Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL075010	A. BUILDING: _____ B. WING _____	R 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOODS	1062 WEST MILLS STREET COLUMBUS, NC 28722

(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 and the Polk County Department of Social Services conducted an annual and follow-up survey on 11/12/25.	D 000	Please see attached sheet	
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure water was served at the lunch meal for 10 of 10 special care unit (SCU) residents, in addition to other beverages. The findings are: Observation of the lunch meal service on 11/12/25 between 11:30am and 12:35pm revealed: -There were 10 residents present for the lunch meal service. -The residents' preferred beverages were placed on the tables prior to the residents being seated (tea and cranberry juice) -No residents were asked if they wanted water in addition to their preferred beverage. -No residents were served water prior to the meal.	D 306		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 11/14/2025

AS Reviewed and Acknowledged 12/11/25

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D 306	Continued From page 1 Interview with a personal care aide (PCA) on 11/12/25 at 11:45am and 12:15pm revealed: -Beverages were placed on the tables prior to the residents arriving in the dining room. -She knew what each resident liked to drink and placed those beverages on the tables according to the residents' preferences. -Water was not placed on every table or offered to all residents at every meal. -She did not know water should have been served to all residents with each meal. Interview with the Dietary Manager (DM) on 11/12/25 at 4:35pm revealed: -PCAs passed out meal trays, monitored residents while they were eating and refilled their drinks. -She was aware water should be served at every meal. -She expected the PCA and staff to serve water to residents at every meal. -She sent empty glasses to the SCU and the PCA was responsible for providing residents with water and their preferred beverage. Interview with Executive Director on 11/12/25 at 4:50pm revealed: -Residents were to be served water daily with each meal and expected staff to do so. -She did not know all residents in the SCU were not being served water with each meal.	D 306		
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	D 375	Please see attached sheet	

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D 375	Continued From page 2 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 prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 1 of 4 residents (#5) had physician's orders to self-administer a topical medication used for pain relief. The findings are: Observation of Resident #5's room on 11/12/25 at 9:57am revealed a tube of Voltaren gel (used directly on the skin as a pain reliever) on her dresser with only ¼ of the tube contents remaining. Interview with Resident #5 on 11/12/25 at 10:01am revealed: -She had pain in her joints and used the Voltaren gel for pain relief. -She most recently used it 3 or 4 days ago for pain in her left shoulder, left hip and right hip. -She experienced some pain relief from using it. Review of Resident #5's current FL2 dated 3/26/25 revealed there was no order for Voltaren gel, no order to self-administer any medications,	D 375		

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D 375	Continued From page 3 and no order to keep Voltaren gel in her private room. Review of Resident #5's electronic medication administration record (eMAR) for September 2025 revealed: -There was no entry to administer Voltaren gel for pain. -There was no documentation Voltaren gel was administered from 09/01/25 through 09/30/25. Review of Resident #5's eMAR for October 2025 revealed: -There was no entry to administer Voltaren gel for pain. -There was no documentation Voltaren gel was administered from 10/01/25 through 10/31/25. Review of Resident #5's eMAR for November 2025 revealed: -There was no entry to administer Voltaren gel for pain. -There was no documentation Voltaren gel was administered from 11/01/25 through 11/12/25. Interview with the medication aide (MA) on 11/12/25 at 10:03am revealed: -Resident #5 did not have an order for Voltaren gel. -Resident #5 had no orders to self-administer any medications, including Voltaren gel. -Resident #5 should not have had Voltaren gel in her room. -Resident #5 had never reported any shoulder or hip pain to her but did sometimes report knee pain. Interview with the Resident Care Coordinator (RCC) on 11/12/25 at 11:42am revealed: -She was unaware Resident #5 was	D 375		

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D 375	Continued From page 4 self-administering Voltaren gel for pain. -Resident #5 did not have a self-administration order for Voltaren gel. Interview with the Executive Director on 11/12/25 at 11:47am revealed: -She was unaware Resident #5 was self-administering Voltaren gel for pain. -Resident #5 had not reported she was using Voltaren gel for pain relief for her shoulder or hips to any of the staff that she was aware of. -It was required for a resident to self-administer any medications to have a physician's order and a self-administer assessment completed.	D 375		

Laurelwoods: State Survey 11/12/25 POC TU REVISIONS –**ATTORNEY CLIENT PRIVILEGE/ ATTORNEY WORK PRODUCT**

This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Laurelwoods as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. change in policy and procedures, staff training, changes in staffing patterns, etc.);
- Indicate what measures will be put in place to prevent the problem from occurring again;
- Indicate who will monitor the situation to ensure it will not occur again;
- Indicate how often the monitoring will take place;
- Competition dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign & date the bottom of the first page of the State Form.

D306

1. On November 12, 2025, all residents received water during dinner as well as their favorite beverage of choice. An in-service was also provided that night to all dining and clinical staff to ensure all residents were offered water, in addition to other beverages.
2. A new training session during New Employee Orientation has been added to ensure that all employees are trained in this regulation.
3. The Dining Services Director, Magnolia Trails Director, Wellness Director, and/or Executive Director will ensure that all residents are offered water as well as other beverages at each meal by monitoring meals daily to ensure this regulation is met.
4. The Executive Director or designee will perform a check at 5 meals per week for 4 weeks to ensure that water is being served to residents.
5. Completion December 1, 2025.

D375

1. Resident 5 has a physician's order to self-administer medication. She received the order the evening of November 12, 2025.
2. Staff will audit all residents who self-medicate to ensure there is a physician order for self-administration on file.

3. The Resident Care Coordinator, Wellness Director, and/or Executive Director will ensure that all residents and their families are reeducated on the importance of not purchasing OTC medications when on outings or family members bringing them in without a doctor's order.
4. Room checks will be done weekly for 8 weeks on rotating days to ensure that medications are collected if they do not have a physician order to self-medicate. Completion December 1, 2025.