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
	HAL096053	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVION OF GOLDSBORO	1800 N BERKLEY BLVD GOLDSBORO, NC 27534

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and Wayne County Department of Social Services conducted an annual survey on March 18, 2026 through March 19, 2026.	D 000		
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 to meet healthcare needs for 1 of 5 sampled residents (#4) related to notification of the provider as ordered on two occasions for elevated blood sugar readings. The findings are: Review of Resident #4's FL-2 dated 01/05/26 revealed: -Diagnoses included type two diabetes, transient cerebral ischemic attack, hypertension, atrial flutter, cerebral infarction, chronic kidney disease, fall, and anticoagulants and antithrombotics/antiplatelets. -There was an order to check blood glucose twice daily and to notify the provider if blood glucose is less than 70 or greater than 300. Review of Resident #4's FL-2 dated 02/11/26 revealed: -Diagnoses included paroxysmal atrial fibrillation, pulmonary embolism without acute cor pulmonale, difficulty in walking not elsewhere	D 273	-The Director of Clinical Services immediately addressed concern for Resident #4 by notifying PCP of elevated blood glucose via fax and made resident appointment with PCP on 3/30/26 -Resident #4 was seen by PCP on 3/30/26 to review elevated blood glucose. PCP increased insulin order and updated parameter order as well as changed the time that MA's checked blood glucose -Staff re-educated by Director of Clinical Services on Physician orders and who was responsible for notifying PCP's when blood glucose is outside of set parameters. -MA's are to fax to PCP when outside of parameters and place in binder. -MA's to document in ECP that MD was notified -MA's to notify Director of Clinical Services to see if immediate intervention is needed. -state approved Diabetic re-training completed on 4/2/2026 by Director of Clinical Services/Designee	3/19/26 3/20/26 4/2/26

Received via email 04/14/2026.
Reviewed and Acknowledged 04/17/2026. - [illegible], A

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D 273	Continued From page 1 classified, other lack of coordination, type two diabetes mellitus without complications, muscle weakness, unspecified lack of coordination, and sick sinus syndrome. -The recommended level of care was assisted living facility. -There was no order to check Resident #4's blood glucose. Review of Resident #4's physician order sheet dated 03/06/26 revealed: -There was an order to check blood glucose twice a day and to notify the provider if blood glucose less than 70 or greater than 300. -The provider signed the order on 03/11/26. Review of facility progress notes for Resident #4 revealed: -Resident #4 was hospitalized on 01/08/26 and returned to the facility on 02/12/26 after placement of a pacemaker and rehabilitation at a skilled nursing facility. -There was an entry that the primary care provider (PCP) was notified for elevated blood glucose reading of 421 on 03/05/26. Review of Resident #4's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry to check blood glucose readings twice daily and to notify the provider if blood glucose is less than 70 or greater than 300. -Resident #4's blood glucose readings were greater than 300 on 01/06/26 reading 359 at 8:42pm and 01/07/26 reading 309 at 8:17pm. Interview with Resident #4 on 03/19/26 at 11:00am revealed: -Her blood sugar had been off, but she ate candy. -She had been educated on what to eat and what	D 273	Director of Clinical Services conducted audit of all residents on 3/20/26 that required blood glucose checks. Reviewed 6 residents charts and found no other non-compliant issues where MD had not been notified New tracking tool implemented for Diabetic review/tracking. -Director of Clinical Services/Designee Will review weekly X4 weeks then monthly going forward. -review forms to be kept in Director of Clinical Services office in binder	3/20/26 4/10/26

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D 273	Continued From page 2 not to eat. -The elevated blood sugars were all from her eating candy, and she was not sure if the doctor knew, but the doctor talked to her about eating candy. Interview with the Clinical Director on 03/19/26 at 10:20am revealed -Medication aides (MAs) were supposed to fax the provider notification when Resident #4 had a blood sugar greater than 300. -She and the provider were notified about the blood sugar greater than 400 on 03/05/26. Interview with a MA on 03/19/26 at 3:40pm revealed: -She checked Resident #4's blood sugars at night. -If the blood sugar was greater than 300 she was to notify the PCP and notify the Clinical Director. -She would notify the provider on the phone and document in the computer. Second interview with the Clinical Director on 03/19/26 at 3:42pm revealed: -Notifications were not made for the other times Resident #4's blood sugar was elevated above 300. -The provider was notified just one time, when the blood sugar was over 400 on 03/05/26. Third interview with the Clinical Director on 03/19/26 at 4:15pm revealed: -The provider needed to be notified of Resident #4's blood sugar so they could be aware and adjust medication as needed. -They notified the provider via fax today (03/19/26) of the other elevated blood sugar readings.	D 273		

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D 273	Continued From page 3 Interview with the Administrator on 03/19/26 at 4:20pm revealed: -The MA was responsible for reporting the elevated blood sugar to the provider. -The Clinical Director should be checking charts, auditing them, but she was not sure how often she should be doing that. -She did an Executive Director compliance report for missed medications, incidents, case management, and medicines waiting on arrival, and she did not audit the residents' whole eMAR and vitals. Attempted interview with Resident #4's PCP on 03/19/26 at 3:47pm was unsuccessful.	D 273		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure mealtime table service included a non-disposable place setting consisting of at least	D 286	Any disposable items previously in use have been removed from general meal service by Food Service Director and now only available for infection control precautions or emergency situations as appropriate. Full observation of meal services was conducted from 3/26 until 4/2 for dining area and room tray services by Administrator for all meals	3/20/26 4/2/26

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D 286	Continued From page 4 a knife, fork, spoon, plate, and beverage container. The findings are: Observation of a utility cart in the hallway outside of a resident's room on 03/18/26 at 9:14am revealed: -There were six sytrofoam cups with plastic lids sitting on the first shelf of the utility cart. -There were three styrofoam plates with residents' names written on the styrofoam sitting on the second shelf of the utility cart. Observation of the resident in room 204 on 03/18/26 at 9:06am revealed a staff entered the room and served the resident's breakfast in a covered styrofoam disposable plate and a beverage in a covered styrofoam disposable drinking cup. Observation of room 203 on 03/18/26 at 9:12am revealed the resident was served breakfast in a styrofoam disposable plate and coffee and juice in styrofoam disposable beverages cups. Observation of room 103 on 03/18/26 at 9:44am revealed there was a covered styrofoam breakfast plate, a clear plastic cover over a styrofoam disposable bowl filled with cereal, and three covered styrofoam disposable drinking cups filled with liquids sitting on the resident's table. Observation of room 704 on 03/18/26 at 9:46am revealed: -The two residents were sitting in their recliners eating their breakfast meal. -The meals included eggs, grits, whole grain toast, juice, and water. -The residents' breakfast was served on	D 286	The facility has implemented the following measures to ensure ongoing compliance: -Dietary & Care staff were educated from 3/20/26 until 3/31/26 regarding the requirement to provide non-disposable place settings for all residents during all meal service per regulatory standards by the Administrator -Extra supply of non-disposable 12 oz cups, 9 inch plates, plate covers, forks, knives, and spoons ordered and in facility for use when delivering room trays. Disposable products are restricted by dining team for use only under specific circumstances (ie. infection control precaution or emergency use) -Manager on Duty in place each day each meal to monitor and to conduct meal service obsersvations to ensure only non-disposable place settings are in use. -Manager on Duty in dining room to notify Administrator immediately for non-compliance	3/31/26 3/19/26 ongoing

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D 286	Continued From page 5 styrofoam plates with plastic spoons, plastic forks, plastic knives, and the beverages were served in styrofoam cups. Interview with one of the two residents in room 704 on 03/18/26 at 9:48am revealed: -She ate her breakfast in her room every morning. -The facility served her breakfast using styrofoam plates and styrofoam cups. -She wondered why the facility served meals on disposable products, but she did not ask anyone. -She did not like eating on styrofoam plates and using plastic silverware during her breakfast meal. Observation of room 709 on 03/18/26 at 10:08am revealed: -The meal included eggs, grits, whole grain toast, juice, coffee, and water. -The resident's breakfast was served in a styrofoam plate with a plastic spoon, plastic fork, and a plastic knife. -There were three beverages served in styrofoam cups. Observation of the facility on 03/19/26 at 7:47am revealed: -A staff member pushed a cart in the hall carrying covered styrofoam serving plates and styrofoam beverage cups filled with liquids. -The staff entered resident room 204 carrying a covered styrofoam disposable plate and two styrofoam disposable beverage cups. Observation of room 706 on 03/19/26 at 8:44am revealed: -The resident had finished eating her breakfast meal. -The resident's breakfast was served on a	D 286		

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D 286	Continued From page 6 styrofoam plate with a plastic spoon, plastic fork, and a plastic knife. -There was a styrofoam plate, two empty styrofoam cups, and water served in a third styrofoam cup. Observation of room 704 on 03/19/26 at 8:47am revealed: -The residents' breakfast meals were sitting on the counter by the sink with the lid sealed. -One resident was in bed asleep while the other resident was sitting in his recliner watching TV. -The resident's breakfast was served in styrofoam plates with plastic spoons, plastic forks, plastic knives, and the beverages were served in styrofoam cups. Interview with a resident's family member on 03/19/26 at 12:50pm revealed: -The facility served meals on non-disposable plates and silverware sometimes. -At least one to twice a week she saw meals served on styrofoam plates to the resident. -The facility almost always served meals with disposable silverware. Interview with a personal care aide (PCA) on 03/18/26 at 9:15am revealed that she served meals with disposable plates and silverware to residents who ate in their rooms. Second interview with a PCA on 03/19/26 at 3:33pm revealed: -She was not aware she was to serve non-disposable plates and silverware. -She did what she was told by the kitchen staff. -She had served meals to residents on non-disposable plates off and on since she had been at the facility for two years.	D 286		

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D 286	Continued From page 7 Interview with a second PCA on 03/19/26 at 4:00pm revealed: -She pushed the food cart to each residents' room this morning who wished to eat in their rooms. -The kitchen provided disposable plates for meals when they did not have enough plates to use for meals. Interview with the Food Service Director on 03/19/26 at 3:42pm revealed: -She was aware that the facility should serve meals on non-disposable plates, silverware, and cups to the residents eating in their rooms. -She did not have enough non-disposable plates and cups and had recently ordered more. Interview with the Administrator on 03/19/26 at 4:24pm revealed: -She was aware that servers did not provide non-disposable plates, silverware and cups to the residents eating in their rooms at breakfast. -The kitchen did not have enough non-disposable dishes because more residents were choosing to eat in their room for breakfast. -She allowed the disposable plates and utensils only for breakfast in the last several months but could not give an exact date of when this started.	D 286		

Forte, Hope

From: Amy Daniels <Amy.Daniels@navionsl.com>
Sent: Tuesday, April 14, 2026 2:23 PM
To: Forte, Hope
Subject: [External] Re: [EXTERNAL]Navion of Goldsboro 2026-04-08 SODL 8YLN11; Navion of Goldsboro 2026-03-19 SOD 8YLN11
Attachments: 20260414140636555.pdf

Good afternoon Hope,
Attached is the plan of correction for Navion of Goldsboro.

Amy Daniels, CDP
Executive Director
Navion of Goldsboro
1800 N. Berkeley Boulevard
Office: 919.759.1900
Direct: 919.766.1797

From: Forte, Hope <hope.forte@dhhs.nc.gov>
Sent: Wednesday, April 8, 2026 10:34 AM
To: Julia Steingass <julia.steingass@navionsl.com>; DHSR.AdultCare.Star <DHSR.AdultCare.Star@dhhs.nc.gov>; DHSR.AdultCare.QualityandCompliance <DHSR.AdultCare.QualityandCompliance@dhhs.nc.gov>; dhsr.adultcare.email5 <dhsr.adultcare.email5@dhhs.nc.gov>
Cc: Falconi, Sergio M <sergio.falconi@waynegov.com>; kea, Shaneka R <renee.kea@dhhs.nc.gov>; Bingham, Heather D <Heather.Bingham@dhhs.nc.gov>; Morgan, Suzy B <Suzy.Morgan@dhhs.nc.gov>; Lovin, Jill <jill.lovin@dhhs.nc.gov>; Amy Daniels <Amy.Daniels@navionsl.com>
Subject: [EXTERNAL]Navion of Goldsboro 2026-04-08 SODL 8YLN11; Navion of Goldsboro 2026-03-19 SOD 8YLN11

Dear Ms. Steingass:

Please find the Statement of Deficiencies and accompanying letter for the annual survey completed on March 19, 2026 attached to this e-mail.