Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL092140 | A. BUILDING _____ B. WING _____ | R 01/30/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WRENETTES PLACE | 7029 SAN JAN HILL COURT RALEIGH, NC 27610 |

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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow up survey on January 30, 2026 | C 000 | The home will ensure that all care plans and due dates are monitored closely by documenting in several different areas for reminders<br><br>The Administrator will also continue to discuss and review all problematic paperwork errors weekly<br><br>This oversight was corrected on February 13, 2026 | |
| C 230 | 10A NCAC 13G .0801 (a) (b) Resident Assessment<br><br>10A NCAC 13G .0801 Resident Assessment<br><br>(a) The facility shall complete an assessment of each resident within 30 days following admission and annually thereafter.<br>(b) The facility shall use the assessment instrument and instructional manual established by the Department or an instrument developed by the facility that contains at least the same information as required on the instrument established by the Department. The assessment shall be completed by an individual who has met the requirements of Rule .0508 of this Subchapter. If the facility develops its own assessment instrument, the facility shall ensure that the individual responsible for completing the resident assessment has completed training on how to conduct the assessment using the facility's assessment instrument. The assessment shall be a functional assessment to determine the resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. The assessment instrument established by the Department shall include the following:<br>(1) resident identification and demographic information;<br>(2) current diagnoses;<br>(3) current medications;<br>(4) the resident's ability to self-administer medications;<br>(5) the resident's ability to perform activities of | C 230 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wrenette Oakley, Administrator
TITLE: 3/17/26
(X6) DATE

STATE FORM _____ 6899 KSDF11 If continuation sheet 1 of

Reviewed on 3/20/26

Reviewed & Acknowledged SC 3/30/26



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| C 230 | Continued From page 1 | C 230 | | |

daily living, including bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating,
(6) mental health history,
(7) social history, to include family structure, previous employment and education, lifestyle habits and activities, interests related to community involvement, hobbies, religious practices, and cultural background,
(8) mood and behaviors,
(9) nutritional status, including specialized diet or dietary needs,
(10) skin integrity,
(11) memory, orientation and cognition,
(12) vision and hearing,
(13) speech and communication,
(14) assistive devices needed, and
(15) a list of and contact information for health care providers or services used by the resident.
The assessment instrument established by the Department is available on the Division of Health Service Regulation website at https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3050r-adult-care-home-personal-care-physician/@@display-file/form_file/dma-3050R.pdf, at no cost.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (#1) had a care plan completely annually.

The findings are:

Review of Resident #1's current FL2 dated 03/10/25 revealed:
-Diagnoses included bipolar disorder, chronic idiopathic constipation, and left hip pain.
-The resident was ambulatory and used a cane.

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| C 230 | Continued From page 2<br><br>Review of Resident #1's Resident Register revealed an admission date of 11/28/23<br><br>Review of Resident #1's record revealed<br>-There was a care plan dated 12/29/23<br>-There were no other current care plans in Resident #1's record<br><br>Interview with the Administrator on 01/30/26 at 2 10pm revealed<br>-She misplaced Resident #1's 2024 care plan and was unable to find it<br>-She did not remember completing Resident #1's care plan for 2025<br>-She could not recall why Resident #1's 2025 care plan was not completed<br>-She was responsible for ensuring Resident #1's care plan was completed and signed | C 230 | | |
| C 249 | 10A NCAC 13G .0902(c)(3)(4) Health Care<br><br>10A NCAC 13G .0902 Health Care<br>(c) The facility shall assure documentation of the following in the resident's record<br>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule<br><br>This Rule is not met as evidenced by<br>Based on observations, interviews, and record reviews, the facility failed to ensure follow-up for 1 of 2 sampled residents (#1) who needed lab work | C 249 | The administrator will continue to read all clients' doctors discharged summary carefully. The home will include additional training by implementing follow up procedures | |

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| C 249 | Continued From page 3<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 03/10/25 revealed:<br>-Diagnoses included bipolar disorder, chronic idiopathic constipation, and left hip pain.<br>-The resident was ambulatory and used a cane.<br><br>Review of Resident #1's Resident Register revealed an admission date of 11/28/23.<br><br>Review of Resident #1's laboratory report dated 01/06/25 revealed:<br>-The laboratory report was electronically signed by Resident #1's primary care provider (PCP) on 01/06/2025 at 12:34pm.<br>-Resident #1's next lipid panel was due on 01/02/26.<br><br>Interview with the Administrator on 01/30/26 at 3:00pm revealed:<br>-She did not read Resident #1's laboratory report.<br>-She did not realize Resident #1's next lipid panel was due on 01/02/26.<br>-She had not made an appointment for Resident #1's lipid panel to be drawn. | C 249 | However, this oversight was corrected on 2/11/2026 | |
| C 330 | 10A NCAC 13G .1004(a) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:<br>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record, and<br>(2) rules in this Section and the facility's policies and procedures | C 330 | The administrator has implemented a nurse log note that shall indicate the date, time and contact person. | |

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| C 330 | Continued From page 4<br><br>This Rule is not met as evidenced by<br>Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 2 sampled residents (#1) related to a medication to treat constipation<br><br>The findings are<br><br>Review of Resident #1's current FL2 dated 03/10/25 revealed diagnoses included bipolar disorder, chronic idiopathic constipation, and left hip pain<br><br>Review of Resident #1's Resident Register revealed an admission date of 11/28/23<br><br>Review of Resident #1's physician orders dated 09/22/25 revealed there was an order for Metamucil 3.4gm 1 packet twice daily (used to treat constipation)<br><br>Review of Resident #1's record revealed there was no discontinue order for Metamucil 3.4gm<br><br>Observation of Resident #1's medications on hand on 01/30/26 at 1:32pm revealed there were no Metamucil packets on the medication cart<br><br>Review of Resident #1's December 2025 eMAR revealed<br>-There was an entry for Metamucil 3.4gm, 1 packet twice daily at 8:00am and 8:00pm<br>-There was documentation that Metamucil 3.4gm, 1 packet twice daily was administered at 8:00am and 8:00pm from 12/01/25 to 12/15/25<br>-There was no documentation from 12/16/25 to 12/31/25 at 8:00pm to indicate Metamucil 3.4gm, | C 330 | R160, additional medication verbal order documentation training has been scheduled for Apr 1 | |

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| C 330 | Continued From page 5 | C 330 | | |

1 packet twice daily had been administered, the blocks for documentation of administration were not filled in.
-There was a handwritten note "D/C" to mean medication discontinue with no date.

Review of Resident #1's January 2026 eMAR revealed:
-There was an entry for Metamucil 3.4gm, 1 packet twice daily at 8:00am and 8:00pm.
-There was no documentation from 01/01/26 to 01/30/26 at 8:00am and 8:00pm to indicate Metamucil 3.4gm, 1 packet twice daily had been administered.
-There was a handwritten note "D/C" to mean medication discontinue with no date.

Interview with Resident #1 on 01/30/26 at 3:50pm revealed:
-He did not think he needed Metamucil any longer because he had not been constipated.
-He stopped taking Metamucil a couple of months ago but could not give an exact date.

Telephone interview with the facility's contracted pharmacist on 01/30/26 at 3:25pm revealed:
-She had not received a discontinue order for Metamucil for Resident #1.
-Metamucil 3.4gm, 1 packet twice daily was dispensed for Resident #1 on 11/18/25 with a quantity of 60 for a 30-day supply.
-Metamucil 3.4gm, 1 packet twice daily was dispensed for Resident #1 on 10/23/25 with a quantity of 60 for a 30-day supply.

Telephone interview with Resident #1's primary care provider's (PCP) registered nurse (RN) on 01/30/26 at 2:25pm revealed:
-The medication Metamucil was on Resident #1's

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| C 330 | Continued From page 6<br><br>current active medication list<br>-The medication Metamucil was used to treat constipation<br><br>Interview with the Administrator on 01/30/26 at 3:00pm revealed<br>-She had contacted the PCP and thought she had gotten a verbal discontinue order for Resident #1's Metamucil<br>-She had made the request because Resident #1 did not want to take the medication<br>-She thought Resident #1's PCP faxed the Metamucil discontinue order to the pharmacy.<br>-She did not receive a faxed discontinue order for Resident #1 Metamucil<br>-She was responsible to follow up with the PCP about discontinuing medication orders | C 330 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and<br>(8) name or initials of the person administering | C 342 | The home has changed pharmacy on 2/6/2026. By Switching pharmacies, we are learning a more computerized System called the Quick MAR. This new System will | |

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| C 342 | Continued From page 7<br>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).<br><br>This Rule is not met as evidenced by<br>Based on observations, interviews, and record reviews, the facility failed to ensure medication administration records were accurate for 1 of 2 sampled residents (#1) related to a medication to treat mood.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 03/10/25 revealed diagnoses included bipolar disorder, chronic idiopathic constipation, and left hip pain.<br><br>Review of Resident #1's Resident Register revealed an admission date of 11/28/23.<br><br>Review of Resident #1's physician orders dated 09/22/25 revealed there was an order for Quetiapine Fumarate 300mg 2 tablets at bedtime (used to treat mood).<br><br>Observation of Resident #1's medications on hand on 01/30/26 at 1:32pm revealed there was card of Quetiapine 300mg dispensed on 01/12/26 with a quantity of 37 remaining.<br><br>Review of Resident #1's November 2025 electronic medication administration record (eMAR) revealed:<br>-There was an entry for Quetiapine 300mg, 2 tablets at 8:00pm.<br>-There was no documentation from 11/01/25 to 11/30/25 at 8:00pm to indicate Quetiapine | C 342 | Assist in eliminating documentation over sight. The home received training on 3/5/2026 and we will become fully operational on 4/1/2026 | |

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| C 342 | Continued From page 8<br><br>300mg, 2 tablets daily had been administered, the blocks for documentation of administration were not filled in, and there were no exception notes for those dates.<br><br>Interview with Resident #1 on 01/30/26 at 3:50pm revealed the medication aide (MA) administered his medication every night.<br><br>Telephone interview with the facility's contracted pharmacist on 01/30/26 at 3:25pm revealed:<br>-Quetiapine 300mg, 2 tablets daily was dispensed on 01/12/26 with a quantity of 60 for a 30-day supply for Resident #1<br>-Quetiapine 300mg, 2 tablets daily was dispensed on 12/02/25 with a quantity of 60 for a 30-day supply for Resident #1.<br><br>Telephone interview with Resident #1's primary care provider's (PCP) registered nurse (RN) on 01/30/26 at 2:25pm revealed:<br>-The medication Quetiapine was on Resident #1's current active medication list.<br>-The medication Quetiapine was used to manage Resident #1's depression.<br><br>Interview with the Administrator on 01/30/26 at 1:48pm revealed:<br>- Quetiapine 300mg was administered to Resident #1 from 11/01/25 to 11/30/25.<br>-She could not recall how she failed to document on the eMAR.<br>-She documented on the eMAR after she administered Resident #1's medication.<br>-She was responsible for ensuring that the medication was administered as ordered and documented correctly. | C 342 | | |