STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 and the Hertford County Department of Social Services conducted a follow-up survey on 01/14/26 through 01/15/26.	{D 000}	The nursing staff will assure each Residents healthcare needs will be met by following up with prescribing provider related to wound care and any other medical conditions as they accure. Nursing Med Aide and Care Coordinator	1/31/26
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: FOLLOW UP TO A TYPE B VIOLATION The Type B Violation is abated. Non-compliance continues. Based on observations, record reviews, and interviews, the facility failed to ensure the coordination of health care for 1 of 5 sampled residents (#2) related to wound care. The findings are: Review of Resident #2's most recent FL-2 dated 08/05/25 revealed: -Diagnoses included acute posthemorrhagic anemia, essential hypertension, unspecified diastolic congestive heart failure, chronic kidney disease, primary insomnia, hidradenitis -There was an order to apply normal saline with kerilex and cover with abdominal (ABD) pad to bilateral underarms and left face daily (kerilex is a type of gauze). Review of Resident #2's Resident Register revealed he was admitted to the facility on	{D 273}	The Care Coordinator or Med Aide to clarfiy wound care orders with the prescribing provider to assure the correct orders are obtained within 24 hours. The Care Coordinator will inform Administrator and consult with LHPS/RN consultant to assure the Med Aides are able to provide this treatment prior to providing that service as the situation occurs within 24 hours If Med Aides skills are not clinical checked off by the RN, this task will not be provided via Med Aides. Care Coordinator will inform PCP facility unable to provide this service. Administrator will begin to look for higher level of care with Resident and/or RP made aware of DC plans ask for their assistance. Adm, Care Coordinator, Quality Assurance and LHPS will work to gether to assure wounds are reviewed and treatment is appropriate for our level of care. Care Coorintor will follow up with HC provide routinely on the meeting results from the Quality Assurane Meeting	1/31/26 1/31/26 1/31/26 1/31/26 1/31/26

Reviewed and acknowledged by MB-03/03/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 1 10/31/24. Review of Resident #2's outpatient wound specialist after-visit summary dated 08/18/25 revealed Instructions for wound care of the left and right axilla were given: "Cleanse with soap and water. Pat Dry. Apply wet to dry dressing. Cover with ABD pad, wrap in conform and secure with tape. Change daily." Review of Resident #2's outpatient wound specialist after-visit summary dated 01/12/26 revealed Instructions for wound care of the left and right axilla were given: "Cleanse with soap and water. Pat Dry. Apply wet to dry dressing. Cover with ABD pad, wrap in conform and secure with tape. Change daily." Review of the facility's consultation sheet dated 01/13/26 revealed: -There was an appointment on 01/13/26 at 12:15pm with the new primary care provider (PCP). -There was a request to clarify the ABD pad order, gauze pad orders, waterproof tape orders which said wet/dry. -The clarification request also stated that the assisted living facility could not perform wet to dry dressing changes. -There was checkmark beside discontinue. -The sheet was signed by a provider. Review of Resident #2's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for Gauze Pad Nonstick 2x3 with subtext "cleanse left/right axilla wounds with soap/water, pat dry, apply wet-dry dressing cover with abdominal pad, wrap in conform, secure with tape every day".	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 2 -The Gauze entry had a stop date of 01/13/26. -The Gauze was documented as applied daily 01/01/26 through 01/11/26, and on 01/13/26. -There was an exception written for the gauze on 01/12/26 at 9:12am with reason that the resident was out of the facility. -There was an entry for waterproof tape with subtext "cleanse left/right axilla wounds with soap/water, pat dry, apply wet-dry dressing cover with abdominal pad, wrap in conform, secure with tape every day". -The tape entry had a stop date of 01/13/26. -The tape was documented as applied Daily 01/01/26 through 01/11/26, and on 01/13/26. -There was an exception written for the tape on 01/12/26 at 9:12am with reason that the resident was out of the facility. Interview with Resident #2 on 01/14/26 at 9:00am revealed: -He took pain medication for his wounds. -He had sweat glands removed about two months ago. -He went to a wound specialist and was not done with that treatment. Observation of Resident #2's wound on 01/14/26 at 3:32pm revealed: -There were bandages on Resident # 2's right and left axillas. -The bandages and adhesive tape were bunched up. -There was gauze falling out of the right sided bandage. -There was clear to pale yellow drainage on the gauze. -There was no evidence of any wound packing or tunneling. -There were no abnormal odors with the wound. -The open wound area color was normal red	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 3 where visualized, with limited view due to the bandages in place. Interview with Resident #2 on 01/14/26 at 3:03pm revealed: -Staff told him today they could not change his bandages anymore. -They told him they did not have a licensed nurse. -For his wound care they put wet gauze, dry gauze, and then an ABD pad. -The wet gauze was just wet with saline; there was no medication. -The wound clinic told him his wounds were doing well. -He saw the wound clinic on Monday (01/12/26), they did not say they were going to change anything, and they said the facility was doing a good job changing his bandages. -His dressing was last changed yesterday by facility staff (01/13/26). -It was supposed to be changed this morning, but it was not changed. -The bandages got irritating after about 12:00pm the next day, but once they changed the bandages it would feel better. -The doctor he went to yesterday did not look at his arm pits; the dressing was changed by the facility yesterday (01/13/26) and changed by the wound clinic on Monday (01/12/26). -The bandages were bunching up and it was irritating. Interview with Resident #2 on 01/15/26 at 10:25am revealed: -The facility told him they had to find a nurse for his wound care. -He did not know why they waited so long, they had been changing his bandages. -The bandage was not changed last night (01/14/26) or this morning (01/15/26)	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 4	{D 273}		

-They did not talk to him about another facility or skilled nursing facility.
-He did not request another facility or skilled nursing facility transfer.
-They should have everything straightened out at this facility.

Interview with Resident #2 on 01/15/26 at 4:05pm revealed:
-He saw his new PCP the other day and she was the one who discontinued the wound care.
-Walking around with the old bandages on, it hurt worse.
-He was told that the medication aide (MA) could get the bandage and he could put it on himself.
-He tried to do it this morning, but it was hard.
-He thought it was impossible to do it.

Interview with a MA on 01/14/26 at 3:18pm revealed:
-Staff could not change Resident #2's bandages today, they told him.
-She was not familiar with the change.
-There was not medicine on the dressings that she remembered, she thought it was a wet to dry dressing.
-Staff had been changing dressings on the axilla for weeks.

Interview with the facility's Quality Assurance Personnel on 01/15/26 at 2:30pm revealed:
-On Monday she was comparing physician orders and noticed wet to dry dressing changes.
-She knew that wet to dry dressings could be considered packing and debriding.
-She looked it up and her certified nursing assistants and personal care aides (PCAs) could not perform packing and debriding.
-A wet to dry dressing was not a standard clean dressing change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 5 -Based on the order it sounded like packing because gauze would be placed under the bandage and removed, which could be considered packing. -The new PCP recommended discontinuing the dressing for Resident #2. -Home health was not currently involved for Resident #2. -Resident #2 saw the new PCP on Tuesday (01/13/26) -On Wednesday (01/14/26) she spoke with the wound clinic nurse about home health. -The wound clinic called back today (01/15/26) and the specialist did not want to do a dry dressing, and they did not know if he would qualify for home health. -The new PCP discussed self-administration of the bandages and if the wound specialist agreed then it would be done. -The facility had been performing wet to dry dressing changes for a while. -It could have gotten bad, she was also worried that most wet to dry dressing changes were every 8 hours and not every 24 hours. -The facility was doing what the order said. Telephone Interview with a nurse from Resident #2's would clinic on 01/15/26 at 4:10pm revealed: -There was no packing or debridement described in the 01/12/26 order. -The order was written as stated on the after-visit summary. -The dressing order had not changed since 08/13/25 and there was no packing or debridement implied in the orders. -Resident #2's wounds had been doing well. -There was risk of infection without changing the dressing. -The facility had called and discussed the order. -Resident #2 was not a candidate for home health	{D 273}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 6	{D 273}		

because he was really self-care and may not meet home bound status.
-Home health usually did not cover wet to dry dressing, that was not enough skill for them.
-It was a very simple dressing.

Interview with the Resident Care Coordinator RCC on 01/14/26 at 3:38pm revealed:
-Resident #2 went to wound care every two weeks.
-A request was made to the provider for home health.
-If they could not get the doctor to agree to home health three times a week dressing changes, then Resident #2 would be sent to skilled nursing.
-During a quality assurance check the quality assurance personnel found that Resident #2 needed a skilled nurse.
-She was not sure why it needed to be a skilled nurse.
-The facility had changed the bandage for weeks.
-The task had not changed.
-The wound clinic did not express any concerns about the assisted living facility changing the bandages.
-She did not know if it would be considered packing or debridement.
-There was only saline on the gauze.
-The facility could not perform wound packing.
-It had been done for weeks and was not considered packing previously.
-The quality assurance personnel did not use the word packing.
-Resident #2's new PCP, wound specialist, and wound clinic were notified that the facility did not change the bandage today (01/14/26).

Second interview with the RCC on 01/15/26 at 5:15pm revealed:
-She spoke to the wound clinic and they would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 7	{D 273}		

send an order to self-administer the wound care.
-The previous providers did not say it was implying packing or debridement.
-They could not perform the order here according to the quality assurance personnel.

Interview with the Administrator 01/14/26 at 3:20pm revealed:
-Resident #2 changed doctors yesterday.
-The Assisted Living Facility could no longer change the dressing.
-The facility placed a call and left a voicemail with the wound clinic.
-The RCC would be responsible to set up home health.
-The facility requested a referral from the doctor's office yesterday for home health.

Second interview with the Administrator on 01/15/26 at 5:50pm revealed:
-They were not sure if wet to dry was a skilled need.
-When the quality assurance personnel looked at it she said to discontinue the dressing.
-Resident #2's new PCP said to discontinue the dressing, and they could do it at the PCP's office.
-One of the Doctors recommended to let Resident #2 self-administer the wound care.
-Resident #2 told her he needed help with the tape.
-They did not clarify with the wound clinic whether packing or debridement was implied by the order.
-She never clarified whether the FL-2 order or previous PCP orders implied packing or debridement.
-She knew they could not apply debriding agents.
-She would clarify with the wound clinic.
-The RCC could discuss with the doctor and LHPS nurse for healthcare coordination
-Sometimes the PCP felt like they overrode the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 273}	Continued From page 8 specialist. Telephone interview with the previous PCP for Resident #2 on 01/15/26 at 3:45pm revealed: -Resident #2 was going to switch to another provider. -The wound care order was for a wet to dry dressing, mostly for comfort. -There was no packing or debridement with that order. -They soaked a 4x4 gauze in saline and covered it with a dry 4x4 gauze and it was taped to the skin with paper tape. -Rolled gauze was sometimes wrapped around the arm and secured with paper tape. -She had no concerns that a medication aide or assisted living could not perform the wound care. -The medication aides could perform the wound care. -There should not be a problem with the wet to dry dressing and there was no staged wound. -If the facility stopped the dressing Resident #2 could get dry skin and he could get infections because he had not had an infection for a while and the dressing was preventing it. -His pain would increase, he could get sepsis and infection without the dressing change. -She had stressed that the wound needed to be kept clean. Attempted telephone interview with the current PCP for Resident #2 on 01/15/26 at 3:59pm was not successful.	{D 273}		
{D 358}	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 9 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 ensure medications were administered as ordered for 1 of 4 residents (#4) observed during the medication pass including errors with medications used as a mood stabilizer and an iron supplement (#4), and for 2 of 5 residents (#1, #2) sampled for record review including errors with a medication used to treat moderate to severe pain (#2) and medications used to treat hypertension, a medication used to treat anxiety and depression, and medications used to help control blood sugar (#1). The findings are: The facility's medication administration policy was requested on 01/15/26 at 2:40pm and not provided. 1. The medication error rate was 6% as evidenced by 2 errors out of 30 opportunities during the 7:00am/8:00am medication pass on 01/15/26. Review of Resident #4's current FL-2 dated 05/30/25 revealed: -Diagnoses included vascular dementia with moderate agitation, hypothyroidism, anxiety, other impulsive disorders, anxiety, obsessive compulsive disorder, and vitamin D deficiency. -She was intermittently disoriented.	{D 358}	All medication aides will administer all medications as prescribed by the prescribing provider within the 1 hour before and 1 hours after time scheduled. The prescribing provider will be notified immediately if Resident is unable to swallow, refuse or splits out medicine due to too large, unable to crush to see if medication form can be changed to liquid, capsule or different medicine altogether to ensure Resident to take medication. By Medication Aides, Care Coordinator The Medication Aide will not crush medications if indicated on the MAR do not crush. All medication aides will be inserviced of form of medications, how to get forms changed, how to follow up with Prescribing Provider and communicating with Care Coordinator & Prescribing Provider of the Residents difficulty of taking medications due to medications need to be taken as prescribed. By the Care Coorindator and Adm The RN will inservice all Medication Aides how to follow up with Prescribing Provider about Route, Dose, Form of medications and how to get the medication order changed if Resident is refusing the med for any reason. QA and Adminstrator will follow up with all Medication Aides to ensure medications are given daily, if Resident are refusing meds, report immediately to CC, Adm, Prescribing Provider to help resolve any reason why refusing. Weekly for 3 monthly, Monthly for 3 monthly, then quarterly thereafter.	1/31/26 2/1/2026 2/1/26 2/1/26 2/28/26 2/1/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 10 -Her level of care of Special Care Unit (SCU). -Her diet was regular pureed, double meats. a. Review of Resident #4's signed physician's order sheet dated 11/03/25 revealed: -There was an order for ferrous sulfate (ferrous sulfate is used to treat iron deficiency anemia) 325mg, take one tablet every morning. -There was an order, may crush all crushable medications, may crush appropriate medications and place in pudding or applesauce for easier administration. Observation of the 8:00am medication pass on 01/15/26 revealed: -The medication aide (MA) prepared and crushed 13 tablets for Resident #4 which included ferrous sulfate 325mg. -The MA mixed the crushed medications which included one 325mg ferrous sulfate tablet with pudding and administered the crushed medications to Resident #4 at 7:27am. Review of Resident #4's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for ferrous sulfate 325mg, take one tablet twice daily, do not crush, scheduled at 8:00am and 8:00pm. -Ferrous sulfate 325mg was documented as administered at 8:00am on 01/01/26 through 01/15/26. -Ferrous Sulfate 325mg was documented as administered at 8:00pm on 01/01/216 through 01/14/26. Observation of Resident #4's medications on hand on 01/15/26 at 10:18am revealed: -There were 2 bubble packages of ferrous sulfate 325mg dispensed on 01/15/26 for 56 tablets, with	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 11	{D 358}		

instructions on the label to take one tablet twice a day, "do not crush".
-There were 27 ferrous sulfate tablets remaining for Resident #4 on the bubble package labeled one of two.
-There were 28 ferrous sulfate tablets for Resident #4 on the bubble package labeled two of two.

Telephone interview with a technician with the facility's contracted pharmacy on 01/15/26 at 11:32am revealed:
-An order was received for Resident #4 for ferrous sulfate 325mg, take one tablet twice a day on 11/10/25.
-Do not crush, pre-populated on Resident #4's ferrous sulfate 325mg medication label.
-Ferrous sulfate 325mg, take one tablet twice a day, do not crush, was dispensed for Resident #4 on 12/18/25 and 01/15/26, for 56 tablets each time for a 28-day supply.

Telephone interview with Resident #4's previous primary care provider (PCP) on 01/15/26 at 2:48pm revealed:
-Ferrous sulfate 325mg was prescribed for Resident #4 for chronic anemia.
-Ferrous sulfate should not be crushed because it could affect the absorption of the medication in the stomach.
-Crushing ferrous sulfate could be too much for the stomach and cause gastric upset and would taste horrible.
-She expected the MAs to follow the instructions on the medication labels.
-The facility should have contacted her for a different form of ferrous sulfate for Resident #4.

Attempted telephone interview with a pharmacist from the facility's contracted pharmacy on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 12 01/15/26 at 11:32am was unsuccessful. Refer to interview with the MA on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:37am. Refer to interview with the Administrator on 01/15/26 at 12:12pm. b. Review of Resident #4's signed physician's order sheet dated 11/03/25 revealed: -There was an order for lamotrigine (lamotrigine is used to treat seizures and is a mood stabilizer), 25mg, take 2 tablets (50mg) every day, do not crush. -There was an order, may crush all crushable medications, may crush appropriate medications and place in pudding or applesauce for easier administration. Observation of the 8:00am medication pass on 01/15/26 revealed: -The medication aide (MA) prepared and crushed 13 tablets for Resident #4 which included two 25mg lamotrigine tablets. -The MA mixed the crushed medications which included two 25mg lamotrigine tablets with pudding and administered the crushed medications to Resident #4 at 7:27am. Review of Resident #4's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for lamotrigine 25mg, take two tablets (50mg) every day, do not crush, scheduled at 8:00am. -Lamotrigine 25mg, two tablets (50mg) every day, do not crush, was documented as administered	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 at 8:00am on 01/01/26 through 01/15/26. Observation of Resident #4's medications on hand on 01/15/26 at 10:19am revealed: -There was a bubble package of lamotrigine 25mg, dispensed on 01/15/26 for 56 tablets, with instructions on the label to take two tablets (50mg) every day, "do not crush". -There were 54 lamotrigine 25mg tablets remaining in the bubble package for Resident #4. Telephone interview with a technician with the facility's contracted pharmacy on 01/15/26 at 11:32am revealed: -An order was received for Resident #4 for lamotrigine 25mg, take two tablets (50mg) every day, do not crush, on 06/11/25. -Do not crush, pre-populated on Resident #4's lamotrigine 25mg medication label. -Lamotrigine 25mg, take two tablets (50mg) every day, do not crush, was dispensed for Resident #4 on 12/18/25 and 01/15/26, for 56 tablets each time for a 28-day supply. Telephone interview with Resident #4's previous primary care provider (PCP) on 01/15/26 at 2:48pm revealed: -Lamotrigine was prescribed for Resident #4 for behaviors. -Crushing lamotrigine could affect the release and absorption of the medication. -She expected the MAs to follow the instructions on the medication labels. -The facility should have contacted her for a different form of lamotrigine for Resident #4. Attempted telephone interview with a pharmacist from the facility's contracted pharmacy on 01/15/26 at 11:32am was unsuccessful.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 14 Refer to interview with the MA on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:37am. Refer to interview with the Administrator on 01/15/26 at 12:12pm. Interview with the MA on 01/15/26 at 10:22am revealed: -There was no do not crush list. -If a medication could not be crushed, it said so on the medication label. -She had noticed the "do not crush" instructions on the labels for Resident #4's ferrous sulfate and lamotrigine. -She crushed Resident #4's ferrous sulfate and lamotrigine, because Resident #4 would spit the whole tablets out and not take them. -Resident #4 had difficulty swallowing and was on a pureed diet. -It was hard for Resident #4 to swallow whole tablets. -She had not thought to contact Resident #4's primary care provider (PCP) for a different form of the ferrous sulfate or lamotrigine. -She was not sure why Resident #4's ferrous sulfate or lamotrigine should not be crushed. Interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:37am revealed: -If a medication should not be crushed, it was indicated on the medication label of the medication package and on the eMAR. -She expected the MAs to always compare the medication package to the eMAR and follow the instructions. -She was not aware that Resident #4 received medications that should not be crushed.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 15 -Some medications were time-released or had a special coating that meant they should not be crushed. -The MA should have reached out to Resident #4's PCP for a different form of the ferrous sulfate and lamotrigine. Interview with the Administrator on 01/15/26 at 12:12pm revealed: -If a medication should not be crushed, it was indicated on the medication label and on the eMAR. -She expected the MAs to compare the medication labels to the eMAR and to follow the instructions. -If a medication should not be crushed and the resident had difficulty swallowing, she expected the MA to contact the resident's PCP for a different form of the medication. 2. Review of Resident #2's most recent FL-2 dated 08/05/25 revealed: -Diagnoses included acute posthemorrhagic anemia, essential hypertension, unspecified diastolic congestive heart failure, chronic kidney disease, primary insomnia, hidradenitis. -There was an order for Oxycodone 5mg every 6 hours as needed (PRN) for pain (Oxycodone is a medication used to treat moderate to severe pain). Review of Resident #2's Resident Register revealed he was admitted to the facility on 10/31/24. Review of a Physician order sheet for Resident #2 dated 08/11/25 revealed there was an order to continue Oxycodone 5mg every 6 hours PRN for pain.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 16 Review of a Physician order for Resident #2 dated 08/13/25 revealed there was an order for Oxycodone 10mg four times per day PRN for pain. Review of a physician order for Resident #2 dated 11/17/25 revealed there was an order for Oxycodone 10mg take one every 8 hours PRN for pain. Review of a physician order for Resident #2 dated 12/02/25 revealed: -There was an order for Oxycodone 10mg scheduled three times a day. -There was an order to discontinue Oxycodone 10mg every 8 hours PRN for pain. Review of December 2025 electronic medication administration record (eMAR) for Resident #2 revealed: -There was an entry for Oxycodone 10mg take one tablet every 8 hours PRN for pain. -There was an entry for Oxycodone 10mg take one tablet three times a day with a start date of 12/02/25, scheduled at 7:00am, 12:00pm and 7:00pm. -There was an exception written for the 7:00pm dose of Resident #2's scheduled Oxycodone on 12/02/25 at 7:38 pm with reason "awaiting RX/MD prior auth". -There was documentation that Oxycodone 10mg was administered three times daily at 7:00am, 12:00pm, and 7:00pm from 12/03/25 through 12/08/25, and from 12/10/25 through 12/31/25. -On 12/09/25 there was documentation that Oxycodone 10mg was administered at 7:00am and 7:00pm. -There was an exception written for the 12:00pm dose of Resident #2's scheduled Oxycodone on 12/09/25 at 11:23am with reason that the resident	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 17 was out of the facility. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/02/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled from 12/03/25 through 12/07/25. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/05/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled on 12/08/25 and 12/10/25 through 12/12/25 -There was documentation that Oxycodone 10mg was administered at 7:00am and 7:00pm on 12/09/25. -There was documentation that Oxycodone 10mg was administered at 7:00am on 12/13/25. Review of a controlled substance log for Resident #2 Oxycodone 10mg tablets revealed: -There was not a printed label with the dispense date written on the log. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled from 12/15/25 through 12/18/25. -There was documentation that Oxycodone 10mg was administered at 7:00am, 11:00am on 12/19/25. -There was documentation that Oxycodone 10mg was administered at 7:00pm on 12/14/25.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 18 Review of a controlled substance log for Resident #2 Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/19/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled from 12/20/25 through 12/24/25. Review of a controlled substance log for Resident #2 Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/13/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled from 12/25/25 through 12/29/25. Review of January 2026 eMAR for Resident #2 revealed: -There was an entry for Oxycodone 10mg take one tablet three times a day scheduled at 7:00am, 12:00pm and 7:00pm. -There was documentation that Oxycodone 10mg was administered three times daily at 7:00am, 12:00pm, and 7:00pm on 01/01/26 and from 01/03/26 through 01/14/26. -There was documentation that the Oxycodone 10mg 7:00am and 12:00pm doses had been administered on 01/15/26. -There was documentation that the Oxycodone 10mg 12:00pm and 7:00pm doses had been administered on 01/02/26. -There was no documentation that Oxycodone was administered at 7:00am on 01/02/26 and no exception was written in the eMAR for 01/02/26. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/29/25.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 19 -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone tablet 10mg was administered three times daily as scheduled from 12/30/25 through 01/01/26 and on 01/03/26. -There was documentation that Oxycodone 10mg was administered at 7:00am and 7:00pm on 01/02/26. -Documentation of an 01/02/26 11:00am dose was crossed out, but no additional documentation or reason was provided. -There was documentation that Oxycodone 10mg was administered at 7:00am on 01/04/26. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 01/02/26 -There was documentation that 59 pills were remaining of 90 dispensed. -There was documentation that Oxycodone 10mg was administered three times daily as scheduled from 01/06/26 through 01/13/26. -There was documentation that Oxycodone 10mg was administered at 12:00pm, and 7:00pm on 01/04/26. -There was documentation that Oxycodone 10mg was administered at 7:00am and 7:00pm on 01/05/26 and 01/14/26 -There was documentation that Oxycodone 10mg was administered at 9:00am on 01/15/26. Observation of medications on hand on 01/15/26 at 9:36am revealed 59 of 90 Oxycodone 10mg tablets dispensed 01/02/26 were on hand. Telephone interview with a technician from the facility's contracted pharmacy on 01/15/26 at 12:40pm revealed: -A quantity of 90 Oxycodone 10mg tablets were	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 20 delivered for Resident #2 on 01/02/26. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2 on 12/29/25. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2 on 12/24/25. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2, prior to scheduled 7:00am dose on 12/20/25. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2, prior to scheduled 7:00am dose on 12/14/25. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2, prior to scheduled 7:00am dose on 12/06/25. -A quantity of 15 Oxycodone 10mg tablets were delivered for Resident #2, prior to scheduled 7:00am dose on 12/03/25. -A quantity of 30 Oxycodone 10mg tablets were delivered for Resident #2 on 11/19/25, related to 11/17/25 PRN orders; One of these tablets was returned when the order was discontinued. -A quantity of 30 Oxycodone 10mg tablets were delivered for Resident #2 on 11/15/25, related to 08/13/25 PRN orders; 25 of these tablets were returned when the order was discontinued. -A quantity of 30 Oxycodone 10mg tablets were delivered for Resident #2 on 10/30/25, related to 08/13/25 PRN orders. Interview with Resident #2 on 01/14/26 at 9:00am revealed: -He ran out of a pill medication for his pain and wounds. -It happened every other month or something like that. -When they ran out it hurt worse underneath both arms. -Sometimes it was two or three days when they ran out. -He had sweat glands removed about two months	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 21	{D 358}		

ago.
-He went to a wound specialist and was not done with that treatment.

Interview with a medication aide (MA) on 01/15/26 at 5:30pm revealed:
-Resident #2 had ran out of Oxycodone before.
-Resident #2's Oxycodone ran out a while ago, maybe beginning of December to end of November.
-When he was first getting Oxycodone it came in packages of 15, and then they started sending the packages of 30.
-Resident #2 ran out because the Oxycodone was not re-ordered.
-Re-orders were to be placed when there were 10 doses remaining in the package.
-Usually there were 30 doses per sheet, but with 15 it was quicker.
-There should have been two more pills administered on 12/13/25.
-She gave the first pill from the new package at 7:00pm on 12/14/25.
-The writing on the on the Controlled Substance Log used from 12/14/25-12/19/25 was hers.
-Her writing meant that she started the pack.
-She did not know what went on with the day shift on 12/14/25 and they could not have given it if she made the first pop from the package at 7:00pm.
-If there was a discrepancy in the log count, she would report it to the Resident Care Coordinator (RCC).

Telephone interview with the previous PCP for Resident #2 on 01/15/26 at 3:45pm revealed:
-She started Resident #2's Oxycodone when she was at the facility and he had an infection.
-When there was an active boil he needed more pain management, and when there was not, he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 22	{D 358}		

had it decreased.
-Resident #2 wanted more pain medicine.
-On 12/02/25 Oxycodone was changed to three times a day scheduled when Resident #2 was concerned about waiting for PRN doses.
-There should not be any running out of the Oxycodone.
-She would send a new order every 30 days.
-There was a pain management visit every month and the medicine is re-ordered.
-There should never have been a delay or running out.
-She sent her prescriptions electronically.
-The facility should recognize that something was wrong.
-Nobody reported that Resident #2 was without medication on 12/13/25 to 12/14/25.
-The RCC was excellent.
-There was a two-week refill because Resident #2 had a change of providers.
-When she sent electronic prescriptions she would send a note to the pharmacy to say it was urgent, and they could call a back-up, but they never notified her that he was out.
-If they had notified her she could call and get an emergency supply or back-up pharmacy.
-She was concerned about Resident #2's disease process having a high level of pain, it could cause withdrawals, and he was down and depressed.
-His depression would increase and if he had such a high level of pain sometimes he would not socialize and not leave the room.

Interview with the RCC on 01/15/26 at 5:15pm revealed:
-There may have been a documentation error with the Oxycodone on 01/05/26 and 01/14/26.
-If Oxycodone was delivered 12/13/26 and 12/14/26 then the MA gave it but did not sign the sheet, but that may not be the case because the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 23	{D 358}		

count was not off.
-Resident #2 never talked to her about running out of medicine.
-There was no request for back-up pharmacy that she could remember.

Interview with the Administrator on 01/15/26 at 5:50pm revealed:
-She wondered where staff had gotten the Oxycodone that was documented on the eMAR when it was not on Resident #2's controlled substance log.
-If it was out then it needed to be ordered through back up and staff should call the PCP and ask for guidance.
-If the facility ran out of a medication, then staff was to inform the doctor, write up a medication error because the medication is not being given, notify the Administrator, and the Administrator would investigate.

3. Review of Resident #1's current FL2 dated 12/10/25 revealed:
-Diagnoses included hypertension, type 2 diabetes, generalized anxiety disorder, and paranoid schizophrenia.
-He was intermittently disoriented.

Review of Resident #1's previous FL2 dated 06/02/25 revealed:
-Diagnoses included hypertension, type 2 diabetes, generalized anxiety, and paranoid schizophrenia.
-There was an order for amlodipine (used to treat high blood pressure) 10mg, one daily.
-There was an order for Farxiga (used to help control blood sugar in type 2 diabetes) 10mg, one daily.
-There was an order for lisinopril (used to treat high blood pressure) 20mg, one twice a day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 24 -There was an order for metformin (used to help control blood sugar in type 2 diabetes) 1000mg, one twice daily with meals. -There was an order for sertraline (used to treat depression, panic disorder and anxiety) 100mg, one daily. a. Review of Resident #1's signed physician's order sheet dated 07/14/25 revealed an order for amlodipine 10mg, take one tablet everyday for hypertension. Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed: -There was an entry for amlodipine 10mg, take one tablet every day for hypertension, scheduled at 7:00am. -Amlodipine 10mg, was documented as administered at 7:00am on 11/01/25 through 11/18/25. -Amlodipine 10mg, was documented as not administered at 7:00am on 11/19/25, with the exception documented as awaiting RX/MD prior auth. -Amlodipine 10mg was documented as administered at 7:00am on 11/20/25 through 11/30/25. Review of a second provided November 2025 eMAR for Resident #1 revealed: -There was an entry for amlodipine 10mg, take on tablet every day for hypertension, scheduled at 7:00am. -Amlodipine 10mg was documented as administered at 7:00am on 11/01/25 through 11/30/25. Observation of Resident #1's medications on hand on 01/15/26 at 10:32am revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 25 -There was a bubble package of amlodipine 10mg, labeled take one tablet everyday for hypertension, that contained 28 tablets with a start date of 01/15/26. -There were 27 remaining tablets of amlodipine 10mg in the bubble package. Telephone interview with a technician with the facility's contracted pharmacy on 01/16/26 at 11:44am revealed: -The original order for Resident #1's amlodipine 10mg, take one tablet every day for hypertension was received on 12/31/24. -Amlodipine 10mg was dispensed for Resident #1 for a quantity of 28 tablets for a 28-day supply on 10/23/25, 11/20/25, 12/18/25, and 01/15/26. Refer to interview with Resident #1 on 01/15/26 at 10:48am. Refer to interview with a medication aide (MA) on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am. Refer to interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm. Refer to interview with the Administrator on 01/15/26 at 5:15pm. Interview with Resident #1's primary care provider (PCP) on 01/15/26 at 2:50pm revealed: -She prescribed amlodipine 10mg to Resident #1 to treat hypertension. -Missing a dose of amlodipine could cause Resident #1's blood pressure to be elevated. -She was not too concerned about Resident #1 missing one dose of amlodipine, but she did	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 26 expect medications to be available and administered as ordered. b. Review of Resident #1's sighed physicians order sheet dated 07/14/25 revealed an order for Farxiga 10mg, take one tablet every day. Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed: -There was an entry for Farxiga 10mg, take one tablet every day, scheduled at 7:00am. -Farxiga 10mg, was documented as administered at 7:00am on 11/01/25 through 11/18/25. -Farxiga 10mg, was documented as not administered at 7:00am on 11/19/25, with the exception documented as awaiting RX/MD prior auth. -Farxiga 10 mg was documented as administered at 7:00am on 11/20/25 through 11/30/25. Review of a second provided November 2025 eMAR for Resident #1 revealed: -There was an entry for Farxiga 10mg, take on tablet every day for hypertension, scheduled at 7:00am. -Farxiga 10mg was documented as administered at 7:00am on 11/01/25 through 11/30/25. Observation of Resident #1's medications on hand on 01/15/26 at 10:32am revealed: -There was a bubble package of Farxiga 10mg, labeled take one tablet every day, that contained 28 tablets with a start date of 01/15/26. -There were 27 remaining tablets of Farxiga 10mg in the bubble package. Telephone interview with a technician with the facility's contracted pharmacy on 01/16/26 at 11:44am revealed:	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 27 -The original order for Resident #1's Farxiga 10mg, take one tablet every day was received on 02/11/25. -Farxiga 10mg was dispensed for Resident #1 for a quantity of 28 tablets for a 28-day supply on 10/23/25, 11/20/25, 12/18/25, and 01/15/26. Refer to interview with Resident #1 on 01/15/26 at 10:48am. Refer to interview with a medication aide (MA) on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am. Refer to interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm. Refer to interview with the Administrator on 01/15/26 at 5:15pm. Interview with Resident #1's primary care provider (PCP) on 01/15/26 at 2:50pm revealed: -She prescribed Farxiga 10mg to Resident #1 to help control his blood sugar. -Farxiga also helped reduce the risk of heart failure and kidney disease for Resident #1. -Resident #1 was a brittle diabetic, which meant his blood sugars were not well controlled. -Missing a dose of Farxiga 10mg could cause Resident #1's blood sugar to be elevated. -She was not too concerned about Resident #1 missing one dose of Farxiga, but she did expect medications to be available and administered as ordered. c. Review of Resident #1's signed physicians order sheet dated 07/14/25 revealed an order for lisinopril 20mg, take one tablet twice a day for	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 28 blood pressure. Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed: -There was an entry for lisinopril 20mg, take one tablet twice a day for blood pressure, scheduled at 7:00am and 7:00pm. -Lisinopril 20mg was documented as administered at 7:00am on 11/01/25 through 11/30/25. -Lisinopril 20mg was documented as administered at 7:00pm on 11/01/25 through 11/18/25. -Lisinopril 20mg was documented as not administered at 7:00pm on 11/19/25, with the exception documented as awaiting RX/MD prior auth. -Lisinopril 20mg was documented as administered at 7:00pm on 11/20/25 through 11/30/25. Review of a second provided November 2025 eMAR for Resident #1 revealed: -There was an entry for lisinopril 20mg, take one tablet twice a day for blood pressure scheduled at 7:00am and 7:00pm. -Lisinopril 20mg was documented as administered at 7:00am and 7:00pm on 11/01/25 through 11/30/25. Observation of Resident #1's medications on hand on 01/15/26 at 10:32am revealed: -There were two bubble packages of lisinopril 20mg, labeled take one tablet twice daily, dispensed for 28 tablets each (56 total) with a start date of 01/15/26. -There were 27 remaining tablets of lisinopril 20mg in the first bubble package. -There were 28 remaining tablets of lisinopril	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 29 20mg in the second bubble package. Telephone interview with a technician with the facility's contracted pharmacy on 01/16/26 at 11:44am revealed: -The original order for Resident #1's lisinopril 20mg, take one tablet twice a day was received on 12/31/24. -Lisinopril 20mg was dispensed for Resident #1 for a quantity of 56 tablets for a 28-day supply on 10/23/25, 11/20/25, 12/18/25, and 01/15/26. Refer to interview with Resident #1 on 01/15/26 at 10:48am. Refer to interview with a medication aide (MA) on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am. Refer to interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm. Refer to interview with the Administrator on 01/15/26 at 5:15pm. Interview with Resident #1's primary care provider (PCP) on 01/15/26 at 2:50pm revealed: -She prescribed lisinopril 20mg to Resident #1 to treat hypertension. -Lisinopril also helped protect Resident #1's kidneys. -Missing a dose of lisinopril 20mg could cause Resident #1's blood pressure to be elevated. -She was not too concerned about Resident #1 missing one dose of lisinopril, but she did expect medications to be available and administered as ordered.	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 30 d. Review of Resident #1's signed physicians order sheet dated 07/14/25 revealed there was an order for metformin 1000mg, take one tablet twice a day with meals. Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed: -There was an entry for metformin 1000mg, take one tablet twice a day with meals, scheduled at 7:00am and 5:00pm. -Metformin 1000mg was documented as administered at 7:00am and 5:00pm on 11/01/25 through 11/18/25. -Metformin 1000mg was documented as not administered at 7:00am and at 7:00pm on 11/19/25 with the exception documented as awaiting RX/MD prior auth on both occasions. -Metformin 1000mg was documented as administered at 7:00am at 5:00pm on 11/20/25 through 11/30/25. Review of a second provided November 2025 eMAR for Resident #1 revealed: -There was an entry for metformin 1000mg, take one tablet twice a day with meals scheduled at 7:00am and 5:00pm. -Metformin 1000mg was documented as administered at 7:00am and 5:00pm on 11/01/25 through 11/30/25. Observation of Resident #1's medications on hand on 01/15/26 at 10:32am revealed: -There were two bubble packages of metformin 1000mg, labeled take one tablet twice a day with meals, dispensed for 28 tablets each (56 total) with a start date of 01/15/26. -There were 27 remaining tablets of metformin 1000mg in the first bubble package. -There were 28 remaining tablets of metformin	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 31 1000mg in the second bubble package. Telephone interview with a technician with the facility's contracted pharmacy on 01/16/26 at 11:44am revealed: -The original order for Resident #1's metformin 1000mg, take one tablet twice daily with meals was received on 12/31/24. -Metformin 1000mg was dispensed for Resident #1 for a quantity of 56 tablets for a 28-day supply on 10/23/25, 11/20/25, 12/18/25, and 01/15/26. Refer to interview with Resident #1 on 01/15/26 at 10:48am. Refer to interview with a medication aide (MA) on 01/15/26 at 10:22am. Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am. Refer to interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm. Refer to interview with the Administrator on 01/15/26 at 5:15pm. Telephone interview with Resident #1's primary care provider on 01/15/26 at 2:50pm revealed: -She prescribed metformin 1000mg to Resident #1 to help control his blood sugar. -Resident #1 was a brittle diabetic, which meant his blood sugars were not well controlled. -Missing two consecutive doses of metformin could cause Resident #1's blood sugar to be elevated. -She expected Resident #1's medications to be available and administered as ordered. e. Review of Resident #1's signed physicians	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 32 order sheet dated 07/14/25 revealed an order for sertraline 100mg, take one tablet every day for mood. Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed: -There was an entry for sertraline 100mg, take one tablet every day for mood, scheduled at 7:00am. -Sertraline 100mg was documented as administered at 7:00am on 11/01/25 through 11/18/25. -Sertraline 100mg was documented as not administered at 7:00am on 11/19/25, with the exception documented as awaiting RX/MD prior auth. -Sertraline 10mg was documented as administered at 7:00am on 11/20/25 through 11/30/25. Review of a second provided November 2025 eMAR for Resident #1 revealed: -There was an entry for sertraline 100mg, take one tablet every day for mood, scheduled at 7:00am. -Sertraline 100mg was documented as administered at 7:00am on 11/01/25 through 11/30/25. Observation of Resident #1's medications on hand on 01/15/26 at 10:32am revealed: -There was a bubble package of sertraline 100mg, labeled take one tablet every day for mood, that contained 28 tablets with a start date of 01/15/26. -There were 27 remaining tablets of sertraline 100mg in the bubble package. Telephone interview with a technician with the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 33	{D 358}		

facility's contracted pharmacy on 01/16/26 at 11:44am revealed:
-The original order for Resident #1's sertraline 100mg, take one tablet every day was received on 12/31/24.
-Sertraline 100mg was dispensed for Resident #1 for a quantity of 28 tablets for a 28-day supply on 10/23/25, 11/20/25, 12/18/25, and 01/15/26.

Refer to interview with Resident #1 on 01/15/26 at 10:48am.

Refer to interview with a medication aide (MA) on 01/15/26 at 10:22am.

Refer to interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am.

Refer to interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm.

Refer to interview with the Administrator on 01/15/26 at 5:15pm.

Telephone interview with Resident #1's primary care provider on 01/15/26 at 2:50pm revealed:
-Sertraline 100mg was prescribed for Resident #1 for anxiety and depression.
-Missing a dose of sertraline could possibly cause Resident #1 to have a higher anxiety level.
-She expected Resident #1's medications to be available and administered as ordered.

_____

Interview with Resident #1 on 01/15/26 at 10:48am revealed:
-Staff administered his medications daily.
-He took medications for high blood pressure, diabetes, anxiety, cholesterol, his stomach, and a water pill.
-Sometimes the facility ran out of his medications,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 34	{D 358}		

but he thought he had never gone more than a day without his medications.
-He could not really tell a difference when he did not have his medications.

Interview with a medication aide (MA) on 01/15/26 at 10:22am revealed:
-The MAs were responsible to request medication refills for the residents.
-Medication refills could be requested through the eMAR system.
-Scheduled medications came monthly in batch fill from the pharmacy.
-She usually ordered medications when a resident had 3 days remaining to make sure the medication arrived before the resident ran out.

Interview with the Special Care Coordinator (SCC) on 01/15/26 at 10:46am revealed:
-Most of the residents' medications were batched filled by the pharmacy every 28 days.
-If resident was out or running low on a medication, the MAs requested the refills.
-There was a blue line on the medication card that indicated when medications should be requested.
-If a medication was requested and did not arrive in two days, the MAs were to notify her or the Resident Care Coordinator (RCC).

Interview with the Resident Care Coordinator (RCC) on 01/15/26 at 2:55pm revealed:
-The MAs requested refills for the residents.
-Refills should be requested when the resident had 3 days of medication remaining.
-Usually, medications came in the same day they were requested.
-Most of the residents' medications were batch-filled and came in every 28 days.
-Batch filled medications came in about two days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 35 before the cycle was to start. -The MAs were not to pull from the batch before the start of the new cycle. -She was not sure why Resident #1 did not have all his medications available on 11/19/25. Interview with the Administrator on 01/16/26 at 5:15pm. -The MAs could click in the eMAR system to request refills for the residents. -The MAs could also call the pharmacy for refills or contact either the RCC or SCC. -Medications should be re-ordered when the medication gets to the blue line on the medication card. -If a medication did not arrive from the pharmacy, the pharmacy should be contacted. -The facility also had a back-up pharmacy for after hours and weekend needs. -She expected medications to be here in the facility and available to the residents as ordered. -She could not explain why the second printed November 2025 eMAR for Resident #1 reflected that all his medications were administered on 11/19/25.	{D 358}		
{D 367}	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment;	{D 367}	Medication ide will assure the Control Sheet and MAR are accurate and match regarding medication pass during each med pass and at the end of the their shift	2/4/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 36 (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records were accurate for 2 of 5 sampled residents (#2, #5) for documentation of controlled substances for moderate to severe pain (#2) and for a medication used to treat infection (#5). The findings are: 1. Review of Resident #2's most recent FL-2 dated 08/05/25 revealed: -Diagnoses included acute posthemorrhagic anemia, essential hypertension, unspecified diastolic congestive heart failure, chronic kidney disease, primary insomnia, hidradenitis. -There was an order for Oxycodone 5mg every 6 hours as needed (PRN) for pain (Oxycodone is a medication used to treat moderate to severe pain). Review of Resident #2's Resident Register revealed he was admitted to the facility on	{D 367}	Care Coordinators will reveiw Control Sheets weekly, to assure they are accurate and match the MAR. Administrator/Care Coordinators will inservice All Med Aides of proper way to documentation of Control Sheets and MARS immediately and quarterly there after for 6 months and Semi Annual thereafter. Administrator will be told immediately if Control Count Sheet does not match MAR via Med Aide and/or Care Coordinators. QA Team will review Control Sheets & MARs for accuracy Monthly x6 months to assure accuarcy. The Pharmacy Review Team & LHPS will review Control Sheets and MARs quarter ly to assure the staff is documenting correctly.	2/4/26 2/4/26 2/4/26 2/4/26 2/4/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 37 10/31/24. Review of a Physician order sheet for Resident #2 dated 08/11/25 revealed there was an order to continue Oxycodone 5mg every 6 hours PRN for pain. Review of a Physician order for Resident #2 dated 08/13/25 revealed there was an order for Oxycodone 10mg four times per day PRN for pain. Review of a physician order for Resident #2 dated 11/17/25 revealed there was an order for Oxycodone 10mg take one every 8 hours PRN for pain. Review of a physician order for Resident #2 dated 12/02/25 revealed: -There was an order for Oxycodone 10mg scheduled three times a day. -There was an order to discontinue Oxycodone 10mg every 8 hours PRN for pain. Review of December 2025 electronic medication administration record (eMAR) for Resident #2 revealed: -There was an entry for Oxycodone 10mg take one tablet every 8 hours PRN for pain. -There was an entry for Oxycodone 10mg take one tablet three times a day with a start date of 12/02/25, scheduled at 7:00am, 12:00pm and 7:00pm. -There was documentation that Oxycodone 10 mg was administered on 12/13/25 at 12:00pm, and 7:00pm. -There was documentation that Oxycodone 10mg was administered on 12/14/25 at 7:00am, 12:00pm. -There was documentation that Oxycodone 10mg	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 38 was administered on 12/19/25 at 7:00pm. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/05/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that the last dose of Oxycodone 10mg was administered at 7:00am on 12/13/25. Review of a controlled substance log for Resident #2 Oxycodone 10mg tablets revealed: -There was not a printed label with the dispense date written on the log. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that the first dose Oxycodone 10mg was administered on 12/14/25 at 7:00pm. -There was documentation that the last dose of Oxycodone 10mg was administered on 12/19/25 at 11:00am. Review of a controlled substance log for Resident #2 Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/19/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that the first dose of Oxycodone 10mg was administered on 12/20/25 at 7:00am. Review of January 2026 eMAR for Resident #2 revealed: -There was an entry for Oxycodone 10mg take one tablet three times a day scheduled at 7:00am, 12:00pm and 7:00pm. -There was documentation that Oxycodone 10mg was administered on 01/05/26 and 01/14/26 at	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 39 12:00pm. -There was documentation that the Oxycodone 10mg 12:00pm dose had been administered on 01/02/26. -There was no documentation that Oxycodone was administered at 7:00am on 01/02/26 and no exception was written in the eMAR for 01/02/26. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 12/29/25. -15 of 15 doses had been given, there were 0 remaining. -There was documentation that Oxycodone 10mg was administered at 7:00am on 01/02/26. -Documentation of the 01/02/26 12:00pm dose was crossed out, but no additional documentation or reason was provided. Review of a controlled substance log for Resident #2's Oxycodone 10mg tablets revealed: -The medication was dispensed on 01/02/26 -There was documentation that 59 pills were remaining of 90 dispensed. -There was documentation that Oxycodone 10mg was administered at 7:00am and 7:00pm on 01/05/26 and 01/14/26 Interview with Resident #2 on 01/14/26 at 9:00am revealed: -He ran out of a pill medication for his pain and wounds. -It happened every other month or something like that. -When they ran out it hurt worse underneath both arms. -Sometimes it was two or three days when they ran out. -He had sweat glands removed about two months ago.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 40 -He went to a wound specialist and was not done with that treatment. Interview with a medication aide (MA) on 01/15/26 at 5:30pm revealed: -Resident #2 had ran out of Oxycodone before. -Resident #2's Oxycodone ran out a while ago, maybe beginning of December to end of November. -There should have been two more pills administered on 12/13/25. -She gave the first pill from the new package at 7:00pm on 12/14/25. -The writing on the on the Controlled Substance Log used from 12/14/25-12/19/25 was hers. -Her writing meant that she started the pack. -She did not know what went on with the day shift on 12/14/25 and they could not have given it if she made the first pop from the package at 7:00pm. -If there was a discrepancy in the log count, she would report it to the Resident Care Coordinator (RCC). Interview with the RCC on 01/15/26 at 5:15pm revealed: -There may have been a documentation error with the Oxycodone on 01/05/26 and 01/14/26. -If Oxycodone was delivered 12/13/25 and 12/14/25 then the MA gave it but did not sign the sheet, but that may not be the case because the count was not off. Interview with the Administrator on 01/15/26 at 5:50pm revealed She wondered where staff had gotten the Oxycodone that was documented on the eMAR when it was not on Resident #2's controlled substance log. 2. Review of Resident #5's current FL-2 dated	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 41 11/10/25 revealed: -Diagnoses included asthma, hypertension and chronic obstructive pulmonary disease (COPD). -She was ambulatory and intermittently disoriented. Review of Resident #5's physician's order dated 12/30/25 revealed Azithromycin Z-pak 250mg was to be administered 2 tablets once a day then 1 tablet daily for 5 days. Review of Resident #5's electronic medication administration record (eMAR) for December 2025 revealed: -There was an electronic entry for Azithromycin 250mg, take 2 tablets (500mg) every day times 1 day (day 1 of 5) and scheduled for 9:00am. -There was documentation Azithromycin 250mg, 2 tablets was administered on 12/31/25. -There was an electronic entry for Azithromycin 250mg, take 1 tablet every day for 4 days (days 2-5) and scheduled for 9:00am. -There was documentation Azithromycin 250mg, 1 tablet was administered on 12/31/25. Review of Resident #5's eMAR for January 2026 revealed: -There was an electronic entry for Azithromycin 250mg, take 2 tablets (500mg) every day times 1 day (day 1 of 5) and scheduled for 9:00am. -There was documentation Azithromycin 250mg, 2 tablets was administered on 01/01/26 through 01/04/26. -There was an electronic entry for Azithromycin 250mg, take 1 tablet every day for 4 days (days 2-5) and scheduled for 9:00am. -There was documentation Azithromycin 250mg, 1 tablet was administered on 01/01/26 through 01/04/26.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 42 Review of Resident #5's controlled substance log revealed: -There was a hand written entry for Azithromycin Z-pak 250mg was to be administered 2 tablets once a day then 1 tablet daily for 5 days. -There was documentation 2 tablets were administered on 12/31/25 at 9:00am which left 4 tablets remaining. -There was documentation 1 tablet was administered on 01/01/26 to 01/04/26 at 9:00am with no tablets remaining for a total of 5 days of medication administration for Azithromycin. Telephone interview with the pharmacy tech for the facility's contracted pharmacy on 01/15/26 at 2:59pm revealed Azithromycin Z-pak 250mg, quantity of 6 tablets, was dispensed on 12/30/25 for Resident #5. Telephone interview with Resident #5's primary care provider (PCP) on 01/15/26 at 3:53pm revealed: -Resident #5 was prescribed an Azithromycin Z-pak for an exacerbation of COPD, bronchitis and increased inflammation. -An Azithromycin Z-pak was prescribed as 2 tablets to be administered on the first day then 1 tablet to be administered for the next 4 days for a total of 5 days for the course of antibiotics. -It was important that the eMAR accurately reflect what was administered for continuity of care. -She adjusted mediations based on what was assumed to be administered and that guided care decisions when changing medications and/or dosage of medications. Interview with a medication aide (MA) on 01/15/26 at 4:25pm revealed: -Resident #5's Azithromycin Z-pak 250mg came in a dispensing packet with 6 tablets total.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 43 -Antibiotic medications were logged and signed out at each administration as they would with controlled substances. -She was aware Resident #5's Azithromycin Z-pak 250mg was documenting that 2 tablets and 1 tablet was administered each day and had reported the documentation error to the Special Care coordinator (SCC). -She did not call the pharmacy regarding the documentation issue. -She did not know why she did not document that one of the entries was a duplicate order and was not administered. Interview with the Special Care coordinator (SCC) on 01/15/26 at 4:32pm revealed: -It was brought to her attention by a MA that Resident #5's Azithromycin Z-pak was documenting in 2 separate entries at each administration. -Antibiotic medications were logged and signed out at each administration as they would with controlled substances and knew the medication was being administered correctly. -She did not contact the pharmacy to correct the documentation because there were only about 2 doses left when she became aware. -Staff could have documented that the medication was not administered and clarified in an exception note and she did not know why they had not done that. Interview with the Quality Assurance Personnel on 01/15/26 at 4:45pm revealed: -She was not aware Resident #5's Azithromycin Z-pak was documented incorrectly on the eMAR. -Staff should have contacted the pharmacy to correct the documentation error for the eMAR. -The eMAR needed to be accurate to ensure medications were administered as prescribed.	{D 367}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 367}	Continued From page 44 Interview with the Administrator on 01/15/26 at 5:53pm revealed: -Medication administration was to be documented accurately on the eMAR and she was not aware Resident #5's Azithromycin Z-pak was documented incorrectly. -Staff should have contacted the pharmacy to correct the documentation error when it was first discovered.	{D 367}		