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
	HAL086008	A. BUILDING: _____ B. WING _____	R 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	1297 GALAX TRAIL MOUNT AIRY, NC 27030

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey from November 4, 2025 to November 6, 2025.	{D 000}	Responses to cited deficiencies do not constitute an admission or agreement by the facility of truth of facts alleged or conclusions set forth in the Statement of Deficiencies or the Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with state laws.	
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 that 3 of 6 sampled staff (Staff A, Staff D and Staff F) who administered medications to residents had the required documentation of the state approved 5-hour, 10-hour or 15-hour medication aide (MA) training course for adult care homes, and 1 of 6 sampled staff (Staff A) had successfully passed the state MA examination for administering medications. The findings are: 1. Review of Staff D's personnel record revealed: -Staff D was hired as a medication aide (MA) on 06/03/25. -She passed the state MA written exam on 07/11/19.	D 125	10A NCAC 13F .0403 Qualifications of Medication Staff ED and BOC completed an audit on Medication staffing files to ensure all qualifications have been met. Medication staffing completed 5/10 hour courses and state required exams. ED, BOC, and/or designee will conduct a monthly audit of new hire files. ED, BOC, and/or designee will conduct a monthly audit on trainings due of no less than 5 employees.	12/20/25 12/20/25 12/20/25 12/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Nelsc O JR — Exe Dir — 12/22/25.

Reviewed and
Acknowledged
12/29/25

BB

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D 125	Continued From page 1 -There was documentation Staff D completed the Clinical Skills Competency Validation Checklist on 07/02/25. -There was no documentation that Staff D completed the state approved 5 and 10- hour or 15-hour medication administration training for adult care homes. Observation of medication administration on 11/04/25 at 8:55am revealed Staff D administered 4 oral medications to a resident on Hall 2 of the facility. Review of a resident's September 2025, October 2025 electonic Medication Administration Records (eMARs) revealed: -Staff D administered medications on 3 days from 09/01/25 to 09/30/25. -Staff D administered medications on 2 days from 10/01/25 to 10/31/2025. Interview with Staff D on 11/05/25 at 12:50pm revealed: -She had completed the 15 hours MA training at a facility where she was previously employed. -She did not have documentation that she completed the 15- hour training. -She recalled completing an additional 15- hour medication aide training conducted by a nurse at the present facility, including return demonstration of skills. -The facility nurse should have the documentation for the 15 hour MA training. Refer to the interview with a Corporate Nurse on 11/05/25 at 1:00pm. Refer to the interview with the Business Office Manager (BOM) on 11/06/25 at 1:21pm.	D 125		

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D 125	Continued From page 2 Refer to the interview with the Administrator on 11/06/25 at 1:23pm. 2. Review of Staff F's personnel record revealed: -Staff F was employed as an MA on 09/04/25. -She passed the state MA written exam on 06/06/25. -There was documentation Staff F completed the Clinical Skills Competency Validation Checklist on 09/04/25. -There was a state approved certificate of completion for the 5 hour medication administration training for adult care homes dated 09/04/25. -There was no documentation Staff F completed the state approved 10-hour or 15-hour medication administration training for adult care homes. Review of a resident's September 2025, October 2025 eMARs revealed: -Staff F administered medications on 3 days from 09/01/25 to 09/30/25. -Staff F administered medications on 14 days from 10/01/25 to 10/31/2025. Review of a second resident's September 2025, October 2025 and November 2025 (from 11/01/25 to 11/05/25) eMARs revealed: -Staff F administered medications on 7 days from 09/01/25 to 09/30/25. -Staff F administered medications on 8 days from 10/01/25 to 10/31/2025. -Staff F administered medications on 11/03/25 at 8:00am. Interview with Staff F on 11/05/25 at 11:35pm revealed: -She had completed the 15- hour MA training at this facility, including return demonstration of skills.	D 125		

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D 125	Continued From page 3 -The nurse that taught the class and checked off her skills was no longer working at the facility. -The facility nurse or business office should have the documentation for her 15- hour MA training. Refer to the interview with a Corporate Nurse on 11/05/25 at 1:00pm. Refer to the interview with the Business Office Manager (BOM) on 11/06/25 at 1:21pm. Refer to the interview with the Administrator on 11/06/25 at 1:23pm. 3. Review of Staff A's personnel record revealed: -She was hired as a Personal Care Aide (PCA) on 06/25/25. -She was promoted to MA on 07/31/25. -There was no documentation that Staff A completed the 5-, 10- or 15-hour medication training courses. -Staff A had a Clinical Skills Competency Validation Checklist completed on 07/31/25. -There was no documentation that Staff A had passed the written MA examination. Review of a resident's September 2025, October 2025 and November 2025 (11/01/25-11/05/25) eMARs revealed: -Staff A administered medications on 8 days from 09/01/25 to 09/30/25. -Staff A administered medications on 3 days from 10/01/25 to 10/31/2025. -Staff A administered medications on 3 days from 11/01/25 to 11/05/25. Review of a second resident's September 2025, October 2025 and November 2025 (11/01/25-11/05/25) eMARs revealed: -Staff A administered medications on 2 days from	D 125		

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D 125	Continued From page 4 09/01/25 to 09/30/25. -Staff A administered medications on 1 day from 10/01/25 to 10/31/2025. -Staff A administered medications on 1 day from 11/01/25 to 11/05/25. Telephone interview with Staff A on 11/06/2025 at 12:59pm revealed: -She was aware of the 5-, 10-, and 15-hour MA training courses. -She took the 15-hour class in 2023 but could not recall the date and did not have a certificate of completion. -She recalled completing the Clinical Skills Validation Checklist but could not recall the date or who had "checked her off". -She began administering medications in September 2025. -She had taken the MA examination twice and failed both times and she was scheduled to take the examination again on 11/13/25. Interview with the Administrator on 11/06/25 at 1:23pm revealed she became aware of Staff A's missing records and that Staff A had failed the MA test today (11/06/25). Refer to the interview with the Corporate Nurse on 11/05/25 at 1:00pm. Refer to the interview with the Business Office Manager (BOM) on 11/06/25 at 1:21pm. Refer to the interview with the Administrator on 11/06/25 at 1:23pm. Interview with the Corporate Nurse on 11/05/25 at 1:00pm revealed: -Routinely the Nurse for the facility or a Corporate Nurse completed the required training for MAs	D 125		

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D 125	Continued From page 5 including the Clinical Skills Validation Checklist, and 5- 10-, or 15- hours MA trainiing and completing documentation for the trainings and validations. -Trainings were routinely done as a group for newly hired MAs. -The MAs were responsible to schedule their own testing for the state MA examination. -The MA should notify the facility's nurse or corporate nurse when the the state MA test was successfully completed. Interview with the Business Office Manager (BOM) on 11/06/25 at 1:21pm revealed: -He was required to keep training requirements and documents for new hires in his office. -He had a checklist for all personnel that listed required trainings and time frames for completion that he would be responsible for going forward. -He had not audited current personnel files because he had only been in the position of BOM since 10/27/25. -He would report missing or incomplete records to the administrator. Interview with the Administrator on 11/06/25 at 1:23pm revealed: -All MAs were required to have the documentation for completion of the 5-, 10- or 15-hour medication training course prior to administering medications. -A corporate Registered Nurse was responsible for completing necessary training for MAs and issuing certificates of completion. -A list of staff requiring training was provided to the corporate RN by the facility administrator on an ongoing basis. -The BOM was responsible for verifying MA staff qualifications and keeping personnel records in his office.	D 125		

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D 125	Continued From page 6 -She was responsible for auditing personnel files until her current BOM was hired on 10/27/25. -Both she and the BOM would audit personnel files going forward to ensure timely completion of required trainings and testing.	D 125		
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 (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an order was implemented to complete a lab for 1 of 7 sampled residents (#5). The findings are: Review of Resident #5's current FL2 dated 10/23/25 revealed diagnoses included malignant melanoma, dermatitis, type 2 diabetes, hypertension, and Alzheimer's disease. Review of Resident #5's signed physician's order dated 10/17/25 revealed: -There was an order for a comprehensive metabolic panel (CMP) laboratory (lab) test to be completed on 10/22/25. -The results of the CMP lab were to be sent to Resident #5's Oncology provider.	D 276	10A NCAC 13F .0902(c)(3-4) Health Care Care Coordinators are reviewing physician visit summaries and scheduling appointments/labs and follow ups. ED and/or designee will review required labs, follow ups and appointments at daily stand up. ED and Care Coordinators have implemented a transportation binder and will review at daily standup to ensure appointments are carried out. ED and/or Care Coordinators will audit lab website weekly to ensure lab results are forwarded to the appropriate clinic/PCP ED will conduct training on Rule area 10A NCAC 13F .0902 (C)(3-4) with nursing staff.	12/20/25 12/20/25 12/20/25 12/20/25 12/29/25

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D 276	Continued From page 7 Review of Resident #5's record revealed there was no documentation that a CMP lab was completed on 10/22/25. Telephone interview with Resident #5's Oncology provider on 11/06/25 at 8:50am revealed: -They requested another CMP lab from the facility on 10/23/25 because no CMP lab results had been received. -On 11/04/25, they had still not received the results of Resident #5's CMP lab, so the CMP lab was requested from the facility again. -As of 11/06/25 at 8:50am, they had not received Resident #5's CMP lab results. Interview with Resident #5's primary care provider (PCP) on 11/06/25 at 1:19pm revealed: -A contracted laboratory company completed labs for the facility every Tuesday. -When labs were ordered from an outside provider, the facility would provide her with the order request, and she would put the order request in her charting system so the contracted laboratory company would complete the lab. -She could only postdate "routine" labs, not a "one-time" lab. -The facility would have needed to remined her of the CMP lab the week it was due. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 10:55am revealed: -She was not at the facility when the labs were requested to be ordered. -Only the PCP can order labs. -When labs were ordered from an outside provider, the orders were put into a folder for the PCP to review. -When the contracted laboratory company was last at the facility, Resident #5 was not at the	D 276		

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D 276	Continued From page 8 facility. Interview with the Administrator on 11/06/25 at 11:44am revealed: -Whichever staff member received the CMP lab order was the one responsible for putting the order in the PCP's folder. -Her expectation for the facility was that all orders were implemented as prescribed.	D 276	10A NCAC 13F .1004(a) Medication Administration Care coordinators have implemented a med cart audit schedule for medication staffing to audit medication carts weekly.	12/20/25
{D 358}	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 7 sampled residents (#7) related to a medication used to treat conditions related to excess stomach acid and a medication used to treat fluid retention. The findings are: 1. Review of Resident #7's current FL2 dated 10/26/24 revealed diagnoses included gastroesophageal reflux disease, hyperlipidemia, cerebral palsy, and Alzheimer's disease. a. Review of Resident #7's signed physician's	{D 358}	Care Coordinators will complete a FL2 to physician order to mar cart audit weekly to ensure medications are be given as ordered and present in facility. Care coordinators are reviewing EHR daily to ensure medications are verified and implemented as ordered. Care coordinators and ED will review missed medication report at daily stand up.	12/20/25 12/20/25 12/20/25

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{D 358}	Continued From page 9 order dated 08/27/25 revealed there was an order for omeprazole (used to treat excess stomach acid) 20mg take one tablet daily. Review of Resident #7's September 2025 electronic medication administration record (eMAR) revealed: -There was an entry for omeprazole 20mg tablet take one tablet daily scheduled for administration at 6:00am. -There was documentation omeprazole 20mg was administered daily. Review of Resident #7's October 2025 eMAR revealed: -There was an entry for omeprazole 20mg tablet take one tablet daily scheduled for administration at 6:00am. -There was documentation omeprazole 20mg was administered daily. Review of Resident #7's November 2025 eMAR from 11/01/25 to 11/05/25 revealed: -There was an entry for omeprazole 20mg tablet take one tablet daily scheduled for administration at 6:00am. -There was documentation omeprazole 20mg was administered daily from 11/01/25 to 11/05/25. Observation of Resident #7's medication on hand on 11/06/25 at 12:25pm revealed: -There was an omeprazole 20mg medication card dispensed on 09/27/25 with 30 of 30 doses remaining. - There was an omeprazole 20mg medication card dispensed on 10/21/25 with 29 of 30 doses remaining. - There was a multiple medication dose pack dispensed on 10/31/25 that did not contain omeprazole 20mg.	{D 358}		

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{D 358}	Continued From page 10 Telephone interview with a pharmacist from the facility's contracted pharmacy on 11/06/25 at 3:04pm revealed: -Resident #7's omeprazole 20mg 30 capsules was dispensed on 09/27/25 and 10/21/25 both to equal a 30-day supply. -The pharmacy dispensed a 30-day supply every 26 days. -There was no reason the facility would have one medication card with 29 tablets and one medication card with 30 tablets unless the medication was not being administered as ordered. -If omeprazole 20mg was not administered as ordered, Resident #7's acid reflux would be uncontrolled. Telephone interview with a Registered Nurse (RN) from Resident #7's hospice agency on 11/06/25 at 3:56pm revealed: -She expected the facility to administer omeprazole 20mg as ordered. -She had not evaluated any adverse effects in Resident #7 related to not receiving omeprazole 20mg as ordered. Interview with a medication aide (MA) on 11/06/25 at 3:14pm revealed: -She does not usually work on the medication cart where Resident #7's medications are stored. -She usually looked at the eMAR and compared it to the medication being administered. -If a medication was not administered, her eMAR documentation would reflect that. -She was not sure how Resident #7's omeprazole 20mg was missed. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 3:19pm revealed:	{D 358}		

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{D 358}	Continued From page 11 -If a medication was not administered, she expected the eMAR to reflect that. -She did not know why both medication cards for omeprazole 20mg were full. Interview with the Administrator on 11/06/25 at 3:30pm revealed: -She expected MAs to administer medications as ordered. -She was not sure why omeprazole 20mg was not administered to Resident #7 as ordered. b. Review of Resident #7's signed physician order dated 08/27/25 revealed there was an order for furosemide (used to treat fluid retention) 20mg take half a tablet daily. Review of Resident #7's signed physician orders dated 10/22/25 revealed there was an order to change furosemide 20mg take half a tablet daily to furosemide 20mg take half a tablet daily as needed. Review of Resident #7's October 2025 electronic medication administration record (eMAR) from 10/22/25 to 10/31/25 revealed: -There was entry for furosemide 20mg take half a tablet daily. -There was documentation furosemide 20mg was administered daily from 10/22/25 to 10/31/25. -There was no entry for furosemide 20mg take half a tablet daily as needed. Review of Resident #7's November 2025 eMAR from 11/01/25 to 11/05/25 revealed: -There was an entry for furosemide 20mg take half a tablet daily. -There was documentation furosemide 20mg was administered daily from 11/01/25 to 11/05/25. -There was no entry for furosemide 20mg take	{D 358}		

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{D 358}	Continued From page 12 half a tablet daily as needed. Observation of the medications on hand for Resident #7 on 11/06/25 at 12:24pm revealed: -There was a multi-dose medication pack that included furosemide 20mg, take half a tablet daily, available for administration. -The furosemide 20mg, take half a tablet daily, dose scheduled for the morning of 11/06/25 had been administered. Telephone interview with a Registered Nurse (RN) from Resident #7's hospice agency on 11/06/25 at 8:40am revealed: -She expected for the facility to administer Resident #7's furosemide 20mg as needed. -Any new orders were given to the MA in charge of Resident #7 for that day. -She had not evaluated any adverse effects in Resident #7 related to not receiving furosemide 20mg as ordered. Interview with the Resident Care Coordinator (RCC) on 11/06/25 at 10:45am revealed: -She was not sure how the new furosemide 20mg order was overlooked. -When new orders were written, the RN gave the orders to her, and she would fax the new order to the pharmacy. -She was not sure if she was in the facility when the new order was written. -She did not have a fax delivery verification system when Resident #7's new furosemide 20mg order was written. -Her expectation was that the pharmacy receives all new orders in a timely manner. Interview with the Administrator on 11/06/25 at 11:38am revealed: -When new orders are received, a MA or the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086008	A. BUILDING: _____ B. WING _____	R 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWELVE OAKS	1297 GALAX TRAIL MOUNT AIRY, NC 27030

(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 13 RCC is responsible for faxing the order to the pharmacy. -She was not aware Resident #7's furosemide 20mg order changed until 11/05/25. -Her expectation was that new orders would be sent to the pharmacy and implemented as prescribed. Based on observations, it was determined that Resident #7 was not interviewable.	{D 358}		