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
	HAL049036	A. BUILDING: _____ B. WING _____	R 11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOUSE MEMORY CARE	1372 EUFOLA ROAD STATESVILLE, NC 28677

(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 a follow-up and complaint investigation from 11/19/25 through 11/21/25.	D 000	Effective immediately, Staff B was removed from all resident care duties until verification of a cleared Health Care Personnel Registry (HCPR) check was completed. The Facility completed and documented the HCPR check for Staff B, confirming no substantiated findings prior to allowing the staff Member to resume resident care duties.	11/24/25
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff B) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) prior to hire. The findings are: Review of Staff B's, personal care aide (PCA), personnel record revealed: -Staff B's hire date was 11/12/25. -There was no documentation a HCPR check was completed prior to hire. Interviews with Staff B on 11/20/25 at 3:15pm and 11/21/25 at 1:55pm revealed: -She was hired on 11/12/25 as a PCA. -She began her orientation on 11/15/25 shadowing another PCA for three shifts on 11/15/25, 11/16/25 and 11/17/25. Interview with the Special Care Coordinator (SCC) on 11/20/25 at 11:00am revealed:	D 137	The has revised it's hiring and onboarding Procedures to ensure that all required background checks, including the North Carolina Health Care Personnel Registry (HCPR) are completed and documented prior to hire and prior to any orientation, training, or resident contact. A standardized Pre-Hire Compliance checklist has been implemented. This checklist includes: HCPR verification Criminal background check Required documentation for personnel file No employee will be permitted to begin orientation, shadowing or work duties until all checklist items are completed by administration.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Erica Date — TITLE: Executive Director — (X6) DATE: 01-05-2026

Received and acknowledged LMJ 01/12/26

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D 137	Continued From page 1 -She did not know if any pre-hire forms were completed for Staff B prior to hire. -The Administrator was responsible for completing pre-hire requirements for new staff. Interview with the Administrator on 11/21/25 at 10:17am revealed: -She was new to the position and had not hired anyone yet. -She knew she was responsible for completing pre-hire requirements for new staff.	D 137	The Administrator or designee will: Review all new hire personnel files prior to the employees first scheduled shift. Conduct monthly audits of personnel files for a period of six (6) months using orientation checklist to ensure continued compliance. Document audit findings and corrective actions, if needed in a personnel compliance log.	02/05/2026
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 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 there was documentation of a consent for a criminal background check on 1 of 3 sampled staff (Staff B). The findings are: Review of Staff B's personnel record revealed: -She was hired as a personal care aide (PCA) on 11/12/25. -There was no documentation Staff B signed a consent for a criminal background check completed prior to being hired. Interview with the Special Care Coordinator (SCC) on 11/20/25 at 11:00am revealed:	D 139		

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D 139	Continued From page 2 -She did not know if any pre-hire forms were completed for Staff B prior to hire. -The Administrator was responsible for completing pre-hire requirements for new staff. Interview with the Administrator on 11/21/25 at 10:17am revealed: -She was new to the position and had not hired anyone yet. -She was not aware Staff B's background check had not been completed. -She was aware employees must get a criminal background check prior to hire. -She was responsible to ensure a criminal background check was completed.	D 139	The facility will obtain a signed consent for a criminal background check for all staff prior to hire. A Criminal background check will be completed in accordance with G.S. 131D-40, and the results will be placed in Staff's personnel file. Staff will not work independently until confirmation is received that the background check has been completed and reviewed by the Administrator or designee. The facility will conduct a complete audit of all current staff personnel files to ensure documentation of a signed consent form and completed criminal background check is present for each employee. Any missing documentation will be addressed immediately, and background checks will be completed as required	ongoing 8/05/2026
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to provide personal care assistance for 2 of 6 sampled residents who required staff assistance with fingernail (#6) and toenail care (#6 and #1). The findings are: 1. Review of Resident #6's current FL2 dated 08/11/25 revealed: -Diagnoses included acute systolic congestive	D 269	The Facility will implement the following measures: A Pre-employment Checklist will be created and utilized for all new hires, requiring completion of a criminal background check and signed consent prior to the employee's start date. The administrator or designee will be responsible for verifying and signing off that all pre-hire requirements are completed before an employee is allowed to work. The Special Care Coordinator and Administrator will receive training on hiring requirements, including criminal background check procedures and documentation requirements. Personnel files will be standardized to include a clearly labeled section for Criminal background check documentation. The Facility will review all new personnel files prior to hire to ensure required criminal background checks are completed. Personnel files will be audited quarterly for 12 months to monitor ongoing compliance. Any identified deficiencies will be corrected immediately	

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D 269	Continued From page 3 heart failure, dementia, history of major depression, and hypertension. -His level of care was special care unit (SCU). -He was constantly disoriented. -He was ambulatory but used a wheelchair. -He was incontinent of bladder and continent of bowel. -He required assistance with bathing and dressing. Review of Resident #6's Resident Register revealed an admission date of 03/20/24. Review of Resident #6's Care Plan dated 08/11/25 revealed he required limited assistance with grooming. Interview with Resident #6 on 11/19/25 at 8:53am revealed he asked the staff to cut his nails about 3 months ago, but no one ever cut his toenails or fingernails. Observation on 11/19/25 at 8:54am revealed: -Resident #6's fingernails had a yellowish appearance. -Resident #6's fingernails were a quarter of an inch long from flesh of finger. -Resident #6's fingernails had jagged edges. -Resident #6's toenails had jagged edges. Interview with a medication aide (MA) on 11/20/25 at 9:59am revealed: -She thought PCA's were able to cut the residents' fingernails. -She never cut Resident #6's nails. -Resident #6 often refused personal care and would not allow staff to intervene. Interview with the Special Care Coordinator (SCC) on 11/20/25 at 9:32am revealed:	D 269	The facility will immediately assess and address the fingernail and toenail care needs of affected residents. Nail care will be provided according to each resident's care plan, and residents requiring specialized care will be referred to a licensed professional. All care provided and referrals will be documented in resident record. The Administrator or designee will conduct a Facility-wide audit to assess residents' fingernails and toenails condition, identify needed care or professional services, and ensure findings are documented and addressed promptly. The facility will implement the following systemic changes: Nail care will be incorporated into each resident personal care plan as appropriate. Staff will be re-educated on proper fingernail and toenail care, including infection control, safety precautions, and when to refer residents for professional services. A nail care schedule will be established to ensure routine monitoring and maintenance. Supplies needed for nail care will be maintained and readily available. Residents with medical conditions affecting nail care will have documented referral and follow-ups. The Administrator or designee will conduct Monthly audits of resident nail care for six Months to ensure care is provided and documented per care plans. Any identified issues will be addressed immediately and staff will be re-educated as needed	01/05/26

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D 269	Continued From page 4 -Resident #6 had never been on the podiatry list to be seen by a podiatrist. -She thought all residents were on the list to be seen by podiatry and did not know why Resident #6 was not on the list. -She did not think any staff on the unit cut fingernails but maybe filed them. -Staff were supposed to inform her of any residents who needed nails cut. -She had never been told Resident #6 needed his fingernails and toenails cut. -Resident #6 often refused to allow personal care to be given to him and that could be why his nails did not get cut. Review of Resident #6's record revealed there were no shower and skin observation sheets available for review. Refer to interview with a personal care aide (PCA) on 11/19/25 at 1:59pm. Refer to interview with a second PCA on 11/19/25 at 2:13pm and 2:37pm. Refer to interview with a third PCA on 11/19/25 at 3:48pm Refer to interview with a fourth PCA on 11/19/25 at 4:01pm. Refer to interview with a fifth PCA on 11/20/25 at 9:22am. Refer to interview with a medication aide (MA) on 11/21/25 at 8:05am. Refer to interview with the activity director (AD) on 11/20/25 at 3:28pm.	D 269		

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D 269	Continued From page 5 Refer to interview with a Primary Care Physician (PCP) on 11/21/25 at 2:57pm. Refer to interview with the former Regional Director of Operations on 11/20/25 at 1:32pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 2. Review of Resident #1's current FL2 dated 04/29/25 revealed: -Diagnoses included dementia with agitation, anxiety disorder, and depression. -Her level of care was special care unit (SCU). -She was constantly disoriented. -She was non-ambulatory. Review of Resident #1's Resident Register revealed an admission date of 10/29/24. Review of Resident #1's Care Plan dated 03/18/25 revealed she required total assistance with grooming. Observation of Resident #1's toenails on 11/19/25 at 2:37pm revealed: -Her toenails on both feet had a yellowish discoloration. -Her toenails were uneven and one-third of an inch long. Review of Resident #1's shower and skin observation sheets for October 2025 revealed: -There was documentation Resident #1 received 3 showers in October 2025. -There was space on the shower and skin observation sheets to document if nail care was given or it it was refused. -There was no documentation toenail care was given or refused for each of the three showers	D 269		

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D 269	Continued From page 6 given. Review of Resident #1's shower and skin observation sheets for November 2025 revealed there were no shower and skin observation sheets available for review. Interview with the Special Care Coordinator on 11/19/25 at 3:26pm revealed: -Medication aides (MAs) and PCAs were able to file residents' toenails. -It was unacceptable for Resident #1 to have the elongated toenails she observed. -No staff had reported to her that Resident #1 needed to have her toenails cut. -No staff had reported to her that Resident #1 had refused to have her toenails filed. -She was unable to fix a problem if staff was not reporting the problem to her. Refer to interview with the PCA on 11/19/25 at 1:59pm. Refer to interview with a second PCA on 11/19/25 at 2:13pm and 2:37pm. Refer to interview with a third PCA on 11/19/25 at 3:48pm Refer to interview with a fourth PCA on 11/19/25 at 4:01pm. Refer to interview with a fifth PCA on 11/20/25 at 9:22am. Refer to interview with a MA on 11/21/25 at 8:05am. Refer to interview with the AD on 11/20/25 at 3:28pm.	D 269		

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D 269	Continued From page 7 Refer to interview with a PCP on 11/21/25 at 2:57pm. Refer to interview with the former Regional Director of Operations on 11/20/25 at 1:32pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. Interview with a PCA on 11/19/25 at 1:59pm revealed: -The Activity Director (AD) cut residents' fingernails. -She had not cut any residents' nails since she had been employed there. Interview with a second PCA on 11/19/25 at 2:13pm and 2:37pm revealed: -The AD cut fingernails. -Podiatry would cut all residents' toenails. -She had never cut residents' toenails. -She did not know if they could file residents' toenails. Interview with a third PCA on 11/19/25 at 3:48pm revealed: -She had never cut anyone's fingernails at the facility. -She believed she could cut and file nails. Interview with a fourth PCA on 11/19/25 at 4:01pm revealed: -She had worked at the facility for about a month. -She thought MA's would cut fingernails/toenails. -She had never cut or filed anyone's nails. -She did not think she was supposed to cut anyone's nails. Interview with a fifth PCA on 11/20/25 at 9:22am	D 269		

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D 269	Continued From page 8 revealed: -She had worked at the facility for around 2 to 3 months part-time. -She was not allowed to cut nails. -The AD cut fingernails, and podiatry cut all the residents' toenails. -She had never cut anyone's nails. Interview with a MA on 11/21/25 at 8:05am revealed: -She filed residents' fingernails but never cut residents' fingernails or toenails. -Podiatry had seen some residents who were diabetic and they would cut their toenails. Interview with the AD on 11/20/25 at 3:28pm revealed: -She worked full-time as the AD. -She trimmed, polished, and filed resident fingernails only. -She never cut residents' toenails. -She remembered Podiatry came in October 2025. Interview with the PCP on 11/21/25 at 2:57pm revealed: -He was not aware of any nail issues at the facility. -He thought a podiatrist would be cutting toenails of all the residents. -He thought podiatry came at least once every 6 months. -He thought staff at the facility should be fine cutting fingernails if the facility was ok with that and did not have a policy against it. -If someone was having an issue, a referral could be made to a podiatrist if needed. Interview with the former Regional Director of Operations on 11/20/25 at 1:32pm revealed:	D 269		

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D 269	Continued From page 9 -She was employed for about a month, and her last day was 11/14/25. -She did not remember a podiatrist coming to the facility to see residents during the month of her employment. -MAs and PCAs could only file fingernails and toenails but not cut fingernails or toenails. -Podiatry would come to the facility to trim toenails. Interview with the Administrator on 11/21/25 at 9:45am revealed: -She had been employed with the facility since 11/17/25. -All residents should be seen by podiatry for foot and toenail care. -Podiatry should come to the facility to provide foot care and there should be documentation of the visit. -PCA's could file fingernails but not cut fingernails or toenails. -She did not know why some residents had long nails.	D 269		
D 422	10A NCAC 13F .1104 (d) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (d) A resident's personal funds shall not be commingled with facility funds. The facility shall not commingle the personal funds of residents in an interest-bearing account.	D 422	The facility will immediately separate and account for the personal funds of Resident #2, #5, #7, #9, and 10 to ensure comingling with facility funds occurs. Funds will be verified and placed in individual labeled accounts or ledgers and documentation in the resident's chart. Any discrepancies will be corrected immediately and resident's or responsible party will be notified.	11/24/25

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D 422	Continued From page 10 This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to ensure 5 of 8 sampled residents' personal funds were not commingled with facility funds (Resident #2, #6, #7, #1, and #10). The findings are: 1. Review of Resident #2's current FL2 dated 10/07/25 revealed: -Diagnoses included dementia and acute hypoxic respiratory failure. -There was documentation that Resident #2 was constantly disoriented. Review of Resident #2's Resident Register revealed an admission date of 06/23/25 and she had a power of attorney who signed that the facility could manage Resident #2"s funds. Interview with Resident #2's Power of Attorney (POA) on 11/21/25 at 8:56am revealed: -Resident #2 was supposed to get $90.00 a month. -He allowed the facility to handle Resident #2's money. -He had never requested any money or needed any money. -He paid an out-of-pocket co-payment for medications for Resident #2. -He assumed Resident #2's money each month was deposited into an account that the facility managed. -He had never had any issues because he never asked for Resident #2's money.	D 422	The Administrator or designee will conduct a Facility Wide audit of all resident personal Funds to ensure Funds are maintained seperately and not commingled with facility Funds. The audit will include review of Cash logs, ledgers, receipts and balances. Any deficiencies identified will be corrected promptly and documented. Resident Personnel Funds will be maintained inseperate, individual ledgers or accounts for each resident. Facility Funds and resident funds will be clearly distinguished and stored seperately. Written Policies & procedures for management of resident personal funds will be reviewed and revised as necessary. The Administrator and designated staff will receive re-education on proper handling, documentation, and safeguarding of resident Personal Funds in accordance with State regulations. only authorized staff will have access to resident personal funds. The administrator or designee will conduct monthly audits of resident personal funds records for six months to ensure proper separation and documentation. Findings will be documented and any deficiencies corrected immediately, with ongoing monitoring thereafter.	11/25/25

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D 422	Continued From page 11 Review of Resident #2's resident contract signed by Resident #2's POA on 06/21/25 revealed she would be charged $1370.00 for her care at the facility. Review of Resident #2's Resident Refund Report from July 2025-November 2025 revealed: -There was $90.00 was deposited each month for July 2025, August 2025, September 2025, October 2025, and November 2025. -Resident #2 had a total of $450.00 deposited total since July 2025. -In August 2025, there was a payment of $123.89 to the pharmacy, with a remaining balance of $56.11. -Resident #2 had a total remaining balance of $326.11 Review of Resident #2's Social Security Account revealed: -There was a deposit from FIS EBT of $463.00 on 07/07/25. -There was a deposit from FIS EBT of $463.00 on 08/04/25. -There was a deposit from FIS EBT of $463.00 on 09/04/25. -There was a deposit from FIS EBT of $463.00 on 10/03/25. -There was a deposit from FIS EBT of 463.00 on 11/05/25. -There was a deposit from SSA TREAS on 09/02/25, with no amount shown. -There was a deposit from SSA TREAS on 09/10/25, with no amount shown. -There was a deposit from SSA TREAS on 10/03/25, with no amount shown. -There was a deposit from SSA TREAS on 11/03/25, with no amount shown. Based on observations, interviews, and record	D 422		

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(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 422	Continued From page 12 reviews, it was determined that Resident #2 was not interviewable. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the Special Care Coordinator (SCC) on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 2. Review of Resident #6's FL2 dated 08/11/25 revealed: -Diagnoses included acute systolic congestive heart failure, dementia, history of major depression, and hypertension. -There was documentation Resident #6 was constantly disoriented. Review of Resident #6's Resident Register revealed an admission date of 03/20/24 and he had a guardian who signed that the facility could manage Resident #6's funds. Interview with Resident #6 on 11/20/25 at 10:43am revealed: -He asked for money every month, but he had never received it. -He should be receiving $90.00 a month. -He was not sure why he never got money when he asked for it. Interview with Resident #6's guardian on 11/21/25 at 1:45pm revealed: -The facility never offered a ledger for her to see for Resident #6, so she did not know if his funds	D 422		

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	HAL049036	A. BUILDING: _____ B. WING _____	R 11/21/2025

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D 422	Continued From page 13 were correct. -On 11/18/25 she requested money for Resident #6, but she was told all his extra money was going to his prescription medications. -She was told by the Special Care Coordinator (SCC) that the Business Office Manager (BOM) handled funds, and the BOM told her Resident #6 used all his money for cigarettes and medications. -She was told his medications cost $130.00 each month and the facility paid that every other month. Review of the financial contract for Resident #6 signed by Resident #6's guardian and electronically dated on 03/14/24 revealed he would be charged $1,461.00 monthly for his care at the facility. Review of Resident #6's Resident Fund Ledger dated November 2024 through November 2025 revealed: -Every month $90.00 was deposited into Resident #6's personal fund account from November 2024 to November 2025. -Resident #6 had a beginning balance of $129.21. -Resident #6 had a total of $1,170 deposited for the year. -Resident #6 had a total of $1,249.54 withdrawals for the year with a balance of $49.67. -In December 2024, a withdrawal of $380.49 was made to the pharmacy, with a negative balance of $71.28. -In February 2025, a withdrawal of $37.34 was made for cigarettes, with a remaining balance of $71.38. -In February 2025, a withdrawal of $268.05 was made to the pharmacy, with a remaining negative balance of $196.67.	D 422		

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D 422	Continued From page 14 -In April 2025, a withdrawal of $36.06 was made for cigarettes, with a remaining negative balance of $52.73. -In April 2025, a withdrawal of $20.00 was made for personal items, with a remaining negative balance of $72.73. -In April 2025, a withdrawal of $120.00 was made to the pharmacy, with a remaining negative balance of $192.73. -In June 2025, a withdrawal of $30.00 was made for personal items, with a remaining negative balance of $42.73. -In June 2025, a withdrawal of $170.00 was made to the pharmacy, with a remaining negative balance of $212.73. -In August 2025, a withdrawal of $168.60 was made to the pharmacy, with a remaining negative balance of $201.33. -In August 2025, a withdrawal of $19.00 was made for personal items, with a remaining negative balance of $220.33. Review of the Social Security Account for Resident #6 revealed: -There was a deposit from FIS EBT of $328.00 on 11/03/24.. -There was a deposit from FIS EBT of $328.00 on 12/04/24. -There was a deposit from FIS EBT of $336.00 on 01/06/25. -There was a deposit from FIS EBT of $336.00 on 02/05/25. -There was a deposit from FIS EBT of $335.00 on 03/05/25. -There was a deposit from FIS EBT of $335.00 on 04/04/25. -There was a deposit from FIS EBT of $335.00 on 11/05/25. -There was no documentation of any transactions from May 2025 through August 2025.	D 422		

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D 422	Continued From page 15 -There was a transaction from SSA TREAS on 09/03/25, with no documented amount. -There was a transaction from FIS EBT on 09/04/25, with no documented amount. -There was a transaction from FIS EBT on 10/03/25, with no documented amount. -There was a transaction from SSA TREAS on 10/03/25, with no documented amount. -There was a transaction from SSA TREAS on 11/03/25, with no documented amount. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the SCC on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 3. Review of Resident #7's current FL2 dated 07/25/25 revealed: -Diagnoses included tachycardia and urinary tract infection. -There was documentation Resident #7 was constantly disoriented. Review of Resident #7's FL2 dated 05/20/25 revealed an included diagnosis of major neurological disorder Alzheimer's without behaviors. Review of Resident #7's Resident Register revealed an admission date of 09/13/23 and she had a guardian who signed that the facility could manage Resident #7's funds.	D 422		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 422	Continued From page 16 Interview with Resident #7 on 11/20/25 at 1:03pm revealed: -She asked for money about a month ago, but she had never received any money. -She wanted to buy reading glasses and drinks, but she had never been able to because the facility never provided her with any money. -She thought she should get $100.00 a month. -She thought she had asked the SCC about her money and she was told by the SCC that she did not have any money to give her. Interview with Resident #7's guardian on 11/21/25 at 9:01am revealed: -She had issues and concerns with Resident #7's funds. -Resident #7 asked her for pajamas and clothes. -She asked the staff for Resident #7's funds and was told to talk to the Administrator. -She talked to one of the former Administrators who told her she would look into it, but then never got back to her. -She asked for Resident #7's Resident Account information and discovered unpaid bills to the pharmacy. -Some bills were in the amount of $300.00 and $600.00 -The pharmacy told her they were not getting paid, and they would stop sending the medications if they were not paid. -She thought the SCC was responsible for paying pharmacy bills. -Resident #7 should be getting $90.00 a month for own allowance, but she did not think she had been getting any money. Review of the financial contract for Resident #7 was signed on 09/12/23 by the Resident #7's legal guardian.	D 422		

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D 422	Continued From page 17 Review of Resident #7's Fund Ledger dated November 2024 through November 2025 revealed: -There was $70.00 deposited each month into Resident #7's personal fund account from November 2025 to November 2025. -Resident #7 had a beginning balance of $789.46. -Resident #7 had a total of $910.00 deposited for the year. -Resident #7 had a total of $109.86 withdrawals for the year with a balance of $1,589.60. -In December 2024, a withdrawal of $31.29 was made to the pharmacy, with a remaining balance of $898.17. -In February 2025, a withdrawal of $18.59 was made to pharmacy, with a remaining balance of $1,019.58. -In April 2025, a withdrawal of $16.00 was made to the pharmacy, with a remaining balance of $1,143.58. -In June 2025, a withdrawal of $16.00 was made to pharmacy, with a remaining balance of $1,267.58. -In August 2025, a withdrawal of $27.98 was made to pharmacy, with a remaining balance of $1,379.60. Review of Resident #7's second Fund Ledger dated November 2024 through November 2025 revealed: -Every month $90.00 was deposited into Resident #7's personal fund account from November 2024 to November 2025. -Resident #7 had a beginning balance of $786.28. -Resident #7 had a total of $1,150.00 deposited for the year. -Resident #7 had a total of $1,438.40 withdrawals for the year with a balance of $496.88.	D 422		

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D 422	Continued From page 18 -In December 2024, a withdrawal of $641.49 was made to the pharmacy, with a remaining balance of $324.79. -In February 2025, a withdrawal of $248.70 was made to the pharmacy, with a remaining balance of $256.09. -In April 2025, a withdrawal of $349.21 was made to the pharmacy, with a remaining balance of $86.88. -In June 2025, a withdrawal of $200.00 was made to pharmacy, with a remaining balance of $66.88. Review of Resident #7's Social Security Account revealed: -There was a deposit from FIS EBT of $741.00 on 05/12/25. -There was a deposit from FIS EBT of $$741.00 on 06/04/25. -There was a deposit from FIS EBT of $741.00 on 07/07/25. -There was a deposit from FIS EBT of $741.00 on 08/04/25. -There was a deposit from FIS EBT of $741.00 on 10/03/25. -There was a deposit from FIS EBT of $740.00 on 11/05/25. -There was a transaction from SSA TREAS on 09/03/25, with no documented amount. -There was a transaction from FIS EBT on 10/02/25, with no documented amount. -There was a transaction from SSA TREAS on 10/03/25, with no documented amount. -There was a transaction from SSA TREAS on 11/03/25, with no documented amount. Interview with the Special Care Coordinator (SCC) on 11/21/25 at 9:21am revealed: -She told Resident #7's guardian the Administrators handle the funds and she told the	D 422		

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D 422	Continued From page 19	D 422		

former Administrator about the guardian's concern.
-She was not responsible for paying pharmacy bills for Resident #7.
-She did not think Resident #7 was routinely given money for personal use.

Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm.

Refer to interview with the SCC on 11/21/25 at 9:21am.

Refer to interview with the Operations Manager on 11/21/25 at 3:18pm.

Refer to interview with the Administrator on 11/21/25 at 9:45am.

4. Review of Resident #1's current FL2 dated 04/29/25 revealed:
-Diagnoses included dementia with agitation, anxiety disorder, and depression.
-There was documentation that Resident #1 was constantly disoriented.

Review of Resident #1's Resident Register revealed an admission date of 10/29/24.

Attempted telephone interview with Resident #1's guardian on 11/21/25 at 1:59pm was unsuccessful.

Review of the financial contract for Resident #1 signed by Resident #1's guardian on 10/29/24 revealed:
-She would be charged $1,728.00 monthly for her care at the facility.
-They would not commingle her personal funds with the facility funds.

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D 422	Continued From page 20 Review of Resident #1's Resident Fund Ledger from November 2024 through November 2025 revealed: -There was a deposit of $70.00 in November 2024. -There was a monthly deposit of $90.00 from December 2024 through November 2025. -In April 2025, a payment of $114.02 was made to the contracted pharmacy with a remaining balance of $716.56. -No further payment to the contracted pharmacy was documented as paid in 2025. -Resident #1's current balance in November 2025 was documented as $957.10. Review of Resident #1's Social Security Account revealed: -There was a deposit from FIS EBT of $651.00 on 01/16/25. -There was a deposit from FIS EBT of $651.00 on 02/05/25. -There was a deposit from FIS EBT of $651.00 on 03/05/25. -There was a deposit from FIS EBT of $651.00 on 04/05/25. -There was a deposit from FIS EBT of $651.00 on 05/12/25. -There was a deposit from FIS EBT of $651.00 on 06/04/25. -There was a deposit from FIS EBT of $651.00 on 07/07/25. -There was a deposit from FIS EBT of $651.00 on 08/04/25. -There was a deposit from FIS EBT of $651.00 on 09/04/25. -There was a deposit from FIS EBT of $651.00 on 10/03/25. -There was a deposit from FIS EBT of $651.00 on 11/05/25.	D 422		

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D 422	Continued From page 21 Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the SCC on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 5. Review of Resident #10's current FL2 dated 10/20/25 revealed diagnoses included urethral stone and renal colic. Review of Resident #10's Resident Register revealed: -He had an admission date of 04/11/25. -He was his own responsible party. Review of the financial contract for Resident #10 signed by Resident #10 upon his admission revealed he would be charged $1773.00 monthly for his care at the facility, with a total prorated monthly fee of $1182.00. Review of the Resident Fund Ledger for Resident #10 revealed: -There were deposits of $90.00 in April 2025, May 2025, June 2025, July 2025, August 2025, September 2025, October 2025 and November 2025 for a total of $720.00. -There was a withdrawal amount of $75.00 in August 2025 to Resident #10's contracted pharmacy. -There was a positive balance of $645.00 for November 2025.	D 422		

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D 422	Continued From page 22 Review of the Social Security Account for Resident #10 revealed: -There was a deposit from SSA TREAS of $4859.00 on 07/23/25. -There was a deposit from SSA TREAS of $1007.00 on 08/01/25. -There was a deposit from SSA TREAS of $1007.00 on 09/03/25. -There was a deposit from SSA TREAS of $1007.00 on 10/03/25. -There was a deposit from SSA TREAS of $1007.00 on 11/03/25. Interview with Resident #10 on 11/21/25 at 11:50am revealed: -He believed $90 a month should be deposited in his account. -He had not received any money since he had been admitted. -He wanted the money "to get food and stuff". -He had requested the money several times from a previous Administrator but he had not received any money or any explanation why he did not get any money when requested. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the SCC on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. _____ Telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm revealed: -She received an email on 10/22/25 from the	D 422		

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D 422	Continued From page 23 Chief Financial Officer (CFO) who informed her resident funds were automatically deposited into a social security account. -Once the funds were received in the social security account they got transferred to an account used to keep the building operational. -Per the CFO, resident personal funds were not kept in the account used for building operations. -There was no petty cash available in the facility for the residents. -All the residents' money was being deposited into one account. -When she requested money for the residents, it would take several days to receive a check by mail for the residents. -She was aware other Administrators allowed the facility owner to wire money directly to their personal account for the residents but she refused to do that. Interview with the SCC on 11/21/25 at 9:21am revealed: -She did not think any residents ever received money for personal use except maybe one resident. -She did not know why the residents were not given personal funds. -She was not responsible for paying pharmacy bills. -Administrators handled resident funds. Interview with the Operations Manager on 11/21/25 at 3:18pm revealed: -He had only been in his position for two days. -Co-mingling of funds should never occur. -He was not aware of co-mingling of funds occurring within the facility. -He expected each resident to have a separate account with a list of what each resident had in the personal funds account.	D 422		

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D 422	Continued From page 24 -He expected funds to be available on site to the residents. Interview with the Administrator on 11/21/25 at 9:45am revealed: -She began employment as the Administrator on 11/17/25. -She was not aware of any co-mingling of funds or that residents were not getting their money. -She was not aware pharmacy bills were not getting paid. -She knew funds were supposed to be kept separate. -Residents should each have their own accounts, and she should be able to pull them at any time. -She had not had her training yet to get into accounts.	D 422		
D 423	10A NCAC 13F .1104 (e) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (e) All or any portion of a resident's personal funds shall be available to the resident or their authorized representative upon request during the facility's established business days and hours except as provided in Rule .1105 of this Section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, and record reviews, the	D 423	The facility immediately reviewed the Personal funds of residents to ensure all funds were reconciled, properly accounted for, and available to residents or their authorized representative during business hours in accordance with 10A NCAC 13F .1104(e). Any delays or deficiencies were corrected, and staff re-educated on proper handling and documentation. Compliance will be monitored through audits for six months, with any issues corrected and documented promptly.	11/25/25

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D 423	Continued From page 25 facility failed to ensure that all or any portion of a resident's personal funds were available for 3 of 8 sampled residents (#10, #6, and #7) upon request during regular business hours. The findings are: 1.Review of Resident #10's current FL2 dated 10/20/25 revealed: -Diagnoses included urethral stone and renal colic. -He was intermittently disoriented. Review of the Resident Register for Resident #10 revealed an admission date of 04/11/25. Review of Resident #10's care plan dated 10/20/25 revealed: -Diagnoses included dementia and Alzheimer's. -He was sometimes disoriented and forgetful-needs reminders. Review of Resident #10's record revealed he was his own responsible party. Review of Resident #10's financial contract revealed Resident #10 was charged $1773.00 monthly for his care at the facility, with a total prorated monthly fee of $1182.00 for the first month. Resident #10 signed the contract on 04/11/25 when he was admitted to the facility. Review of Resident #10's Resident Fund Ledger revealed: -There were deposits of $90.00 in April 2025, May 2025, June 2025, July 2025, August 2025, September 2025, October 2025 and November 2025 for a total of $720.00.	D 423		

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	HAL049036	A. BUILDING: _____ B. WING _____	R 11/21/2025

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D 423	Continued From page 26 -There was a withdrawal amount of $75.00 in August 2025 to pay Resident #10's pharmacy bill. -The balance in Resident #10's account was $645.00. Interview with Resident #10 on 11/21/25 at 11:50am revealed: -He believed he was to receive $90.00 a month deposited in his account. -He had not received any money since he had been admitted. -He wanted the money "to get food and stuff". -He had requested the money several times from a previous Administrator but he had not received any money or any explanation why he did not get any money when requested. Interview with a representative at Resident #10's contracted pharmacy on 11/21/25 at 2:35pm revealed: -The facility made a payment of $75.00 to the contracted pharmacy on 08/28/25. -Resident #10's pharmacy account showed a balance due of $294.87 on 11/21/25. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the Special Care Coordinator (SCC) on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 2. Review of Resident #6's FL2 dated 08/11/25 revealed: -Diagnoses included acute systolic congestive	D 423		

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D 423	Continued From page 27 heart failure, dementia, history of major depression, and hypertension. -There was documentation Resident #6 was constantly disoriented. Review of Resident #6's Resident Register revealed an admission date of 03/20/24 and he had a guardian who signed that the facility could manage Resident #6's funds. Interview with Resident #6 on 11/20/25 at 10:43am revealed: -He asked for money every month, but he had never received it. -He should have been receiving $90.00 a month. -He was not sure why he never received money when he asked for it. Interview with Resident #6's guardian on 11/21/25 at 1:45pm revealed: -The facility never showed her Resident #6's personal funds ledger so she did not know if Resident #6 received any personal funds. -On 11/18/25, she made a request to a staff member to withdraw money for Resident #6 and was informed all of Resident #6's extra money was applied to his prescription medications. -Per past conversations with the Special Care Coordinator (SCC) that Business Office Manager (BOM) handled funds, and the BOM told her Resident #6 used all his money for cigarettes and medications. -She was told his medications cost $130.00 each month and the facility paid that every other month. -She was concerned with his money because the facility never showed a ledger upon request and she had no idea where his money was going. Interview with the facility's contracted pharmacy	D 423		

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D 423	Continued From page 28 billing representative on 11/21/25 at 11:38am revealed: -On 02/28/25, the facility paid $268.05 for Resident #6's pharmacy bill. -On 04/24/25, the facility paid $120.00 for Resident #6's pharmacy bill. -On 06/19/25, the facility paid $170.00 for Resident #6's pharmacy bill. -On 08/08/25, the facility paid $168.57 for Resident #6's pharmacy bill. -Resident #6 had an outstanding balance of $442.93 that was past due since May 2025. Review of Resident #6's Resident Fund Ledger dated November 2024 through November 2025 revealed: -Every month $90.00 was deposited into Resident #6's personal fund account from November 2024 to November 2025. -Resident #6 had a beginning balance of $129.21. -Resident #6 had a total of $1,170 deposited for the year. -Resident #6 had a total of $1,249.54 withdrawals for the year with a balance of $49.67. -In December 2024, a withdrawal of $380.49 was made to the pharmacy, with a negative balance of $71.28. -In February 2025, a withdrawal of $37.34 was made for cigarettes, with a remaining balance of $71.38. -In February 2025, a withdrawal of $268.05 was made to the pharmacy, with a remaining negative balance of $196.67. -In April 2025, a withdrawal of $36.06 was made for cigarettes, with a remaining negative balance of $52.73. -In April 2025, a withdrawal of $20.00 was made for personal items, with a remaining negative balance of $72.73.	D 423		

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D 423	Continued From page 29 -In April 2025, a withdrawal of $120.00 was made to the pharmacy, with a remaining negative balance of $192.73. -In June 2025, a withdrawal of $30.00 was made for personal items, with a remaining negative balance of $42.73. -In June 2025, a withdrawal of $170.00 was made to the pharmacy, with a remaining negative balance of $212.73. -In August 2025, a withdrawal of $168.60 was made to the pharmacy, with a remaining negative balance of $201.33. -In August 2025, a withdrawal of $19.00 was made for personal items, with a remaining negative balance of $220.33. -There were no signatures by staff, the resident, or responsible party for receipt or acknowledging withdrawals from Resident #6's personal fund account. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the Special Care Coordinator (SCC) on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. 3. Review of Resident #7's current FL2 dated 07/25/25 revealed: -Diagnoses included tachycardia and urinary tract infection. -There was documentation Resident #7 was constantly disoriented. Review of Resident #7's FL2 dated 05/20/25	D 423		

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D 423	Continued From page 30 revealed she had a diagnosis of major neurological disorder Alzheimer's without behaviors. Review of Resident #7's Resident Register revealed an admission date of 09/13/23 and she had a guardian who signed that the facility could manage Resident #7's funds. Interview with Resident #7 on 11/20/25 a 1:03pm revealed: -She asked for money about a month ago, but she had never received any money. -She wanted to buy reading glasses and drinks, but she was not able to because the facility never provided her with any money. -She thought she should get $100.00 a month. -She thought she asked the SCC about her money and she was told they did not have any money to give her. Interview with Resident #7's guardian on 11/21/25 at 9:01am revealed: -She had issues and concerns with Resident #7's funds. -Resident #7 asked her for pajamas and clothes. -She asked the staff for Resident #7's funds, and was told to talk to the Administrator. -She talked to one of the former Administrators who told her she would look into it, but then never contacted her. -She asked for Resident #7's Resident Account information and came across unpaid bills to the pharmacy. -Some bills were in the amount of $300.00 and $600.00 -The pharmacy told her they were not getting paid and they would stop sending the medications if they were not paid. -She thought the SCC was responsible for paying	D 423		

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D 423	Continued From page 31 pharmacy bills. -Resident #7 should be getting $90.00 a month, but she did not think she had been getting any money. Interview with the facility's contracted Pharmacy Billing Representative on 11/21/25 at 11:38am revealed: -On 02/28/25, the facility paid $248.70 for Resident #7's pharmacy bill. -On 04/21/25, the facility paid $349.21 for Resident #7's pharmacy bill. -On 06/19/25, the facility paid $200.00 for Resident #7's pharmacy bill. -Resident #7 had a current outstanding balance of $570.66 and was past due since May 2025. Review of Resident #7's Fund Ledger dated November 2024 through November 2025 revealed: -Every month $70.00 was deposited into Resident #7's personal fund account from November 2025 to November 2025. -Resident #7 had a beginning balance of $789.46. -Resident #7 had a total of $910.00 deposited for the year. -Resident #7 had a total of $109.86 withdrawals for the year with a balance of $1,589.60. -In December 2024, a withdrawal of $31.29 was made to the pharmacy, with a remaining balance of $898.17. -In February 2025, a withdrawal of $18.59 was made to pharmacy, with a remaining balance of $1,019.58. -In April 2025, a withdrawal of $16.00 was made to the pharmacy, with a remaining balance of $1,143.58. -In June 2025, a withdrawal of $16.00 was made to pharmacy, with a remaining balance of	D 423		

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D 423	Continued From page 32 $1,267.58. -In August 2025, a withdrawal of $27.98 was made to pharmacy, with a remaining balance of $1,379.60. -There were no signatures by staff, the resident or responsible party for receipt or acknowledging withdrawals from Resident #7's personal fund account. Review of Resident #7's second Fund Ledger dated November 2024 through November 2025 revealed: -Every month $90.00 was deposited into Resident #7's personal fund account from November 2024 to November 2025. -Resident #7 had a beginning balance of $786.28. -Resident #7 had a total of $1,150.00 deposited for the year. -Resident #7 had a total of $1, 438.40 withdrawals for the year with a balance of $496.88. -In December 2024, a withdrawal of $641.49 was made to the pharmacy, with a remaining balance of $324.79. -In February 2025, a withdrawal of $248.70 was made to the pharmacy, with a remaining balance of $256.09. -In April 2025, a withdrawal of $349.21 was made to the pharmacy, with a remaining balance of $86.88. -In June 2025, a withdrawal of $200.00 was made to pharmacy, with a remaining balance of $66.88. -There were no signatures by staff, the resident, or responsible party for receipt or acknowledging withdrawals from Resident #7's personal fund account. Interview with the SCC on 11/21/25 at 9:21am	D 423		

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D 423	Continued From page 33 revealed: -She had talked to Resident #7's guardian about Resident #7's funds. -She told the guardian that the Administrators handle the funds, and she told the former Administrator about the guardian's concern. -She never paid a pharmacy bill for Resident #7. -She did not think Resident #7 ever got any money for personal use. Refer to telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm. Refer to interview with the Special Care Coordinator (SCC) on 11/21/25 at 9:21am. Refer to interview with the Operations Manager on 11/21/25 at 3:18pm. Refer to interview with the Administrator on 11/21/25 at 9:45am. _____ Telephone interview with the previous facility Administrator on 11/20/25 at 1:05pm revealed: -She received an email on 10/22/25 from the Chief Financial Officer (CFO) informing her resident funds were deposited into a social security account. -Once the funds were received in the social security account they were transferred to an operating account and used to keep the building operational. - Per the CFO the $70.00 or $90.00 the residents received, was not kept in that account. -There was no petty cash kept in the facility for the residents. -All the residents' money received by the facility was being placed in one account. -When she requested money for the residents, it would take several days to receive a check by	D 423		

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D 423	Continued From page 34 mail for the residents. -Other Administrators agreed to allow the facility owner to wire money directly to their personal bank account for the residents but she refused to do so. Interview with the SCC on 11/21/25 at 9:21am revealed: -She did not think anyone ever received any money for personal use except maybe one resident. -She did not know why they never got any money. -She did not have anything to do with bills. -Administrators handled the funds. Interview with the Operations Manager on 11/21/25 at 3:18pm revealed: -He had only been in his position for two days. -He expected each resident to have a separate account with a list of what each resident had. -He expected funds to be available on site. Interview with the Administrator on 11/21/25 at 9:45am revealed: -She had only been the Administrator since 11/17/25. -She was not aware that residents had past pharmacy bills due. -She was not aware of residents' not receiving their money on site. -She knew funds were supposed to be kept separate. -Residents should each have their own accounts, and she should be able to pull them at any time. The facility failed to ensure that all or any portion of the residents' funds were available upon request, resulting in a resident (#7) not being able to get personal items, such as reading glasses, drinks, pajamas and clothes and (#6) not being	D 423		

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D 423	Continued From page 35 able to always get personal items he wanted, and (#10) requesting money monthly since he was admitted that he had never received. This failure was detrimental to the welfare and dignity of the residents' and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/21/25 for this violation. CORRECTION DATE FOR TYPE VIOLATION SHALL NOT EXCEED DECEMBER 21, 2025.	D 423		
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	D 468	The facility revised its new hire orientation process to ensure all staff assigned to the Alzheimer's/Dementia SCU complete the required 3ix-hour dementia-specific orientation. Checklist has been implemented and Must be completed and signed before the first independent shift. The Administrator or designee will review all new employee files weekly for 90 days, then monthly to verify completion and documentation of six-hour required dementia-specific orientation. Any deficiencies will be corrected and documented promptly.	01/05/26

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D 468	Continued From page 36 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 2 of 3 sampled staff (Staff A and Staff B) completed 6 hours of orientation on the nature and needs for the Special Care Unit (SCU) residents within the first week of employment. The findings are: Review of the facility's current license dated 01/01/25 revealed the facility was licensed as an Alzheimer's/Dementia SCU with a capacity of 40 residents. Review of the facility's current census on 11/20/25 revealed there was a total of 21 residents. 1. Review of Staff A's, personal care aide (PCA), personnel record revealed: -She was hired on 10/20/25. -There was no documentation of a 6-hour orientation on the nature and needs of the SCU residents within the first week of employment. Telephone interview with Staff A on 11/21/25 at 1:50pm revealed she did not have any training on the care of dementia residents. Refer to the interview with the Administrator on 11/21/25 at 10:17am.	D 468	The Administrator or Designee will: Review new employee Personnel Files Weekly for 90 days, then Monthly, to verify Completion of the required 6 hour orientation. Continuing education records will be reviewed quarterly to ensure completion of required annual and dementia-specific training. Any deficiencies will be corrected and documented Promptly. The Facility revised it's orientation and training Process to ensure staff complete required dementia-specific orientation, Meet competency and training requirements And Complete annual Continuing education hours. A standardized orientation Checklist and training log have been implemented for all staff.	01/5/26

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D 468	Continued From page 37 2.Review of Staff B's, PCA, personnel record revealed: -She was hired on 11/12/25. -There was no documentation of a 6-hour orientation on the nature and needs of the SCU residents. Interviews with Staff B on 11/20/25 at 3:15pm and 11/21/25 at 1:55pm revealed: -She began work at the facility on 11/15/25. -The training she received for her current position included shadowing another PCA for three shifts on 11/15/25, 11/16/25 and 11/17/25. -She had not yet received dementia training at the facility. Refer to the interview with the Special Care Coordinator on 11/20/25 at 11:00am. Refer to the interview with the Administrator on 11/21/25 at 10:17am. Interview with the Special Care Coordinator (SCC) on 11/20/25 at 11:00am revealed: -She did not know if any pre-hire forms were completed for Staff A or Staff B prior to hire. -The Administrator was responsible for completing pre-hire requirements for new staff. Interview with the Administrator on 11/21/25 at 10:17am revealed: -She was new to the position and had not hired anyone yet. -She was not aware Staff A or Staff B had not completed the 6-hour orientation training on residents with dementia. -She was responsible to ensure that new employees received all required training. -She would be doing personnel record audits on	D 468		

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D 468	Continued From page 38 all current staff going forward.	D 468		