PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section completed an annual and follow up survey from March 17, 2026 to March 19, 2026.	D 000		
D 259	10A NCAC 13F .0802 (a) (c) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (a) The facility shall develop and implement a care plan for each resident based on the resident's assessment completed in accordance with Rule .0801 of this Section. The care plan shall be resident-centered and include the resident's preferences related to the provision of care and services. A copy of each resident's current care plan shall be maintained in a location in the facility where it can be accessed by facility staff who are responsible for the implementation of the care plan. (c) The care plan shall include the following: (1) a description of services, supervision, tasks, and level of assistance to be provided to address the resident's needs identified in the resident's assessment in Rule .0801 of this Section; (2) frequency of the services or tasks to be performed; (3) revisions of tasks and frequency based on reassessments in accordance with Rule .0801 of this Section; (4) licensed health professional tasks required according to Rule .0903 of this Subchapter; (5) a dated signature of the assessor upon completion; and (6) a dated signature of the resident's physician or physician extender as defined in Rule .0102 of this Subchapter within 15 days of completion of the care plan certifying the resident is under this physician's care and has a medical diagnosis with associated physical or mental limitations	D 259		

Reviewed and acknowledged
by on 04/16/26

DMS

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 259	Continued From page 1 warranting the provision of the personal care services in the above care plan in accordance with G.S. 131D-2.15. This shall not apply to residents assessed through the Medicaid State Plan Personal Care Services Assessment for the portion of the assessment covering tasks needed for each activity of daily living of this Rule for which care planning and signing are directed by Medicaid. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure licensed health professional tasks (LHPS) were part of the care plan for 1 of 5 residents (#3) related to finger stick blood sugar task (FSBS). The findings are: Review of Resident #3's current FL2 dated 12/5/25 revealed: -Diagnoses included type 2 diabetes, sleep apnea, chronic gout, peripheral vascular disease, hypothyroidism, and benign prostatic hyperplasia. -Resident #3 had an order for finger stick blood sugar (FSBS) daily. Review of Resident #3's physician order summary dated 10/15/25 revealed an order for finger stick blood sugar checks every morning. Review of Resident #3's August 2025, November 2025 and February 2026 quarterly LHPS	D 259	D259 RCD or designee will be complete audit to ensure LHPS tasks are documented on all resident care plans by 4/24/2026 and monthly thereafter.	

Reviewed and acknowledged

by

on 04/16/26

DMS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 259	Continued From page 2 evaluation/ review tasks revealed the collecting and testing of fingerstick blood samples task. Review of Resident #3's care plan dated 10/14/25 revealed no documentation of FSBS LHPS task. Telephone interview with the facility's LHPS nurse on 03/19/26 at 10:36am revealed: -She reviewed Resident #3's past/current FL2 and physician order summaries to complete the quarterly August 2025 LHPS, November 2025 LHPS and February 2026 evaluations. -She indicated the LHPS task to collect and test fingerstick blood samples on LHPS evaluations for August 2025, November 2025 and February 2026. Interview with the RCD on 03/19/26 at 2:00pm revealed: -She was responsible for updating care plans after reviewing FL2s and physician order summaries. -She missed reviewing the FSBS task for August 2025, November 2025 and February 2026 LHPS evaluations and adding the task to the current care plan dated 10/14/25. Interview with the Administrator on 03/19/26 at 2:45pm revealed: -The RCD was responsible for updating resident care plans to reflect LHPS tasks as appropriate. -She was not sure how the August 2025, November 2025 and February 2026 LHPS quarterly evaluations for the FSBS task was not added to Resident #3's care plan. -She expected all care plans to match the LHPS tasks if applicable.	D 259		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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	D 273		
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: Based on interviews and record reviews the facility failed to ensure referral and follow-up for 2 of 5 sampled residents (#1 & #3) related to an order to report oxygen saturations less than 90% (#1), and missed doses of a medication to treat diarrhea (#3). The Finding are: 1.Review of Resident #1's current FL2 dated 3/13/26 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), end-stage renal disease (ESRD) and heart failure. -There was an order for oxygen 4 liters via nasal cannula continuous. Review of Resident #1's signed physician order dated 10/10/25 revealed there was an order for oxygen 4 liters via nasal cannula continuous, notify the physician if oxygen saturations are less than 90%. Review or Resident #1's March 2026 electronic medication administration record (eMAR) revealed: -There was an entry for oxygen 4 liters via nasal cannula continuous, notify the physician if oxygen saturations are less than 90%. -There was documentation on 03/07/25 at 4:35pm of an oxygen saturation of 85%.	D 273	D 273 RCD conducted audit of all oxygen orders complete 3/18/26 RCD provided in-service on 3/18/26 on oxygen orders, changing oxygen tanks, and that residents are on concentrator when not on portable units MT to complete MAR audit before end of each shift daily RCD or designee to audit MAR weekly ED to audit MAR monthly Education to all MT on 4/9/2026 on med administration	

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -There was no documentation that Resident #1's Nurse Practitioner (NP) was notified. -There was documentation on 03/0/25 at 3:47pm of an oxygen saturation of 86%. -There was no documentation that Resident #1's NP was notified. Review or Resident #1's record revealed there was no documentation of Resident #1's NP was notified that Resident #1's oxygen saturations were less than 90% on 03/07/26 and 03/08/26. Telephone Interview with a medication aide (MA) on 03/17/26 at 4:44pm revealed: -She was still training as a new medication aide and the Resident Care Director (RCD) worked with her on the medication cart. -She forgot to notify the RCD and Resident #1's PCP on 03/07/26 and on 03/08/26. Telephone Interview with Resident #1's Nurse Practitioner (NP) on 03/18/26 at 5:18pm revealed: -Resident #1 had a history of COPD and was last seen by her on 02/13/26. -Resident #1 was on continuous oxygen at 4 liters via nasal cannula to help prevent COPD exacerbation and hypoxia. -She was not notified of Resident #1 having an oxygen saturation of 85% on 03/07/26 and 87% on 03/08/26. -A decrease in oxygen could cause Resident #1 to become confused and unresponsive due to a lack of oxygen to his brain, and if left untreated, the resident could become hypoxic and go into respiratory arrest which was life threatening. -Early notification of Resident #1's oxygen saturation dropping below 90% would allow her to give orders to treat possible causes based on other factors or have Resident #1 sent to the emergency room for evaluation to prevent	D 273		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 hypoxia and or respiratory arrest. Interview with the RCD on 03/14/26 at 4:25pm revealed: -She worked with the MA on 03/07/26 and 03/08/25. -She did not pay attention to Resident #1's oxygen saturations when the MA entered them into the eMAR. -MAs were responsible for following all physician orders. -There was no system in place to ensure Resident #1's NP was notified if his O2 saturations were less than 90%. Interview with the Administrator on 03/17/26 at 2:56pm revealed: -She did not know Resident #1's oxygen saturations were less than 90% on 03/07/26 and on 03/08/26. -MAs were to notify Resident #1's PCP of any oxygen saturations less than 90% and document in the resident's observation notes. -She expected the MAs to follow all physician orders. -Resident #1's NP was not notified of Resident #1's O2 saturations until today (03/17/26). 2. Review of Resident #3's current FL2 dated 12/5/25 revealed diagnoses included sleep apnea, chronic gout, peripheral vascular disease, osteoarthritis psychosis, type 2 diabetes, hypothyroidism, and benign prostatic hyperplasia. Review of Resident #3's record revealed a recent diagnosis of stage IV pancreatic cancer dated 10/11/25. Review of Resident #3's physician order summary dated 12/5/25 revealed there was an	D 273		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 order for loperamide 2mg, take one capsule by mouth daily as needed for diarrhea. Review of Resident #3's record revealed a physician order dated 12/12/25 revealed there was an order for loperamide 2mg, take 2 capsules by mouth and 2 take capsules every 6 hours as needed to maximum of 8 capsules per day and hold if having constipation. Review of Resident #3's eMAR for February 2026 revealed: -There was an entry for loperamide 2mg, take 2 capsules (4mg) by mouth every morning. -There was an entry for loperamide 2mg, take 2 capsules (4mg) by mouth every 6 hours as needed, hold for constipation. -There was documentation loperamide 2mg, take 2 capsules (4mg) by mouth every morning was not available for administration on 20 opportunities, due to "awaiting pharmacy delivery" from 02/6/26 to 02/10/26 and "awaiting pharmacy delivery" from 02/12/26 to 02/27/26. -There was documentation loperamide 2mg, take 2 capsules (4mg) by mouth every morning was administered on 02/11/26. Review of Resident #3's record revealed no documentation loperamide 2mg was ordered from the backup pharmacy to avoid missed doses, until Resident #3's original prescription was received in the mail, from his providing pharmacy. Interview with the RCD on 03/18/26 at 4:20pm revealed: -She was responsible for reviewing medication orders, changes and clarifying orders by contacting the prescribing provider. -She did not realize Resident #3 missed 20 doses	D 273		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 of loperamide 2mg, 2 capsules daily in February 2026, due to awaiting arrival for mail order. -If a resident's medication did not arrive within three days, she usually ordered a seven-day supply from the facility's backup pharmacy to avoid further missed medications. -She could not recall why she did not order Resident #3's loperamide from the backup pharmacy. -She could not recall if the PCP was notified Resident #3's missed 20 days of loperamide to treat diarrhea. Interview with the Administrator on 03/19/26 at 2:45pm revealed she expected Resident #3's loperimide to be ordered from the backup pharmacy until the outside pharmacy was able to deliver the prescribe medication.	D 273		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) If orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) If multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.	D 344		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication orders were clarified for 1 of 5 residents (#3) related a devices used to determine blood sugar levels, and machines used to provide supplemental air and oxygen. The findings are: Review of Resident #3's current FL2 dated 12/5/25 revealed: -Diagnoses included type 2 diabetes, sleep apnea, chronic gout, peripheral vascular disease, hypothyroidism, and benign prostatic hyperplasia. -Resident #3 had an order for finger stick blood sugar (FSBS) daily. -Resident #3 had an order of continuous positive airway pressure (CPAP) machine (a machine that treat sleep apnea by delivering a steady stream of pressurized air through a mask to keep the airway open) at bedtime. -Resident #3 was ambulatory. -Resident #3's level of care was assisted living. a. Review of Resident #3's physician order summary dated 10/15/25 revealed an order for finger stick blood sugar (FSBS) checks every morning. Review of Resident #3's record revealed an order dated 12/17/25 for a real-time continuous glucose monitor, use as directed to monitor blood glucose, and replace every 15 days. Review of Resident #3's record revealed there was no physician order for Resident #3 to self-administer his FSBS or monitoring blood glucose via the real-time continuous glucose monitor.	D 344	D344 RCD completed audit of diabetic orders on 3/18/26 RCD conducted in-service 3/18/26 with med techs for collecting blood sugars and proper insulin administration MT to perform MAR audit end of shift RCD to perform MAR audit weekly ED to perform MAR audit Monthly In-service on med administration provided to all MT on 4/9/2026 RCD obtained order to D/C FSBS on residents wearing Libre device and to use CGM for blood sugar reading and documentation on 3/26/26 In-service with med techs on 4/10/26 on new order tracking. Med Techs to check each shift daily. RCD to audit new order tracking twice weekly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 9 Review of Resident #3's electronic medication administration record (eMAR) from January 2026 to March 2026 revealed: -There was an entry to check FSBS every morning. -There was an entry for real-time continuous glucose monitor, use as directed to monitor blood glucose, replace every 15 days. -There was no documentation for self-administering FSBS, or real-time continuous glucose monitor. Interview with a MA on 03/19/26 at 1:30pm revealed: -She had never checked Resident #3's blood sugar via FSBS, although there was an order to check FSBS (via a glucometer) every morning. -She obtained Resident #3's blood sugar levels by going into his room, observing the resident use his real-time continuous glucose monitor, on his arm to obtain a blood sugar level that would display on the resident's cell phone, then she would record the blood sugar reading on the eMAR. -She used Resident #3's real-time continuous glucose monitor instead of a glucose meter because it was easier and faster to use the real-time glucose monitor. -She assumed she could use his real-time continuous glucose monitor. -She did not realize Resident #3 needed an order to self-administer his real-time continuous glucose monitor to measure his blood sugar levels. -The facility medication cart had a glucometer on hand for FSBS checks and would be used as a backup if the resident's real-time continuous glucose monitor was not working. -Resident #3 obtained his own FSBS even before the real-time continuous glucose monitor was	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 10 applied. -She should have clarified the order to use Resident #3's real-time continuous glucose monitor instead of the glucometer for FSBS and if the resident was to self-administer his real-time continuous glucose monitor. Interview with the RCD on 03/19/26 at 2:00pm revealed: -She was responsible for overseeing MAs and ensuring all orders were followed. -It was her understanding that MAs were allowing Resident #3 to use his real-time continuous glucose monitor to obtain blood sugar levels, instead of MA's using the glucometer to obtain FSBS as ordered. -The MAs were expected to use a glucometer if FSBS were ordered. -The FSBS and real-time continuous glucose monitor should have been clarified with Resident#3's physician. Refer to interview with the Administrator on 03/19/26 at 2:45pm. b. Review of Resident #3's current FL2 dated 12/5/25 revealed an order for CPAP machine at night. Review of Resident #3's eMARs from January 2026 to March 2026 revealed no entry for a CPAP order. Review of Resident #3's care plan dated 10/14/25 revealed use of CPAP device. Review of Resident #3's PCP office visit notes dated 12/12/25, 01/22/26, 01/29/26, 02/17/26, and 03/03/26 revealed the resident was reportedly using a CPAP machine at night.	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 11 Review of Resident #3's Licensed Health Professional quarterly evaluations/ review tasks for August 2025, November 2025 and February 2026 revealed: -There was a task for "the monitoring of continuous positive air pressure devices CPAP and bilevel positive airway pressure (BIPAP) machine (a machine that delivers pressurized air through a mask with higher pressure during inhalation and lower during exhalation)". -The LHPS nurse recommended the facility should add the CPAP to the eMAR if it was a current order. Review of Resident #3's hospital discharge summary dated 3/14/26 revealed: -Resident #3 was referred to the emergency department (ED) on 3/12/26 due to increased heart rate while at his oncology appointment. -Resident #3 was admitted to the hospital on 3/12/26 due to supraventricular tachycardia (abnormally fast heart rhythm). -Resident #3 was discharged back to facility on 3/14/26 after he was stabilized with medication adjustments and follow-up recommendations. Review of emergency department (ED) note dated 03/17/26 revealed: -Resident #3 presented at the ED due to shortness of breath while at a doctor's appointment. -He was admitted to progressive care unit due to BIPAP placement and workup due to influenza, viral infection, pneumonia, chronic obstructive pulmonary disorder (COPD) exacerbation, and congestive heart failure (CHF) exacerbation. Refer to telephone interview with a representative from the durable medical equipment provider on	D 344		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 12 03/19/26 at 10:08am. Refer to Interview with a medication aide on 03/19/26 at 1:55pm. Refer to Interview with the LHPS nurse on 03/19/26 at 10:36am. Refer to interview with the RCD on 03/19/26 at 11:48am. Refer to Interview with the Administrator on 03/19/26 at 2:45pm. c. Review of Resident #3's record revealed no documentation of an order for oxygen as needed for shortness of breath and with exertion. Review of Resident #3's care plan dated 10/14/25 revealed no order for oxygen as needed for shortness of breath and with exertion. Review of Resident #3's specialist provider's office visit notes dated 12/12/25, 01/22/26, 01/29/26, 02/17/26, and 03/03/26 revealed: -Resident #3 was reportedly using a CPAP machine at night. -There was no documentation of oxygen 2L via nasal cannula as needed. Review of Resident #3's eMARs from January 2026 to March 2026 revealed no entry for oxygen as needed for shortness of breath and with exertion. Review of Resident #3's Licensed Health Professional quarterly evaluations/ review tasks for August 2025, November 2025 and February 2026 revealed: -There was a LHPS task for "the monitoring of	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 13 continuous positive air pressure devices (CPAP and BIPAP)". -The LHPS nurse recommended the facility should add the CPAP to the eMAR if it was a current order. -There was no documentation Resident #3 had a task for oxygen as needed for shortness of breath and with exertion. Refer to telephone interview with a representative from the durable medical equipment provider on 03/19/26 at 10:08am. Refer to interview with a medication aide on 03/19/26 at 1:55pm. Refer to interview with the LHPS nurse on 03/19/26 at 10:36am. Refer to interview with the RCD on 03/19/26 at 11:48am. Refer to interview with the Administrator on 03/19/26 at 2:45pm. Telephone interview with Resident #3's durable medical equipment provider on 03/19/26 at 10:08am revealed: -Resident #3 was on oxygen since 2014. -Resident #3 had an order dated 01/16/26 for BiPAP with oxygen 2 liters (L) via nasal cannula at night and oxygen 2L via nasal cannula as needed for shortness of breath or with exertion. Interview with a MA on 03/19/26 at 1:55pm revealed: -Resident #3 used a CPAP machine and the MAs did not assist him with it. -She did not know the order there was an order for a BiPAP with oxygen and there was an order	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 14 for oxygen as needed, as well. -The RCD was responsible for clarifying the BIPAP with oxygen order. -She did not know the difference between a CPAP and BiPAP machine. Telephone interview with the LHPS nurse on 03/19/26 at 10:36am revealed: -She reviewed Resident #3's past/current FL2s, physician order summaries and eMARs to complete the quarterly August 2025, November 2025 and February 2026 LHPS evaluations and provided recommendations to the facility. -She did not realize there was an original order for BiPAP with 2L via nasal cannula (NC) at night and 2L of oxygen via NC as needed for shortness of breath or with exertion. -She did not know Resident #3 had an oxygen concentrator in his room. -She expected resident orders to be clarified if unclear and incorrect. Interview with the RCD on 03/19/26 at 11:48am revealed: -She was responsible for reviewing hospital discharge summaries and primary care physician (PCP) office visits with new orders and order changes. -She never knew Resident #3 had an order for BiPAP with oxygen and oxygen as needed for shortness of breath and on exertion. -Since she began working at the facility, Resident #3 had always administered his own CPAP. -The LHPS nurse usually communicated concerns related to medications or treatments that were not on the eMARs. -She or MAs should have contacted the physician to clarify the CPAP/BiPAP with oxygen order and as needed order.	D 344		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 344	Continued From page 15 Interview with the Administrator on 03/19/26 at 2:45pm revealed: -The RCD and MA's were responsible for reviewing hospital discharge summaries, provider notes, order changes, clarifying orders, and updating/ reviewing care plans with families. -She expected Resident #3's orders to be clear and accurate. Attempted telephone interview Resident #3 Primary Care Physician on 03/18/26 12:00pm and 3:17pm was unsuccessful.	D 344		
D 358	10A NCAC 13F .1004 (a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the 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: TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 sampled residents (#1, #3 and #5) related to medications used to treat chronic obstructive pulmonary disease (#1), medications used to treat elevated blood sugars (#5), medications used to treat chronic diarrhea, Instruments used to test blood sugar levels and a medication used to help food digestion (#3).	D 358	D 358 RCD conducted audit of physician orders with insulin and oxygen on 3/18/2026 RCD conducted in-service on oxygen orders, changing oxygen tank, verifying oxygen tanks are full and that resident is on concentrator when not on portable tanks 3/18/2026 RCD conducted in-service on checking blood sugars and proper administration on 3/18/2026 Med Tech to perform MAR audit before end of shift daily RCD or designee to conduct MAR audit weekly ED or designee to MAR conduct audit Monthly Med administration In-service provided by Silver Senior Consulting RN to all Med Techs 4/9/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 The findings are: Review of the facility's Medication Administration policy dated 03/11/25 revealed: -Each medication will be compared to the electronic medication administration record (eMAR) verifying the medication was being administered to the right resident, right medication, right dose, right time and right route. -Each resident would be observed taking their medications/treatments. 1. Review of Resident #1's current FL2 dated 3/13/26 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), end-stage renal disease (ESRD) and heart failure. -There was an order for 4 liters oxygen (O2) via nasal cannula (NC), continuous. Observation of Resident #1 on 03/16/26 from 9:00am to 9:22am revealed: -Resident #1 was sitting in a chair in the hall approximately 40 feet from his room. -Resident #1's skin was grayish in color, he was slow to follow commands, he was taking slow shallow breaths and he had difficulty opening eyes with verbal prompting. -There were no staff present in the hallways. -Resident #1's was wearing oxygen connected via tubing to a portable oxygen tank and the pressure gauge indicated the oxygen tank was empty. -At 9:05am, a medication aide (MA) arrived with a new tank, placed Resident #1 on 4 liters of oxygen via a nasal cannula and called 911 because she could not get a reading of his oxygen saturation when she placed a pulse oximeter on Resident #1's finger.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -At 9:09am, after multiple attempts the MA obtained an oxygen saturation of 83% on 4 liters of oxygen. -At 9:17am, Resident #1's oxygen saturation was 91% on 4 liters of oxygen. -At 9:20am, emergency personnel arrived and placed Resident #1 on their oxygen tank at 4 liters. -At 9:22am, Resident #1's oxygen saturation was 97%. Review of Resident #1's Emergency Medical Services (EMS) report dated 03/18/26 revealed: -Chief complaint, prolonged time without normal supplemental O2. -It was unknown why the patient was not provided with O2 for approximately 1.5- 2 hours. -Facility staff stated the patient was, "practically unresponsive when they found him". Review of Resident #1's Emergency Department (ED) progress note dated 3/18/26 revealed: -Resident #1 presented to the ED after being found and noted that his O2 tank was empty for around two hours. -Resident #1 was admitted to the Intensive Care Unit (ICU) due to acute respiratory failure with hypercapnia (a life-threatening condition where the lungs fail to eliminate carbon dioxide). Review of Resident #1's Hospital Admission progress note dated 03/18/26 revealed: -Assessment and plan: hypercapnic respiratory failure, chronic COPD on 4 liters of O2, nasal cannula. -Resident #1 presented with lethargy; he was found at an assisted living facility with empty O2 tank. -In ED, he was lethargic, blood gas with respiratory acidosis (lower than normal blood pH	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 caused by excessive carbon dioxide accumulation), started on bilevel positive airway pressure (BIPAP) machine (non-invasive ventilator used to assist breathing by delivering pressurized air through a mask) and admitted to ICU. Telephone interview with the representative with Resident #1's durable medical supply company on 03/18/26 at 9:16am revealed: -Resident #1 had an order for 4 liters of continuous O2 via nasal cannula dated 12/17/25. -The company provided Resident #1's concentrator and his portable O2 tanks. -The company delivered Resident #1's portable O2 tanks every Monday. -Last delivery was on 03/16/26 where 10 empty portable O2 tanks were picked up, and 10 full tanks were left for the resident's use. -One of the portable size E O2 tanks would last a maximum of 2.5 hours. -There was a pressure gauge located on the portable O2 tank with a needle when moved into the red zone, indicated there is less than 30 minutes of O2 remaining in the portable O2 tank. -The facility received education and instructions on the use of Resident #1's concentrator and portable O2 tanks. Interview with the MA on 03/18/26 at 9:58am revealed: -Resident #1 always placed himself on portable O2 tanks. -She did not check Resident #1's portable O2 to ensure the resident had enough O2. - "I normally go behind him and check his O2 tanks" but had been busy with the morning medication pass. -She saw Resident #1 in the dining room eating breakfast and he was fine.	D 358		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -She documented on the electronic medication administrator (eMAR) at on 03/18/26 at 7:28am that Resident #1 was wearing his O2. Telephone interview with the facilities contracted Registered Nurse (RN) on 03/19/26 at 10:35am revealed: -She was responsible for educating and checking off personal care aides (PCA) on how to assist with nasal cannulas. -She was responsible for education and checking off MAs on O2 device flow, rate adjustment and determining if O2 was as needed or continuous. -Facility staff should ensure a resident's O2 was available if the resident was on continuous O2. Telephone interview with Resident #1's Nurse Practitioner (NP) on 03/18/26 at 5:18pm revealed: -Resident #1 had a history of COPD and was last seen by her on 02/13/26. -Resident #1 was on continuous oxygen at 4 liters via nasal cannula to help prevent COPD exacerbation and hypoxia. -A decrease in oxygen could cause Resident #1 to become confused and unresponsive due to a lack of oxygen to his brain, and if left untreated, the resident could become hypoxic and go into respiratory arrest which was life threatening. -Staff were responsible for having the necessary tanks/compressor for Resident #1 to wear and have his oxygen at 4 liters via nasal cannula continuously and monitor Resident #1's oxygen saturation and for signs of mental status changes, increased sleepiness combined with difficulty arousing him. Interview with the Resident Care Director (RCD) on 03/19/26 at 11:48am revealed: -She knew Resident #1 placed himself on his portable O2 tanks without staff assistance.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -Resident #1 changed out his portable tanks himself. - "Normally he would tell us if he was running out", of O2 in his portable tank. -He did not like staff assisting him with his portable tanks. -Staff should have been ensuring Resident #1 had O2 in his portable tank. Interview with the Administrator on 3/18/26 at 10:37am revealed: -She was present after Resident #1 was found lethargic, without any O2. -Resident #1 should not have been monitoring his own O2 or portable O2 tanks. -Staff should have been monitoring Resident #1's portable O2 tanks and ensuring there was enough O2 in the tanks. -She expected staff to follow physician's orders. 2. Review of Resident #5's current FL2 dated 08/11/25 revealed: -Diagnoses included type 2 diabetes, Parkinson's, ischemic heart disease, atrial fibrillation and congestive heart failure. -An order to check a finger stick blood sugar (FSBS) before each meal. -An order for Novolog insulin 100ml/unit (a medication used to treat high blood sugars) for FSBS greater than 251 = 2 units and greater than 351 = 4 units. Review of Resident #5's signed physician's order dated 02/03/26 revealed: -An order to check a fasting blood sugar (FSBS) before each meal. -An order for Novolog sliding scale insulin (SSI) 100ml/unit (a medication used to treat high blood sugars) for FSBS greater than 251 = 2 units and greater than 351 = 4 units.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Review of Resident #5's January 2026 electronic Electronic Medication Record (eMAR) revealed: -There was an entry to check a FSBS before each meal and inject 2 units of Novolog insulin for FSBS greater than 251 and 4 units for FSBS greater than 351 at 8:00am, 12:00pm and 4:30pm. -On 01/14/25 at 12:30pm, there was documentation the FSBS was 322 and there was no documentation was administered. -On 01/15/25 at 12:30pm, there was documentation the FSBS was 280 and there was no documentation was administered. -On 01/17/25 at 12:30pm, there was documentation the FSBS was 278 and there was no documentation was administered. Review of Resident #5's February 2026 eMAR revealed: -There was an entry to check a FSBS before each meal and inject 2 units of Novolog insulin for FSBS greater than 251 and 4 units for FSBS greater than 351 at 8:00am, 12:00pm and 4:30pm. -On 02/08/25 at 8:00am, there was documentation the FSBS was 283 and Novolog 4 units was administered instead of 2 units. -On 02/13/25 at 12:30pm, there was documentation the FSBS was 302 and Novolog 4 units was administered instead of 2 units. -On 02/15/25 at 4:30pm, there was documentation the FSBS was 257 and Novolog 4 units was administered instead of 2 units. -On 02/21/25 at 12:30pm, there was documentation the FSBS was 267 and Novolog 4 units was administered instead of 2 units. -On 02/15/25 at 4:30pm, there was documentation the FSBS was 299 and Novolog 4 units was administered instead of 2 units.	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Review of Resident #5's March 2026 eMAR revealed: -There was an entry to check a FSBS before each meal and inject 2 units of Novolog insulin for FSBS greater than 251 and 4 units for FSBS greater than 351 at 8:00am, 12:00pm and 4:30pm. -On 03/08/25 at 12:00pm, there was documentation the FSBS was 296 and Novolog 4 units was administered instead of 2 units. -On 03/10/25 at 12:30pm, there was documentation the FSBS was 300 and Novolog 4 units was administered instead of 2 units. Telephone interview with a Pharmacist from Resident #5's pharmacy on 03/18/26 at 10:25am revealed: -There was an order dated 01/15/26 for Novolog insulin, inject 2 units for a FSBS of 251 or greater than 251 and 4 units for a FSBS of 351 or greater than. -The Novolog was a fast acting insulin used to control high blood sugars. -If too much insulin was administered, Resident #5 could experience symptoms of dizziness, confusion and sweating due to the blood sugar too low. -If there was not enough insulin administered, then Resident #5 could experience symptoms of increased thirst, increased urination, confusion and if very high could lead to a life threatening condition called diabetic ketoacidosis. Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/18/26 at 10:35am revealed: -There was an order, dated 01/15/26 for Novolog insulin, inject 2 units for a FSBS of 251 and greater than and 4 units for a FSBS of 351 and	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 greater than. -Resident #5 was listed as "profile only" and there was no insulin dispensed. -Uncontrolled blood sugars could lead to kidney and eye damage and cardiovascular disease and stroke which could be life threatening. Observation of Resident #5's medications on hand on 03/17/26 at 4:20pm at revealed: -There was a Novolog Kwikpen labeled inject 2 units for a FSBS of 251 or greater than and 4 units for a FSBS of 351 or greater than, with a dispense date of 01/15/26, with 200ml left to administer. -There were three Novolog Kwikpens labeled inject 2 units for a FSBS of 251 or greater than and 4 units for a FSBS of 351 or greater than, with a dispense date of 01/15/26, with 300ml left in each pen to administer. Interview with a medication aide (MA) on 03/18/26 at 11:11am revealed: -She obtained Resident #5's FSBS before meals and administered Novolog insulin according to the parameters which were 2 units for a FSBS greater than 251 and 4 units for a FSBS greater than 351. -She documented the amount of Novolog insulin she administered to Resident #5 in the eMAR system. -She did not realize that she administered the wrong amounts of insulin on 01/14/26 and 01/15/26 at 12:30pm and on 03/10/26 at 12:30pm. -She did not review her documentation in the eMAR after administration and she did not know if the Resident Care Director (RCD) audited the eMAR for accuracy. Interview with the RCD on 03/19/26 at 11:49am	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 revealed she did not know Resident #5's Novolog insulin was not administered as ordered. Interview with the Administrator on 03/18/26 at 11:30am revealed she did not know the MAs were not administering Resident #5's insulin as ordered. Refer to interview with the RCD on 03/19/26 at 11:49am. Refer to interview with the Administrator on 03/19/26 at 2:43pm. 3. Review of Resident #3's current FL2 dated 12/5/25 revealed: -Diagnoses included sleep apnea, chronic gout, peripheral vascular disease, osteoarthritis psychosis, type 2 diabetes, hypothyroidism, and benign prostatic hyperplasia. -Resident #3 had an order for FSBS daily. -Resident #3 was ambulatory. -Resident #3's level of care was assisted living. Review of Resident #3's record revealed a recent diagnosis of stage IV pancreatic cancer dated 10/11/25. a. Review of Resident #3's physician order summary dated 12/5/25 revealed there was an order for loperamide 2mg, take one capsule by mouth daily as needed for diarrhea. Review of Resident #3's record revealed a physician order dated 12/12/25 for loperamide 2mg, take 2 capsules by mouth and 2 take capsules every 6 hours as needed to maximum of 8 per day, hold if having constipation. Review of Resident #3's February 2026 eMAR	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 revealed: -There was an entry for loperamide 2mg, take 2 capsules (4mg) by mouth every morning. -There was an entry for loperamide 2mg, take 2 capsules (4mg) by mouth every 6 hours as needed. Hold for constipation. -There was documentation loperamide 2mg, take 2 capsules (4mg) by mouth every morning was not available for administration on 20 opportunities, due to "awaiting pharmacy delivery" from 02/6/26 to 02/10/26 and "awaiting pharmacy delivery" from 02/12/26 to 02/27/26. -There was documentation loperamide 2mg, take 2 capsules (4mg) by mouth every morning was administered on 02/11/26. Interview with the RCD on 03/18/26 at 4:20pm revealed: -She was responsible for reviewing medication orders, changes and clarifying orders by contacting the prescribing provider. -She did not realize Resident #3 missed 20 doses of loperamide 2mg, 2 capsules daily in February 2026, due to awaiting arrival for mail order. -If a resident's medication did not arrive within three days, she usually ordered a seven-day supply from the facility's backup pharmacy to avoid further missed medications. -She could not recall why she did not order Resident #3's loperamide from the backup pharmacy. -She could not recall if the PCP was notified Resident #3's missed 20 days of loperamide. Review of Resident #3's record revealed no documentation loperamide 2mg was ordered from the backup pharmacy to avoid missed doses, until Resident #3's original prescription was received in the mail, from his providing pharmacy.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Refer to interview with the Administrator on 03/19/26 at 2:45pm. b. Review of Resident #3's physician order summary dated 12/5/25 revealed there was an order for accuchecks (check FSBS) every morning. Review of Resident #3's record revealed no documentation for self-administering FSBS or monitoring blood glucose via the continuous glucose monitor located on his upper arm. Review of Resident #3's eMAR from January 2026, February 2026 and March 2026 revealed: -There was an entry for accuchecks Check FSBS every morning. -There was an entry for continuous glucose monitor (a monitoring blood glucose device), use as directed to monitor blood glucose, replace every 15 days. -There was no documentation for self-administering FSBS or use of a continuous glucose monitor via located on Resident #3's upper arm to obtain glucose levels. Interview with a MA on 03/19/26 at 1:30pm revealed: -She had never checked Resident #3's FSBS, although there was an order to check FSBS (via a glucometer). -She obtained Resident #3's blood sugar levels by going into his room, observing the resident use his continuous glucose monitor on his arm to obtain a blood sugar level that would display on his cell phone and she would record the blood sugar reading on the eMAR. -She did not realize she had to use a glucometer instead of the resident's continuous glucose	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 monitor to obtain his blood sugar level. -Resident #3 had a glucometer on hand for FSBS checks and would be used as a backup if the resident's continuous glucose monitor was not working. Interview with the RCD on 03/19/26 at 2:00pm revealed: -She was responsible for overseeing MAs and ensuring all orders were followed. -It was her understanding that MAs were allowing Resident #3 to use his continuous glucose monitor to obtain blood sugar levels, instead of MA's using the glucometer to obtain FSBS as ordered. -MAs were expected to use a glucometer if FSBS were ordered. Refer to interview with the Administrator on 03/19/26 at 2:45pm. c. Review of Resident #3's physician order dated 1/12/26 revealed an order for Creon 12,000-unit capsule (a medication used to help food digestion through the pancreas) take one capsule by mouth three times a day. Review of Resident #3's hospital discharge summary dated 3/14/26 revealed: -Resident #3 was referred to the emergency department (ED) on 3/12/26 due to increased heart rate while at his oncology appointment. -Resident #3 was admitted to the hospital on 3/12/26 due to supraventricular tachycardia (abnormally fast heart rhythm). -Resident #3 was discharged back to facility on 3/14/26 after he was stabilized and with medication adjustments that included an increased doses of creon to 36,000-unit capsules, take one capsule by mouth three times	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 per day with meals (morning, noon, and evening). Review of Resident #3's March 2026 eMAR revealed: -There was an entry from 3/1/26 to 3/12/26 for creon 12,000-unit capsules, take one capsule three times per day with meals scheduled at 8:00am, 12:00am and 5:00pm. -There was documentation Resident #3 creon was not administered from 3/12/26 at 12:00 to 3/16/26 due to hospitalization. -There was documentation Resident #3's creon was increased to 36,000-unit capsules, take one capsule three times per day with meals starting 3/14/26 when discharged from hospital.. -There was documentation Resident #3's creon was not administered on 3/15/26 due to awaiting pharmacy. Observation of Resident 3's medications on hand on 03/18/26 at 12:27pm revealed there was one bottle of creon 12,000-unit capsules (quantity of 90 capsules dispensed) that had an attached label indicating "directions changed refer to chart." Interview with a MA on 03/18/26 at 12:32pm revealed: -She did not know why Resident #3's eMAR dated 03/15/26 showed creon 36,000-unit capsules (take one capsule three times per day with meals) due to awaiting pharmacy when there was creon 12,000-unit capsules that could have been administered to total 36,000-unit capsules (3 capsules before each meal) according to the order change. -An order change label may not have been placed on the old bottle of creon 12,000-units on 03/15/26 and should have been.	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Interview with the RCD on 03/19/26 at 2:00pm revealed: -She or MAs were responsible for approving medications from the contracted pharmacy who profiled the facility's medications. -Resident #3's medications were profiled by the facility's contracted pharmacy and dispensed by an outside mail order pharmacy. -She was not made aware until 03/16/26 that Resident #3 was discharged back to the facility on 03/14/26 with medication changes. -MAs were responsible for attaching a "change in directions" label (in a timely manner) to Resident #3's bottle of creon 12,000-unit capsules to flag MAs to administer 36,000-unit capsules (3 capsules before each meal), instead of one capsule before meals, and it was not done until 03/16/26. Attempted telephone interview Resident #3 Primary Care Physician on 03/18/26 12:00pm and 3:17pm was unsuccessful. Refer to interview with the RCD on 03/19/26 at 11:49am. Refer to interview with the Administrator on 03/19/26 at 2:43pm. --- Interview with the RCD on 03/19/26 at 11:49am revealed: -MAs were responsible to administer medications as ordered by the physician. -At the end of each shift the MAs were responsible to run a report that identified any medications that were not administered and correct it before the next shift started. -The reports did not include medications that were administered incorrectly.	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -She was responsible to review medications administered daily to check for missed medications but she did not review SSI to check for correct administration. -She and two MAs were responsible to complete medication cart audits monthly which consisted of comparing the medication to the eMAR but did not include SSI. Interview with the Administrator on 03/19/26 at 2:43pm revealed the MAs were responsible to administer medications as ordered by the physician. [Refer to Tag D0273, 10A NCAC 13F .0902(b) Health Care]. _____ The facility failed to administer medications as ordered to Resident #1 who had an order for oxygen at 4L continuous via nasal cannula who was found lethargic and unable to follow commands resulting in the resident being hospitalized in the ICU because his oxygen supply was not being closely monitored and Resident #5 did not receive the correct dose of insulin that put him at risk for kidney and eye damage, cardiovascular disease and stroke which could be life threatening. The failure of the facility to administer medications as ordered put the residents at substantial risk of serious harm or death and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/18/26 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 17,	D 358		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 2026.	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; (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 record review and interviews, the facility failed to ensure the electronic medication administration record was accurate for 1 of 3 sampled residents (#3) related finger stick blood sugars (FSBS), a medication used to help food digestion through the pancreas, and a machine used to provide supplemental air for sleep apnea.	D 367	D 367 RCD obtained order to D/C FSBS on residents wearing Libre device and to use CGM for blood sugar reading and documentation on 3/26/26 In-service with med techs on 4/10/26 on new order tracking. Med Techs to check each shift daily. RCD to audit new order tracking twice weekly Diabetic orders will be audited at the end of each shift by MT. RCD or designee will audit weekly ED or designee will audit monthly Med administration In-service provided to all MT on 4/9/26	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 32 The findings are: Review of Resident #3's current FL2 dated 12/5/25 revealed: -Diagnoses included type 2 diabetes, sleep apnea, chronic gout, peripheral vascular disease, hypothyroidism, and benign prostatic hyperplasia. -Resident #3 had an order for finger stick blood sugar (FSBS) daily. -Resident #3 had an order of continuous positive airway pressure (CPAP) machine (a machine that treat sleep apnea by delivering a steady stream of pressurized air through a mask to keep the airway open) at bedtime. -Resident #3 was ambulatory. -Resident #3's level of care was assisted living. a. Review of Resident #3's physician order summary dated 10/15/25 revealed an order for finger stick blood sugar (FSBS) checks every morning. Review of Resident #3's record revealed no documentation for self-administering FSBS or self-monitoring blood glucose via a real-time continuous glucose monitor. Review of Resident #3's electronic medication administration record (eMAR) from January 2026 to March 2026 revealed: -There was an entry to check FSBS every morning. -There was an entry for real-time continuous glucose monitor, use as directed to monitor blood glucose, replace every 15 days. -There was no documentation for self-administering FSBS, or real-time continuous glucose monitor.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 33 Interview with a MA on 03/19/26 at 1:30pm revealed: -She had never checked Resident #3's blood sugar via FSBS, although there was an order to check FSBS (via a glucometer) every morning. -She obtained Resident #3's blood sugar levels by going into his room, observing the resident use his real-time continuous glucose monitor, on his arm to obtain a blood sugar level that would display on the resident's cell phone, then she would record the blood sugar reading on the eMAR. -She would document on the eMAR she obtained the blood sugar reading via FSBS although she obtained it via the Resident's use of the real-time continuous glucose monitor. -She did not realize she had to use a glucometer instead of the resident's real-time continuous glucose monitor to obtain his blood sugar level. -Resident #3 had a glucometer on hand for FSBS checks and would be used as a backup if the resident's real-time continuous glucose monitor was not working. Interview with the RCD on 03/19/26 at 2:00pm revealed: -She was responsible for overseeing MAs and ensuring all orders were followed. -She just found out today the MAs were allowing Resident #3 to use his self-monitoring device to obtain blood sugar levels, instead of MAs using the glucometer to obtain Resident #3's FSBS as ordered. -The MAs were expected to use a glucometer if FSBS were ordered and document accurately. Refer to interview with the Administrator on 03/19/26 at 2:45pm. b. Review of Resident #3's physician order dated	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 34 1/12/26 revealed an order for creon 12,000-unit capsule (a medication used to help food digestion through the pancreas) take one capsule by mouth three times a day. Review of Resident #3's hospital discharge summary dated 03/14/26 revealed: -Resident #3 was referred to the emergency department (ED) on 03/12/26 due to increased heart rate while at his oncology appointment. -Resident #3 was admitted to the hospital on 03/12/26 due to supraventricular tachycardia (abnormally fast heart rhythm). -Resident #3 was discharged back to facility on 03/14/26 after he was stabilized and with medication adjustments that included an increased doses of creon to 36,000-unit capsules, take one capsule by mouth three times per day with meals (morning, noon, and evening). Review of Resident #3's e-MARs for January 2026 through March 2026 revealed: -There was an entry from 03/1/26 to 03/12/26 for creon 12,000-unit capsules, take one capsule three times per day with meals. -There was documentation Resident #3 creon was not given from 03/12/26 (2nd dose) to 03/16/26 due to hospitalization. -There was an entry Resident #3's creon was increased to 36,000-unit capsules, take one capsule three times per day with meals starting 03/14/26 when discharged from hospital. -There was an entry Resident #3's creon was not administered on 03/15/26 due to awaiting pharmacy. -There was documentation Resident #3's creon 36,000-unit capsules were not given until 3/16/26. Review of Resident 3's medication available for administration on 03/18/26 at 12:27pm revealed	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 35 there was one bottle of creon 12,000-unit capsules (quantity of 90 capsules dispensed) that had an attached label indicating "directions changed refer to chart." Interview with a medication aide on 03/18/26 at 12:32pm revealed: -She did not know why Resident #3's eMAR dated 03/15/26 showed creon 36,000-unit capsules (take one capsule three times per day with meals) due to awaiting pharmacy when there was creon 12,000-unit capsules that could have been administered to total 36,000-unit capsules (3 capsules before each meal) according to the order change. -An order change label may not have been placed on the old bottle of creon 12,000-units on 03/15/26 and should have been. Interview with the RCD on 03/19/26 at 2:00pm revealed: -She or MAs were responsible for approving medications from the contracted pharmacy who profiled the facility's medications. -Resident #3's medications were profiled by the facility's contracted pharmacy and dispensed by an outside mail order pharmacy. -She was not made aware until 03/16/26 that Resident #3 was discharged back to the facility on 03/14/26 with medication changes. -MAs were responsible for attaching a "change in directions" label (in a timely manner) to Resident #3's bottle of creon 12,000-unit capsules to flag MAs to administer 36,000-unit capsules (3 capsules before each meal), instead of one capsule before meals, and it was not done until 03/16/26. -She expected MAs to document the eMAR accurately and to consult their supervisor if there was an order that was unclear.	D 367		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 Refer to Interview with the Administrator on 03/19/26 at 2:45pm. c. Review of Resident #3's current FL2 dated 12/5/25 revealed an order for CPAP at night. Review of Resident #3's January 2026 to March 2026 eMARs revealed there was no entry for a CPAP to be applied, removed, or cleaned. Review of Resident #3's care plan dated 10/14/25 revealed Resident #3 had a CPAP machine. Review of Resident #3's PCP office visit notes dated 12/12/25, 01/22/26, 01/29/26, 02/17/26, and 03/03/26 revealed the resident was reportedly using a CPAP machine at night. Review of Resident #3's Licensed Health Professional quarterly evaluations/ review tasks for August 2025, November 2025 and February 2026 revealed: -There was a task for "the monitoring of continuous positive air pressure devices CPAP and bilevel positive airway pressure (BIPAP) machine (a machine that delivers pressurized air through a mask with higher pressure during inhalation and lower during exhalation)". -The LHPS nurse recommended the facility should add the CPAP to the eMAR if it was a current order. Review of Resident #3's record revealed no order for Resident #3 to apply and remove his CPAP at bedtime. Interview with a MA on 03/19/26 at 1:55pm revealed: -Resident #3 used a CPAP machine and the MAs	D 367		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 did not assist him with it. -She did not know the order was for a BiPAP with oxygen and there was an order for oxygen as needed, as well. -She did not know the difference between a CPAP versus BIPAP machine. -Since the CPAP/ BiPAP and as needed oxygen was not listed on the eMAR, she could not document it. Telephone interview with the LHPS nurse on 03/19/26 at 10:36am revealed: -She reviewed Resident #3's past/current FL2s, physician order summaries and eMARs to complete the quarterly August 2025, November 2025 and February 2026 LHPS evaluations and provided recommendations to the facility. -She did not realize there was an original order for BiPAP with 2L via nasal cannula (NC) at night and 2L of oxygen via NC as needed for shortness of breath or with exertion. -She did not know Resident #3 had an oxygen concentrator in his room. She expected the facility's eMAR to be up to date and accurate. Interview with the RCD on 03/19/26 at 11:48am revealed: -She was responsible for reviewing hospital discharge summaries and primary care physician (PCP) office visits with new orders and order changes. -She never knew Resident #3 had an order for BiPAP with oxygen and oxygen as needed for shortness of breath and on exertion. -Since she began working at the facility, Resident #3 had always administered his own CPAP. -The LHPS nurse usually communicated concerns related to medications or treatments that were not on the eMARs.	D 367		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 -She or MAs should have contacted the physician to clarify the CPAP/BiPAP with oxygen order and oxygen as needed order, had she known it was not on the eMAR. -She expected the eMAR to be accurate with current orders. Refer to Interview with the Administrator on 03/19/26 at 2:45pm. Interview with the Administrator on 03/19/26 at 2:45pm revealed: -The RCD and MAs were responsible for reviewing hospital discharge summaries, provider notes, order changes, clarifying orders, and updating/ reviewing care plans with families. -She expected Resident #3's orders and eMARs to be clear and accurate.	D 367		
D 433	10A NCAC 13F .1201(a) Resident Records 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S.	D 433		

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 433	Continued From page 39 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on resident records and interviews, the facility failed to maintain resident records that were readily available for review for 1 of 5 sampled residents (#3) related to the residents visits with a mental health provider. The findings are: Review of Resident #3's current FL2 dated 12/5/25 revealed diagnoses included schizophrenia, sleep apnea, chronic gout, peripheral vascular disease, osteoarthritis, type 2	D 433	D 433 Independent residents will be educated on required documentation following provider visits by 4/24/2026 RCD or designee will audit residents charts that had physician visits to ensure community has received required documentation	

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 433	Continued From page 40 diabetes, hypothyroidism, and benign prostatic hyperplasia. Review of Resident #3's physician order summary dated 12/05/25 revealed the resident had orders for medications to treat mood disorders and psychosis. Review of Resident #3's record on 03/17/26 revealed: -Resident #3 was receiving treatment for pancreatic cancer, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF). -Resident #3 had a history of schizophrenia. -There was no documentation of mental health records in the facility and available for review. Interview with the Resident Care Director (RCD) on 03/19/26 at 11:49am revealed: -Resident #3 had an outside mental health provider who had not provided visit notes, recommendations or medication changes to the resident or to the facility. -She had not requested mental health notes from Resident #3's provider until the state surveyor made the request. -Resident #3 was last seen by his mental health provider in 2025. -She was not aware of any medication changes related to Resident #3's mental health medications. -She did not know mental health records for all should be maintained in the facility and available for review for continuity of care. Interview with the Administrator on 03/19/26 at revealed she did not realize mental health records such as last visits, recommendations, and medication changes needed to be part of	D 433		

PRINTED: 04/02/2026
FORM APPROVED

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
	HAL023050	A. BUILDING: _____ B. WING _____	R 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF SHELBY	1425 E MARION STREET SHELBY, NC 28150

(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 433	Continued From page 41 resident records in the facility and readily available for review.	D 433		

Lesley Ry, LPN ED 4/15/26
Executive Director

NC Division of Health Service Regulation ---Adult Care Licensure Section
Plan of Protection

Facility Name: Manor at Shelby License #: HAL-023-050
Rule Violation Cited: 10A NCAC 13F .1004(a) Medications Administration

PLAN OF PROTECTION

What Immediate action will the facility take to abate the violations?

- Audit of all resident physician orders w/ insulin & oxygen,
- Med Tech provided in-service on oxygen & Insulin orders, by RCD immediately.

Describe your plans to ensure residents are protected from further risk or additional harm?

- In-service for all Med Tech/Aides on insulin & oxygen orders.
- In-service on changing O2 tank, verifying tanks are full, resident is on concentrator when not on portable units.
- In-service on checking Blood sugars and proper administration
- Audits performed by Med Tech/Aide before end of shift, RCD audit weekly, ED audit monthly.

For Unabated Violations (Type A1, Type A2 and Unabated Type B) only:

Please provide a date by which the facility will be in compliance with the rule area cited *(required)*. Date: 4/15/26.

Facility staff completing this form:

[signature] ED 3/18/26 [signature] 3/18/26

Name/Title Date DHSR/DSS staff Date