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
	FCL060-186	A. BUILDING: _____ B. WING _____	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN HAVEN-HUNTERSVILLE	6900 GILEAD RD HUNTERSVILLE, NC 28078

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adut Care Licensure Section conducted an initial survey from April 8, 2026 to April 9, 2026.	C 000		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family 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. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure medication orders were clarified for 1 of 3 residents (#2) related to a medications used to treat an eye infection, a urinary tract infection, and a bacterial infection. The findings are: Review of Resident #2's current FL2 dated 02/26/26 revealed diagnoses included moderately severe dementia, hyperlipidemia and depressive disorder. a. Review of Resident #2's current FL2 revealed there was an order for moxyfloxacin (a	C 315	SEE ATTACHED	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 5/13/2026

Reviewed and acknowledged 5/18/26 Faheemah Jones

Division of Health Service Regulation

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C 315	Continued From page 1 medication used to treat an eye infection) 5%, instill one drop in right eye daily. Review of Resident #2's February 2026 medication administration record (MAR) revealed: -There was an entry for moxyfloxacin 5% eye drops, instill one drop in right eye four times per day. -There was documentation moxyfloxacin 5% eye drops were administered on 02/10/26 at 5:00pm and 9:00pm, on 02/10/26 at 9:00am, 1:00pm, 5:00pm, and 9:00pm), on 02/11/26 at 9:00am, 1:00pm, 5:00pm, and on 02/13/26 at 9:00am. -There was no documentation moxifloxacin was discontinued after 02/13/26. Review of Resident #2's March 2026 and April 2026 MARs revealed there were no entries for moxifloxacin 5% eye drops. Observation of Resident #2's medications available for administration on 04/08/26 at 2:38pm revealed Resident #2 did not have moxifloxacin 5% eye drops available for administration. Refer to interview with a medication aide (MA) on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. b. Review of Resident #2's current FL2 revealed there was an order for ofloxacin 3%, (a medication to treat an eye infection) one drop in right eye daily.	C 315	SEE ATTACHED	

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C 315	Continued From page 2 Review of Resident #2's record revealed there was no discontinue order for ofloxacin 3%, one drop in right eye daily. Review of Resident #2's February 2026, March 2026 and April 2026 MARsrevealed there were no entries for ofloxacin 3% eye drops. Observation of Resident #2's medications available for administration on 04/08/26 at 2:38pm revealed Resident #2 did not have ofloxacin 3% eye drops available for administration. Refer to interview with a MA on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. c. Review of Resident #2's record revealed no physician order for xdemvy 0.25% (eye drop used to treat inflamed eyelids), instill one drop in both eyes twice daily for six weeks. Review of Resident #2's February 2026 MAR revealed xdemvy 0.25% instill one drop in both eyes twice daily for six weeks was administered from 02/13/26 to 02/28/26. Review of Resident #2's March 2026 MAR revealed xdemvy 0.25% instill one drop in both eyes twice daily for six weeks was administered as ordered from 03/01/26 to 03/31/26.	C 315	SEE ATTACHED	

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C 315	Continued From page 3 Review of Resident #2's April 2026 MAR revealed: -Resident #2's xdemvy 0.25% instill one drop in both eyes twice daily for six weeks was administered from 04/01/26 to 04/04/26. -Resident #2 received xdemvy 0.25% for 7 weeks instead of 6 weeks as ordered. Refer to interview with a MA on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. d. Review of Resident #2's record revealed there was no physician order for cephalexin 500mg one capsule 3 times a day for 7 days (used to treat infections). Review of Resident #2's February 2026 MAR revealed: -Resident #2's cephalexin 500mg one capsule 3 times a day for 7 days was handwritten on the back of the MAR. -There was a handwritten entry Resident #2 was administered cephalexin 500mg on 03/28/26 at 2:00pm and 10:00pm, on 03/29/26 at 6:00am, 2:00pm, and 10:00pm, on 03/30/26 at 6:00am, 2:00pm, and 10:00pm, and on 03/31/26 at 6:00am, 2:00pm, and 10:00pm. Observation of Resident #2's medications available for administration on 04/08/26 at 2:38pm revealed: -Resident #2 had 12 remaining capsules of cephalexin 500mg (one capsule by mouth three	C 315	SEE ATTACHED	

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C 315	Continued From page 4 times a day for 7 days) on hand and in a box marked "discard/returns". -Resident #2's cephalexin 500mg prescription was filled by a local pharmacy on 03/28/26. Refer to interview with a MA on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. e. Review of Resident #2's record revealed there was no physician order or discontinued order for doxycycline mono 100mg, (a medication to treat a bacterial infection), take one capsule by mouth twice a day. Review of Resident #2's MAR for February 2026 revealed: -There was documentation Resident #2 was administered doxycycline mono 100mg on 02/09/26 at 9:00pm, on 02/10/26 at 10:00am and 9:00pm, on 02/11/26 at 10:00am and 9:00pm, and on 02/12/26 at 10:00am and 9:00pm. -There was no further documentation Resident #2 received doxycycline mono 100mg after 02/12/26. -There was no documentation doxycycline mono 100mg was discontinued or had a stop date. Review of Resident #2's March 2026 and April 2026 MARs revealed there were no entries for doxycycline mono 100mg, take one capsule by mouth twice a day. Observation of medications available for	C 315	SEE ATTACHED	

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C 315	Continued From page 5 administration on 04/08/26 at 2:38pm revealed doxycycline mono 100mg was not available. Refer to interview with a MA on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. Interview with a MA on 04/09/26 at 2:40pm revealed: -She worked the 7:00am to 1:00pm shift, administered scheduled medications and documented on Resident #2 MAR. -She did not contact the pharmacy, physician or provider when medications needed to be clarified. -The Administrator or Manager were responsible for letting her know if there was a new medication order, medication change, or if a medication was discontinued. -Discontinued or completed medications were placed in a container marked "discard/ return." Telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am revealed: -Resident #2's medications (moxifloxacin, ofloxzcin, cephalexin 500mg, doxycycline 100mg and xdemvy), were not filled by their pharmacy. -Resident #2's moxifloxacin 5% eye drops, xdemvy .25% eye drops, and doxycycline HCL 10mg were profiled on MAR only. -Medications that were "profiled only" were added to resident MARs for facility staff to use when administering medications. -"Profiled only" medications were dispensed from	C 315	SEE ATTACHED	

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C 315	Continued From page 6 another pharmacy and the facility, or family member provided the information to the contracted pharmacy. Interview with the Administrator on 04/09/26 at 11:10am revealed: -She was responsible for overseeing new medication orders, medication changes or discontinued medication orders received from the contracted pharmacy. -She or the Manager were responsible for contacting the prescribing provider to clarify medication orders. -Resident families were also responsible for communicating medication changes, new orders and discontinued medications. -Resident #2's medications were prescribed by multiple providers and filled by the facility's contracted pharmacy as well as an outside local pharmacy. -The facility was in the process of transitioning to an online medication management system, and some families were in the process of transferring prescriptions to the contracted pharmacy. -Current and/or discontinued medication orders for Resident #2's eye drops should have been clarified and located in Resident #2's record. -Resident #2's cephalexin was prescribed for suspicion of a urinary tract infection and was discontinued a few days when it was determined Resident #2's urine culture was negative. -Resident #2's doxycycline 100mg, take one capsule by mouth twice daily, should have had a stop date and the prescriber should have been contacted for clarification. Attempted telephone interview with Resident #2's local pharmacy on 04/09/26 at 10:48am was unsuccessful.	C 315	SEE ATTACHED	

Division of Health Service Regulation

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C 315	Continued From page 7 Attempted telephone interview with Resident #2's Primary Care Physician (PCP) on 04/09/26 at 10:15am was unsuccessful. Attempted telephone interview with Resident #2's neurologist on 04/09/26 at 10:24am was unsuccessful.	C 315		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .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 medication administration records were accurate for 1 of 3	C 342	SEE ATTACHED	

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C 342	Continued From page 8 sampled residents (#2) related to a medication used to treat an eye infection. The findings are: Review of Resident #2's current FL2 dated 02/26/26 revealed diagnoses included moderately severe dementia, hyperlipidemia and depressive disorder. Review of Resident #2's record revealed there was no physician order for xdemvy 0.25% (eye drop used to treat inflamed eyelids), instill one drop in both eyes twice daily for six weeks. Review of Resident #2's February 2026 MAR revealed xdemvy 0.25% instill one drop in both eyes twice daily for six weeks was administered from 02/13/26 to 02/28/26. Review of Resident #2's March 2026 MAR revealed xdemvy .025% instill one drop in both eyes twice daily for six weeks was administered from 03/01/26 to 03/31/26. Review of Resident #2's April 2026 MAR revealed Resident #2's xdemvy 0.25% instill one drop in both eyes twice daily for six weeks was administered from 04/01/26 to 04/04/26. Observation of Resident #2's medications available for administration on 04/08/26 at 2:38pm revealed: -Resident #2 did not have xdemvy 0.25% eye drops available for administration. -There was an empty bottle of xdemvy 0.25% eye drops with no prescription label affixed to bottle and located in a box marked "discard/ returns." Refer to interview with a MA on 04/09/26 at	C 342	SEE ATTACHED	

Division of Health Service Regulation

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C 342	Continued From page 9 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. Refer to interview with a MA on 04/09/26 at 2:40pm. Refer to telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am. Refer to interview with the Administrator on 04/09/26 at 11:10am. Interview with a MA on 04/09/26 at 2:40pm revealed: -She worked the 7:00am to 1:00pm shift, administered scheduled medications and documented on Resident #2 MAR. -She drew a line through the remaining days of the month on the MAR, when a medication was stopped or finished. Telephone interview with a pharmacy consultant from the facility's contracted pharmacy on 04/09/26 at 9:57am revealed: -Resident #2's xdemvy 0.25% eye drops were "profiled only" not dispensed by the facility's contracted pharmacy -Medications that were "profiled only" were added to the resident MARs for facility staff to use when administering medications. -"Profiled only" medications were dispensed from another pharmacy and the facility, or family provided the information to the contracted	C 342	SEE ATTACHED	

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C 342	Continued From page 10 pharmacy. Interview with the Administrator on 04/09/26 at 11:10am revealed: -She was responsible for overseeing new medication orders, medication changes or discontinued medication orders received from the contracted pharmacy. -She and MAs were responsible for documenting accurately on the MAR. -She expected Resident #2's MARs to be accurate and for MAs to document accurately on the MAR. Attempted telephone interview with Resident #2's local pharmacy on 04/09/26 at 10:48am was unsuccessful. Attempted telephone interview with Resident #2's Primary Care Physician (PCP) on 04/09/26 at 10:15am was unsuccessful.	C 342	SEE ATTACHED	

GLEN HAVEN-HUNTERSVILLE

6900 Gilead Road | Huntersville, NC 28078
Licensure Number: FCL-060-186
Survey Date: April 9, 2026

PLAN OF CORRECTION

Statement of Deficiencies — Response Submitted May 13, 2026

Citation C 315 — 10A NCAC 13G .1002(a): Medication Orders

Tag	Citation / Rule
C 315	10A NCAC 13G .1002(a) — A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments if orders are not dated and signed within 24 hours, if orders are not clear or complete, or if orders on multiple forms are not the same. The facility shall ensure that verification or clarification is documented in the resident's record.
Corrective Action	The following actions were taken immediately following the April 9, 2026 survey and have been completed or are in active progress: **1. Review of all current resident medication records.** • The Administrator conducted a full review of all current resident medication administration records (MARs) and compared each MAR entry against the corresponding physician orders on file. • Any discrepancy identified — including medications listed on a MAR without a dated and signed physician order, medications with unclear stop dates, or medications whose documented frequency did not match the order on file — was flagged for immediate physician contact. • All flagged items were resolved by direct contact with the prescribing practitioner. Clarification obtained from each prescriber was documented in the resident's record with the date, method of contact, name of prescriber, and the clarification provided. **2. Outreach to all prescribing physicians.** • Beginning April 9, 2026, the Administrator initiated direct contact with each physician and prescribing practitioner currently serving Glen Haven residents. • Each prescriber was requested to provide a current, complete medication list for their patient, to note any medications that have been discontinued, and to transmit all future orders, changes, and stop orders directly to Glen Haven rather than through family members or other intermediaries. • The Administrator has scheduled or is actively scheduling in-person visits with each prescriber to establish Glen Haven as the primary clinical contact for its residents and to ensure direct, timely communication of all order changes going forward. **3. Consolidation of prescriptions to the contracted pharmacy.** • The facility has been actively transitioning all resident prescriptions to its contracted pharmacy, Southern Pharmacy Services. As of the date of this response, this transition is substantially complete for the resident identified in the citation.

- Going forward, no medication will be accepted from an outside pharmacy for facility administration unless a corresponding dated and signed physician order is present in the resident's record prior to the first administration.

Prevention

The following procedural changes have been implemented to prevent recurrence:

1. Medication Order Gate at Admission.

- Effective immediately, no medication — whether brought by the resident, supplied by a family member, filled by an outside pharmacy, or listed as "profiled only" by the contracted pharmacy — will be administered until a complete, dated, and signed physician order is present in the resident's record.
- If signed orders are not received within 24 hours of admission or readmission, the Administrator will contact the prescribing practitioner directly. If contact cannot be made within 24 hours, the medication will be held and the reason documented in the resident's record.
- Family members will be informed during the pre-admission process that the facility — not the family — is responsible for obtaining and maintaining medication orders, and that physician communication must flow directly to Glen Haven.

2. Stop Order and Discontinuation Documentation.

- Any medication that ceases to be administered must have either a documented stop date on the original order or a written or documented verbal discontinue order from the prescribing practitioner.
- When a course of therapy concludes (e.g., a finite antibiotic course), the Administrator will confirm with the prescriber that the course is complete and document that confirmation in the resident's record. The MAR will be marked "course complete" with the date and the name of the confirming practitioner.
- No medication will be silently dropped from administration without a corresponding notation in the resident's record explaining why.

3. Medication Aide Responsibilities Clarified.

- Medication aides have been retrained on the requirement that every medication administered must correspond to a written, dated, and signed physician order on the MAR. If a medication appears on the MAR without a corresponding order, the medication aide will hold the medication and notify the Administrator immediately.
- Medication aides are not responsible for obtaining physician orders. Their responsibility is to verify that an order exists before administering and to notify the Administrator if one does not.

4. Written Policy Reinforcement.

- Glen Haven's existing written medication policy (Section 4.6, Policy and Procedure Manual) requires a physician order for all medications and requires clarification within 24 hours when orders are incomplete or unclear. Staff have reviewed this policy. The policy has been updated to include explicit language prohibiting administration of any medication — regardless of source — without a dated, signed order in the resident's record.

Monitoring

The Administrator (~~Wife Rex~~ JH) is responsible for ongoing monitoring.

	• At the start of each calendar month, the Administrator will compare each resident's active MAR against the corresponding physician orders on file and confirm that every MAR entry has a complete, dated, signed order. • At the time of any new admission or readmission, the Administrator will conduct a same-day review of all medications the incoming resident is taking and will verify that a signed physician order exists in the record for each medication before the first administration. • When any new medication order, change, or discontinuation is received from any source — pharmacy, physician's office, hospital discharge, or family — the Administrator will verify the order directly with the prescribing practitioner and document the verification in the resident's record before the change is reflected on the MAR. • The Administrator will conduct a spot check of a randomly selected resident's medication record no less than once per week to verify MAR accuracy and order completeness. • Results of monthly MAR audits will be recorded in a brief written log maintained in the facility's quality records. Any discrepancy identified will be resolved within 24 hours and the resolution documented.
Frequency	Monthly MAR audits. Same-day review at each admission and readmission. Immediate verification upon any order change or discontinuation. Weekly random spot check of one resident's medication record.
Completion Date	**June 8, 2026**

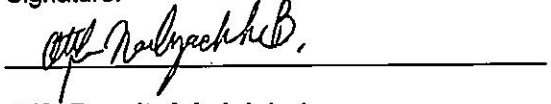
Citation C 342 — 10A NCAC 13G .1004(j): Medication Administration Record Accuracy

Tag	Citation / Rule
C 342	10A NCAC 13G .1004(j) — The resident's medication administration record (MAR) shall be accurate and include the resident's name, name of the medication or treatment order, strength and dosage, instructions for administration, reason and resulting effect for PRN medications, date and time of administration, documentation of any omission and the reason, and the name or initials of the administering person.
Corrective Action	Citation C 342 arises from the same factual record as Citation C 315 and has been substantially addressed by the corrective actions described above. The specific MAR inaccuracies identified by surveyors — including documentation of administration of a medication for which no physician order existed, and administration of a finite-course medication beyond the prescribed duration — resulted directly from the absence of verified physician orders and inadequate order tracking at the time. • The Administrator reviewed the specific MAR entries cited and reconciled each against the available physician records. Where physician orders were subsequently obtained or confirmed, the resident's record has been updated to reflect the clarification and its date. • Medication aides have been retrained on MAR accuracy requirements under 10A NCAC 13G .1004(j), including the requirement that each MAR entry correspond to a current, complete physician order and that any deviation from

	the order — including omission, refusal, or course completion — be documented with the reason. • The practice of drawing a line through remaining days of the month when a medication stops, without documentation of the reason, has been discontinued. Staff have been instructed that any cessation of medication administration must include a notation stating the reason (e.g., "course complete per order dated [date]," "discontinued per Dr. [name] on [date]," or "resident refused").
Prevention	• MAR entries will be made only for medications with a current, dated, signed physician order on file. No medication will be entered on the MAR by a medication aide without the Administrator first confirming the corresponding order exists. • When a medication course concludes or is discontinued, the Administrator will document the reason and date in the resident's record and will ensure the MAR reflects the last date of administration and the basis for cessation. • The Administrator will review MAR accuracy as part of the monthly audit described under C 315, with specific attention to entries for finite-course medications and any medication obtained outside the contracted pharmacy. • Medications described as "profiled only" by the contracted pharmacy will not be entered on the MAR unless the Administrator has obtained and filed a corresponding physician order. The facility will communicate this requirement to Southern Pharmacy Services in writing.
Monitoring	• The Administrator will review all MARs at the beginning of each month for accuracy, completeness, and correspondence to physician orders on file. • Any MAR entry without a corresponding physician order, or any medication that ceased to be administered without a documented reason, will be flagged and resolved within 24 hours. • The Administrator will conduct a weekly spot check of MAR accuracy for a rotating resident, specifically reviewing entries for finite-course medications and medications sourced outside the contracted pharmacy. • Audit findings will be recorded in the facility's quality log. Patterns identified across multiple audits will be addressed through additional staff training or procedural adjustment.
Frequency	Monthly full MAR audit. Weekly random spot check. Immediate review triggered by any new order, change, discontinuation, or course completion.
Completion Date	**June 8, 2026**

Administrator Attestation

I certify that the information provided in this Plan of Correction is accurate and complete to the best of my knowledge, and that Glen Haven-Huntersville is committed to full compliance with all applicable requirements under 10A NCAC 13G.

Signature: 

Date: 5/13/2026

Atifa Brandt, Administrator

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