STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018037	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT VILLAGE AT NEWTON	1345 CHAPMAN LANE NEWTON, NC 28658

(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 completed an annual survey and complaint investigation from January 6, 2026 to January 7, 2026.	D 000		
D 263	10A NCAC 13F .0802 (f) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (f) The care plan shall be revised as needed based on the results of a significant change assessment completed in accordance with Rule .0801 of this Section. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 sampled residents (#2) had a care plan assessment completed within 10 days of a significant change when the resident was admitted to hospice care. The findings are: Review of Resident #2's current FL2 dated 08/20/25 revealed: -Resident #2's diagnoses included chronic obstructive pulmonary disease, coronary artery disease, expressive aphasia, hypertension, and dementia with anxiety. -Resident #2 was semi-ambulatory. -Resident #2's level of care was assisted living. Review of Resident #2's Resident Register revealed an admission date of 08/20/25. Review of Resident #2's care plan dated 11/31/25	D 263		

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D 263	Continued From page 1 revealed no documentation the care plan was updated to reflect a change in condition and hospice admission within ten days. Review of Resident #2's hospice certification and plan of care revealed he was admitted to hospice services on 11/18/25 with diagnosis of protein calorie malnutrition. Review of Resident #2's record revealed no documentation within 3 days that Resident #2 required a change in condition. Interview with the Resident Care Coordinator on 01/07/26 at 10:45am revealed: -She and the Administrator were responsible for recognizing a change in condition and updating the care plan because of the change in condition. -Resident #2's changes in condition began due to increased falls and decreased appetite were noticed at the end of October 2025. -Resident #2's increased symptoms were not identified within three days, and care plan should have been updated with a change in condition within 10 days and it was missed. -Resident #2 was not admitted to hospice services until 11/18/25. Interview with the Administrator on 01/07/26 at 11:46am revealed: -She and/or the RCC were responsible for updating the care plan if there was a change in condition for any resident. -After it was determined Resident #2 had a change in condition, his Primary Care Provider (PCP) was not notified, and his care plan was not updated. -Resident #2's change in condition should have been documented within ten days when it was decided he was to start with hospice services,	D 263		

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D 263	Continued From page 2 and it was missed. Interview with the Owner on 10/29/25 at 2:10pm revealed: -He was not aware of Resident 2's change in condition was not documented on her medical record. -He expected the RCC or the Administrator to contact the provider and update care plans shortly after a change in condition was determined.	D 263		