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 01/22/2026

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 survey and complaint investigation on January 21, 2026 through January 22, 2026. The compliant investigations were initiated by Iredell County Department of Social Services on 11/18/25.	D 000		
D 119	10A NCAC 13F .0311(j) Other Requirements 10A NCAC 13F .0311 Other Requirements (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all the components of the call light system were operating as designed to ensure residents' calls were received by staff and responded to in a timely in 10 of 19 rooms where residents resided who required assistance in order to evacuate the facility. The findings are: Review of the facility's current license dated 01/01/26 revealed the facility was licensed as an Alzheimer's/Dementia Special Care Unity (SCU) with a capacity of 40 residents.	D 119		

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Review of the facility's current census on 01/21/26 revealed there was a total of 27 residents.

Observation during a tour of the facility on 01/21/26 from 9:00am to 9:30am revealed:
-There were 27 residents residing in the facility.
-Residents were observed in their rooms, the hallway, smoking area and common areas.

Observation during a tour of the facility on 01/22/26 from 12:44pm to 1:50pm revealed:
-Each resident room had a call system activated light that was located outside the room near the upper part of the door frame.
-The lights were part of the call light system, signaling staff when a resident needed help.
-The lights when activated did not produce a sound and did not send a signal to the medication room.
-The lights did not illuminate when the call light was activated in 10 of 19 resident rooms.
-The 10 rooms that had call lights not working were located in two different hallways with one room being close to the kitchen area and others on the main hallway which was the same hallway as the medication office.
-Staff were observed in both hallways, resident rooms and activity room and medication office.

Review of Resident #3's current FL2 dated 03/11/25 revealed:
-Diagnoses include dementia without behavioral disturbance, vitamin D deficiency and vitamin B12 deficiency.
-Her level of care was special care unit (SCU).
-She was constantly disoriented.
-She was ambulatory.
-She was incontinent of bladder and bowel.

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D 119	Continued From page 2 Review of Resident #3's Care Plan dated 03/03/25 revealed: -She had significant memory loss. -She required total assistance with bathing, dressing and personal hygiene. -She walked throughout building during the day and night and napped in the common areas requiring encouragement to sleep in her room. Review of an incident accident report revealed Resident #3 had an unwitnessed fall on 01/12/26. Observation of Resident #3's room on 01/22/26 at 12:44pm revealed: -The Maintenance Director plugged the call light cord into the call light box, and it did not produce a sound, and the call bell light did not light up outside Resident #3's room. -There was no other signaling device such as a hand bell present in Resident #3's room. Interview with a personal care aide (PCA) on 01/22/26 at 2:16pm revealed: -She did not think Resident #3 would know how to use her call bell if she needed assistance. -Resident rooms were supposed to have call bells but not all rooms had working call bells and it had been that way since she started a year ago. Interview with a medication aide (MA) on 01/22/26 at 8:37am revealed: -The facility did have a call bell system. -She did not recall any residents using the call bell system. -If residents needed assistance they would just call out for staff. Interview with a second MA on 01/22/26 at 12:50pm revealed: -Resident #3 was not able to respond to	D 119		

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questions and did not communicate.
-Resident #3 had been in the same room across from the activity room but she wanders most of the day.
-To monitor residents, she monitored the halls and checked on residents every 1 to 2 hours.

Interview with a third MA on 01/22/26 at 2:21am revealed:
-She checked on the residents every hour and if a resident needed assistance they would "holler" out or another resident may bring it to the staff's attention that a resident needed assistance.
-She was not aware the facility had a call bell system.

Interview with the Maintenance Director on 01/22/26 at 12:44pm revealed:
-Some of the call bell lights located outside of each resident room had not been working since he started at the facility in June 2025.
-Not all resident rooms have call bed cords.
-The facility ordered replacement call bell light bulbs on Tuesday (01/20/26).
-The facility did not have any other type of call bell system in place.

Interview with the Administrator on 01/22/26 at 3:00pm revealed:
-She was not aware some of the call lights were not operational until a representative from the Department of Social Services made her aware several weeks ago.
-She heard from previous staff they had hand bells in the past, but the handbells were no longer present in the facility.
-She was not sure who to call to fix a call light system but was checking into it.
-She expected the facility should have a working call light system regardless of whether a resident

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D 119	Continued From page 4 had the cognitive capability to use it or not. Based on observations and record reviews, it was determined that Resident #3 was not interviewable.	D 119		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.	D 468		

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D 468	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 3 of 3 sampled staff (Staff A, B and C) 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 01/01/26 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 01/21/26 revealed there was a total of 27 residents. 1. Review of Staff A's, personal care aide (PCA) and Medication Aide (MA) personnel record revealed: -She was hired on 01/08/26. -There was no documentation for 6-hour orientation on the nature and needs of the SCU residents within the first week of employment. Interview with Staff A on 01/21/2026 at 4:01pm revealed: -She had completed training on the care of dementia residents during orientation but did not know the date. -She did not receive any documentation after completing the training course. -The training course was completed by two nurses at the facility, but she did not know the nurse's names. Refer to interview with the previous Special Care	D 468		

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D 468	Continued From page 6 Coordinator (SCC) on 01/22/26 at 11:19am. Refer to the interview with the Administrator on 01/22/26 at 11:24am. 2. Review of Staff B's, PCA personnel record revealed: -She was hired on 12/30/25. -There was no documentation for a 6-hour orientation on the nature and needs of the SCU residents. Attempted telephone interview with Staff B on 01/21/26 at 4:10pm was unsuccessful. Refer to interview with the previous SCC on 01/22/26 at 11:19am. Refer to the interview with the Administrator on 01/22/26 at 11:24am. 3. Review of Staff C's, personnel record revealed: -She was hired on 12/30/2025 as a PCA. -There was no documentation for 6-hour orientation on the nature and needs of the SCU residents within the first week of employment. Attempted telephone interview with Staff C on 01/21/26 at 4:30pm and 01/22/26 at 9:12am was unsuccessful. Refer to interview with the previous SCC on 01/22/26 at 11:19am. Refer to the interview with the Administrator on 01/22/26 at 11:24am. _____ Telephone interview with the previous facility SCC on 01/22/26 at 11:19am revealed: -She was responsible for making sure all staff	D 468		

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had the required training.
-Staff A, B and C did have the 6-hour orientation on the nature and needs of the SCU residents prior to working with residents at the facility.
-The training was completed by the consultant Registered Nurse (RN).
-The consultant RN printed off the training certificates after the trainings were completed.
-She thought that she had placed them in the staff's personnel folder but if not, they would be in a file or a letter tray in her office.

Attempted telephone interview with the RN consultant on 01/22/26 at 10:03am was unsuccessful.

Interview with the Administrator on 01/22/26 at 11:24am revealed:
-The former SCC was responsible for ensuring all training were complete and in the staff's personnel file.
-She was not aware the staff did not have the 6-hour orientation on the nature and needs of the SCU residents' certificate in their personnel file.
-She knew that the training had been completed as the facility has a RN consultant who completed all the trainings.
-She reached out to the RN consultant and learned they did not keep a copy of the training they completed and only gave the certificate to the former SCC.
-She was unable to locate the 6-hour orientation training certificate on the nature and needs of the SCU residents certificate and expected it to be kept in the staff's personnel file.