STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096057	A. BUILDING: _____ B. WING _____	01/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 2, 2026.	C 000		1/31/2026
C 230	10A NCAC 13G .0801 (a) (b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter. (b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following: (1) resident identification and demographic information; (2) current diagnoses; (3) current medications; (4) the resident's ability to self-administer medications; (5) the resident's ability to perform activities of daily living, including bathing, dressing, personal	C 230	C 230 Effective January 27,2026, the Director of Nursing and Administrator conducted a 100% audit of all residents who have been admitted into the facility and their assessments. Those residents identified were reviewed by the Director of Nursing. Systematic Changes: Effective January 27, 2026, all staff were educated by the Director of Nursing on ensuring that upon admission, significant change and annually, all residents will receive an assessment no more than 24 hours after. Monitoring: The Director of Nursing will conduct audits of new admitted residents within the 24-hour admission, annually and after significant changes. Monitoring will be completed upon admission, monthly and as necessary thereafter. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance Date of Compliance: January 31, 2026	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Herring | TITLE: Administrator | (X6) DATE: 2/6/2026

Reviewed and acknowledged by:
2/16/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 230	Continued From page 1 hygiene, ambulation or locomotion, transferring, toileting, and eating; (6) mental health history; (7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background; (8) mood and behaviors; (9) nutritional status, including specialized diet or dietary needs; (10) skin integrity; (11) memory, orientation and cognition; (12) vision and hearing; (13) speech and communication; (14) assistive devices needed; and (15) a list of and contact information for health care providers or services used by the resident. The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf. at no cost. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 2 of 3 sampled residents (#1,#2) assessments were updated annually. The findings are: 1. Review of Resident #2's current FL-2 dated 11/01/25 revealed: -Diagnosis included dementia with behavioral disturbance. -She was constantly disoriented and ambulatory.	C 230		

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C 230	Continued From page 2 Review of Resident #2's Resident Register revealed she was admitted to the facility on 11/18/24. Review of Resident #2's record revealed: -Resident #2's most recent assessment and care plan was dated 11/18/24. -She required supervision from staff for eating, toileting, bathing, dressing, grooming and personal hygeine. -She was independant with ambulation and transferring. Telephone interview with Resident #2's family member on 01/02/26 at 2:02pm revealed: -His family member was physically heathy. -There had been no decline in her physical abilities since admit. -She only needed assistance in the form of reminders for bathing and some assistance with changing. Interview with the Administrator/Owner on 01/02/26 at 10:08am revealed: -She thought Resident #2's care plan was updated on 11/01/25 when her FL-2 was updated. -She was unable to locate the updated care plan for Resident #2. Based on observations, record reviews and interviews with staff and resident, it was determined that Resident #2 was not interviewable. 2. Review of Resident #1's current FL-2 dated 11/01/25 revealed: -Diagnoses included bipolar disorder, hyperlipidemia, and abnormal thyroid. -She was constantly disoriented, continent of bowel and bladder, and ambulatory.	C 230		

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C 230	Continued From page 3 Review of Resident #1's Resident Register revealed she was admitted to the facility on 05/12/23. Observation of Resident #1 on 01/02/26 at 8:25am revealed: -Resident #1 was eating independently after breakfast was provided by staff. -After she finished her meal, she took her plate and cup to the kitchen sink, rinsed both, and left both in the sink. -She ambulated independently. Review of Resident #1's record revealed: -Resident #1's most recent assessment and care plan was dated 12/17/24. -She required supervision from staff for eating, bathing, and grooming. -She was independent with toileting, ambulation, dressing, and transfers. -There were no other care plans available for review for Resident #1. Interview with Resident #1 on 01/02/26 at 8:50am revealed: -Staff assisted her with bathing and prepared meals. -She was able to dress and groom herself. -She had been living at the facility for two years. Interview with the Administrator/Owner on 01/02/26 at 10:50am revealed: -Resident #1's most recent care plan was completed in November 2025 and given to the primary care provider (PCP) for her signature. -She could not locate the most recent care plan and had attempted to obtain it from the PCP but was unsuccessful. -There was no system in place to track items	C 230		

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C 230	Continued From page 4 given to the PCP for signature. -Resident #1's care plan dated 12/17/24 was the most recent care plan available for review at the facility. Attempted telephone interview with Resident #1's responsible party on 01/02/26 at 1:35pm was unsuccessful.	C 230		
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions. This Rule is not met as evidenced by: Based on observations, interviews,and record reviews, the facility failed to ensure all food items stored by the facility were protected from	C 257	C 257 Cleaning schedules are posted in the kitchen and assigned in the software. Systematic Changes: Cleaning schedules are as follows. fridge and stove are to be cleaned on Fridays weekly and as needed for spills. All food is labeled with the provided stickers which are to be filled out in its entirety before putting in the fridge and to be discarded in 48 hours. Monitoring: The Administrator will conduct audits weekly. Monitoring will be completed for three months or until compliant. Date of Compliance February 1, 2026	2/1/2026

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C 257	Continued From page 5 contamination related to unlabeled, undated, and expired food in the kitchen. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The facility was licensed for a capacity of 6 ambulatory residents. -The expiration dated was 12/31/26. Review of the facility environmental health inspection dated 01/08/25 revealed the sanitation grad was an A with 1 demerit awarded related to walls, ceilings and floors in good repair. Interview with the medication aide (MA) on 01/02/26 at 8:15am revealed the current census was 3 residents. Review of the facilty's undated Food Service Orientation Manual revealed: -All leftovers should be labeled with the date the item was placed in the the refrigerator to ensure everyone knows how long the leftovers were in storage. -Refrigerators and freezers should be kept clean both inside and outside. -The facility should have a schedule for sanitizing the refrigerator and freezers. Observation of the refrigerator freezer on 01/02/26 at 8:27am revealed: -There was a post on the front of the refrigerator that read everything was to be dated before putting it in the refrigerator. -There were 2 aluminum trays, stacked on top of one another on the second shelf of the refrigerator. -"Marsala Chicken 350° for 20 min" was hand	C 257		

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C 257	Continued From page 6 written on top of one tray and there was no date. -"Teriyaki meatballs 300° for 20 min" was hand written on top of one tray and there was no date. -There was a styrofoam tray of food on the second shelf that was not dated or labeled. -There was a black plastic container on top of the styrofoam tray. -The black plastic tray was open to air and contained beans and a spoon. -There was a bowl that was loosely covered with aluminum foil that contained chunks of cooked meat and was not labeled or dated. -There was yogurt with a best by date of 11/22/25 on the second shelf. -There was debris in the shelves of the refrigerator doors. -Shelves were sticky and debris was visible. Observation of the stand-up freezer on 01/02/26 at 8:36am revealed: -There were 7 zip closure storage bags that contained raw chicken that were not dated or labeled on the top shelf. -There was a zip closure storage bag of raw pork chops that was not dated or labeled on the top shelf. -There were six aluminum trays on the middle shelf that were labeled with the food item, the temperature and time for reheating and was not dated. -There were three aluminum trays on the bottom shelf that were labeled with the food item, the temperature and time for reheating and was not dated;one of which was exposed to air due to the aluminum lid being warped and unsecured. -There was a sticky substace that had been spilled in the bottom of the freezer. Second interview with the MA on 01/02/26 at 8:45am revealed:	C 257		

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C 257	Continued From page 7 -She did not know how long the styrofoam tray of food or the bowl of meat had been in the refrigerator. -She did not know how long the tray of beans with the spoon in the beans had been in the refrigerator but she thought it belonged to one of the residents. -The teriyaki meatballs were served to the residents on 12/31/25 and the marsala chicken was served 01/01/26. -She thought she was trained on the need to label and date food when she was hired. Interview with the Administrator/Owner on 01/02/26 at 10:08am revealed: -The meatballs were served the previous Saturday (12/27/25) and the marsala chicken was served 01/01/26. -She thought the tray of food and the tray of beans with the spoon in it were from her family member putting items in the refrigerator on Saturday 12/27/25. -The bowl contained pork that had been prepared on 12/27/25. -She stored the items in the refrigerator and the freezer and they should have dated and labeled before storing them but she was "...just being lazy." -There was no posted cleaning schedule for staff but she pulled items out of the refrigerator, checked for items that were running low or expired and cleaned the shelves with bleach weekly. -She last cleaned the refrigerator around Christmas and staff were expected to clean up spills as they happened.	C 257		
C 265	10A NCAC 13G .0904(c)(2) Nutrition And Food Service	C 265		

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C 265	Continued From page 8 10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a current menu was maintained for the guidance of staff. The findings are: Observation of the kitchen on 01/02/26 at 8:27am revealed: -There was no menu posted for the current month. -There was no posting of the menu for the day. Observation of the breakfast meal service on 01/02/26 from 8:30am to 10:00am revealed: -Residents were served approximately 1 cup of grits, 2 sausage patties and approximately 1 cup of diced peaches. -Milk was served to 1 of 3 residents and the other 2 residents were served coffee and declined milk. Interview with the medication aide (MA) on 01/02/26 at 8:45am revealed: -A chef brought prepared meals to the facility	C 265	C 265 Menus are posted electronically in the foyer, dining room, and kitchen. Systematic Changes: Effective 2/1/2026 facility hired a menu company who has a dietician for the menus. The menus are provided monthly and have been provided to the contracted chef to follow. Monitoring: The Administrator will conduct audits weekly when the chef delivers meals and during breakfast while staff serves breakfast. Monitoring will be completed for three months or until compliant. Date of Compliance: February 1, 2026	2/1/2026

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C 265	Continued From page 9 weekly. -She prepared whatever food the chef brought for lunch and dinner and she chose what was served for breakfast. -There were no menus for the guidance of staff for meals. Interview with the Administrator/Owner on 01/02/26 at 10:08am revealed: -All residents were prescribed a regular diet. -There was a chef that prepared lunch and dinner meals and brought them to the facility every Sunday. -Breakfast meals were served by staff choice and milk, juice and water were offered. -There were no menus available for the guidance of staff for meals. -She had not contracted with a dietician for menus.	C 265		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2)	C 415	C415 Residents with Potential to be Affected: Paper MARs will alw ays be available if systems go down. Systematic Changes: Company has completed transferred to a new electronic MAR system. No outages have happened since the onboarding of the new company. Staff were in serviced on using paper MARs in the event of outages in the future. Monitoring: MARs will be printed for the prior month on the first of the following month and filed in charts. This audit will be completed 2 times a week for 8 weeks, then monthly for 4 months and upon each new admission. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance. Completion Date: 2/1/2026	2/1/2026

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C 415	Continued From page 10 of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to ensure medication administration records were readily available for review by representatives of the Division of Health Services Regulation for 3 of 3 sampled residents. The findings are: Review of the facility's undated Medications	C 415		

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C 415	Continued From page 11 Records policy revealed: -Records of medications were maintained. -Written physician's orders for all medications were maintained in the residents' records. -Medication administration records (MARs) were maintained for all medications passed by the community caregiver. 1. Review of Resident #1's current FL-2 dated 11/01/25 revealed: -Diagnoses included bipolar disorder, hyperlipidemia, and abnormal thyroid. -She was constantly disoriented, continent of bowel and bladder, and ambulatory. Review of Resident #1's Resident Register revealed she was admitted to the facility on 05/12/23. Review of Resident #1's record revealed: -Resident #1's most recent assessment and care plan was dated 12/17/24. -She required supervision from staff for eating, bathing, and grooming. -She was independent with toileting, ambulation, dressing, and transfers. Review of Resident #1's physician's orders dated 11/01/25 revealed: -Duloxetine 90mg to be administered daily (Duloxetine is used to treat depression). -Miralax 17g to be administered as needed for constipation. -Senna 8.6mg to be administered daily (Senna is used to treat constipation). -Vitamin B12 1000mcg to be administered daily (Vitamin B12 is a supplement). -Acetaminophen 650mg to be administered every 8 hours as needed for pain or fever. -Wellbutrin XL 150mg to be administered every	C 415		

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C 415	Continued From page 12 morning (Wellbutrin is used to treat depression). Resident #1's November 2025, December 2025, and January 2026 MARs were requested on 01/02/26 and were not provided. Interview with Resident #1 on 01/02/26 at 8:50am revealed: -Staff assisted her with bathing and prepared meals. -She was able to dress and groom herself. -She had been at the facility for two years. -She denied issues with her medication. Attempted telephone interview with Resident #1's responsible party on 01/02/26 at 1:35pm was unsuccessful. Refer to telephone interview with a pharmacist for the facility's contracted pharmacy on 01/02/26 at 1:40pm. Refer to interview with the medication aide (MA) on 01/02/26 at 1:58pm. Refer to first interview with the Administrator on 01/02/25 at 10:56am. Refer to second interview with the Administrator on 01/02/26 at 1:25pm. 2. Review of Resident #2's current FL-2 dated 11/01/25 revealed: -Diagnosis included dementia with behavioral disturbance. -She was constantly disoriented and ambulatory. Review of Resident #2's Resident Register revealed she was admitted to the facility on	C 415		

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C 415	Continued From page 13 11/18/24. Review of Resident #2's physician's orders dated 11/01/25 revealed: -Acetaminophen 650mg to be administer every 6 hours as needed for pain or fever. (Acetaminophen is used to treat pain and fever.) -Ensure high protein to be administered four times each day if less than 50% of meals were eaten. Resident #2's November 2025, December 2025 and January 2026 MARs were requested on 01/02/26 and were not provided. Review of Resident #2's record revealed: -Resident #2's most recent assessment and care plan was dated 11/18/24. -She required supervision from staff for eating, toileting, bathing, dressing, grooming and personal hygiene. -She was independent with ambulation and transferring. Telephone interview with Resident #2's family member on 01/02/26 at 2:02pm revealed: -His family member was physically healthy and was not prescribed any medications to be administered daily. -There had been no decline in her physical abilities since admit. Based on observations, record reviews and interviews with staff and resident, it was determined that Resident #2 was not interviewable. Refer to telephone interview with a pharmacist for the facility's contracted pharmacy on 01/02/26 at 1:40pm.	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096057	A. BUILDING: _____ B. WING _____	01/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 415	Continued From page 14 Refer to interview with the medication aide (MA) on 01/02/26 at 1:58pm. Refer to first interview with the Administrator on 01/02/26 at 10:56am. Refer to second interview with the Administrator on 01/02/26 at 1:25pm. 3. Review of Resident #3's current FL-2 dated 11/16/25 revealed: -Diagnoses included dementia, unsteady gait, atrial fibrillation and chronic kidney disease. -He was constantly disoriented. Review of Resident #3's Resident Register revealed he was admitted to the facility on 11/17/25. Review of Resident #3's physician's orders dated 11/17/25 revealed: -Allopurinol 300mg was to be administered each day. (Allopurinol is used to treat gout by decreasing uric acid crystals in blood and urine.) -Seroquel 50mg was to be administered each night at bedtime. (Seroquel is used to stabilize mood.) -Finasteride 5mg was to be administered each day. (Finasteride is used to treat an enlarged prostate.) -Trazodone 50mg was to be administered each night as needed for sleep. (Trazodone is an antidepressant medication used to aid sleep.) -Docusate Sodium was to be administered each day as needed for constipation. (Docusate Sodium is used to treat constipation.) Resident #3's November 2025, December 2025 and January 2026 MARs were requested on	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 415	Continued From page 15 01/02/26 and were not provided. Attempted interview with Resident #3's family member on 01/02/26 at 1:33pm was unsuccessful. Based on observations, record reviews and interviews with staff and resident, it was determined that Resident #3 was not interviewable. Refer to telephone interview with a pharmacist for the facility's contracted pharmacy on 01/02/26 at 1:40pm. Refer to interview with the medication aide (MA) on 01/02/26 at 1:58pm. Refer to first interview with the Administrator on 01/02/26 at 10:56am. Refer to second interview with the Administrator on 01/02/26 at 1:25pm. _____ Telephone interview with a pharmacist for the facility's contracted pharmacy on 01/02/26 at 1:40pm revealed: -He had not noticed any issues with orders and requests received from the facility. -Many facilities were reporting electronic medication software issues today, 01/02/26, and the pharmacy was also having software problems. -The pharmacy did not have any copies or a record of the facility's medication administration records. Interview with the medication aide (MA) on 01/02/26 at 1:58pm revealed: -The computer documentation system went down	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 415	Continued From page 16 1-2 times per week but was usually only down for approximately 5 minutes at the time. -The system was operating that morning and she was able to administer the residents' medications that morning per the eMAR and document the administration of medications. Interview with the Administrator on 01/02/26 at 10:56am revealed: -She was unable to get into the eMAR system to view and print eMARs for the residents. -The eMAR system went down often but it was usually only down for a few minutes and had never been down as long as it was that morning. -She reached out to the software company for assistance. Second interview with the Administrator on 01/02/26 at 1:25pm revealed: -She recently contacted the eMAR vendor again to inquire when the system would be available for use. -The software was not working due to an upgrade applied to the system. -The software vendor representative did not know when the software would be working again. -The facility had paper MARs to document medication administration until the software was working again.	C 415		