30 minutes.
-A resident should not have been served uncovered food that was sitting in the kitchen.
-She was concerned that bacteria would have gotten on the food and made the resident sick.

Interview with the DM on 11/06/25 10:19am revealed:
-The cleaning schedule was created by the corporate office and was posted in the kitchen.
-The DM and DA were responsible for cleaning the kitchen and refrigerator.
-The DA was responsible for cleaning the dining room after each meal service.
-The kitchen was to be cleaned daily.
-The refrigerator was scheduled to be cleaned weekly, and spills were cleaned immediately.
-The refrigerator was last cleaned two weeks ago on 10/22/25.
-She was not aware of the mold growth in the refrigerator.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 283	Continued From page 70 -She was not aware there was expired food in the refrigerator. -Expired food should have been thrown away immediately. -She was not aware food was not properly labeled in the refrigerator. -She was not aware a resident was served uncovered food that was sitting for over an hour in the kitchen. -She was concerned the resident could have gotten sick after eating uncovered food that was held at room temperature. Interview with the Administrator on 11/06/25 at 4:11pm revealed: -The DM and DA were responsible for overseeing the kitchen environment. -He was not aware of food not covered in the refrigerator or the kitchen not being cleaned. -He was not aware of mold growth in the refrigerator. -He expected kitchen staff to follow the cleaning schedule in the kitchen. -He expected dietary staff to ensure food was properly stored in the refrigerator. -He was concerned that sanitation was being compromised.	D 283		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 286	Continued From page 71	D 286		

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure table service included a place setting consisting of a knife, fork, and spoon in the Special Care Unit (SCU).

The findings are:

Observation of the breakfast meal service on 11/04/25 from 8:21am to 8:48am revealed:
-There were 33 residents in the dining room.
-Twenty-four of the residents did not have a knife.
-Eleven residents did not have a spoon and were using a fork to eat their grits.

Observation of the lunch meal service on 11/04/25 from 11:37am to 12:19pm revealed:
-There were 33 residents in the dining room.
-Thirty-three of the residents did not have a knife.
-Eleven and 12 of the residents did not have a spoon.
-At 12:03pm, a resident stated, "I need a knife".
-The resident was attempting to cut his meatballs with his fork.

Interview with a resident on 11/04/25 at 12:05pm revealed:
-He asked for a knife to cut his meatballs but was never given a knife.
-He had never been given a knife to use without asking for one.

Observation of the breakfast meal on 11/05/25 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 286	Continued From page 72 8:12am revealed there were no knives at the place settings for the residents. Observation of the breakfast meal on 11/05/25 at 8:20am revealed there was a personal care aide (PCA) placing a knife at each resident's place setting after the meal had been served. Interview with a personal care aide (PCA) on 11/04/25 at 12:05pm revealed: -The kitchen staff sent the utensils on the food cart with the beverages. -The PCAs wrapped the utensils in the napkins. -There were not always enough knives and spoons for each resident to have a knife. -When she asked the dietary aide (DA) for more knives and spoons, the DA would tell her they did not have anymore. Interview with another PCA on 11/04/25 at 12:16pm revealed: -The kitchen staff sent the utensils on the food cart prior to the meals being served. -She helped prepare the utensils and napkins for the dining tables. -She prepared the utensils that each resident needed. -If the resident did not need a knife or spoon, she did not give a knife or spoon to that resident. -She had to ask the DA for more utensils at times. -Sometimes they would have what was needed and sometimes they did not. Interview with a third PCA on 11/05/25 at 9:05am revealed: -She knew knives were supposed to be at each place setting. -When she noticed there were no knives at each place setting, she went to the kitchen to get the knives.	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 286	Continued From page 73	D 286		

-She placed a knife at each resident's place setting.
-No one told her to get the knives and place them at each resident's place setting.

Interview with a DA on 11/06/25 at 9:25am revealed:
-The PCAs were responsible for ensuing the residents had a spoon and a knife.
-There should have been a spoon and a knife at each place setting.
-She was responsible for ensuring there were enough utensils for the residents.
-The residents did not always return all of their utensils after each meal service, which caused there to be a shortage of utensils.
-The Dietary Manager (DM) had an emergency supply of utensils in her office.
-Staff would ask the DM for utensils when there were not enough utensils.

Interview with the DM on 11/06/25 10:19am revealed:
-The DA was responsible for ensuring the residents had a knife and spoon at their place setting.
-The facility had enough utensils for each resident to have a full set at each meal.
-The residents were supposed to have a knife and spoon at each place setting.
-The PCAs told her a few weeks ago that more spoons were needed and she gave staff spoons that were in overstock.
-She did not know they needed more knives and spoons in the dining room; she had more knives and spoons in the kitchen.
-The kitchen ran out of utensils, because the residents took the utensils to their rooms.

Interview with the Special Care Unit Coordinator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 286	Continued From page 74 (SCC) on 11/06/25 at 2:07pm revealed: -The PCAs prepared the silverware for each place setting prior to each meal being served. -The PCAs wrapped the silverware in a cloth napkin and placed them on the dining room tables. -The PCAs used the silverware that was sent out of the kitchen. -There were not enough utensils for each resident to have a knife and a spoon, at times. -She was not sure why there were not enough knives and spoons for all of the residents. Interview with the Administrator on 11/06/25 at 4:11pm revealed: -He was not aware that each resident did not have a knife and spoon for each meal. -There should have been a knife and spoon at each place setting. -He had not noticed that each place setting did not have enough knives and spoons. -The DM was responsible for ensuring there were enough utensils for the residents. -When the facility ran out of utensils, he went to the store to purchase more. -He expected the residents to have a full set of utensils at each meal.	D 286		
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.	D 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 309	Continued From page 75	D 309		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to maintain a current listing of residents with physician ordered therapeutic diets for guidance of food service staff.

The findings are:

Observation of the kitchen on 11/04/25 at 9:35am revealed there was not a list of residents who had a physician's order for therapeutic diets posted for staff to reference.

Interview with a Dietary Aide (DA) on 11/06/25 at 9:25am revealed:
-The Dietary Manager (DM) was responsible for updating the dietary list.
-The last time she recalled seeing a dietary list in the kitchen was in October 2025.

Interview with the DM on 11/06/25 10:19am revealed:
-She was responsible for ensuring there was an updated diet list in the kitchen for guidance.
-She updated the list when an order was changed.
-The kitchen staff knew what the diet orders were for the residents.
-She was not aware there was not a diet list posted in the kitchen for guidance.

Interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 2:07pm revealed:
-The DM was responsible for updating the diet list

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 309	Continued From page 76 in the kitchen when a resident's diet changed. -The DM did not have access to the system; the DM would ask her to print a current diet list as needed. Interview with the Administrator on 11/06/25 at 4:11pm revealed: -The DM was responsible for ensuring there was an updated diet list in the kitchen. -The DM should have asked the SCC or him to print off the current diet list.	D 309		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 1 of 2 sampled residents (#9) who was ordered a mechanical soft diet with chopped meats. The findings are: Review of Resident #9's current FL-2 dated 03/18/25 revealed diagnoses included Alzheimer's disease, hypertension, osteoporosis, and gastro-esophageal reflux disease (GERD). Review of Resident #9's signed physician orders dated 03/18/25 revealed there was a diet order	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 310	Continued From page 77 for mechanical soft diet with chopped meats. Review of the facility's regular diet menu for the lunch meal service on 11/04/25 revealed meatballs, celery sticks, herb biscuits, grapes, water, milk, and juice were to be served. Review of the facility's therapeutic menu for mechanical soft and chopped meats diet for the lunch meal service on 11/04/25 revealed soft, bite sized meatballs, soft, bite sized vegetables, a soaked herb biscuit, soft, bite sized fruit, water, milk, and juice were to be served. Observation of the lunch meal on 11/04/25 at 12:11pm revealed: -Resident #9 was served ground meatballs, mashed potatoes, green beans, a biscuit, and applesauce. -Resident #9's meatballs were not cut into bite size pieces, the biscuit was not soaked, and she did not receive bite sized fruit. Review of the facility's regular diet menu for the breakfast meal service on 11/05/25 revealed scrambled egg or egg of choice, breakfast ham, fresh fruit, water, milk, and juice were to be served. Review of the facility's therapeutic mechanical soft and chopped meats diet menu for the breakfast meal service on 11/05/25, revealed soft bite sized eggs, bite size, moist ham, soft, bite size canned fruit, water, milk, and juice were to be served. Observation of the breakfast meal on 11/05/25 at 8:01am revealed: -Resident #2 was served scrambled eggs, ground ham, and applesauce.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 310	Continued From page 78 -Resident #2 did not receive bite sized, moist ham or bite size canned fruit. Interview with the personal care aide (PCA) on 11/04/25 at 2:28pm revealed the dietary staff plated the food and told the PCAs which plates were to be served to each resident. Interview with a Dietary Aide (DA) on 11/06/25 at 9:25am revealed: -The Dietary Manager (DM) manager taught her how to read therapeutic diets. -The DM prepared the food, and she served the food. -She knew how to prepare mechanical soft diets. Interview with the DM on 11/06/25 10:19am revealed: -The facility had a therapeutic menu for mechanical soft diets. -She prepared the food, and the DA served the meals. -The therapeutic menu was not posted in the kitchen to prepare the food. -She knew how to prepare the meals for the residents on therapeutic diets. -The mechanical soft diets were prepared in a food processor. -She would add thickener to the food to ensure the texture was mechanically soft. -The mechanical soft diet should "hold together" when it was served. Interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 2:07pm revealed: -The PCAs requested the plates for a certain table, the DA prepared the plates, and the PCAs served the plates. -The DA told the PCAs which plates were to be served to each resident.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 310	Continued From page 79 -She observed meals being served weekly. -The DM should oversee the meals to ensure they were served correctly. Interview with the Administrator on 11/06/25 at 4:11pm revealed: -The DM should print the therapeutic menu each week and make it available when she prepared food. -The DM should refer to the therapeutic menu to know how to prepare the food for each therapeutic diet. -He observed meals weekly. -He expected therapeutic diets to be served as ordered.	D 310		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure the rights of two residents (#1 and #16) were maintained including a resident (#1), who was injured during an altercation while protecting another resident from being hit by a metal object and a resident (#16), who was bitten by another resident who wandered into her room. The findings are:	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 80	D 338		

1. Review of Resident #1's current FL-2 dated 09/30/25 revealed:
-Diagnoses included dementia and delusional disorder.
-She was intermittently confused.
-She was ambulatory.

Review of Resident #1's signed care plan dated 11/19/24 revealed:
-Resident #1 was forgetful and needed reminders.
-Resident #1 was independent with eating, toileting, ambulation and transfers.
-Resident #1 was supervised by staff for bathing, dressing and grooming.

Review of an incident report dated 11/04/25 at 7:20am revealed:
-On third shift, Resident #1 had an altercation with a [named] resident.
-Resident #1 tried to protect a another resident from being hit by a wheelchair leg by the [named] resident.
-Resident #1 and the [named] resident scuffled, and Resident #1 fell, hitting her head.

Review of another incident report dated 11/04/25 revealed:
-The time of the incident was 7:20am.
-The type of incident was behavioral with physical assault.
-Resident #1 informed the medication aide (MA) she was bleeding from her head and Resident #1 was sent to the Emergency Department (ED).

Interview with Resident #1 on 11/07/25 at 11:45am revealed:
-She saw two residents in the living room having a disagreement.
-The [named] resident was going to hit another

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 81	D 338		

resident with a wheelchair leg.
-She tried to stop the [named] resident from hitting the other resident with the wheelchair leg.
-She and the [named] resident were pushing and shoving.
-She lost her balance, fell, and hit her head.
-She had to go to the ED because she hit her head and it was bleeding.

Telephone interview with a third shift MA on 11/07/25 at 10:33am revealed:
-Resident #1 was angry because a [named] resident was trying to hit another resident with a wheelchair leg.
-Resident #1 tried to stop the [named] resident from hitting the other resident with the wheelchair leg.
-Resident #1 fell, hit her head, and was sent to the ED.

Interview with Resident #1's family member on 11/04/25 at 12:33pm revealed:
-She received a call that morning that Resident #1 had been in an altercation with a [named] resident.
-Resident #1 fell, hitting her head and went to the ED.
-Resident #1 had a staple placed in the back of her head to close a wound.

Refer to the interview with a personal care aide (PCA) on 11/06/25 at 8:05am.

Refer to the interview with a MA on 11/06/25 at 4:01pm.

Refer to the interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 8:18am.

Refer to the interview with the Administrator on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 82 11/07/25 at 10:49am. 2. Review of Resident #16's current FL-2 dated 07/08/25 revealed: -Diagnoses included unspecified dementia, aggressive behavior, and altered mental status. -She was constantly disoriented. -She wandered. -She was ambulatory. Review of Resident #16's signed care plan dated 07/29/25 revealed: -Resident #16 was independent with ambulation and transfers. -Resident #16 required staff supervision with toileting and dressing. -Resident #16 required limited staff assistance with eating, grooming, and personal hygiene. -Resident #16 required extensive staff assistance with bathing. Interview with Resident #16 on 11/06/25 at 2:20pm revealed: -She found a [named] resident in her room, sitting in her chair. -She tried to get the [named] resident out of her room. -The [named] resident bit her on the hand during the scuffle. -That was where the resident bit her. (Resident #16 held her hand and pointed to area that she was bit.) -The [named] resident kept coming in and out of her room, and she did not want the [named] resident in her room. Interview with a personal care aide (PCA) on 11/06/25 at 11:10am revealed: -On 11/06/25, she heard Resident #16 yelling. -She saw Resident #16 and [named] resident	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 83 pushing each other. -She saw Resident #16 being bitten on the hand by another resident Interview with a second PCA on 11/06/25 at 11:10am revealed: -One day, (she did not remember when) the [named] resident went into Resident #16's room and was sitting in her chair. -Resident #16 told the [named] resident get out of her room and to stay out. Refer to the interview with a PCA on 11/06/25 at 8:05am. Refer to the interview with a medication aide (MA) on 11/06/25 at 4:01pm. Refer to the interview with the Special Care Unit Coordinator (SCC) on 11/06/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 10:49am. _____ Interview with a PCA on 11/06/25 at 8:05am revealed: -The [named] resident wandered into other residents' rooms. -She had overheard residents yelling, "get out". -She would go to the area where she heard the yelling and remove the [named] resident from other residents' rooms. -Several residents complained about the [named] resident coming into their room. -She had been told to redirect the [named] resident when the [named] resident wandered into other residents' rooms. -She had not been told anything else to do to protect residents from the [named] resident.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 84 Interview with a MA on 11/06/25 at 4:01pm revealed: -The staff tried to protect the rights of all the residents and keep residents who wandered out of other residents' rooms. -It was difficult to manage the residents who wandered in the SCU. Interview with the SCC on 11/06/25 at 8:18am revealed staff had been told to re-direct and provide activities for the [named] resident to prevent the resident from wandering into other residents' room and prevent altercations. Interview with the Administrator on 11/07/25 at 10:49am revealed: -The staff should redirect residents when the residents wandered into other residents' rooms. -Staff had been instructed to redirect the residents who wandered into residents' rooms so altercations would not occur. -He expected the staff to ensure residents were kept busy to keep the residents from wandering into other residents' rooms. _____ The facility failed to protect residents who resided in the SCU from a [named] resident who wandered into residents' rooms and had altercations with other residents. One resident (#1) was pushed to the floor causing a head injury that required an ED visit and a staple for closure of a head laceration. A second resident was bitten when the [named] resident wandered into the resident's bedroom (#16). This failure resulted in substantial risk for physical harm to residents, which constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/07/25 for this violation.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 338	Continued From page 85 THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 7, 2025.	D 338		
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: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 3 residents (#8 and #10) observed during the morning medication pass including errors with a medication for constipation; and 4 of 7 sampled residents (#1, #5, #6, and #7) for record review including errors with three medications to treat gastrointestinal problems, a medication used to increase blood pressure and a medication used to prevent arrythmias (#6); a medication used to treat low thyroid hormone, a nasal spray, two inhalers used to treat wheezing and shortness of breath (#5); an eye drop (#1); and an inhaler used to treat wheezing (#7). The findings are:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 86 1. The medication error rate was 7% as evidenced by the observation of 2 errors out of 26 opportunities during the 8:00am medication pass on 11/05/25. a. Review of Resident #8's current FL-2 dated 09/30/25 revealed: -Diagnoses included dementia with Lewy bodies and chronic obstructive pulmonary disease (COPD). -There was an order for polyethylene glycol (used for constipation) 17gm in 8 ounces of liquid daily. Observation of the morning medication pass on 11/05/25 at 7:31am revealed: -The medication aide (MA) removed Resident #8's multi-dose packs and a punch card from the medication cart. -The MA prepared 9 pills for administration. -The MA administered the 9 pills to Resident #8, then proceeded to the next resident. -The MA did not prepare and administer the polyethylene glycol to Resident #8. Review of Resident #8's November 2025 electronic medication administration record (eMAR) for 11/05/25 revealed: -There was an entry for polyethylene glycol 17gm in 8 ounces of liquid daily with an administration time of 6:00am. -There was no documentation that polyethylene glycol was administered on 11/05/25. Interview with the MA on 11/05/25 at 10:43am revealed: -She did not prepare and administer Resident #8 polyethylene glycol this morning. -Resident #8 had refused polyethylene glycol for the past two weeks. -If she had attempted to give Resident #8 his	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 87	D 358		

polyethylene glycol with his pills, Resident #8 would have refused his pills.
-Resident #8 had not complained of being constipated.

Observation of Resident #8's medication on hand on 11/05/25 at 12:15pm revealed there was a 510gm bottle of polyethylene glycol dispensed on 09/05/25 available for administration that was ½ full.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed:
-Resident #8 had an order for polyethylene glycol 17gms in 8 ounces of liquid daily dated 08/26/25.
-The pharmacy dispensed a 510gm bottle on 09/05/25, which would last 30 days at the current order.
-The pharmacy had not dispensed any additional polyethylene glycol for Resident #8.
-The facility would have to notify the pharmacy when a refill was needed.

Interview with a personal care aide (PCA) on 11/07/25 at 8:25am revealed she was not aware of Resident #8 having problems with constipation.

Interview with a second PCA on 11/07/25 at 8:30am revealed:
-Resident #8 complained of constipation at times.
-She thought the MAs gave him medication for constipation.

Based on observations, interviews, and record reviews, it was determined Resident #8 was not interviewable.

b. Review of Resident #10's current FL-2 dated 05/05/25 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 88	D 358		

-Diagnoses included mild cognitive impairment, bipolar, and obstructive sleep apnea.
-There was an order for polyethylene glycol (used for constipation) 17gm in 8 ounces of liquid daily.

Observation of the morning medication pass on 11/05/25 at 8:01am revealed:
-The MA removed Resident #10's multi-dose packs from the medication cart.
-The MA prepared 14 pills for administration.
-The MA administered the 14 pills to Resident #10, then proceeded to the next resident.
-The MA did not prepare and administer polyethylene glycol to Resident #10.

Review of Resident #10's November 2025 electronic medication administration record (eMAR) for 11/05/25 revealed:
-There was an entry for polyethylene glycol 17gm in 8 ounces of liquid daily with an administration time of 6:00am.
-There was documentation that polyethylene glycol was administered on 11/05/25.

Interview with the MA on 11/05/25 at 10:55am revealed:
-She did not prepare and administer Resident #10 the polyethylene glycol as ordered.
-Resident #10 always said she did not want the polyethylene glycol today.
-She thought she documented on the eMAR that Resident #10 refused the polyethylene that morning.
-She mistakenly documented on the eMAR that Resident #10 took the polyethylene that morning.

Observation of Resident #10's medication on hand on 11/05/25 at 11:59am revealed there was a 510gm bottle of polyethylene glycol dispensed on 10/13/25 available for administration that was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 89 ½ full. Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed: -Resident #10 had an order for polyethylene glycol 17gms in 8 ounces of liquid daily dated 05/05/25. -The pharmacy dispensed a 510gm bottle on 07/05/25 and 10/13/25, which would last 30 days at the current order. -The pharmacy had not dispensed any additional polyethylene glycol for Resident #10. -The facility would have to notify the pharmacy when a refill was needed. Interview with Resident #10 on 11/05/25 at 10:42am revealed: -She would have diarrhea if she took the polyethylene glycol daily as ordered. -She refused the polyethylene when she did not need it. _____ Telephone interview with the Primary Care Provider (PCP) on 11/07/25 at 4:02pm revealed: -The residents could have problems with constipation if they were not administered the polyethylene glycol as ordered. -The staff had not reported any concerns with the residents having problems with constipation. Interview with the Special Care Unit Coordinator (SCC) on 11/07/25 at 9:24am revealed: -The MAs should offer all medications to the residents. -Medications could not be refused until the medication was offered. -She expected the MAs to document correctly on the eMAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 90 Interview with the Administrator on 11/07/25 at 10:49am revealed: -The MAs should offer medications to the resident and not assume the resident did not want the medications. -He expected the MAs to administer or attempt to administer the medications as ordered. 2. Review of Resident #6's current FL-2 dated 07/01/25 revealed diagnoses included diabetes mellitus, gastro-esophageal reflux disease (GERD), chronic kidney disease (CKD) stage 4, and hypertensive heart disease with heart failure. a. Review of Resident #6's hospital discharge summary dated 09/19/25 revealed Resident #6 was hospitalized from 09/13/25-09/19/25 for intractable nausea and vomiting. Review of Resident #6's primary care provider's (PCP) after visit summary dated 09/22/25 revealed: -She had a new diagnosis of a polyp of the stomach and duodenum. -A recent endoscopic evaluation revealed multiple gastric polyps, one of which was larger and was seeping blood. -The larger polyp was removed and sent for a biopsy. -She had a history of precancerous polyps. -The plan was to follow up with gastroenterology to discuss biopsy results and further management. -She asked staff to ensure Resident #6 was receiving prescribed medications to manage gastric symptoms and prevent recurrence of complications. -Since her discharge on Friday, 09/19/25, Resident #6 reported she had not been receiving her prescribed medications consistently.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 91	D 358		

-She felt miserable and had been pushing her plate away during meals due to discomfort.
-Resident #6's stomach was still uncomfortable, with biopsy results pending.
-Resident #6 needed a gastrointestinal specialist to reassess stomach symptoms

Review of Resident #6's gastroenterologist's after-visit summary dated 09/29/25 revealed:
-Resident #6 was seen for abdominal pain, dysphasia, and GERD.
-Gastritis was confirmed by biopsy, with symptoms of abdominal pain and melena indicating possible bleeding and inflammation likely exacerbated by esophageal motility issues.
-Resident #6 was diagnosed with severe GERD with dysphasia due to esophageal motility issues.

Review of Resident #6's PCP after visit summary dated 09/29/25 revealed:
-Resident #6 reported ongoing abdominal pain.
-Resident #6 experienced a recent episode of chest pain, which was brief and occurred after eating.
-The pain was suspected to be related to acid reflux, although she was unable to rule out cardiac etiology.
-Resident #6 reported she was better today, 09/29/25, but last week was bad, because she had not received her medication for three days, but did receive it that morning.
-She continued to experience abdominal pain, which was about the same as before.

1. Review of Resident #6's hospital discharge summary dated 09/19/25 revealed an order for dicyclomine (used to treat symptoms of irritable bowel syndrome) 10mg, take 2 capsules three times daily before meals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 92 Review of Resident #6's September 2025 electronic medication administration record (eMAR) from 09/19/25-09/30/25 revealed: -There was an entry for dicyclomine 10mg take one tablet three times daily with a scheduled administration time of 7:30am, 11:30am, and 4:30pm. -There was documentation dicyclomine 10mg was administered three times daily from 09/26/25-09/30/25. -There was no documentation dicyclomine was administered from 09/19/25-09/25/25. Review of Resident #6's October 2025 eMAR revealed: -There was an entry for dicyclomine 10mg take one tablet three times daily with a scheduled administration time of 7:30am, 11:30am, and 4:30pm. -There was documentation dicyclomine 10mg was administered three times daily from 10/01/25-10/28/25. -The exceptions documented for 10/29/25-10/31/25 were the medication had been discontinued. Review of Resident #6's November 2025 eMAR from 11/01/25-11/06/25 revealed there was no entry for dicyclomine, and there was no documentation dicyclomine was administered three times daily from 11/01/25-11/06/25. Observation of Resident #6's medications on hand on 11/04/25 at 2:49pm revealed: -Resident #6's medication was in a multi-dose package. -Each individual bubble was labeled as early morning, morning, midday, evening, and bedtime. -The individual bubbles were available for evening and bedtime doses for 11/04/25.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 93 -The individual bubbles were available for early morning, morning, midday, evening, and bedtime doses for 11/05/25 and 11/06/25. -Dicyclomine 10mg take 2 tablets three times daily before meals, were included in the resident's multi-dose package of medication. -Two tablets of Dicyclomine 10mg were packaged in the multi-dose package three times daily, early morning, midday, and evening. Observation of the nurse's station on 11/05/25 at 11:52am revealed: -Resident #6 was being administered her medication before her lunchtime meal. -The medication aide (MA) was observed taking medication out of the multi-dose package of medication and disposing of the medication. -Resident #6 looked in the medication cup provided by the MA and asked the MA where her two tablets were for her stomach. -The MA responded to Resident #6 that there was no current order for the medication. -Resident #6 replied that she was not aware the medication had been discontinued. -Two MAs were looking at the computer and discussing the medication order, which was listed as pending review. -One of the MAs told the second MA to let the Resident Care Coordinator (RCC) know the resident's dicyclomine order needed to be approved. -Resident #6 left the nurses' station and went to lunch. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed: -Resident #6's current order for dicyclomine was dated 09/22/25 with the directions to take two tablets three times a day.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 94 -Resident #6's dicyclomine was filled on 09/22/25 for 180 tablets, a 30-day supply. -Dicyclomine was filled again on 11/04/25 as part of the facility's cycle filled medication. -Dicyclomine was used for stomach irritation, and if it was not administered as ordered, the resident could experience stomach pain. Interview with Resident #6 on 11/07/25 at 9:08am revealed: -She still had not received her dicyclomine. -Her stomach was still bothering her; she had a lot of discomfort in her stomach. Interview with a MA on 11/06/25 at 2:45pm revealed: -If a medication was not listed on the eMAR, she did not administer the medication. -She would remove the medication from the multidose package and dispose of it. -She would let the Supervisor and/or the RCC know the medication was not on the eMAR. Interview with a second MA/Supervisor on 11/06/25 at 3:19pm revealed: -Resident #6 was on two tablets of dicyclomine at one time, but then it was changed to one tablet, and then the medication was discontinued. -She did not recall the last time she administered Resident #6's dicyclomine. Interview with the RCC on 11/06/25 at 4:20pm revealed: -She was not aware Resident #6's dicyclomine needed to be approved. -No one had told her Resident #6 was not receiving her dicyclomine because it was not approved. Telephone interview with Resident #6's PCP on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 95 11/06/25 at 2:00pm revealed she was not the provider who ordered dicyclomine for Resident #6, but it was ordered because the resident was experiencing stomach pain. 2. Review of Resident #6's physician's order dated 09/01/25 revealed an order for sucralfate (used to treat and prevent gastrointestinal ulcers) 1 gram (gm) four times daily. Review of Resident #6's PCP after visit summary dated 09/22/25 revealed: -Resident #6 had been experiencing abdominal pain, which had been partially managed with sucralfate. -Resident #6 had been experiencing melena, which was a sign of gastrointestinal bleeding. -Please ensure Resident #6 was receiving prescribed medication, including sucralfate to manage gastric symptoms and prevent recurrence of bleeding. Review of Resident #6's September 2025 eMAR revealed: -There was an entry for sucralfate 1gm, four times daily scheduled for 8:00am, 12:00pm, 4:00pm, and 8:00pm. -There was documentation sucralfate 1gm was administered four times daily from 09/07/25-09/12/25 and 09/19/25-09/30/25; exceptions were documented when the resident was in the hospital from 09/13/25-09/18/25. -Sucralfate was not documented as administered from 09/01/25-09/06/25. Review of Resident #6's October 2025 eMAR revealed: -There was an entry for sucralfate 1gm, four times daily scheduled for 8:00am, 12:00pm, 4:00pm, and 8:00pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 96	D 358		

-There was documentation sucralfate 1gm was administered four times daily from 10/01/25-10/31/25.
-There was a dash for three doses in October with no exception documented.

Review of Resident #6's November 2025 eMAR from 11/01/25-11/06/25 revealed:
-There was an entry for sucralfate 1gm, four times daily scheduled for 8:00am, 12:00pm, 4:00pm, and 8:00pm.
-There was documentation sucralfate 1gm was administered four times daily from 11/01/25-11/05/25 and on 11/06/25 at 8:00am.

Observation of Resident #6's medications on hand on 11/04/25 at 2:49pm revealed:
-Resident #6's sucralfate was in a multi-dose package.
-Each individual bubble was labeled as early morning, morning, midday, evening, and bedtime.
-The individual bubbles were available for evening and bedtime doses for 11/04/25.
-The individual bubbles were available for early morning, morning, midday, evening, and bedtime doses for 11/05/25 and 11/06/25.
-Sucralfate was listed and observed in the individual bubble for the evening dose on 11/04/25.
-Sucralfate was not listed or observed in the bedtime bubble for 11/04/25 or any of the individual bubble packets for 11/05/25-11/06/25.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed:
-Resident #6's current order dated 09/01/25 was for sucralfate 1gm four times daily.
-Resident #6's sucralfate was dispensed on 10/14/25 and 10/21/25 for 28 tablets (a 7-day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 97	D 358		

supply) and 10/28/25 for 20 tablets (a 5-day supply).
-Sucralfate was used to treat GERD, and if the medication was not administered as ordered, there would be a continuation of GERD.

Telephone interview with a second pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:58am revealed:
-Resident #6's sucralfate was dispensed on 09/03/25; thirty-two tablets were dispensed.
-There was no quantity remaining on the prescription.
-She did not see a request to refill.
-If sucralfate was not listed on the individual multi-dose packet, the medication would not be in that bubble.
-When the cycle filled medication was delivered, a list of medications that were not filled was included in the packet to let the facility staff know the medication needed a refill.

Interview with Resident #6 on 11/05/25 at 11:22am revealed:
-She was supposed to get sucralfate four times per day.
-She did not get sucralfate every time she was supposed to and had to ask for the medication.

Interview with Resident #6 on 11/07/25 at 9:08am revealed:
-She did not get her sucralfate last night, 11/06/25, or this morning, 11/07/25.
-She did not recall when she last took the sucralfate.
-The sucralfate tablets were easy to identify because they were big pink pills.
-She was told she had finished taking the sucralfate that was ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 98 Interview with a MA on 11/06/25 at 2:45pm revealed: -She knew there were medications missing from the multidose packages. -When medications were missing from the multidose package, she checked for another punch card, and if she could not find the medication, she verified the order was still active and called the pharmacy about the medication. -She did not recall if Resident #6's sucralfate was missing from the multidose package or not. Interview with the RCC on 11/06/25 at 4:20pm revealed: -She was not aware Resident #6's sucralfate was not packaged in each bubble for the cycled medication. -No one had told her the multidose packages were missing medications. -If a multidose package did not have a medication that was ordered, the MAs should let her know and call the pharmacy to determine why the medication was not dispensed. Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed: -Resident #6 had a history of gastrointestinal (GI) bleeds. -Sucralfate was ordered as a preventive medication. -Resident #6 told her she was not getting her medication, and the resident ended up in the hospital. -The resident had a peptic ulcer, and sucralfate would help protect the ulcer site. -She was concerned Resident #6 could have bleeding if her medication was not administered as ordered. 3. Review of Resident #6's signed physician's	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 99	D 358		

orders dated 07/01/25 revealed an order for pantoprazole (used to decrease the amount of acid produced in the stomach to treat conditions like acid reflux, heartburn, and stomach ulcers.) 40mg take 1 tablet once a day at 6:00am.

Review of Resident #6's PCP's after visit summary dated 09/22/25 revealed:
-Discontinue current pantoprazole order.
-Start pantoprazole 40mg delayed release 1 tablet twice a day.

Review of Resident #6's Gastroenterology after visit summary dated 09/29/25 revealed:
-Resident #6 was seen for abdominal pain, dysphasia, and GERD.
-Gastritis was confirmed by biopsy, with symptoms of abdominal pain and melena indicating possible bleeding and inflammation likely exacerbated by esophageal motility issues.
-Ensure pantoprazole was taken 30 minutes before breakfast and dinner.

Review of Resident #6's PCP after visit summary dated 10/20/25 revealed an order to please schedule the pantoprazole 30 minutes before breakfast and dinner.

Review of Resident #6's September 2025 eMAR from 09/22/25-09/30/25 revealed:
-There was an entry for pantoprazole 40 mg take 1 tablet twice a day, scheduled for 6:00am and 8:00pm.
-There was documentation pantoprazole 40 mg was administered daily from 09/24/25-09/30/25 at 6:00am and 8:00pm.

Review of Resident #6's October 2025 eMAR revealed:
-There was an entry for pantoprazole 40 mg take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 100	D 358		

1 tablet twice a day, scheduled for 6:00am and 4:30pm.
-The dates of 10/01/25-10/22/25 were blacked out, and there was no documentation that the medication was administered during these dates.
-There was documentation pantoprazole 40 mg was administered at 4:30pm on 10/22/25 and at 6:00am and 4:30pm from 10/23/25-10/31/25.

Review of Resident #6's November 2025 eMAR from 11/01/25-11/06/25 revealed:
-There was an entry for pantoprazole 40 mg take 1 tablet twice a day, scheduled for 7:30am and 4:30pm.
-There was documentation pantoprazole 40 mg was administered at 7:30am and 4:30pm from 11/01/25-11/05/25 and on 11/06/25 at 7:30am.

Observation of Resident #6's medications on hand on 11/04/25 at 2:49pm revealed:
-Pantoprazole 40mg was in an individual bubble pack with a dispensed date of 10/18/25 and a handwritten start date of 10/22/25.
-There were 40 of 60 tablets remaining on the punch card.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed:
-Resident #6's current order dated 09/22/25 was for pantoprazole 40mg twice daily.
-Pantoprazole 40mg was dispensed on 09/22/25 and 10/18/25; each dispensing was for 60 tablets.

Interview with Resident #6 on 11/07/25 at 9:08am revealed:
-She took a lot of medication, especially in the mornings, and did not know if she had received her pantoprazole or not in October 2025.
-Her stomach was still bothering her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 101 Interview with a MA on 11/06/25 at 2:45pm revealed: -If Resident #6's pantoprazole was not documented as administered, then she did not administer the medication. -She documented on the eMAR when she administered any medication. Interview with a second MA on 11/06/25 at 3:19pm revealed: -Resident #6 had been taking pantoprazole for a long time. -She did not know why Resident #6's pantoprazole was blacked out on the eMAR. -If Resident #6's pantoprazole was available to be administered, she would have administered the medication and she would have documented it. Interview with the RCC on 11/06/25 at 4:20pm revealed: -Resident #6's pantoprazole may have been discontinued in the eMAR by accident. -If Resident #6's pantoprazole was in the multidose package and not on the eMAR she expected the MAs to let her know. -She would have verified the medication order, and the MAs could have documented when the medication was administered. -If there was no documentation, there would be no way to know if the medication was administered or not. Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed: -Resident #6 had a history of GI bleeds. -Pantoprazole was ordered as a preventive medication. -Resident #6 told her she was not getting her medication, and the resident ended up in the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 102	D 358		

hospital.
-The resident had a peptic ulcer, and pantoprazole would help keep the peptic ulcer from being irritated by decreasing the amount of acid produced in the stomach.
-She was concerned Resident #6 could have bleeding if her medication was not administered as ordered.

b. Review of Resident #6's signed physician's orders dated 07/01/25 revealed an order for amiodarone (used to treat life-threatening heart rhythm problems called ventricular arrhythmia) 200mg take 1 tablet once a day.

Review of Resident #6's PCP after visit summary dated 09/22/25 revealed:
-Discontinue current amiodarone order.
-Start amiodarone 200mg take 1/2 tablet once a day.

Review of Resident #6's September 2025 eMAR revealed:
-There was an entry for amiodarone 200 mg take 1 tablet once a day, scheduled for 8:00am.
-There was documentation amiodarone 200 mg was administered daily from 09/02/25-09/13/25 and 09/19/25-09/22/25.
-There was documentation the resident was in the hospital 09/13/25-09/18/25.
-There was documentation from 09/23/25-09/30/25, the medication was discontinued.
-There was no entry for amiodarone 200mg take ½ tablet once a day.

Review of Resident #6's October 2025 eMAR revealed:
-There was an entry for amiodarone 200 mg take 1/2 tablet once a day, scheduled for 8:00am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 103 -The dates of 10/01/25-10/22/25 were blacked out, and there was no documentation that the medication was administered during these dates. -There was documentation 100mg of amiodarone was administered daily from 10/23/25-10/31/25. Review of Resident #6's November 2025 eMAR from 11/01/25-11/06/25 revealed: -There was an entry for amiodarone 200 mg take 1/2 tablet once a day, scheduled for 8:00am. -There was documentation 100mg of amiodarone was administered daily from 11/01/25-11/06/25 at 8:00am. Observation of Resident #6's medications on hand on 11/04/25 at 2:49pm revealed amiodarone 200mg, take ½ tablet once daily, was in the early morning bubble for 11/05/25 and 11/06/25. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed: -Resident #6's current order was for amiodarone 200mg, take one-half tablet once daily. -Resident #6's amiodarone 200mg, ½ tablet, was dispensed on 09/22/25, 09/30/25, 10/07/25, 10/14/25, 10/21/25, and 10/28/25 for a 7 day supply with each dispensing. -Amiodarone was used to treat arrhythmia (an irregular or abnormal heart rhythm), and if the medication was not administered as ordered, the resident could have more arrhythmia. Interview with Resident #6 on 11/07/25 at 9:08am revealed: -She did not know what dose of amiodarone she received in October 2025. -She had experienced dizziness off and on. -She was so dizzy the other day that she had to	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 104 sit down. Interview with a MA on 11/06/25 at 2:45pm revealed: -If Resident #6's amiodarone was not documented as administered, then she did not administer the medication. -She documented on the eMAR when she administered any medication. Interview with a second MA on 11/06/25 at 3:19pm revealed: -She did not know why Resident #6's amiodarone was blacked out on the eMAR. -If a medication was listed on the eMAR as needing verification, the medication could not be administered until the RCC verified the medication. -If she called the RCC and the RCC verified the medication, she would administer the medication and document it in the resident's progress notes. Interview with the RCC on 11/06/25 at 4:20pm revealed: -Resident #6's amiodarone may have been discontinued in the eMAR by accident. -If Resident #6's amiodarone was in the multidose package and not on the eMAR she expected the MAs to let her know. -She would have verified the medication order, and the MAs could have documented when the medication was administered. -If there was no documentation, there would be no way to know if the medication was administered or not. Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed if Resident #6's amiodarone was not administered as ordered, the resident could have gone back into atrial	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 105	D 358		

fibrillation (a heart rhythm disorder where the heart beats irregularly or too fast).

c. Review of Resident #6's signed physician's orders dated 07/01/25 revealed an order for midodrine (used to treat symptomatic orthostatic hypotension, low blood pressure (BP)) 5mg take 1 tablet three times daily with meals. Do not lie down after taking. Take the last dose four hours before bedtime.

Review of Resident #6's PCP after visit summary dated 10/20/25 revealed:
-Resident #6's BP was elevated on exam, 154/94, heart rate of 79, and she was symptomatic.
-Resident #6 reported she had not had a recent fall but experienced discomfort with getting up too quickly or turning her head too fast.
-The plan was to decrease the midodrine dose and to check BP daily and report any episodes of dizziness.
-There was an order to check BP daily for 3 days, report systolic BP greater than 160 or less than 120, and heart rate greater than 100 or less than 60.
-There was an order for midodrine 2.5mg three times daily with meals.

Review of Resident #6's October 2025 eMAR revealed:
-There was an entry for midodrine 5mg three times daily with meals. Do not lie down after taking. Take the last dose four hours before bedtime, scheduled to be administered at 7:30am, 11:30am, and 4:00pm.
-There was documentation midodrine 5mg was administered three times daily from 10/01/25-10/26/25 and on 10/27/25 at 7:30am and 11:30am; the 5mg dose was then documented as discontinued.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 106	D 358		

-There was a second entry for midodrine 2.5mg three times daily with meals. Do not lie down after taking. Take the last dose four hours before bedtime, scheduled to be administered at 8:00am, 12:00pm, and 5:00pm.
-There was documentation midodrine 2.5mg was administered at 12:00pm and 5:00pm on 10/22/25 and three times daily from 10/23/25-10/31/25.
-Both doses of midodrine were documented as administered from 10/22/25-10/27/25.

Review of Resident #6's November 2025 eMAR from 11/01/25-11/06/25 revealed:
-There was an entry for midodrine 2.5mg three times daily with meals. Do not lie down after taking. Take the last dose four hours before bedtime, scheduled to be administered at 8:00am, 12:00pm, and 5:00pm.
-There was documentation midodrine 2.5mg was administered at 8:00am, 12:00pm, and 5:00pm from 11/01/25-11/05/25.

Observation of Resident #6's medications on hand on 11/04/25 at 2:49pm revealed midodrine 2.5mg tablet three times daily was in the evening bubble for 11/04/25 and the early morning bubble, midday bubble, and evening bubbles for 11/05/25 and 11/06/25.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed:
-Midodrine was used to treat hypotension.
-Resident #6's current order dated 10/20/25 was for midodrine 2.5mg three times daily.
-On 10/21/25, a 7-day supply of midodrine 5mg was shipped in the resident's cycle-filled multidose package.
-Resident #6's order for midodrine 5mg was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 107	D 358		

discontinued on 10/21/25.
-The cycle was filled and shipped before the discontinued order was received.
-On 10/20/25, an 11-day supply of midodrine 2.5mg was dispensed to last until the next cycle fill.
-If Resident #6 was administered both the 2.5mg and the 5mg dosage of midodrine, the resident could have experienced increased blood pressure and risk of dizziness, which would have increased the resident's risk of falls.
-When the midodrine 5mg was discontinued, the resident should not have been administered the 5mg dose.

Interview with Resident #6 on 11/07/25 at 9:08am revealed:
-She did not know what dose of midodrine she received in October 2025.
-She had experienced dizziness off and on.
-She was so dizzy the other day that she had to sit down.

Interview with a MA on 11/06/25 at 2:45pm revealed that if she documented on both doses of Resident #6's midodrine, then she administered both doses because they were both on the eMAR.

Interview with a second MA on 11/06/25 at 3:19pm revealed:
-Resident #6's midodrine 2.5mg was dispensed in the multidose package, and when the dosage changed, a discontinued label was put on the multidose package to let the MA know that the tablet needed to be pulled out of the multidose package and disposed of.
-Resident #5's midodrine 5mg was dispensed in a separate bubble card.
-She knew she gave the midodrine 5mg, but she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 108 could not say what anyone else did. Interview with the RCC on 11/06/25 at 4:20pm revealed: -Resident #6's midodrine 5mg was discontinued, and the order was changed to 2.5mg. -If both orders were on the eMAR, the resident may have been administered both doses. -The pharmacy entered the orders on the eMAR, and she had to verify the order. -If a medication in the multidose package had been changed, a yellow sticker would have been put on the multidose package to let the MAs know the order was changed, and the medication would have been disposed of. -She did not recall if she had put a yellow sticker on Resident #6's multidose package or not. Telephone interview with Resident #6's PCP on 11/06/25 at 2:00pm revealed: -She changed Resident #6's midodrine order because the resident's BP was high when she saw her. -If Resident #6 was administered both doses, the resident's BP could have gone "really high," especially since the resident's BP was already high and she was symptomatic. -High BP could cause the resident to be at risk for more kidney damage, a stroke, or a heart attack. Refer to the telephoneinterview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am. Refer to the interview with the SCC on 11/06/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 10:49am and 11:40am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 109	D 358		

3. Review of Resident #7's current FL2 dated 10/13/25 revealed:
-Diagnoses included hypertension, atrial fibrillation, left leg deep vein thrombosis (DVT), and hyperlipidemia.
-There was an order for Advair (used for the treatment of asthma and chronic obstructive pulmonary disease (COPD)) to inhale one puff twice daily. Rinse mouth after each use. Discard 30 days after removal from foil pack.

Review of Resident #7's primary care provider's (PCP) after visit summary dated 09/15/25 revealed:
-Resident #7 reported persistent wheezing, which occurred daily and was localized to the chest.
-Resident #7 had an intermittent, congested cough.
-An X-ray was ordered to evaluate for possible COPD.
-Advair was ordered for wheezing.
-Resident #7 had hypertensive heart and kidney disease with heart failure and chronic kidney disease.
-Resident #7 had a history of chronic systolic heart failure with a most recent ejection fraction of 45-50% in April 2025.

Review of Resident #7's PCP after-visit summary dated 10/13/25 revealed Resident #7 reported improvement in wheezing since being started on Advair.

Review of Resident #7's September 2025 electronic medication administration record (eMAR) from 09/15/25-09/30/25 revealed:
-There was an entry for Advair to inhale one puff twice daily. Rinse mouth after each use. Discard 30 days after removal from the foil pack, scheduled from administration at 8:00am and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 110	D 358		

8:00pm.
-Advair was documented as administered at 8:00pm on 09/16/25 and at 8:00am and 8:00pm from 09/17/25-09/30/25.

Review of Resident #7's October 2025 eMAR revealed:
-There was an entry for Advair to inhale one puff twice daily. Rinse mouth after each use. Discard 30 days after removal from the foil pack, scheduled from administration at 8:00am and 8:00pm.
-Advair was documented as administered daily from 10/01/25-10/31/25 at 8:00am and 8:00pm.
-On 10/08/25 at 8:00pm and on 10/12/25 at 8:00am there were no initials documented to show the medication was administered.

Review of Resident #7's November 2025 eMAR from 11/01/25-11/04/25 revealed:
-There was an entry for Advair to inhale one puff twice daily. Rinse mouth after each use. Discard 30 days after removal from the foil pack, scheduled from administration at 8:00am and 8:00pm.
-Advair was documented as administered daily from 11/01/25-11/04/25 at 8:00am and 8:00pm, and on 11/05/25 and 11/06/25 at 8:00am.

Observation of Resident #7's medication on hand on 11/05/25 at 4:06pm revealed:
-There was an Advair inhaler dispensed on 10/20/25 with a handwritten open date of 10/21/25.
-There were 46 of 60 inhalations remaining on the inhaler.

Second observation of Resident #7's medication on 11/05/25 at 4:06pm revealed:
-There was an Advair inhaler with 60 inhalations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 111 dispensed on 10/20/25 with a handwritten open date of 10/21/25. -There were 29 of 60 inhalations remaining on the inhaler. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed: -Advair inhalers were used to treat asthma and COPD. -Resident #7's Advair order dated 09/15/25 was for one puff twice daily. -An Advair inhaler was dispensed on 09/15/25 and on 10/20/25; each inhaler had 60 inhalations for a 30-day supply. -If Resident #7's Advair was not administered as ordered, the resident would not have resolution of his symptoms, which could be shortness of breath and wheezing. Interview with Resident #7 on 11/06/25 at 8:55am revealed: -He was supposed to use his Advair inhaler every morning and every night. -There were times he was not administered his inhaler. -He had not used his Advair inhaler today, 11/06/25. -He had been administered his other medications today, 11/06/25. -He missed his morning dose of Advair more than he missed his evening dose. -He had experienced wheezing when he did not receive his Advair, but not every time. Interview with a medication aide (MA) on 11/06/25 at 2:45pm revealed: -If Resident #7 had an order for an inhaler and it was on the eMAR, she administered the medication.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 112	D 358		

-Resident #7 did not refuse his medications.
-She did not know why, if the medication was opened on 10/21/25, there were only 14 puffs missing from the inhaler.
-She did not know why there were 46 inhalations on 11/05/25 and 29 inhalations on 11/06/25.
-She knew she administered Resident #7's inhaler when she was on the medication cart, but she could not say what anyone else did.

Interview with a second MA on 11/06/25 at 3:19pm revealed:
-She administered Resident #7's Advair inhaler every morning.
-She administered Resident #7's inhaler yesterday morning, 11/05/25, and today, 11/06/25.
-Resident #7 did not refuse his inhaler.
-She did not know why there were 46 inhalations on 11/05/25 and only 29 on 11/06/25.

Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:20pm revealed:
-Resident #7's Advair inhaler was for one inhalation twice daily.
-She expected the MAs to administer the medication as ordered and only document when the medication was administered.
-Resident #7 could have experienced shortness of breath if his inhaler was not administered as ordered.

Telephone interview with Resident #7's PCP on 11/06/25 at 11:54am revealed:
-She had ordered Advair for Resident #7 on 09/15/25 due to wheezing secondary to COPD.
-If Resident #7's Advair was not administered as ordered, the resident could experience an exacerbation of his COPD, which long term could cause congestive heart disease, which would be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 113	D 358		

hard on the resident's heart, and that was what she was most concerned about.

Interview with the Administrator on 11/07/25 at 11:40am revealed that he expected Resident #7's inhaler to be administered as ordered to help the resident with his breathing.

Refer to the telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am.

Refer to the interview with the SCC on 11/06/25 at 8:18am.

Refer to the interview with the Administrator on 11/07/25 at 10:49am and 11:40am.

4. Review of Resident #5's current FL-2 dated 01/13/25 revealed diagnoses included chronic atrial fibrillation, chronic obstructive pulmonary disease (COPD), and chronic diastolic congestive heart failure.

a. Review of Resident #5's signed physician's orders dated 01/13/25 revealed there was an order for levothyroxine 50mcg (used to treat low thyroid hormone) one tablet daily.

Review of Resident #5's October 2025 electronic medication administration record (eMAR) revealed:
-There was an entry for levothyroxine 50mcg 1 tablet daily with a scheduled administration time of 6:00am.
-There was documentation that levothyroxine 50mcg was administered 27 of 31 opportunities.

Review of Resident #5's November 2025 eMAR from 11/01/25 through 11/05/25 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 114	D 358		

-There was an entry for levothyroxine 50mcg 1 tablet daily with a scheduled administration time of 6:00am.
-There was documentation that levothyroxine 50mcg was administered 5 of 5 opportunities from 11/01/25-11/05/25.

Observation of medications on hand for Resident #5 on 11/04/25 at 3:53 pm revealed there were 27 of 30 tablets left in the levothyroxine 50mcg medication card with a dispense date of 10/25/25.

Observation of medication on hand for Resident #5 on 11/06/25 at 8:09am revealed there were 27 of 30 tablets left in the levothyroxine 50mcg medication card with a dispense date of 10/25/25.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 11:05am revealed:
-Resident #5's levothyroxine 50mcg was on cycle fill so the facility did not need to reorder it monthly.
-A 30-day supply of levothyroxine 50mcg was dispensed on 09/26/25 and 10/25/25.

Interview with Resident #5 on 11/06/25 at 9:10am revealed she did not recall if she received the levothyroxine medication every morning.

Interview with a medication aide (MA) on 11/06/25 at 12:25pm revealed:
-She did not administer Resident #5's levothyroxine medication because it was administered by the 3rd shift MA.
-When a medication was delivered, the old medication card was removed from the cart and the new card was put on the cart.

Interview with the Resident Care Coordinator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 115 (RCC) on 11/06/25 at 2:25pm revealed: -She was not aware the levothyroxine medication was not administered as ordered. -She would sometimes document on the eMAR that the levothyroxine was administered if the MA forgot to document because she did not want any missed medications on the eMAR. -She did not check to make sure the levothyroxine was actually administered before she documented. Interview with the Administrator on 11/06/25 at 4:00pm revealed: -He was not aware that Resident #5 did not receive levothyroxine as ordered. -He was concerned that Resident #5's thyroid levels may be low if she was not receiving the levothyroxine. -His expectation was to follow the physician orders as prescribed. Interview with Resident #5's primary care provider (PCP) on 11/06/25 at 4:40pm revealed: -She was not aware Resident #5 did not receive the levothyroxine as ordered. -She had not ordered a blood test to check Resident #5's thyroid levels. -She was concerned that Resident #5's thyroid levels may be low. -She expected the levothyroxine to be administered as ordered. b. Review of Resident #5's physician's order dated 07/18/25 revealed there was an order for Flonase allergy relief 50mcg (medication used to reduce inflammation of the airway) 1 spray in each nostril daily. Review of Resident #5's eMAR for September 2025 revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 116 -There was an entry for fluticasone spray 50mcg (generic name for Flonase) instill 1 spray in each nostril once daily with a scheduled administration time of 6:00am. -There was documentation fluticasone spray 50 mcg was administered 28 of 29 opportunities. Review of Resident #5's eMAR for October 2025 revealed: -There was an entry for fluticasone spray 50mcg instill 1 spray in each nostril once daily with a scheduled administration time of 6:00am. -There was documentation fluticasone spray was administered 27 of 31 opportunities. Review of Resident #5's eMAR for November 2025 from 11/01/25-11/05/25 revealed: -There was an entry for fluticasone spray 50mcg instill 1 spray in each nostril once daily with a scheduled administration time of 6:00am. -There was documentation fluticasone spray was administered 5 of 5 opportunities. Observation of Resident #5's medications on hand on 11/04/25 at 3:54pm revealed: -There was a box with fluticasone spray inside with a handwritten opened date of 10/01/25. -The fluticasone spray bottle had liquid that was above the label and full. Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 11:05am revealed a 30-day supply of fluticasone nasal spray was dispensed on 10/01/25 and consists of one bottle. Interview with Resident #5 on 11/06/25 at 9:10am revealed: -She did not recall if she received the fluticasone nasal spray every morning.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 117 -She denied having allergy symptoms. Interview with a MA on 11/06/25 at 12:25pm revealed she did not administer Resident #5's fluticasone. Interview with the RCC on 11/06/25 at 2:25pm revealed: -She was not aware the fluticasone was not administered as ordered. -She would document on the eMAR the fluticasone was administered if the MA forgot to document because she did not want any missed medications on the eMAR. -She did not check to make sure the fluticasone was administered by the MA before she documented it that it was. Interview with the Administrator on 11/06/25 at 4:00pm revealed: -He was not aware that Resident #5 did not receive fluticasone as ordered. -His expectation was to follow the physician orders as prescribed. Interview with Resident #5's PCP on 11/06/25 at 4:40pm revealed: -She was not aware Resident #5 did not receive the fluticasone as ordered. -She expected the fluticasone to be administered as ordered. c. Review of Resident #5's signed physicians orders dated 01/13/25 revealed there was an order for Advair HFA inhaler (a medication used to treat symptoms of COPD) inhale 2 puffs twice daily. Review of Resident #5's eMAR for September 2025 revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 118 -There was an entry for Advair HFA inhale 2 puffs twice daily scheduled at 6:00am and 6:00pm. -There was documentation that Advair HFA inhaler was administered 57 of 58 opportunities. Review of Resident #5's eMAR for October 2025 revealed: -There was an entry for Advair HFA inhale 2 puffs twice daily scheduled at 6:00am and 6:00pm. -There was documentation that Advair HFA inhaler was administered 57 of 62 opportunities. Review of Resident #5's eMAR for November 2025 from 11/01/25 through 11/05/25 revealed: -There was an entry for Advair HFA inhale 2 puffs twice daily scheduled at 6:00am and 6:00pm. -There was documentation that Advair HFA inhaler was administered 9 of 9 opportunities. Observation of medications on hand for Resident #5 on 11/04/25 at 3:55pm revealed: -There was an opened box of Advair HFA inhaler with a handwritten open date of 10/02/25. -There were 83 of 120 doses left on the inhaler count. Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 11:05am revealed a 30 day supply of Advair HFA medication was dispensed on 10/01/25 and consisted of 1 inhaler. Observation of Resident #5 on 11/06/25 at 9:10am revealed: -She was visibly short of breath with minimal activity. -She had increased respirations and pursed lip breathing (a technique that helps improve breathing efficiency).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 119 Interview with Resident #5 on 11/06/25 at 9:10am revealed: -She received an inhaler once a day but could not recall which medication it was. -She had shortness of breath all the time but did not remember if she let the staff know. Interview with a MA on 11/06/25 at 12:25pm revealed: -She administered Resident #5's Advair HFA inhaler for the 6:00pm dose. -She did not observe the resident being short of breath. -Resident #5's 6:00am dose was administered by the 3rd shift MA. Interview with the RCC on 11/06/25 at 2:25pm revealed: -She was not aware that the Advair HFA inhaler was not administered as ordered. -She would sometimes document on the eMAR that a medication was administered if the MA forgot to document because she did not want any missed medications on the eMAR. -She did not check to make sure the Advair HFA inhaler was administered before she documented it. Interview with the Administrator on 11/06/25 at 4:00pm revealed: -He was not aware that Resident #5 did not receive the Advair HFA inhaler as ordered. -He was concerned that Resident #5's may become short of breath. -His expectation was to follow the physician orders as prescribed. Interview with Resident #5's PCP on 11/06/25 at 4:40pm revealed: -She was not aware Resident #5 did not receive	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 120	D 358		

the Advair HFA inhaler as ordered.
-She was concerned that Resident #5 may have a COPD exacerbation and end up in the hospital.
-She expected the Advair HFA inhaler to be administered as ordered.

d. Review of Resident #5's signed triage note dated 03/04/25 revealed there was an order for Spiriva Respimat 2.5 mcg (a medication used to treat symptoms of COPD) inhale two puffs once a day.

Review of Resident #5's October 2025 eMAR revealed:
-There was an entry for Spiriva Respimat 2.5mcg inhale 2 puffs once daily with an administration time of 6:00am.
-There was documentation Spiriva was administered 27 of 31 opportunities.

Review of Resident #5's November 2025 eMAR from 11/01/25 to 11/06/25 revealed:
-There was an entry for Spiriva Respimat 2.5mcg, inhale 2 puffs once daily with an administration time of 6:00am.
-There was documentation Spiriva was administered 5 of 5 opportunities.

Observation of medications on hand for Resident #5 on 11/04/25 at 3:55pm revealed:
-There was a box for the Spiriva with a handwritten open date of 10/02/25.
-There was a Spiriva medication inhaler inside the box that was full and there were no administrations listed on the inhaler.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 11:05am revealed a 30-day supply of Spiriva was dispensed on 10/01/25 and consisted of 1 inhaler.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 121 Observation of Resident #5 on 11/06/25 at 9:10am revealed: -She was visibly short of breath with minimal activity. -She had increased respirations and pursed lip breathing. Interview with Resident #5 on 11/06/25 at 9:10am revealed that she did not recall if she received her Spiriva every morning. Interview with an MA on 11/06/25 at 12:25pm revealed she did not administer Resident #5's Spiriva medication. Interview with the RCC on 11/06/25 at 2:25pm revealed: -She was not aware the Spiriva medication was not administered as ordered to Resident #5. -She would sometimes document on the eMAR that a medication was administered if the MA forgot to document because she did not want any missed medications on the eMAR. -She did not check to make sure the Spiriva medication was administered before she documented it. Interview with the Administrator on 11/06/25 at 4:00pm revealed: -He was not aware that Resident #5 did not receive the Spiriva as ordered. -He was concerned that Resident #5 may become short of breath if she was not receiving the Spiriva. -His expectation was to follow the physician orders as prescribed. Interview with Resident #5's PCP on 11/06/25 at 4:40pm revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 122 -She was not aware Resident #5 did not receive the Spiriva as ordered. -She was concerned that Resident #5 could have a COPD exacerbation and end up in the hospital. -She expected the Spiriva to be administered as ordered. Attempted telephone interview with the 3rd shift MA on 11/06/25 at 10:21am was unsuccessful. Refer to the telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am. Refer to the interview with the SCC on 11/06/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 10:49am and 11:40am. 5. Review of Resident #1's current FL-2 dated 09/25/25 revealed: -Diagnoses included type 2 diabetes, acute kidney failure, dementia, and cognitive communication deficit. -There was an order for latanoprost solution 0.005% (used to treat elevated eye pressure) instill one drop in both eyes at bedtime. Review of Resident #1's signed physician orders dated 05/20/25 revealed there was an order for latanoprost solution 0.005% instill one drop in both eyes at bedtime. Review of Resident #1's September 2025 electronic medication administration record (eMAR) revealed: -There was an entry for latanoprost solution 0.005% instill one drop in both eyes at bedtime with a scheduled administration time of 8:00pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 123	D 358		

-There was documentation that latanoprost eye drops were administered 27 of 30 opportunities.
-There were no exceptions documented; one day was blank and two days had a dash (-) documented.

Review of Resident #1's October 2025 eMAR revealed:
-There was an entry for latanoprost solution 0.005% instill one drop in both eyes at bedtime with a scheduled administration time of 8:00pm.
-There was documentation that latanoprost eye drops were administered 26 of 31 opportunities.
-There were no exceptions documented; five days had a dash (-) documented.

Review of Resident #1's November 2025 eMAR from 11/01/25 to 11/04/25 revealed:
-There was an entry for latanoprost solution 0.005% instill one drop in both eyes at bedtime with a scheduled administration time of 8:00pm.
-There was documentation that latanoprost eye drops were administered 3 of 4 opportunities.
-There was no exception documented; one day had a dash (-) documented.

Observation of Resident #1's medication on hand on 11/04/25 at 3:36pm revealed there was no vial of latanoprost solution 0.005% eye drops on the medication cart and available for administration.

Observation of Resident #1's medication on hand on 11/05/25 at 11:56am revealed there was a sealed vial of latanoprost solution 0.005% eye drops on the medication cart and available for administration with a dispensed date of 09/02/25.

Observation of Resident #1's medications on hand on 11/07/25 at 10:16am revealed there was a sealed vial of latanoprost solution 0.005% eye

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 124	D 358		

drops on the medication cart and available for administration with a dispensed date of 09/02/25.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed:
-Resident #1 had an order for latanoprost 0.005% eye drops instill one drop to each eye at bedtime.
-The pharmacy dispensed one 2.5ml bottle of latanoprost eye drops on 03/24/25, 07/09/25, and 09/02/25.
-One 2.5ml bottle of latanoprost should last 25 to 30 days.
-The facility reordered the latanoprost eye drops when they were needed.
-The facility did not order latanoprost eye drops during the months of April 2025, May 2025, June 2025, August 2025, or October 2025.
-Latanoprost eye drops were used to lower increased eye pressure in the eyes related to glaucoma.

Interview with Resident #1's Power of Attorney (POA) on 11/07/25 at 8:08am revealed:
-Resident #1 was prescribed eye drops years ago by her eye doctor.
-Resident #1 had not seen her eye doctor in over a year.
-When she was admitted to the facility the Primary Care Provide (PCP) at the facility managed her eye drops.

Interview with a medication aide (MA) on 11/07/25 at 7:28am revealed:
-She administered Resident #1 her eye drops each night.
-Resident #1's eye drops were always available for administration.

Telephone interview with a MA on 11/07/25 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 125 10:33am revealed: -She administered eye drops to Resident #1 each night she worked. -Sometimes the eye drops were not available and she would call the pharmacy to have the eye drops delivered. -She did not know the bottle of eye drops on the medication cart were dispensed on 09/04/25 and the bottle was still sealed. -She did not understand why the bottle of eye drops were sealed, because she had administered the eye drops to Resident #1. Telephone interview with Resident #1's PCP on 11/07/25 at 4:02pm revealed: -Resident #1 was ordered latanoprost eye drops for glaucoma. -Latanoprost was used to decrease the eye pressure. -Resident #1 could have permanent damage and blindness if she was not administered the latanoprost eye drops as ordered. Interview with the Special Care Unit Coordinator (SCC) on 11/07/25 at 9:24am revealed: -Resident #1 had an order for eye drops each night at bedtime. -Resident #1's eye drops were not on cycle fill; the MAs had to reorder the eye drops when they were needed. -She did not know the eye drops were not ordered monthly. -She did not know the bottle of eye drops on the medication cart were dispensed on 09/04/25 and the bottle was still sealed. -It appeared the MAs were not administering Resident #1 her eye drops as ordered. Interview with the Administrator on 11/07/25 at 10:49am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 126 -He was concerned the Resident #1 was not being administered eye drops as ordered. -Resident #1 could have a negative outcome from the eye drops not being administered as ordered. -Resident #1's eye condition would not be treated appropriately. -He expected the MAs to administer the eye drops as ordered. Refer to the telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am. Refer to the interview with the SCC on 11/06/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 10:49am and 11:40am. _____ Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed: -The facility would fax new orders to the pharmacy or the PCP would electronically send the prescriptions (e-scripts) to the pharmacy. -The pharmacy staff would enter new orders into the eMAR. -The pharmacy would enter a discontinued order into the eMAR. -When a new medication was added to the eMAR or a medication was discontinued, the entry had to be approved by staff at the facility prior to the medication being administered or stopped. -The pharmacy would send an email to the facility to make them aware that a medication needed approval. Interview with the SCC on 11/06/25 at 8:18am revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 127	D 358		

-The PCP would send orders through email or e-scripts to the pharmacy.
-The pharmacy would email a copy of the e-script to the facility.
-The pharmacy entered the order into the eMAR.
-The order on the eMAR had to be approved by the SCC or RCC before the medication could be administered.
-The SCC or the RCC would approve the order once the medication arrived at the facility.
-The medication delivery was between 12:00am and 1:00am each morning.
-The MAs were responsible for bringing her the new medication.
-Once she received the medication, she would approve the order and the medication could be administered.
-She did not have time to observe a medication pass with the MAs.
-She had not done an observation of a medication pass in 2-3 months.
-She would like to do a medication cart audit weekly.
-The MA on each shift should be checking the medications of a few residents each day.
-The MAs had a schedule that had a list of the residents' medications/orders/eMARs to audit each day.

Interview with the Administrator on 11/07/25 at 10:49am and 11:40am revealed:
-He expected medications to be administered as ordered to prevent the resident from having a negative outcome.
-The SCC and MA in the SCU should audit the medication carts weekly.
-He did not know if the medications carts were being audited weekly.

_____

The facility failed to administer medications as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 358	Continued From page 128 ordered for a resident (#6) who had a hospitalization in September 2025 for GI problems; her GERD medication was increased from one tablet to two tablets daily but the medication was not given for 21 days, and the resident's medications for treating irritable bowel syndrome and for treating and preventing GI ulcers were also not administered as ordered, resulting in ongoing stomach pain. After the resident had a high blood pressure reading, the PCP lowered the dose of her medication for hypotension, but the resident received both doses for 5 days, placing her at risk for even higher blood pressure. A second resident (#5) was ordered medications to treat shortness of breath and inflammation of the airway but was not administered her medication as ordered and the resident continued to experience shortness of breath, increasing her risk of hospitalization for COPD exacerbation. Resident #1 was ordered but not administered eye drops for glaucoma placing her at risk for increased eye pressure which could cause permanent damage and blindness, and Resident #7 was ordered medication to treat wheezing and was not administered his medication as ordered and continued to experience wheezing. This failure to administer medications as ordered placed the residents at substantial risk of physical harm which constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/05/25 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 7, 2025.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 366	Continued From page 129	D 366		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication aide (MA) documented on the electronic medication administration record (eMAR) immediately after administering medications for 1 of 1 resident (#12). The findings are: Review of Resident #12's current FL2 dated 10/27/25 revealed: -Diagnoses included dementia, depression, hyperlipidemia, atrial fibrillation, stroke, hypothyroidism, and aortic stenosis. -She was constantly disoriented. -There was an order for olanzapine (an antipsychotic medication) 2.5mg once daily with a scheduled administration time of 8:00pm. Observation of Resident #12's room on 11/05/25 at 3:24pm revealed there was a medication cup with a white oblong tablet cut in half.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 366	Continued From page 130	D 366		

Review of Resident #12's November 2025 eMAR from 11/01/25-11/05/25 revealed:
-There was an entry for olanzapine 2.5mg once daily with a scheduled administration time of 8:00pm.
-Olanzapine 2.5mg was documented as administered from 11/01/25-11/04/25.

Observation of Resident #12's medications on hand on 11/05/25 at 4:40pm revealed:
-Resident #12's medication was in a multidose package.
-The individual bubble labeled as bedtime contained an olanzapine 2.5mg tablet.
-The individual bubbles for 11/05/25 and 11/06/25 bedtime were available to be administered.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed olanzapine was an antipsychotic used to treat agitation and/or depression.

Interview with Resident #12 on 11/06/25 at 4:15pm revealed:
-The pill in the cup was her pain pill.
-She was given the pill at lunch time every day, but she did not always take it.

Interview with a MA on 11/05/25 at 4:43pm revealed Resident #12 did not take medications at lunch; the resident was confused.

Interview with another MA on 11/06/25 at 11:20am revealed:
-Resident #12 had been refusing to take her medications.
-Resident #12 would act like she would take her medication and then take the medication out.
-She demonstrated how the resident would take her hand and rub her mouth.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 366	Continued From page 131	D 366		

-She would always check Resident #12's hands to make sure she did not take any medication out of her mouth.
-All the MAs were supposed to know to watch Resident #12 and ensure she took her medication.

Telephone interview with Resident #12's primary care provider (PCP) on 11/06/25 at 11:54am revealed:
-She knew Resident #12 had been refusing to take her medications.
-She was concerned another resident could have taken the olanzapine if it was left at the bedside and it would have caused the resident to be over-sedated.

Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:13pm revealed:
-The MA should have waited for Resident #12 to take her medicine, and if the resident refused, taken the medication out of the room.
-Medication should not be left in a resident's room.

Interview with the Administrator on 11/07/25 at 11:40am revealed:
-The MAs were to observe residents taking their medications before leaving the resident's room.
-The resident could have misused the medication, not taken the medication at all, or another resident could have taken the medication and had an allergic reaction.

Attempted telephone interview with the MA who documented she administered Resident #12's olanzapine on 11/04/25, on 11/06/25 at 4:30pm was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 132	D 367		
D 367	10A NCAC 13F .1004 (j) Medication Administration 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 the electronic medication administration record (eMAR) was accurate for 3 of 7 residents (#2, #5, and #6) related to a blood pressure (BP) medication, a fluid pill, and an insomnia medication (#2), an antifungal shampoo (#5), and a cough medicine (#6). The findings are:	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 133 1. Review of Resident #2's current FL-2 dated 10/20/25 revealed a diagnosis of hypertension. a. Review of Resident #2's signed physician order dated 09/27/25 revealed there was an order for furosemide 20mg (used to treat high BP and edema) daily for 3 days. Review of Resident #2's September 2025 eMAR from 09/27/25 to 09/30/25 revealed: -There was an entry for furosemide 20mg daily for 3 days, entered on 09/30/25, with a scheduled administration time of 8:00am. -There was no documentation furosemide was administered on 09/30/25; the eMAR was blank. Review of Resident #2's October 2025 eMAR from 10/04/25 to 10/22/25 revealed: -There was an entry for furosemide 20mg daily for 3 days with a scheduled administration time of 8:00am. -There was documentation that furosemide was administered daily at 8:00am for 21 of 22 opportunities from 10/04/25 to 10/22/25. -There was no documentation furosemide was administered 10/01/25-10/03/25; the eMAR was blank. Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed: -Resident #2 had an order for furosemide 20mg daily for 3 days dated 09/27/25. -The pharmacy dispensed 3 furosemide 20mg tablets on 09/29/25. -The pharmacy did not dispense any additional furosemide 20mg tablets for Resident #2. Interview with a medication aide (MA) on 11/05/25	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 134	D 367		

at 10:43am revealed:
-She knew furosemide 20mg was still on the eMAR and was being documented as administered.
-She told the Special Care Unit Coordinator (SCC) that the furosemide 20mg entry was still on the eMAR and being documented as administered but did not remember when she told the SCC.
-The SCC could remove the discontinued medications from the eMAR.
-The furosemide 20mg had only been administered 3 days; that was the amount of furosemide dispensed from the pharmacy.

Telephone interview with the Primary Care Provider (PCP) on 11/07/25 at 4:01pm revealed:
-She was reviewing Resident #2's eMARs yesterday, 11/06/25, and saw furosemide was being documented as administered.
-She notified the SCC to ensure the furosemide was not given after the initial 3-day order.

b. Review of Resident #2's signed physician order dated 09/28/25 revealed there was an order for lisinopril 10mg (used to treat high blood pressure) daily.

Review of Resident #2's signed physician order dated 10/19/25 revealed:
-There was an order to discontinue lisinopril 10mg daily.
-There was an order for lisinopril/hydrochlorothiazide 20mg-12.5mg daily.

Review of Resident #2's signed physician order dated 10/20/25 revealed:
-There was an order to discontinue lisinopril/hydrochlorothiazide 20mg-12.5mg daily.
-There was an order for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 135 lisinopril/hydrochlorothiazide 20mg-12.5mg daily. Review of Resident #2's October 2025 eMAR revealed: -There was an entry for lisinopril 10mg daily with an administration time of 8:00am. -There was documentation lisinopril 10mg was administered 30 of 31 opportunities from 10/01/25 to 10/31/25. -There was a second entry for lisinopril 20mg-12.5mg daily with a scheduled administration time of 8:00am. -There was documentation lisinopril 20mg-12.5mg daily was administered 7 of 8 opportunities from 10/24/25 to 10/31/25. -There was a third entry for lisinopril 10mg-12.5mg with a scheduled administration time of 8:00am. -There was documentation lisinopril 10mg-12.5mg 6 of 7 opportunities from 10/25/25 to 10/31/25. Review of Resident #2's November 2025 eMAR from 11/01/25 to 11/03/25 revealed: -There was an entry for lisinopril 10mg daily with an administration time of 8:00am. -There was documentation lisinopril 10mg was administered 3 of 3 opportunities from 11/01/25 to 11/03/25. -There was a second entry for lisinopril 20mg-12.5mg daily with a scheduled administration time of 8:00am. -There was documentation lisinopril 20mg-12.5mg daily was administered 3 of 3 opportunities from 11/01/25 to 11/03/25. -There was a third entry for lisinopril 10mg-12.5mg with a scheduled administration time of 8:00am. -There was documentation lisinopril 10mg-12.5mg 3 of 3 opportunities from 11/01/25	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 136 to 11/03/25. Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed: -Resident #2 had an order for lisinopril 10mg daily that was discontinued on 10/20/25. -Resident #2 had an order dated 10/20/25 for lisinopril/hydrochlorothiazide 20-12.5mg daily to start on 10/20/25 and that order was discontinued on 10/20/25. -Resident #2 had an order for lisinopril/hydrochlorothiazide 10-12.5mg daily dated 10/20/25. -Resident #2's lisinopril/hydrochlorothiazide 10-12.5mg was dispensed weekly in the multi dose packs. Interview with a MA on 11/05/25 at 10:43am revealed: -She knew there were three lisinopril orders on Resident #2's eMAR. -She told the SCC about the three lisinopril orders being on the eMAR but did not remember when. -The SCC could remove the discontinued medications from the eMAR. -She administered lisinopril/hydrochlorothiazide 10-12.5mg because that was in the multi-dose pack. -She did not realize when she signed the eMAR she signed the medications that had been discontinued but were still on the eMAR. Telephone interview with Resident #2's PCP on 11/07/25 at 4:01pm revealed: -She was reviewing Resident #2's eMARs yesterday, 11/06/25, and saw there were multiple entries for lisinopril. -She notified the SCC to let her know about the multiple entries for lisinopril on the eMAR.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 137 Interview with the Administrator on 11/04/25 at 4:55pm revealed: -The MAs should only document the lisinopril they administered. -The MAs should not be documenting on the lisinopril entry that was not the current order. Interview with the SCC on 11/06/25 at 8:18am revealed: -She was responsible for discontinuing medications from the eMAR. -She discontinued the two lisinopril entries from the eMAR; she did not know how they got back on the eMAR unless the pharmacy entered them. -She did not know until yesterday (11/05/25) when the PCP told her, the eMARs were not accurate. -The PCP was reviewing the eMAR and told her that the eMARs were not accurate. -She expected the MAs to let her know if there was something on the eMAR that was not accurate. -Some of the MAs were not paying attention to what they were doing; they were just clicking the button on the computer. -When the PCP was reviewing the eMARs, they could be confused about what medication the resident was taking. -All orders entered onto the eMAR had to be approved by her before they could be administered. Interview with the Administrator on 11/07/25 at 10:49am revealed: -The MAs should read the directions on the prescription label and compare it to the entry on the eMAR. -The SCC was responsible for entering medication orders onto the eMAR and removing discontinued orders from the eMAR.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 138	D 367		

c. Review of Resident #2's signed physician order dated 09/24/25 revealed there was an order for melatonin 3mg (used for insomnia) PRN nightly for insomnia.

Review of Resident #2's September 2025 eMAR from 09/24/25 to 09/30/25 revealed:
-There was an entry for melatonin at bedtime PRN for insomnia.
-There was no documentation that PRN melatonin 3mg was administered at bedtime from 09/24/25 to 09/30/25.

Review of Resident #2's October 2025 eMAR revealed:
-There was an entry for melatonin at bedtime PRN for insomnia.
-There was no documentation that PRN melatonin 3mg was administered at bedtime in October 2025.

Review of Resident #2's November 2025 eMAR from 11/01/25 to 11/04/25 revealed:
-There was an entry for melatonin at bedtime PRN for insomnia.
-There was no documentation that PRN melatonin 3mg was administered at bedtime from 11/01/25 to 11/04/25.

Observation of Resident #2's medication on hand on 11/04/25 at 11:33am revealed there were 11 of 30 melatonin 3mg tablets available for administration, which were dispensed on 09/24/25.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 9:35am revealed:
-Resident #2 had an order for melatonin 3mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 139	D 367		

tablets at bedtime PRN for insomnia dated 09/24/25.
-The pharmacy dispensed 30 melatonin 3mg tablets to be administered at bedtime PRN for insomnia on 09/24/25.

Interview with a MA on 11/07/25 at 8:01am revealed:
-She administered melatonin to Resident #2 in the evenings.
-She documented PRN medications on the eMAR.
-She did not realize she did not document the PRN melatonin on the eMAR; she thought she did.
-She should have documented the PRN melatonin on the eMAR.

Interview with another MA on 11/06/25 at 4:01pm revealed:
-The MA should document on the eMAR each time a PRN medication was administered.
-If the medication was not documented as administered, no one would know that the resident had taken a PRN medication.

Telephone interview with Resident #2's PCP on 11/07/25 at 4:01pm revealed:
-She reviewed residents' eMARs before she visited the resident in the facility.
-If she saw a PRN was not being documented as administered, she would discontinue the medication after 2 to 3 months.
-She wanted the eMAR to show the correct documentation of the medications that were being administered so she would know what the resident was taking.

Interview with the SCC on 11/06/25 at 8:18am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 140	D 367		

-The MAs should document on the eMAR when a PRN medication was administered.
-When the PCP reviewed the eMAR, the PCP may think the medication was not needed if the PCP did not see any documentation, and the PCP may discontinue the medication.

Interview with the Administrator on 11/07/25 at 10:49am revealed:
-The PRN medications should be documented on the eMAR when they were administered.
-The PRN medications should be accounted for.
-If there was no documentation on the residents' eMAR, the staff would not know who took the medications.

2. Review of Resident #6's current FL-2 dated 07/01/25 revealed diagnoses included diabetes mellitus, gastro-esophageal reflux disease (GERD), chronic kidney disease (CKD) stage 4, and hypertensive heart disease with heart failure.

Review of Resident #6's physician's order dated 09/06/25 revealed an order for benzonatate (used to relieve coughing) 100mg, take 1 capsule once daily for 7 days.

Review of Resident #6's September 2025 electronic medication administration record (eMAR) from 09/06/25-09/30/25 revealed:
-There was an entry for benzonatate 100mg, take 1 capsule once daily for 7 days, scheduled at 7:00pm.
-There was documentation benzonatate 100mg was administered at 7:00pm on 09/09/25-09/12/25 and 09/19/25-09/30/25.
-The exception documented for 09/13/25-09/18/25 was that the resident was out of the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 141	D 367		

Review of Resident #6's October 2025 eMAR revealed:
-There was an entry for benzonatate 100mg, take 1 capsule once daily for 7 days, scheduled at 7:00pm.
-There was documentation benzonatate 100mg was administered at 7:00pm from 10/01/25-10/13/25, and the medication was then documented as discontinued.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/05/25 at 9:58am revealed:
-Resident #6's benzonatate was dispensed on 09/06/25.
-Seven benzonatate 100mg tablets were dispensed for a 7-day supply; there were no other benzonatate tablets dispensed for Resident #6.

Interview with a medication aide (MA) on 11/06/25 at 3:19pm revealed:
-She documented that she administered Resident #6's benzonatate for more than 7 days because the resident had an order and the medication was on hand.
-Resident #6 had a second pack of benzonatate delivered, and the medication was administered.

Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:20pm revealed:
-The MAs should not have documented that they administered Resident #6's benzonatate if the medication was not on hand to be administered.
-If the medication was on the eMAR for 7 days, the MAs should have let her know the medication entry needed to be discontinued.

Interview with the Administrator on 11/07/25 at 11:40am revealed the MAs should document on the eMARs to accurately show what was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 142	D 367		

administered to the residents.
3. Review of Resident #5's current FL-2 dated 01/13/25 revealed diagnoses included chronic atrial fibrillation, chronic obstructive pulmonary disease, and chronic diastolic congestive heart failure.

Review of Resident #5's signed physicians orders dated 04/28/25 revealed there was an order for ketoconazole 2% shampoo (used to treat fungal infections of the skin and scalp) apply Monday, Wednesday, Friday for 14 days.

Review of Resident #5's electronic medication administration record (eMAR) for September 2025 revealed:
-There was an entry for ketoconazole 2% shampoo with directions to apply shampoo topically to face and scalp and let it sit for 5 minutes then rinse on Monday, Wednesday, and Friday.
-There was documentation the ketoconazole shampoo was administered 11 of 12 opportunities.

Review of Resident #5's eMAR for October 2025 revealed:
-There was an entry for ketoconazole 2% shampoo with directions to apply shampoo topically to face and scalp and let it sit for 5 minutes then rinse on Monday, Wednesday, and Friday.
-There was documentation the ketoconazole shampoo was administered 14 of 14 opportunities.

Review of Residents #5's eMAR for November 2025 from 11/01/25 through 11/06/25 revealed:
-There was an entry for ketoconazole 2% shampoo with directions to apply topically to face

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 143	D 367		

and scalp and let it sit for 5 minutes then rinse on Monday, Wednesday, and Friday.
-There was documentation the ketoconazole shampoo was administered 1 of 1 opportunity.

Observation of medications on hand for Resident #5 on 11/05/25 at 10:22am revealed there was one bottle of ketoconazole 2% shampoo and it was still sealed with a dispense date of 04/28/25.

Telephone interview with a representative from the facility's contracted pharmacy on 11/05/25 at 11:05am revealed the pharmacy dispensed one bottle of ketoconazole 2% shampoo for Resident #5 on 04/28/25.

Observation of Resident #5 on 11/04/25 at 8:25am revealed:
-She had a scratch above her left eyebrow.
-She was scratching her head and face.
-She had dry patches of skin above her right eye.

Interview with Resident #5 on 11/06/25 at 9:10 am revealed:
-She did not recall if she received ketoconazole 2% shampoo on Monday, Wednesday and Friday.
-She complained of itchy skin on her face and scalp.

Interview with a medication aide (MA) on 11/06/25 at 12:25pm revealed:
-She did not administer Resident #5's ketoconazole 2% shampoo.
-She thought that the Resident Care Coordinator (RCC) was administering the ketoconazole.
-She did not confirm with the RCC if she was administering the ketoconazole.

Interview with the RCC on 11/06/25 at 2:25pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 367	Continued From page 144 revealed: -She was not aware that Resident #5's ketoconazole 2% medicated shampoo was being documented as administered on the eMAR but the bottle was still sealed. -She missed that the order was only supposed to be for 14 days. -She and the MAs used to do cart audits but stopped at the beginning of September 2025, which consisted of printing out the eMAR and comparing them to what was on hand in the medication cart. -She was not sure why the ketoconazole 2% was missed during the audit. Interview with the Administrator on 11/06/25 at 4:00pm revealed: - He was not aware that Resident #5 did not receive the ketoconazole 2% shampoo as ordered and was still being documented as administered in August 2025, September 2025 and October 2025. -He expected the documentation on the eMARS to be accurate.	D 367		
D 375	10A NCAC 13F .1005 (a) Self-Administration Of Medications 10A NCAC 13F .1005 Self -Administration Of Medications (a) An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 145 prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 4 of 4 sampled residents had a physician's order to self-administer medication observed in the residents' rooms in the Assisted Living (AL) (#11, #12, #13, and #14). The findings are: Review of the facility's Resident Self-Management and Storage of Medications policy dated September 2021 revealed: -Any prospective or current resident who desired to self-manage his/her medications must first successfully complete the Self-Administration Assessment in Matrix Care (the facility's computer system), completed by the Resident Care Coordinator (RCC) or designee. The Executive Director shall approve all self-management of medication(s). -File the completed Assessment for Medication Self-Management in the resident's chart with the resident's assessment. -Once the resident had satisfactorily passed the evaluation, the RCC or designee would ensure there was a physician's order in place that indicated the resident was able to store and self-administer his/her medications. -In addition, for residents who self-administered their medications, it was required that specific instructions for the administration of prescription medications be printed on the medication label. -A re-evaluation of the resident's ability to safely	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 146	D 375		

store and self-administer his/her medications would be conducted quarterly, or sooner if indicated by a change in status, and as required by State Regulations.
-Residents with a diagnosis of memory impairment would not be permitted to self-manage their medication.

1. Review of Resident #12's current FL2 dated 10/27/25 revealed:
-Diagnoses included dementia, depression, hyperlipidemia, atrial fibrillation, stroke, hypothyroidism, and aortic stenosis.
-She was constantly disoriented.
-There was an order for Refresh eye drops (used as a lubricant for irritation), instill one drop in the eyes before meals and at bedtime for irritation.
-There was no order for self-administration of any medication.

Observation of Resident #12's room on 11/04/25 at 8:25am revealed a bottle of Systane eye drops (used as a lubricant for irritation) sitting on her bedside table; the bottle was not labeled with instructions.

Review of Resident #12's November 2025 electronic medication administration records (eMARs) from 11/01/25-11/05/25 revealed:
-There was no entry for Systane eye drops.
-There was an entry for Refresh eye drops, instill one drop in eyes before meals and at bedtime for irritation.
-There was documentation Refresh eye drops were administered at 7:30am, 11:30am, 4:30pm, and 8:00pm from 11/01/25-11/02/25 and 11/04/25.
-There was documentation Refresh eye drops were administered at 7:30am and 8:00pm from 11/03/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 147 -There were no exceptions documented for the 11:30am and 4:30pm missed doses on 11/03/25. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed: -Systane eye drops were used for "rewetting". -Resident #12 had an order for Systane eye drops, but the order was changed to Refresh eye drops. -Resident #12 did not have an order on file to self-administer her eye drops. Interview with Resident #12 on 11/06/25 at 4:15pm revealed: -She used her eye drops every day. -She used the eye drops whenever she needed them, but could not say how often. Interview with a personal care aide (PCA) on 11/06/25 at 11:20am revealed she had not seen eye drops in Resident #12's room. Interview with a medication aide (MA) on 11/06/25 at 11:28am revealed: -She had taken eye drops out of Resident #12's room. -She went in to administer the resident's eye drops, and the resident told her she had her own. -She did not recall when this happened. Interview with a second MA on 11/06/25 at 3:07pm revealed she had not seen eye drops in Resident #12's room; her eye drops should be on the medication cart. Interview with a third MA on 11/06/25 at 3:49pm revealed she saw the eye drops in Resident #12's room last night, 11/05/25, and removed them from the room.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 148 Telephone interview with Resident #12's primary care provider (PCP) on 11/06/25 at 11:54am revealed: -She thought she had written an order for Resident #12 to self-administer her eye drops and keep them at the bedside. -She was not concerned Resident #12 had eye drops in her room. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:13pm revealed Resident #12 did not have an order to self-administer her eye drops, and the eye drops should not have been in her room. Telephone interview with the Licensed Health Professional Services (LHPS) nurse on 11/07/25 at 8:18am revealed she had not completed a medication self-administration assessment on Resident #12. Refer to the interview with a PCA on 11/06/25 at 11:20am. Refer to the interview with a MA on 11/06/25 at 11:28am. Refer to the telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am. Refer to the interview with the RCC on 11/06/25 at 4:13pm. Refer to the telephone interview with the LHPS nurse on 11/07/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 11:40am.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 149 2. Review of Resident #11's current FL2 dated 02/17/25 revealed: -Diagnoses included hyperlipidemia, gastroesophageal reflux disease (GERD), gastrointestinal bleed, hypertension, and lower back pain. -There was no order for self-administration of any medication. Observation of Resident #11's room on 11/04/25 at 8:24am revealed a tube of Neosporin ointment (topical antibiotic ointment) on her bedside table; the tube was not labeled with instructions. Review of Resident #11's November 2025 electronic medication administration records (eMARs) from 11/1/25-11/05/25 revealed there was no entry for Neosporin. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed: -Neosporin was a topical antibiotic. -Resident #11 did not have an order for Neosporin. -Resident #11 did not have an order on file to self-administer Neosporin. Interview with Resident #11 on 11/06/25 at 4:11pm revealed: -She used Neosporin on her elbow. -She used the Neosporin "about" once a week. Interview with a medication aide (MA) on 11/06/25 at 11:28am revealed: -She had not seen Neosporin in Resident #11's room. -Resident #11 could probably self-administer the Neosporin without any problems.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 150 Interview with a second MA on 11/06/25 at 3:07pm revealed Resident #11 should not have Neosporin in her room. Telephone interview with Resident #11's primary care provider (PCP) on 11/06/25 at 11:54am revealed she was not concerned Resident #11 had Neosporin in her room. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:13pm revealed Resident #11 did not have an order to self-administer her Neosporin, and the ointment should not have been in her room. Telephone interview with the Licensed Health Professional Services (LHPS) nurse on 11/07/25 at 8:18am revealed she had not completed a medication self-administration assessment on Resident #11. Refer to the interview with a PCA on 11/06/25 at 11:20am. Refer to the interview with a MA on 11/06/25 at 11:28am. Refer to the telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am. Refer to the interview with the RCC on 11/06/25 at 4:13pm. Refer to the telephone interview with the LHPS nurse on 11/07/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 11:40am.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 151 3. Review of Resident #13's current FL2 dated 10/06/25 revealed: -Diagnoses included asthma, obstructive sleep apnea, hyperlipidemia, and atrial fibrillation. -There was an order for fluticasone (used to treat allergies), instill 2 sprays in each nostril once daily as needed for congestion. -There was no order for self-administration of any medication. Observation of Resident #13's room on 11/04/25 at 8:21am revealed a bottle of fluticasone nasal spray on her bedside table; the bottle was not labeled with instructions. Review of Resident #13's November 2025 electronic medication administration records (eMARs) from 11/1/25-11/05/25 revealed: -There was an entry for fluticasone nasal spray instill 2 sprays in each nostril once daily as needed for congestion. -There was documentation fluticasone was administered on 11/01/25. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed: -Fluticasone was used for allergies and/or nasal congestion. -Resident #13 had an order for fluticasone nasal spray, use 2 sprays in each nostril once daily as needed for congestion. -If the fluticasone was not used as ordered, the issue would not be resolved. -If fluticasone was used more than the prescribed amount, the resident could experience nasal irritation. -Resident #13 did not have an order on file to self-administer the fluticasone.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 152 Interview with Resident #13 on 11/05/25 at 3:10pm revealed: -She used the nasal spray once a week. -She sprayed one spray in each nostril. Interview with a personal care aide (PCA) on 11/06/25 at 11:20am revealed she had not seen a nasal spray in Resident #13's room. Interview with a medication aide (MA) on 11/06/25 at 11:28am revealed: -She had not seen a nasal spray in Resident #13's room. -Resident #13 should not have a nasal spray in her room. -Resident #13 was a new resident and probably brought the nasal spray with her. Interview with a second MA on 11/06/25 at 3:07pm revealed Resident #13 should not have fluticasone in her room; it should be on the medication cart. Telephone interview with Resident #13's primary care provider (PCP) on 11/06/25 at 11:54am revealed she was not concerned Resident #13 had a nasal spray in her room. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:13pm revealed Resident #13 did not have an order to self-administer her fluticasone, and the nasal spray should not have been in her room. Telephone interview with the Licensed Health Professional Services (LHPS) nurse on 11/07/25 at 8:18am revealed she had not completed a medication self-administration assessment on Resident #13.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 153 Refer to the interview with a PCA on 11/06/25 at 11:20am. Refer to the interview with a MA on 11/06/25 at 11:28am. Refer to the telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am. Refer to the interview with the RCC on 11/06/25 at 4:13pm. Refer to the telephone interview with the LHPS nurse on 11/07/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 11:40am. 4. Review of Resident #14's current FL2 dated 03/17/25 revealed: -Diagnoses included vascular dementia, arthritis, and hypertension. -There was an order for cooling pain relief 4% gel (used for temporary relief of aches and pains), apply a small amount to affected areas of the right neck, shoulder, and knee, three times daily as needed. -There was no order for self-administration of any medication. Observation of Resident #14's room on 11/04/25 at 8:22am revealed a bottle of Biofreeze (used for temporary relief of aches and pains) on her bedside table; the bottle was not labeled with instructions. Review of Resident #14's November 2025 electronic medication administration records	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 154	D 375		

(eMARs) from 11/1/25-11/05/25 revealed:
-There was an entry for cooling pain gel 4% with the directions to apply a small amount topically to affected areas on the lower back three times daily, with a scheduled application time of 8:00am, 2:00pm, and 8:00pm.
-There was documentation the cooling pain gel was administered three times daily from 11/01/25-11/03/25 and twice daily on 11/04/25 and 11/05/25.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed:
-Resident #14's order for cooling pain gel was the same thing as Biofreeze.
-If the Biofreeze was used too often, it could cause skin irritation.
-Resident #14 did not have an order on file to self-administer the Biofreeze.

Interview with Resident #14 on 11/04/25 at 2:28pm revealed she used the Biofreeze on her back.

Telephone interview with Resident #14's family member on 11/04/25 at 2:28pm revealed:
-Resident #14 was using the Biofreeze every day, but it was difficult for her to apply.
-The resident had not used the Biofreeze in about two weeks.
-The resident would like to have the Biofreeze applied every day because her back hurt.

Interview with a personal care aide (PCA) on 11/06/25 at 11:20am revealed she had not seen Biofreeze gel in Resident #14's room.

Interview with a medication aide (MA) on 11/06/25 at 11:28am revealed she had not seen Biofreeze

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 155 in Resident #14's room. Telephone interview with Resident #14's primary care provider (PCP) on 11/06/25 at 11:54am revealed she was not concerned Resident #14 had Biofreeze in her room. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 4:13pm revealed: -Resident #14 did not have an order to self-administer Biofreeze. -Staff may have left the Biofreeze in the resident's room by accident. -The Biofreeze should not have been in the resident's room. Telephone interview with the Licensed Health Professional Services (LHPS) nurse on 11/07/25 at 8:18am revealed she had not completed a medication self-administration assessment on Resident #14. Refer to the interview with a PCA on 11/06/25 at 11:20am. Refer to the interview with a MA on 11/06/25 at 11:28am. Refer to the telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am. Refer to the interview with the RCC on 11/06/25 at 4:13pm. Refer to the telephone interview with the LHPS nurse on 11/07/25 at 8:18am. Refer to the interview with the Administrator on 11/07/25 at 11:40am.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 156 Interview with a PCA on 11/06/25 at 11:20am revealed: -She had not seen any medications in the resident rooms. -If she saw medications in a resident's room, she would tell the MA or the RCC. Interview with a MA on 11/06/25 at 11:28am revealed that if she saw medication in a resident's room, she would give it to the RCC. Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 9:52am revealed if a resident had an order to self-administer a medication, the medication would be entered on the eMAR with documentation that the medication could be kept at bedside. Interview with the RCC on 11/06/25 at 4:13pm revealed: -A physician's order was needed for any resident to have medication in their room. -The LHPS nurse completed the assessment to determine if a resident could self-administer a medication. Telephone interview with the LHPS nurse on 11/07/25 at 8:18am revealed: -When a resident had an order to self-administer a medication, staff would notify her so she could complete a self-administration assessment. -Residents could not self-administer medication until she determined the resident could do so safely. -If it was determined a resident could not safely administer the medication, she would not approve, and the PCP would be notified.	D 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 375	Continued From page 157 Interview with the Administrator on 11/07/25 at 11:40am revealed: -Medication should be kept on the medication cart, not in a resident's room. -He expected staff to keep an eye out for medications in residents' rooms and give the medication to the MA if any were seen. -He would be concerned a resident could misuse the medication if the resident had not been assessed to self-administer their medications.	D 375		
D 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a medication cart and the medication room in the special care unit (SCU) were locked when not under the direct supervision of a medication aide (MA). The findings are: Observation of the medication cart and the medication room in the SCU on 11/04/25 from 3:25pm to 4:05pm revealed: -There were two medication carts next to each other, in the hallway outside of the nurse's station, next to the dining room and the living room.	D 378		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 378	Continued From page 158	D 378		

-One of the two medication carts were unlocked.
-The medication room was located behind the nurse's station; the medication room door was propped open.
-There was a half door with a slide lock on the inside of the half door to secure the nurse's station and the medication room.
-There were 10 residents sitting in the dining room, 10 residents sitting in the living room, and 2 residents in the hallway next to the medication carts.
-From 3:25pm to 3:35pm, there were no staff in the living room, dining room, nurse's station, or in the hallway supervising the medication cart or the medication room.
-At 3:30pm, a resident was observed pulling on the drawers of the locked medication cart sitting in the hallway.
-At 3:33pm, a second resident was observed pulling on the drawers of the locked medication cart sitting in the hallway.
-The two residents did not attempt to open the drawers on the unlocked medication cart.
-At 3:36pm, the MA returned to the unlocked medication cart, opened the top drawer, removed a medication, and did not lock the medication cart, but remained next to the medication cart; the medication room remained unlocked and propped open.
-At 3:50pm, the medication cart remained unlocked, and the medication room door remained propped open, and there was no MA supervising the medication cart or the medication room.
-There were two personal care aides (PCA) standing next to the nurse's station, who informed the surveyor that the MA had gone on break, and she may be gone an hour.
-At 4:05pm, the surveyor informed the Special Care Unit Coordinator (SCC) of the unlocked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 378	Continued From page 159	D 378		

medication cart and the medication room door being propped open; the SCC locked the medication cart and closed and locked the medication room door.

Observation of the SCU nurses' station on 11/05/25 at 8:58am revealed a resident reached over the half door at the nurse's station and unlocked the door, opened the door and proceeded to walk in the nurse's station before being stopped by the MA.

Interview with the MA on 11/04/25 at 4:44pm revealed:
-All medications should be secured by locking the medication cart and the medication room.
-She did tend to forget to lock the medication cart sometimes.
-The residents could open the medication cart and remove and take medications.
-If the residents had pulled on the drawers of the unlocked medication cart, they could have taken medications.
-She thought she locked the medication cart after she removed the medication from the top drawer.
-The medication room door was left open so the PCA could get things for the residents, such as cigarettes.
-The residents could not get to the medication room because the half door locked from the inside.

Interview with the SCC on 11/06/25 at 8:18am revealed:
-All medication should be secured by locking the medication in the medication cart or the medication room.
-The medication cart should be locked, and the medication room door should be closed and locked when the MA was not at the nurse's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 378	Continued From page 160 station. -There were medications on the medication cart and in the medication room and legal documents in the medication room that would be accessible to others if the medication cart and the medication room was unlocked. -A resident could go in the medication cart, get medication and ingest it. -She expected the medication cart and the medication room to be locked when the MA was not in the area to supervise. Interview with the Administrator on 11/07/25 at 10:49am revealed: -Residents could access the medications if the medication carts and the medication room were unlocked. -The residents could take the medications or give them to another resident to consume, and the residents could be harmed. -The MAs were expected to ensure all medication carts and the medication room were locked.	D 378		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 161	D 451		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to notify the local county Department of Social Services (DSS) of an incident/accident that required emergency medication evaluation for 3 of 3 sampled residents (#1, #2, and #4) including a fall (#1 and #4) and resident to resident altercations with injury (#2).

The findings are:

Review of the facility's policy for incident reporting dated September 2021 revealed:
-Incident reports should be completed for any incident involving a resident or a resident and staff.
-Incident reports should be sent to the DSS within 48 hours if the resident received medical intervention greater than first aid.

1. Review of Resident #1's current FL-2 dated 09/30/25 revealed:
-Diagnoses included dementia and delusional disorder.
-She was intermittently confused.
-She was ambulatory.

Review of Resident #1's incident report dated 11/04/25 revealed:
-The time of the incident was 7:20am.
-The type of incident was behavioral with physical assault.
-Resident #1 informed the medication aide (MA) she was bleeding from her head.

Telephone interview with a MA on 11/07/25 at 10:33am revealed:
-She worked third shift when the incident happened between Resident #1 and another resident on the morning of 11/04/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 162	D 451		

-She found Resident #1 on the floor.
-Resident #1 was angry because one resident was trying to hit a second resident with the leg of a wheelchair.
-Resident #1 tried to stop the resident from hitting the second resident.
-During the scuffle, Resident #1 fell and hit her head.

Interview with a second MA on 11/07/25 at 8:01am revealed:
-She worked first shift on Tuesday, 11/04/25, when the incident/accident between Resident #1 and another resident.
-The accident/incident happened on third shift around 7:00am.
-Resident #1 was involved in the altercation with another resident.
-Resident #1 had an injury on the back of her head and was bleeding.
-The MA sent Resident #1 to the hospital.

Refer to the telephone interview with the Adult Services Supervisor at the local DSS on 11/06/25 at 2:39pm.

Refer to the interview with the Special Care Coordinator (SCC) on 11/07/25 at 9:24am.

Refer to the interview with the Administrator on 11/07/25 at 10:49am.

2. Review of Resident #2's current FL-2 dated 10/20/25 revealed:
-Diagnoses included Alzheimer's disease with psychotic episodes and major depressive disorder.
-She was ambulatory.
-She was constantly disoriented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 163	D 451		

Review of Resident #2's incident report dated 11/03/25 revealed:
-The time of the incident was 2:00pm.
-The type of incident was a fall.
-Resident #2 was found lying in the hallway with a head injury.
-Resident #2 had a head injury that was bleeding.
-Emergency Medical Services (EMS) was called and Resident #2 was transferred to the Emergency Department (ED).

Interview with a personal care aide (PCA) on 11/07/25 at 8:01am revealed:
-Resident #2 walked into another resident's room.
-The other resident did not want Resident #2 in her room.
-The other resident tried to get Resident #2 out of her room.
-The other resident pushed Resident #2 and she fell; Resident #2 hit her head when she fell.

Interview with a medication aide (MA) on 11/07/25 at 8:05am revealed:
-She saw Resident #2 lying in the hallway in front of another resident's room.
-She did not see the other resident push Resident #2, but she did hear yelling coming from that area of the hallway.
-She completed the incident report in the computer.

Refer to the telephone interview with the Adult Services Supervisor at the local DSS on 11/06/25 at 2:39pm.

Refer to the interview with the (SCC) Special Care Coordinator on 11/07/25 at 9:24am.

Refer to the interview with the Administrator on 11/07/25 at 10:49am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 164 3. Review of Resident #4's current FL-2 dated 09/30/25 revealed: -Diagnoses included vascular dementia, chronic heart failure, epilepsy, and dysphagia. -He was non-ambulatory. -He was incontinent of bowel and bladder. -He was total care. Review of Resident #4's electronic progress note dated 10/16/25 revealed: -Resident #4 was found lying on the floor of his bedroom with a hematoma to the right side of his forehead. -Resident #4 was sent to the Emergency Department (ED) on 10/15/25 at 11:20am. Interview with a medication aide (MA) on 11/06/25 at 11:09am revealed: -She worked with Resident #4 on 10/15/25, the day of his fall. -The personal care aide (PCA) told her the resident had a fall. -She did not complete an accident/incident report, because she thought the Special Care Unit Coordinator (SCC) completed the incident report. -Resident #4 had a hematoma on the right side of his forehead. -She sent Resident #4 to the ED. Refer to the telephone interview with the Adult Services Supervisor at the local DSS on 11/06/25 at 2:39pm. Refer to the interview with the SCC on 11/07/25 at 9:24am. Refer to the interview with the Administrator on 11/07/25 at 10:49am.	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 165	D 451		

Telephone interview with the Adult Services Supervisor at the local DSS on 11/06/25 at 2:39pm revealed:
-The facility should send a report to DSS by email or fax when a resident was sent to the ED related to injury or when there were resident-to-resident altercations.
-The DSS had requested the incident/accident reports be sent within 24 hours of the incident/accident report; the state requirement was within 48 hours of the report.

Interview with the SCC on 11/07/25 at 9:24am revealed:
-The MAs were responsible for completing the accident/incident reports immediately following any resident involved in accidents/incidents.
-The MAs were responsible for telling the SCC when an accident/incident had happened and when the report was completed.
-She sent the incident/accident reports to the Administrator after she reviewed them.
-The Administrator was responsible for sending the accident/incident reports to the DSS.
-The Administrator had 72 hours to get the report to the DSS.
-She thought the facility had 72 hours to get the incident/accident reports to the DSS; she did not know it was 48 hours from the time of the incident.

Interview with the Administrator on 11/07/25 at 10:49am revealed:
-The SCC was responsible for sending him the accident/incident reports.
-He was responsible for sending the reportable accident/incident reports to the DSS.
-He sent the reportable accident/incident reports by email.
-The management staff had to do a better job of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 451	Continued From page 166 completing the incident/accident reports and getting the reports to him to ensure he had time to get them to the DSS within 48 hours. -The MAs were responsible for telling the SCC when a reportable incident/accident occurred so she can look for an incident/accident report.	D 451		
D 456	10A NCAC 13F .1212(g) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (g) In the case of physical assault by a resident or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately: (1) seek the assistance of the local law enforcement authority; (2) provide additional supervision of the threatening resident to protect others from harm; (3) seek any needed emergency medical treatment; (4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the threatening resident; and (5) cooperate with assessment personnel assigned to the case by the Local Management Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to contact law enforcement for 1 of 1 sampled residents (#1) following a resident-to-resident altercation resulting in the resident being sent to the Emergency Department (ED).	D 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 456	Continued From page 167 The findings are: Review of Resident #1's current FL-2 dated 09/30/25 revealed: -Diagnoses included dementia and delusional disorder. -She was intermittently confused. -She was ambulatory. Review of Resident #1's incident report dated 11/04/25 revealed: -The time of the incident was 7:20am. -The type of incident was behavioral with physical assault. -Resident #1 informed the medication aide (MA) she was bleeding from her head. Review of the other resident's incident report dated 11/04/25 revealed: -The time of the incident was 7:20am. -The type of incident was behavior, physical aggression. -The resident came out of her room and launched toward a third resident with a sharp object, moving toward the resident in a violent way, shouting and charging at the third resident. -Resident #1 grabbed the resident who was the aggressor and attempted to remove the sharp object from the resident's hand. -During the struggle Resident #1 fell and hit her head; there were no injuries. -There was no immediate action taken. Interview with a MA on 11/07/25 at 1:00pm revealed: -She made the phone call to 911 on 11/07/25. -She informed the dispatcher that a resident suffered from a head injury after an altercation with another resident.	D 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 456	Continued From page 168 -She was asked by the dispatcher if the assaulted resident wanted to file a police report. -She told the dispatcher "No", because the residents were in a "dementia unit" at the facility. -EMS came and took the resident to the hospital to be evaluated. Telephone interview with a representative from the local law enforcement on 11/07/25 at 2:47pm revealed the local law enforcement had not been notified of a resident-to-resident assault at the facility. Interview with the Administrator on 11/07/25 at 10:49am revealed: -The facility did not contact the local law enforcement. -The local law enforcement came to the facility each time Emergency Medical Services (EMS) was called. -He did not know the local law enforcement did not come to the facility on 11/04/25 when there was an altercation with injury. -He did not know he needed to seek the assistance of the local law enforcement when there was a resident-to-resident altercation with injury.	D 456		
D 465	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 169 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to ensure the minimum number of staff were present at all times to meet the needs of residents residing in the Special Care Unit (SCU) for 23 of 30 shifts sampled from 10/17/25-11/03/25. The findings are: Review of the facility's 2025 license from the Division of Health Service Regulation revealed the facility was licensed for a SCU with a capacity of 48 beds. Review of the SCU census dated 10/17/25-11/03/25 revealed a census of 40 residents, requiring 40 aide hours on first and second shift and 32 hours on third shift. Review of the Employee Time Cards dated 10/17/25 revealed: -There were 20.75 aide hours provided on the second shift, leaving the shift short 19.25 aide hours. -There were 27.5 aide hours provided on the third shift, leaving the shift short 4.5 aide hours. Review of the Employee Time Cards dated 10/18/25 revealed: -There were 30.5 aide hours provided on the first shift, leaving the shift short 9.5 aide hours. -There were 24.25 aide hours provided on the second shift, leaving the shift short 15.75 aide hours.	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 170 -There were 21.5 aide hours provided on the third shift, leaving the shift short 10.5 aide hours. Review of the Employee Time Cards dated 10/19/25 revealed: -There were 23 aide hours provided on the second shift, leaving the shift short 17 aide hours. -There were 24 aide hours provided on the third shift, leaving the shift short 8 aide hours. Review of the Employee Time Cards dated 10/25/25 revealed: -There were 29.75 aide hours provided on the first shift, leaving the shift short 10.25 aide hours. -There were 33.75 aide hours provided on the second shift, leaving the shift short 6.25 aide hours. -There were 11.5 aide hours provided on the third shift, leaving the shift short 20.5 aide hours. Review of the Employee Time Cards dated 10/26/25 revealed: -There were 37 aide hours provided on the first shift, leaving the shift short 3 aide hours. -There were 26.75 aide hours provided on the second shift, leaving the shift short 13.25 aide hours. -There were 11.5 aide hours provided on the third shift, leaving the shift short 20.5 aide hours. Review of the Employee Time Cards dated 10/31/25 revealed: -There were 32.5 aide hours provided on the second shift, leaving the shift short 7.5 aide hours. -There were 19 aide hours provided on the third shift, leaving the shift short 12 aide hours. Review of the Employee Time Cards dated 11/01/25 revealed:	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 171	D 465		

-There were 34 aide hours provided on the first shift, leaving the shift short 6 aide hours.
-There were 37.5 aide hours provided on the second shift, leaving the shift short 2.5 aide hours.
-There were 26.5 aide hours provided on the third shift, leaving the shift short 5.5 aide hours.

Review of the Employee Time Cards dated 11/02/25 revealed:
-There were 31.5 aide hours provided on first shift, leaving the shift short 8.5 aide hours.
-There were 28 aide hours provided on the second shift, leaving the shift short 12 aide hours.
-There were 19 aide hours provided on the third shift, leaving the shift short 13 aide hours.

Review of the Employee Time Cards dated 11/03/25 revealed:
-There were 38 aide hours provided on the first shift, leaving the shift short 2 aide hours.
-There were 19 aide hours provided on the third shift, leaving the shift short 13 aide hours.

Review of an incident report dated 11/03/25 revealed:
-The time of the incident was 2:00pm.
-The type of incident was a fall.
-The [named] resident was found lying in the hallway with a head injury.
-The [named] resident had a head injury that was bleeding.
-Emergency Medical Services was called and the [named] resident was transferred to the Emergency Department (ED).

Interview with a personal care aide (PCA) on 11/07/25 at 8:01am revealed:
-The [named] resident walked into another resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 172	D 465		

-The other resident did not want the [named] resident in her room.
-The other resident tried to get the [named] resident out of her room.
-The other resident pushed the [named] resident and she fell and hit her head.

Telephone interview with the [named] resident's family member on 11/05/25 at 7:21pm revealed:
-The [named] resident had a fall on Monday, 11/03/25.
-She received a phone call from the first shift medication aide (MA) who told her the resident was in another resident's room, there was an altercation, and the resident fell.
-The [named] resident fell backwards, hitting the back of her head.
-The [named] resident was taken to the ED by EMS; she had a large scrape on the back of her head.

Interview with a MA on 11/07/25 at 8:05am revealed:
-She saw the [named] resident lying in the hallway in front of another resident's room.
-She did not see the other resident push the [named] resident, but she did hear yelling coming from that area of the hallway.

Review of an incident report dated 11/04/25 revealed:
-The time of the incident was 7:20am.
-The type of incident was behavior, physical aggression.
-The [named] resident came out of her room and launched toward a second resident with a sharp object, moving toward the resident in a violent way, shouting and charging at the resident.
-A third resident grabbed the [named] resident an attempted to remove the sharp object from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 173	D 465		

[named] resident's hand; during the struggle the third resident fell and hit her head.
-There were no injuries.
-There was no immediate action taken.

Telephone interview with a third shift MA on 11/07/25 at 10:33am revealed:
-She worked third shift when the incident happened between the [named] resident and a third resident on the morning of 11/04/25.
-She found the third resident on the floor.
-The third resident was angry because the [named] resident was trying to hit a second resident with the leg of a wheelchair.
-The third resident tried to stop the [named] resident from hitting the second resident and the third resident fell during the scuffle.

Interview with a second MA on 11/07/25 at 8:01am revealed:
-She worked first shift on Tuesday, 11/04/25, of the incident/accident between the [named] resident and the third resident.
-The accident/incident happened on third shift around 7:00am.
-The third resident involved in the altercation with the [named] resident had an injury on the back of her head and was bleeding; the MA sent the third resident to the hospital.

Confidential interview with a staff member revealed there were times when there was only one PCA working in the SCU and one who was working both AL and the SCU.

Confidential interview with a second staff member revealed that staffing on the weekends was "horrible".

Confidential interview with a third staff member

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 174	D 465		

revealed:
-Sometimes, at 11:00pm-12:00am, residents were still waiting for their routine medications to be administered.
-She had seen the MAs "goofing off" and "sleeping".

Telephone interview with a PCA on 11/07/25 at 12:58pm revealed:
-There were times when there were 2 PCAs in the facility and only one MA.
-When there was only 1 PCA in the SCU, the MA stayed in the SCU.
-If a MA called out, the SCU Coordinator (SCC) or the Resident Care Coordinator (RCC) would come in to work.

Interview with a MA on 11/5/25 at 10:43am revealed the 6:00am medications should have been administered by the third shift MA, but there was only one MA on third shift, and one MA could not administer the 6:00am medications to all the residents in the SCU and the Assisted Living (AL).

Interview with another MA on 11/07/25 at 7:45am revealed:
-There were times when only 3 staff members were in the facility for both AL and SCU.
-She worked both the SCU and the AL and went back and forth between the two units.
-There was another MA who would come in early when she was scheduled to work to help with early morning medications in the SCU.

Interview with the SCC on 11/06/25 at 8:18am revealed:
-The third shift MA was to administer the 6:00am medications.
-There was only one MA on 3rd shift and the MA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 465	Continued From page 175 could not administer all the 6:00am medications in both the AL and the SCU. Interview with the SCC on 11/07/25 at 12:44pm revealed: -She punched in when she worked. -Staffing for the SCU was 4 PCAs and 1 MA for both first and second shifts, and third shift was 3 PCAs and 1 MA. -There were times they had a lot of "call-outs". -Sometimes the staff called the SCC or the RCC to let them know when there were call-outs, but not every time. -When she was aware of the call-outs, she would try to find another staff member to come in. -Aides had complained they were short-staffed, especially when the facility was admitting residents, back-to-back, and the number of residents who were in wheelchairs, because those residents required more care. _____ The facility failed to ensure the minimum number of staff were present at all times on all three shifts to meet the needs of residents residing in the SCU for 23 of 30 shifts sampled over 11 days from 10/17/25 to 11/03/25. The facility's failure to provide sufficient staffing in the SCU was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/07/25 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 22, 2025.	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 468	Continued From page 176	D 468		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 1 of 6 sampled staff (F) completed six hours of Special Care Unit (SCU) training within the first week of employment and completed 20 hours of SCU	D 468		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 468	Continued From page 177 specific training within the first six months of employment. The findings are: Review of Staff F's, medication aide (MA), personnel record revealed: -She was hired on 10/14/24. -There was no documentation of six hours of SCU specific training within the first week of employment. -There was no documentation of 20 hours of SCU specific training within the first six months of employment. Attempted telephone interview with Staff F on 11/07/25 at 10:39am was unsuccessful. Telephone interview with the Licensed Health Professional Support (LHPS) nurse on 11/07/25 at 8:29am revealed: -The Business Office Manager (BOM) was responsible for coordinating staff for SCU training. -She was responsible for providing training for SCU staff. -She provided 20 hours of training within six months of employment in addition to the six hours required in the first week of employment in the SCU. -She was not aware Staff F had not completed the required 6-hour and 20-hour training. Interview with the BOM on 11/07/25 at 8:34am revealed: -She was responsible for coordinating training for all staff working in the SCU. -She was responsible for notifying the LHPS nurse when new staff were hired.	D 468		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001148	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE HOUSE	2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215

(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 468	Continued From page 178 Interview with the Administrator on 11/07/25 at 12:30pm revealed: -He and the BOM were responsible for coordinating training for all staff working in the SCU. -It was the responsibility of the LHPS nurse to ensure SCU staff completed the required training.	D 468		