

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
(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 conducted a complaint investigation on 02/05/26 to 02/06/26 and 02/09/26 to 02/12/26 with an exit conference via telephone on 02/12/26. The complaint investigation was initiated by the Beaufort County Department of Social Services on 02/04/26.	D 000		
D 113	10A NCAC 13F .0311 (d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall supply hot water to the kitchen, bathrooms, laundry, housekeeping closets, and soiled utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 7 of 7 sinks and 3 of 3 bathtubs located in resident bathrooms in the facility. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26.	D 113	D113-Rule Requirement: The facility must ensure the hot water system supplies water to all required areas and maintains temperatures between 100°F and 116°F at fixtures used by residents. The facility failed to maintain required hot water temperatures, with readings exceeding safe limits (up to 132°F) and dropping below minimum levels (as low as 52°F). A.Immediate Corrective Action Residents were immediately evacuated to safe alternative placements due to loss of heat and unsafe water temperatures during a winter storm. The facility is currently closed for repairs to ensure full compliance prior to readmission of any residents. A licensed contractor has been engaged to replace and properly size the hot water heater system. B.Systemic Changes to Prevent Recurrence: Installation of a commercial-grade hot water system sized appropriately for facility capacity. Installation of thermostatic mixing valves to regulate water temperature at all fixtures. Implementation of a daily water temperature log (AM/PM checks). C.Preventative maintenance contract established for quarterly inspection of heating and plumbing systems. D.Monitoring Plan: Administrator/designee will review temperature logs daily for 30 days, then weekly thereafter. Any variance outside 100°F–116°F, there will be immediate maintenance response. E.Monthly QA audits conducted by governing body. Administrator and Governing Body will ensure this is done.	3/29/2026

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Reid, Administrator

4/10/2026

STATE FORM

6899

ZAO311

If continuation sheet 1 of 69

Reviewed and Acknowledged

SJS

5/11/26

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D 113	Continued From page 1 Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. Observation of the first community bathroom on 02/05/26 at 2:44pm revealed: -There were 2 hand sinks with hot water temperatures ranging from 130°F to 132°F with visible steam. -There was a tub with hot water temperature 132°F. Observation of the second community bathroom on 02/05/26 at 2:38pm revealed: -There were 2 hand sinks with hot water temperatures ranging from 128°F to 130°F with visible water steam. -There was a tub with hot water temperature 130°F. Observation of the third community bathroom on 02/05/26 at 2:34pm revealed: -There were three hand sinks with hot water temperatures ranging from 52°F to 54°F. -There was a tub with hot water temperature at 52°F. Telephone interview with a resident on 02/05/26 at 9:44am revealed: -She packed some of her belongings and was discharged to another facility on the previous	D 113		

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D 113	Continued From page 2 Monday (02/02/26). -Hot water temperatures at the facility fluctuated and was either cold or "scolding hot" for approximately 1 week prior to her discharge. -She explained that "we went a long time without heat or hot water." Telephone interview with a second resident on 02/05/26 at 9:33am revealed: -The facility had been without hot water since sometime after Christmas. -She had to wash in cold water and it did not feel good to do that. Telephone interview with the facility's contracted plumber on 02/06/26 at 11:47am revealed: -He received a call from the facility regarding concerns with the water not being hot at the facility and the invoice was dated 01/23/26. -He was called again to the facility on 01/27/26 regarding the hot water being out again and that time the burner assembly had gone down. -He communicated to the previous Owner that the hot water heater was not of sufficient size to effectively heat enough water for the facility on 01/28/26 and sent the facility a quote to replace the water heater on 01/29/26. -He had men on stand-by and moved some appointments around to accommodate the facility's need due to the residents and the winter storm that was expected in the up coming days. -He attempted to reach with the previous Owner again on 01/28/26 and on 01/29/26 but never heard anything back from her. Interview with the Assistant Manager on 02/05/26 at 2:35pm revealed: -She was notified by a medication aide (MA)/Supervisor on 01/31/26 that the MA/Supervisor had notified the Interim Owner	D 113		

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D 113	Continued From page 3 that the heat and hot water were not working in the building. -She spoke with the Manager at 2:17pm on Saturday 01/31/26 and updated her that there was no heat or hot water in the building. Telephone interview with the Assistant Manager of the facility on 02/05/26 at 10:43am revealed: -She went to the facility on Monday 02/02/26 after she received telephone calls from staff at the facility that the heat and hot water were not working at the facility. -Management made the determination to evacuate the residents from the facility on 02/02/26 to ensure they had hot water and heat. Telephone interview with the medication aide (MA)/ Supervisor on 02/10/26 at 11:15am revealed: -She worked at the facility from 01/30/26 to 02/02/26. -She informed the Interim Owner that the front of the building was cold, and the hot water was not working in the facility. Telephone interview with the consultant on 02/09/26 at 11:45am revealed she was notified by the Assistant Manager on 02/02/26 that the heat and hot water were not working at the facility. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -Her last day at the facility prior to taking a vacation was 01/30/26. -The Assistant Manager was placed in charge while she was on vacation. -A personal care aide (PCA) informed her on 01/31/26 that the heat and hot water were not working. -She instructed the PCA to inform the Assistant	D 113		

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D 113	Continued From page 4 Manager that the hot water was not working and to also notify the Interim Owner. Interview with the Administrator on 02/05/26 at 2:23pm revealed: -She was not aware of issues with the hot water or heat for the facility prior to the evacuation of the residents on 02/02/26. -She had been the Administrator at the facility since August 2025. -She found out from the Manager on 01/27/26 that she was going on vacation. -She asked the Manager on 01/27/26 what her plans were for the facility and the residents with the winter storm coming that weekend (01/30/26-02/01/26). -The Manager told her that the storm was not her problem because she would be on vacation. -The Manager later told her that the Assistant Manager would be in charge while she was on vacation. -She had never met the Assistant Manager and did not have a telephone number to contact the Assistant Manager who would be acting as the Interim Manager while the Manager was on vacation. -She usually went to the facility 1-2 times a week. -The Manager reported information to the Interim Owner but would not communicate with her as the current Administrator. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -She was not made aware of issues with the hot water at the facility until she was notified by the Assistant Manager on 02/02/26. -She was not aware a plumber had been out to the facility during the previous week and had notified the interim owner that the hot water tank was failing and was not sufficient to heat the	D 113			

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D 113	Continued From page 5 water for the facility. -She would have wanted to be informed so she could assist with payment to ensure there was hot water for the residents.	D 113		
D 176	10A NCAC 13F .0601 (a) Management of Facilities-General Administrato 10A NCAC 13F .0601 Management Of Facilities - General Administrator And Manager Responsibilities (a) Each adult care home shall have an administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co administrator where it is used in this Subchapter.	D 176	D176-RULE: 10A NCAC 13F .0601 – Management of Facilities-General Administrator and Manager Responsibilities Rule Requirement: (a) Each adult care home shall have an administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co- administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term “administrator” also refers to co-administrator where it is used in this Subchapter. A. Immediate Corrective Action: 1.All residents were immediately evacuated and safely relocated to appropriate facilities. 2.Emergency relocation was completed to ensure access to heat, water, and safe living conditions. 3.Facility operations were ceased immediately. 4.The facility is currently closed for repairs and compliance restoration. 5.The Administrator responsible has resigned and been replaced effective immediately. 6.Implementation of preventative maintenance schedule. 7.Governing body oversight increased with weekly compliance checks upon reopening.(90 days) 8. Daily environmental checks upon reopening	3/14/2026

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D 176	Continued From page 6 This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure the total operation and management of the facility to ensure care and services were provided to maintain the health, safety, and welfare of the resident as related to other requirements, staffing for facilities with a census of 13 to 20 residents, discharge of residents, resident rights, medication storage, and fire safety and emergency preparedness plans. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 30 residents. -The expiration date of the facility's license was 12/31/26. Review of the facility's current census report provided on 02/05/26 revealed: -There were 17 residents that resided at the facility the morning of 02/02/26. -Two residents were discharged to another facility the afternoon of 02/02/26 which resulted in a census of 15 residents. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an	D 176	B. Administrative Accountability Oversight Appointment of a new qualified Administrator with documented experience in 10A NCAC 13F compliance Implementation of: Daily Compliance Oversight Tool Shift-to-shift management reporting system Governing body (Pantego / Viola Ventures) will conduct: Weekly oversight reviews (first 90 days) Monthly compliance audits thereafter C. Staffing Compliance Revised staffing plan to ensure: Qualified staff present at all times based on census. Implementation of: Daily staffing verification log On-call backup staffing system D. Emergency Preparedness & Fire Safety Complete revision and retraining on Disaster and Emergency Plan, including: Designated relocation sites Transportation procedures Chain of command Emergency drills will be conducted: Quarterly (minimum) Fire safety and evacuation protocols reinforced E. Discharge & Transfer Procedures and Protocols Implementation of Emergency Discharge Protocol, requiring: Explanation to each resident in a manner they understand Notification of responsible parties Coordination with receiving facilities Documentation prior to transfer (when possible in emergencies) Use of Discharge Checklist for 100% compliance	

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D 176	Continued From page 7 email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice." -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Observation of the facility grounds on 02/05/26 at 2:00pm revealed: -The Administrator had arrived at the facility and was waiting outside for someone to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local DSS the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. Interview with the Administrator on 02/05/26 at 2:23pm revealed: -She had been the Administrator at the facility since August 2025. -She found out from the Manager on 01/27/26 that she was going on vacation. -She asked the Manager on 01/27/26 what her plans were for the facility and the residents with the winter storm coming that weekend (01/30/26-02/01/26). -The Manager told her that the storm was not her problem because she would be on vacation. -The Manager later told her that the Assistant Manager would be in charge while she was on vacation. -She had never met the Assistant Manager and	D 176	F. Notification System Implementation of 24-Hour Mandatory Notification Policy, requiring immediate reporting to: Discharge Team(i.e., Ombudsman) DSS DHSR, ACLS DHSR, Construction (if applicable) Creation of: Notification log and Incident tracking system G. Medication Management & Security Immediate corrective measures: All medications secured and reconciled System changes: Medication room must remain locked at all times Medication carts and records secured per policy Daily medication security checks implemented H. Confidentiality and Record Security All resident records secured Policy implemented requiring: No records left unattended Locked storage at all times Confidentiality violations addressed through retraining and monitoring I. Resident Belongings Management System Implementation of: Resident property inventory system Secure transfer of belongings during discharge J. Facility Security Policy implemented requiring: Final building security check during evacuation Assigned staff responsible for facility lock-down procedures K. Monitoring Plan Administrator/designee will: Conduct daily compliance audits for 30 days Conduct weekly audits for 90 days	

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D 176	Continued From page 8 did not have a telephone number to contact the Assistant Manager who would be acting as the Interim Manager while the Manager was on vacation. -She usually went to the facility 1-2 times a week. -The Manager reported information to the Interim Owner but would not communicate with her as the current Administrator. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -Her last day at the facility prior to taking a vacation was 01/30/26. -She had a meeting with staff on 01/27/25 to explain that the Assistant Manager would be her replacement until she returned from vacation. -There was not a Manager that worked each shift, but there was a MA/Supervisor each shift. -The Interim Owner lived approximately 7 minutes away from the facility. Telephone interview with the Assistant Manager of the facility on 02/05/26 at 10:43am revealed: -She was currently in a city two hours west of where the facility was located. -She was not sure if the facility was locked or unlocked. -The Manager was currently on vacation in another state and was not expected to return until 02/10/26. -The Manager informed her on 01/27/26 that she would be the Interim Manager when she went on vacation on 01/30/26. -She went to the facility on Monday 02/02/26, after she received telephone calls from staff at the facility that the heat and hot water were not working at the facility. Second interview with the Assistant Manager on 02/05/26 at 2:35pm revealed she was told when	D 176	Governing body will: Quarterly compliance reviews Any identified non-compliance will result in: Immediate correction Staff retraining Disciplinary action if necessary Staff Training (Immediate, Orientation, and Annual): All current staff have received immediate retraining on: Management of facility requirements Administrator oversight expectations Staff roles in ensuring resident health, safety, and welfare Effective immediately, all newly hired staff will receive orientation training prior to working independently, including: Requirements of 10A NCAC 13F .0601 Staff responsibility to report unsafe conditions Chain of command and accountability All staff will receive annual training thereafter on: Facility management expectations Compliance responsibilities Reporting and escalation procedures Training will include competency validation and be documented with staff signatures. Administrator and Governing Body will ensure this is done.	

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D 176	Continued From page 9 she was hired that even though there was an Interim Owner, she should only communicate with the current Manager about any issues or concerns. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed: -She did not know the Administrator and did not know if the Interim Owner told the Administrator that the residents were being transferred to other facilities. -She notified DSS about the need to transfer residents to other facilities via email on 02/03/26. -She notified resident guardians on 02/03/26 by telephone call or email. Telephone interview with a personal care aide (PCA) on 02/05/26 at 4:18pm revealed she had only seen the current Administrator 2 to 3 times in the past 3 to 4 months at the facility. Telephone interview with the medication aide (MA)/ Supervisor on 02/10/26 at 11:15am revealed: -She worked at the facility from 01/30/26 to 02/02/26. -There was a snowstorm and she contacted the Interim Owner to request that she come in to provide staff assistance with residents. -There was one heating unit working for the entire building and it was not sufficient to warm the front of the building. -She informed the Interim Owner that the front of the building was cold, and the hot water was not working in the facility. -The Administrator came to the facility once a month and she did not have a telephone number to contact the Administrator. Telephone interview with the Assistant Manager	D 176			

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D 176	Continued From page 10 on 02/06/26 at 2:02pm revealed: -The Interim Owner had been in her position since August 2025 or September 2025. -The Interim Owner was a MA and worked during the week. -She had been directed by the Owner of the facility to communicate with the Manager and if she was not able to reach the manager to speak with the Interim Owner. Telephone interview with the Consultant on 02/09/26 at 11:45am revealed: -She had been hired by the Owner of the facility as a Consultant at the facility and a new Administrator started in August 2025. -She lived approximately 2 hours away from the facility. -She was unaware of where the Administrator was located. Telephone interview with the Administrator from a nearby facility on 02/05/26 at 10:00am where two residents were discharged revealed: -She did not know who the Administrator was at the facility until 02/04/26. -She spoke with the Administrator yesterday when she called her at the facility on 02/04/26. -The Administrator explained to her that she was not really the Administrator after she received a call from someone at the Adult Care Licensure Section (ACLS) who explained to her that she was not the Administrator on record with ACLS. -The Administrator told her that her certificate had been on the facility wall for the past six months. -She had never spoken to the Assistant Manager until she received a call from her on 02/02/26 about the building not having hot water and the heat not working at the front of the building. Telephone interview with the pharmacy supervisor	D 176			

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D 176	Continued From page 11 with the facilities contracted pharmacy on 02/09/26 at 10:21am revealed she attempted to speak with the Administrator when several facilities began calling to have prescriptions for residents transferred to their facility on 02/03/26 or 02/04/26 but Administrator did not know what was going on with the transfer of residents to different facilities. Telephone interview with the Administrator on 02/06/26 at 2:54pm revealed: -When she went to the facility staff would question her about who authorized something when she attempted to implement any changes or posted any reminders for staff. -When she went to the facility staff tended to hover over her and she had a difficult time implementing any changes. -She informed staff multiple times that she was the Administrator but felt that none of the staff viewed her as the Administrator. Telephone interview with the Interim Owner of the facility on 02/06/26 at 2:22pm revealed: -She was making payments to the Owner of the facility to purchase the facility. -She often worked 3rd shift at the facility to help save money on staff expenses. -She worked overnight on 01/30/26 until the next morning. -She worked on 02/02/26 and noticed the building was getting colder. -Residents kept going outside to smoke and made the building colder. -She helped move resident rooms on 02/02/26 from the front of the building toward the back where it was warmer. -The Owner sent her Consultant and the Assistant Manager to the facility on 02/02/26 to come get the residents and to transport them to	D 176		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/12/2026
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D 176	Continued From page 12 other facilities. -The Consultant and Assistant Manager did not inform her of where the residents were being relocated, they would not tell her anything. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -The Interim Owner and Administrator were responsible for the day to day operations of the facility. -She hired the previous Administrator as a consultant to herself on behalf of the assisted living facility since she still owned the facility. -When she ran the facility, the Administrator was usually at the facility once a month and the Manager was there daily. -The Interim Owner lived approximately 10 minutes away. -She was not aware that the plumber was contacted on 01/23/26 and then called on 01/27/26 due to the hot water heater not working. -She would have wanted to have been notified; because she could have helped pay the bill to repair it because her name was still on the license. Non-compliance was identified in the following areas: 1. Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 7 of 7 sinks and 3 of 3 bathtubs located in resident bathrooms in the facility. [Refer to Tag 113, 10A NCAC 13F .0311(d) Other Requirements (Standard Deficiency)]. 2. Based on observations, record reviews and interviews, the facility failed to ensure at all times	D 176		

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D 176	Continued From page 13 there was a qualified staff member on duty and present in the facility or within 500 feet of the facility at all times to assist residents when needed [Refer to Tag 192, 10A NCAC 13F .0606(a)(b)(c) Staffing for Facilities with a Census of 13 to 20 residents (Type B Violation)]. 3. Based on observations, interviews and record review, the facility failed to provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge for 1 of 2 residents by failing to provide a complete copy of the resident's most current FL-2 form [Refer to Tag 229, 10A NCAC 13F .0702(g) Discharge of Residents (Type B Violation)]. 4. Based on observations, interviews, and record reviews, the facility failed to ensure resident rights were maintained to ensure residents were treated with consideration when they were without hot water and sufficient heat and had to leave their personal belongings behind during an evacuation as well as failing to maintain confidential medical records [Refer to Tag 338, 10A NCAC 13F .0909 Resident Rights (Type A1 Violation)]. 5. Based on observations, interviews, and record reviews, the facility failed to ensure the medication room was secured after all residents were evacuated due to an emergency to including two unsecured medication carts and an unsecured refrigerator [Refer to Tag 378, 10A NCAC 13F .1006(b) Medication Storage (Standard Deficiency)]. 6. Based on observations, interviews and records the facility failed to implement their emergency preparedness plan which included weather events and utility failures to ensure residents' health and safety during an emergency [Refer to	D 176		

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D 176	Continued From page 14 Tag 503, 10A NCAC 13F .0309(d)(g)(i) Fire Safety and Emergency Preparedness Plans (Type A2 Violation)]. 7. Based on observations, interviews and record reviews, the facility failed to notify the local emergency management agency, the local Department of Social Services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of a decision to evacuate and relocate 17 residents from the facility or notify the Division of Health Service Regulation Construction section of the damage to their hot water and heating system [Refer to Tag 507, 10A NCAC 13F .0309(l)(m)(n) Fire Safety and Emergency Preparedness Plans (Type B Violation)]. The facility failed to ensure the Administrator was responsible for the total operation and management of the facility to ensure care and services were provided to maintain the health, safety, and welfare of residents. The facility failed to ensure there was a qualified staff member on duty and present in the facility or within 500 feet of the facility to ensure residents were provided with appropriate care and to carry out the regular duties at the facility, resulting in residents being at the facility during a snowstorm with no heat for four days, no hot water for seven days due to mechanical failures, transported residents overnight to different facilities in four different counties, left residents clothes and personal belongings at the facility, failed to ensure residents were treated with dignity and respect, failed to provide proper coordination, preparation and orientation to residents to ensure a safe and orderly discharge, failed to follow their Disaster Plan which identified two local schools as evacuation locations, and failed to ensure the	D 176		

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D 176	Continued From page 15 facility was secured and privacy was maintained leaving the front door to the facility unlocked, and the medication room unsecured with medications in unsecured medication carts. These failures of the facility resulted in serious neglect which constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/26 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 14, 2026.	D 176		
D 192	10A NCAC 13F .0607 (a)(b)(c) Staffing For Facilities With A Census Of 13 10A NCAC 13F .0607 Staffing For Facilities With A Census Of 13 to 20 Residents (a) In a facility with a census of greater than 12 but less than 21 residents, there shall be an administrator or manager in the facility or within 500 feet of the facility with a means of two-way telecommunication at all times. (b) When the administrator or manager is not on duty within the facility, there shall be at least one awake staff member on duty on the first, second, and third shifts. (c) When the administrator or manager is on duty within the facility, another staff member (i.e. co administrator, manager or aide) shall be in the building or within 500 feet of the facility with a means of two-way telecommunication at all times and available to assist if needed.	D 192	D 192-10A NCAC 13F .0607(a)(b)(c) Staffing for Facilities with a Census of 13 to 20 Residents Rule Requirement: (a) An administrator or manager shall be in the facility or within 500 feet with two-way communication at all times. (b) When the administrator/manager is not on duty, at least one awake staff shall be present on all shifts. (c) When the administrator/manager is on duty, an additional staff member must be available in the building or within 500 feet. (d) At least one staff per shift shall provide personal care and supervision and shall not perform conflicting duties that interfere with resident care. (e) Additional staff shall be assigned for housekeeping and food service duties. A. Immediate Corrective Action All residents were safely transferred out of the facility due to unsafe conditions. The facility is currently closed, and there are no residents and no active staffing operations. Immediate retraining and training of: Administrator Manager Assistant Manager has been completed regarding staffing requirements under 10A NCAC 13F .0607. The deficient practice has been immediately corrected by cessation of operations and removal of residents from the unsafe environment. B. Systemic Corrective Actions To ensure this violation does not recur, the governing body (Pantego / Viola Ventures) has implemented the following:	3/29/2026

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D 192	Continued From page 16 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to ensure at all times there was a qualified staff member on duty and present in the facility or within 500 feet of the facility at all times to assist residents when needed. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 30 residents. -The expiration date of the facility's license was 12/31/26. Review of the facility's current census report provided on 02/05/26 revealed: -There were 17 residents that resided at the facility the morning of 02/02/26. -Two residents were discharged to another facility the afternoon of 02/02/26 which resulted in a census of 15 residents. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility on 02/03/26 at 8:19pm. -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents.	D 192	1. Staffing Structure & Coverage A revised staffing plan has been developed to ensure: Awake staff coverage on all shifts Minimum required staff present based on census A designated backup Administrator/Manager system has been implemented to ensure: Coverage during vacations, absences, or emergencies No lapse in leadership oversight 2. Staffing Schedule Controls Implementation of: Weekly staffing schedule review and approval by Administrator Daily staffing verification log prior to each shift No shift will operate without required staffing levels confirmed 3. Role Separation & Duty Compliance Staff assigned to resident care and supervision will not perform conflicting duties, in accordance with rule (d) Separate staff will be assigned for: Housekeeping Food service 4. Administrative Accountability The Administrator is responsible for: Ensuring staffing compliance at all times Verifying staff presence and qualifications 5. Governing body will conduct: Weekly staffing audits (first 90 days) Monthly audits thereafter 6. Monitoring Plan Administrator/designee will: Review staffing schedules daily for 30 days Conduct weekly audits for 90 days	

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D 192	Continued From page 17 Telephone interview with the Assistant Manager on 02/05/26 at 10:43am revealed: -She was currently in a city two hours west of where the facility was located. -She was not sure if the facility was locked or unlocked. -The Manager was currently on vacation in another state and was not expected to return until 02/10/26. -The Manager informed her on 01/27/26 that she would be the Interim Manager when she went on vacation on 01/30/26. -She was available to staff by telephone or text message if needed. Observation of the facility grounds on 02/05/26 at 2:00pm revealed: -The Administrator had arrived at the facility and was waiting outside for someone to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local DSS the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. Review of an email from the Administrator dated 02/06/26 at 8:15pm revealed the Administrator provided her license number and requested that her name be withdrawn as Administrator at the facility effective immediately. Interview with the Administrator on 02/05/26 at 2:23pm revealed: -She had been the Administrator at the facility since August 2025. -She found out from the Manager on 01/27/26 that she was going on vacation. -She asked the Manager on 01/27/26 what her plans were for the facility and the residents with	D 192	Governing body will: - Conduct monthly compliance reviews - Any staffing deficiency will result in: - Immediate correction - Staff retraining - Disciplinary action if necessary Administrator and Governing Body will ensure t his is done.	

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D 192	Continued From page 18 the winter storm coming that weekend (01/30/26-02/01/26). -The Manager told her that the storm was not her problem because she would be on vacation. -The Manager later told her that the Assistant Manager would be in charge while she was on vacation. -She had never met the Assistant Manager and did not have a telephone number to contact the Assistant Manager who would be acting as the Interim Manager while the Manager was on vacation. -She usually went to the facility 1-2 times a week. -The Manager reported information to the Interim Owner but would not communicate with her as the current Administrator. Second interview with the Assistant Manager on 02/05/26 at 2:35pm revealed: -She was told when she was hired that even though there was an Interim Owner, she should only communicate with the current Manager about any issues or concerns. -She did not work from 01/30/26 to 02/01/26. -She was notified by a medication aide (MA)/Supervisor on 01/31/26 that the MA/Supervisor had notified the Interim Owner that the heat and hot water were not working in the building. -She spoke with the Manager at 2:17pm on Saturday 01/31/26 and updated her that there was no heat or hot water in the building. -On 02/02/26 the Owner directed her and the Consultant to the Owner (who was the previous Administrator) to go to the facility to assess what the issues were and to ensure residents' safety. -She arrived at the facility on 02/02/26 at 3:00pm with the Consultant to assess the lack of heat and hot water at the facility. -The Interim Owner left the facility at	D 192		

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D 192	Continued From page 19 approximately 5:30pm on 02/02/26. Telephone interview with a personal care aide (PCA) on 02/05/26 at 4:18pm revealed: -She had only seen the current Administrator 2 to 3 times in the past 3 to 4 months at the facility. -The Manager was on vacation the weekend of the snowstorm (01/30/26 to 02/01/26) and staff had been told in a staff meeting that the Assistant Manager was in charge of the facility and to call or text her if staff needed anything. -The weekend of the snowstorm the Assistant Manager was not at the facility. Telephone interview with the medication aide (MA)/ Supervisor on 02/10/26 at 11:15am revealed: -She was a MA and Supervisor, however the Assistant Manager was in charge since the Manager was on vacation during the snowstorm (01/30/26 to 02/01/26). -She worked at the facility from 01/30/26 to 02/02/26. -There was a snowstorm and she contacted the Interim Owner to request that she come in to provide staff with assistance with residents. -The Interim Owner arrived at the facility on 02/02/26 at 3:30pm. -She left her shift on 02/02/26 at 3:30pm after the Assistant Manager arrived at the facility. -The Assistant Manager told her that the residents needed to be transferred to other facilities since the heat and hot water were not working at the facility. -The Administrator came to the facility once a month and she did not have a telephone number to contact the Administrator. Telephone interview with the Assistant Manager on 02/06/26 at 2:02pm revealed:	D 192		

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D 192	Continued From page 20 -The Interim Owner had been in her position since August 2025 or September 2025. -The Interim Owner was a MA and worked during the week. -She had been directed by the Owner of the facility to communicate with the Manager and if she was not able to reach the Manager to speak with the Interim Owner. Telephone interview with the Consultant on 02/09/26 at 11:45am revealed: -She had been hired by the Owner of the facility as a Consultant at the facility and a new Administrator started in August 2025. -She lived approximately 2 hours away from the facility. -She was notified by the Assistant Manager on 02/02/26 that the heat and hot water were not working at the facility. -She and the Assistant Manager notified the Owner that there was no heat or hot water at the facility. -She notified the Interim Owner that the current Owner wanted the residents transferred to safe shelter. -When she arrived the afternoon of 02/02/26 she assumed the Interim Owner would have assisted residents to pack a few days of clothes so they could be transferred to another facility, but no clothes were packed. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -Her last day at the facility prior to taking a vacation was 01/30/26. -She had a meeting with staff on 01/27/26 to explain that the Assistant Manager would be her replacement until she returned from vacation. -She worked at the facility on 01/30/26 and the heat was not working in the front portion of the	D 192		

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D 192	Continued From page 21 building. -She left her shift at 3:00pm on 01/30/26 and the heat still was not working. -The Interim Owner usually worked third shift. -There was not a Manager that worked each shift, but there was a MA/Supervisor that worked each shift. -The Interim Owner lived approximately 7 minutes away from the facility. Telephone interview with the Administrator from a nearby facility on 02/05/26 at 10:00am where two residents were discharged revealed: -She did not know who the Administrator was at the facility until 02/04/26. -She spoke with the Administrator yesterday when she called her at the facility on 02/04/26. -The Administrator told her that she had been the Administrator for the past 6 months. -She had never spoken to the Assistant Manager until she received a call from her on 02/02/26 about the building not having hot water and the heat not working at the front of the building. Telephone interview with the Administrator on 02/06/26 at 2:54pm revealed: -When she went to the facility staff would question her about who authorized something when she attempted to implement any changes or posted any reminders for staff. -When she went to the facility staff tended to hover over her and she had a difficult time implementing any changes. -She informed staff multiple times that she was the Administrator but felt that none of the staff viewed her as the Administrator. Telephone interview with the Interim Owner of the facility on 02/06/26 at 2:22pm revealed: -She lived approximately seven minutes from the	D 192		

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D 192	Continued From page 22 facility. -She often worked 3rd shift at the facility to help save money on staff expenses. -She worked overnight on 01/30/26 until the next morning (01/31/26). -She worked on 02/02/26 and noticed the building was getting colder. -She was not able to return to the facility until 02/02/26 due to the snowstorm. -She helped move resident rooms on 02/02/26 from the front of the building toward the back where it was warmer. -The owner sent her consultant and the Assistant Manager to the facility on 02/02/26 to get the residents and to transport them to other facility's. -The Consultant and Assistant Manager did not inform her of where the residents were being relocated, they would not tell her anything. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -The Interim Owner and Administrator were responsible for the day to day operations of the facility. -The Interim Owner lived approximately 10 minutes away. [Refer to Tag 338 10A NCAC 13F .0909 Resident Rights] _____ The facility failed to have a qualified manager with additional staff to care for the residents or an Administrator or a qualified manager present or within 500 feet from 01/30/26 at 3:00pm through 02/02/26 at 2:00pm. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/14/26 for	D 192		

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D 192	Continued From page 23 this violation. CORRECTION DATE OF THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 29, 2026.	D 192		
D 229	10A NCAC 13F .0702 (g) Discharge Of Residents 10A NCAC 13F .0702 Discharge Of Residents (g) The facility administrator or their designee shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by: (1) explaining to the resident and responsible person or legal representative and the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident why the discharge is necessary; (2) informing the resident and responsible person or legal representative and the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident about an appropriate discharge destination that is capable of meeting the needs of the resident; and (A) If at the time of the discharge notice the discharge destination is unknown or is not capable of meeting the needs of the resident, the facility administrator or their designee shall contact the local adult care home resident discharge team as defined in G.S. 131D 4.8(e) to assist with placement; and (B) The facility, at the direction of the administrator or their designee, shall inform the resident, the resident's legal representative, the individual identified upon admission to receive a copy of the discharge notice on behalf of the resident, and the responsible person of their right to request the Regional	D 229	D229- Per 10A NCAC 13F .0702(g), Discharge of Residents, the facility will ensure that all discharges: •Are based on allowable reasons and properly documented *Include written notice using the Adult Care Home Notice of Discharge and Hearing Request Form •Include timely notification to the resident, responsible party, and applicable individuals •Provide required documentation (FL-2, physician orders, medications, care plan, etc.) •Ensure appropriate placement capable of meeting the resident's needs •Include explanation and preparation of the resident •Protect resident rights, including appeal rights and Ombudsman access •Ensure safe, orderly, and coordinated discharge planning A.Immediate Corrective Action All residents were safely relocated to alternative placements to ensure their immediate health and safety. A retrospective review of all resident discharges has been completed to: Verify placement appropriateness Ensure documentation has been completed to the extent possible The facility is currently closed, and no residents remain in the building.	3/29/2026

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NAME OF PROVIDER OR SUPPLIER PANTEGO REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 143 SWAMP ROAD PANTEGO, NC 27860		
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D 229	Continued From page 24 Long-Term Care Ombudsman to serve as a member of the adult care home resident discharge team; and (3) offering the following material to the resident, the resident's legal representative, or the facility where the resident is to be placed and providing this material as requested prior to or upon discharge of the resident: (A) a copy of the resident's most current FL-2 form required in Rule .0703 of this Subchapter; (B) a copy of the resident's most current assessment and care plan; (C) a list of referrals to licensed health professionals, including mental health; (D) a copy of the resident's current physician orders; (E) a list of the resident's current medications; (F) the resident's current medications; and (G) a record of the resident's vaccinations and TB screening; (4) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (c) of this Rule: (A) the regional long-term care ombudsman; and (B) Disability Rights North Carolina, the protection and advocacy agency established under federal law for persons with disabilities; (5) providing the resident, responsible person, or legal representative, and the individual identified upon admission who received a copy of the discharge notice on behalf of the resident with the discharge location as determined by the adult care home resident discharge team, if convened, at or before the discharge hearing, if the location is known to the facility.	D 229	B. Systemic Corrective Action 1. Discharge Policy Revision The facility has implemented a revised Discharge and Transfer Policy to ensure full compliance with 10A NCAC 13F .0702, delineating : Use of required state forms Documentation of discharge reason Verification of appropriate placement 2. Discharge Checklist Implementation A mandatory Discharge Checklist has been developed requiring: Completion of: Adult Care Home Notice of Discharge Hearing Request Form Documentation of: Notifications to responsible parties Physician documentation (if required) Provision of: FL-2 Physician orders Medication list and medications Care plan and assessments Documentation of discharge location appropriateness 3. Resident Preparation and Rights Policy now requires: Clear explanation to residents and responsible parties regarding discharge Documentation that explanation occurred Provision of appeal rights and Ombudsman contact information Administrator and Governing Body will ensure this is done.	

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D 229	Continued From page 25 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record review, the facility failed to provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge for 1 of 2 residents by failing to provide a complete copy of the resident's most current FL-2 form. The findings are: Review of Resident #10's current FL-2 dated 07/21/25 revealed: -Diagnoses included paranoid schizophrenia, schizophrenia, diabetes, asthma, hypertension, hyperlipidemia, and gastro-esophageal reflux disease. -The resident was ambulatory. -The resident required assistance with bathing, dressing, and cutting her food. -There was no documentation of the resident's orientation status. -The resident's recommended level of care was assisted living. -There were 9 medications and an order for fingerstick blood sugar checks listed on 1 page, 12 medications listed on a second page and 4 medications listed on a third page. Telephone interview with the Administrator of another Assisted Living Facility on 02/05/26 at 9:19am revealed: -The Assistant Manager of the facility called her on 02/02/26 and asked if two residents could be discharged to their facility. -The discharge was due to an emergency evacuation from the facility and no 30 day notice was given to the residents.	D 229	Step-by-step discharge process Use of required state forms Resident rights and communication Annual Training (Ongoing Compliance): 4. Placement Verification The Administrator or designee will ensure: Discharge destination is appropriate and capable of meeting resident needs If placement is unclear, the Adult Care Home Discharge Team will be contacted 5. Emergency Discharge Protocol A specific protocol has been implemented for emergency relocations, requiring: Documentation of emergency reason Notifications completed as soon as practicable Post-event completion of all required discharge documentation C. Monitoring Plan Administrator/designee will: Review 100% of discharges for 90 days Conduct monthly audits thereafter Governing body will: Conduct quarterly discharge compliance reviews Any identified deficiency will result in: Immediate corrective action Staff retraining 4. STAFF TRAINING (IMMEDIATE, ORIENTATION, AND ANNUAL) Immediate Training (Completed): All staff have received immediate retraining on: Requirements of 10A NCAC 13F .0702 Proper discharge procedures Required documentation and forms Notification requirements Resident rights during discharge Orientation Training (Ongoing):	

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D 229	Continued From page 26 -Two of their facility transporters went to the facility to pick up the two residents on 02/02/26. -When the residents arrived at the facility, the transporters provided her with paperwork for the two residents. -She could tell that there were additional pages to an FL-2 for Resident #10 that were missing because there were medications that were sent with the transporter for the resident that were not listed on page one of the FL-2. -She also compared page one of the FL-2 with the pharmacy list of medications and they did not match the FL-2. -She called the pharmacy that the resident's medications came from and spoke with a pharmacist. -The pharmacist faxed her two additional pages to Resident #10's FL-2. -She called the Assistant Manager to be sure the resident's were actually discharged to her facility because when she spoke with the pharmacist, he reported that he heard all the residents at the facility were temporarily being discharged but they were going to return to the facility. -The Assistant Manager informed her that the two residents were in fact discharged to their facility and the other residents from their facility were temporarily placed in other homes until the heat and hot water could be repaired at the facility. -She called the Assistant manager on 02/04/26 to inform her that the residents needed more clothes. Telephone interview with the Pharmacy Manager for the facility's contracted pharmacy on 02/09/26 at 10:03am revealed: -The facility received medications in batch monthly from the pharmacy which are sent out 2-3 days before they are due to start. -The batch for the facility was held on 02/03/26	D 229	All newly hired staff will receive training prior to working independently, including: All staff will receive annual training on: Discharge regulations Documentation requirements Emergency discharge procedures Training Documentation: Attendance logs maintained Competency validation completed Signed acknowledgments on file The governing body of Pantego / Viola Ventures acknowledges that although this deficiency was cited as a Standard violation, the failure to follow proper discharge procedures is taken seriously. We affirm: Residents were removed for safety reasons, but processes did not fully meet regulatory requirements Systems have now been implemented to ensure full compliance with discharge procedures Staff have been retrained and will continue to receive ongoing training The facility will not resume operations until: All discharge processes are compliant Staff demonstrate competency Regulatory compliance is verified This Plan of Correction reflects the facility's commitment to ensuring that all future discharges are conducted in full compliance with 10A NCAC 13F .0702, with proper documentation, communication, and protection of resident rights. Administrator and Governing Body will ensure this is done.	

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D 229	Continued From page 27 when it was due to be sent out because they were unable to reach anyone at the facility and had received calls from other facilities. -She was able to reach the Administrator on 02/03/26 but she did not have any information to provide. Telephone interview with the pharmacist for the facility's contracted pharmacy on 02/09/26 at 10:45am revealed: -He received a call from an Administrator from another facility on 02/03/26 saying they had residents that were almost out of medications. -Batch medications for the facility was due to be sent out on 02/03/26 and several facilities from other areas were calling regarding needing medications for residents. -He would have expected the facility to contact him but he had not heard from the facility regarding residents being displaced. Telephone interview with Resident #10's primary care provider (PCP) on 02/11/26 at 3:29pm revealed: -It was important for the facility to have a complete FL-2 to ensure all physician's orders were followed. -If they did not have the physician's orders, then the health of the resident would be impacted. Telephone interview with the facility's contracted mental health provider on 02/12/26 at 9:02am revealed: -The Manager of the facility sent her a text on 02/03/26 to inform her the residents had been evacuated. -Mental illness could have been exacerbated by the evacuation and leaving their belongings behind. -Discharge was a traumatic event and could	D 229		

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D 229	Continued From page 28 cause increased confusion, anxiety and depression. Interview with the Assistant Manager on 02/05/26 at 2:35pm revealed: -The previous Administrator arrived at the facility with her on 02/02/26 at approximately 3:00pm. -The previous Administrator made telephone calls to coordinate placement for residents at other facilities that their company dealt with in the Raleigh area. -The Medication Aide (MA)/Supervisor coordinated transportation for Resident #10 and another resident on 02/02/26 in the afternoon of 02/02/26. -Staff assisted the residents to pack their clothes to be transported to their new facility. The facility failed to ensure a safe and orderly discharge for 1 of 2 residents by failing to send a complete FL-2 including all medications prescribed with the resident at discharge for a resident diagnosed with schizophrenia, diabetes, asthma and hypertension. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on February 12, 2026 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 29, 2026.	D 229		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of	D 338	D338- In accordance with 10A NCAC 13F .0909 and G.S. 131D-21, each resident shall be afforded rights including, but not limited to: Rule Requirement: Being treated with dignity, respect, and privacy Receiving adequate care and services Protection from neglect and exploitation Maintenance of confidentiality of personal and medical records Ability to communicate, be informed, and participate in decisions Protection of personal property and belongings Proper notification and involvement of responsible parties/guardians Safe and orderly transfer/discharge with explanation and rights preserved A.Immediate Corrective Action: All residents were safely relocated to appropriate placements to ensure their health and safety.	3/14/2026

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D 338	Continued From page 29 all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure resident rights were maintained to ensure residents were treated with consideration when they were without hot water and sufficient heat and had to leave their personal belongings behind during an evacuation as well as failing to maintain confidential medical records. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26. Review of the facility's current census report provided on 02/05/26 revealed: -There were 17 residents that resided at the facility the morning of 02/02/26. -Two residents were discharged to another facility the afternoon of 02/02/26 which resulted in a census of 15 residents. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local Department of Social Services (DSS) to provide an update on the assisted living facility. -The email communication revealed that "Due to the snowstorm there is not hot water in some	D 338	The facility conducted an immediate review of all resident placements and confirmed locations with receiving facilities. Efforts were made to: Notify all guardians/responsible parties of resident locations Recover and transfer remaining personal belongings All remaining confidential records and medications have been secured. The facility is currently closed, and no residents remain in the building. B. Systemic Corrective Action 1. Resident Rights Policy Reinforced The facility has revised and reinforced its Resident Rights Policy to ensure: Residents are informed, involved, and treated with dignity at all times All rights under G.S. 131D-21 are upheld without exception C. Communication and Notification Protocol Implementation of a Mandatory Communication Policy requiring: Immediate explanation to residents regarding any changes Required notification to: Guardians Responsible parties Legal representatives Documentation of all notifications is now required D. Confidentiality and Record Securing Implementation of strict protocols requiring: All medical records to be secured in locked areas at all times Medication rooms to remain locked and accessible only to authorized staff Daily checks for record and medication security compliance	

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D 338	Continued From page 30 areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice." -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Telephone interview with the Assistant Manager of the facility on 02/05/26 at 10:43am revealed: -She was currently in a city two hours west of where the facility was located. -She was not sure if the facility was locked or unlocked. -The Manager was currently on vacation in another state and was not expected to return until 02/10/26. -The Manager informed her on 01/27/26 that she would be the Interim Manager when she went on vacation on 01/30/26. -She went to the facility on Monday 02/02/26 after she received telephone calls from staff at the facility that the heat and hot water were not working at the facility. -She and the previous Administrator, who was a Consultant to the Owner asked the Interim Owner what they should do with the residents since it was cold in the facility and there was no hot water. -The Interim Owner explained that she did not have anywhere that the residents could be moved to. -She and the Consultant decided to move the residents to different facilities in the state to ensure they had hot water and heat. -She and the Consultant transported residents to various facilities from the late afternoon on 02/02/26 to 8:00am on 02/03/26. Observation of the facility grounds on 02/05/26 at	D 338	E. Resident Property Management Implementation of a Resident Property Inventory System, including: Inventory of belongings upon discharge Staff accountability for transfer of all personal items Documentation required confirming all belongings accompany the resident F. Administrative Oversight The Administrator (newly appointed), Managers, and Assistant Managers are responsible for: Ensuring compliance with all resident rights Verifying communication, documentation, and protection of residents Governing body will conduct upon re-opening: Weekly compliance reviews (first 90 days) Monthly audits thereafter G. Emergency Rights Protection Protocol A formal Emergency Resident Rights Protection Plan has been implemented requiring: Immediate communication with residents and families Protection of dignity, privacy, and belongings Securing of all records prior to evacuation H. Monitoring Plan Administrator/designee will: Conduct daily compliance checks for 30 days Conduct weekly audits for 90 days Governing body will: Conduct monthly oversight reviews Any identified non-compliance will result in: Immediate corrective action Staff retraining Disciplinary action if warranted Administrator and Governing Body will ensure this is done.	

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D 338	Continued From page 31 2:00pm revealed: -The Administrator had arrived at the facility and was waiting outside for someone to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local DSS the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. -There were numerous garbage bags scattered about the facility with resident names attached. -There were 2 wheelchairs left in the front hall. -There were personal items left in resident rooms including an ankle brace, toiletries and clothing. -The door to the medication room was unlocked and there were binders with protected health information and personal identifiable information including incident reports. Review of the facility's Disaster Plan provided to the local Emergency Management (EM) revealed: -The local Emergency Management Specialist emailed state surveyors the facility's Disaster Plan on 02/11/26 at 10:27am and stated the facility sent them the Disaster Plan on 08/28/25. -Procedures for evacuation of included the move of residents to a safe location recommended by Local Code Enforcement Officials, Public Safety Officials, or when there is an immediate threat to the residents safety. -There were instructions to obtain medications, emergency charts and supplies for relocation and secure needed assistance to transport residents to 2 names local schools. -There were instructions to keep familiar staff with the residents to ensure care and services in the new location. -There were instructions to notify all family members/responsible persons, local Department of Social Services (DSS) and the Division of	D 338		

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D 338	Continued From page 32 Facility Services (DFS) of the relocation site. -There were instructions to notify appropriate law enforcement officials that the facility is vacated. -There were instructions to ensure valuable items and/or toxic materials were secure. -There were instructions to ensure windows and doors were secured or in the proper position according to the type of emergency. -There were instructions to turn off all water, electricity and/or gas. -Medication Aides (MA) would be responsible for making sure all medication was packed and properly stored, residents charts are properly packed up and ready for transport. All other documents that may be needed for medication administration. -Personal Care Aides (PCA) would be responsible for packing up any needed belongings and activities supplies to keep residents occupied while at the facility and assist in other areas as needed. Review of 17 FL-2's for the residents revealed the recommended level of care was domiciliary/Assisted Living Facility. Review of a list of resident locations received on 02/10/26 from the local Department of Social Services revealed 2 residents were discharged to an Assisted Living Facility and 3 of the 17 residents were placed in a licensed Mental Health Home. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed she notified resident guardians on 02/03/26 by telephone call or email. Telephone interview with the facility's contracted plumber on 02/06/26 at 11:47am revealed:	D 338		

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D 338	Continued From page 33 -He received a call from the facility regarding concerns with the water not being hot at the facility and the invoice was dated 01/23/26. -He was called again to the facility on 01/27/26 regarding the hot water being out again and that time the burner assembly had gone down. -He communicated to the Interim Owner that the hot water heater was not of sufficient size to effectively heat enough water for the facility on 01/28/26 and sent the facility a quote to replace the water heater on 01/29/26. -He had men on stand-by and moved some appointments around to accommodate the facility's need due to the residents and the winter storm that was expected in the upcoming days. -He attempted to reach with the Interim Owner again on 01/28/26 and on 01/29/26 but never heard anything back from her. Telephone interview with the Emergency Services Specialist on 02/10/26 at 8:34am and 1:07pm revealed: -Two inspectors went to the facility to conduct a fire inspection on 02/09/26. -The front door was unlocked and there were no staff or residents at the facility. -Some residents' belongings were bagged up and scattered about the facility. -The medication room was not secured and there were resident medications and records in the room. -There had been no contact from the facility regarding the evacuation. -The local DSS reached out to EM on 02/06/26 to ask if they had a disaster plan for the facility. -DSS reported there were "some issues" but did not say what the issues were and did not report that the facility had been evacuated. Telephone interview with the Emergency Services	D 338		

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D 338	Continued From page 34 Manager on 02/10/26 at 10:42am revealed: -He and the Fire Marshal went to the facility on 02/09/26 to conduct a fire inspection but there were no staff or residents at the facility. -The front door was unlocked; the lights were off and the gas and pilot light on the stove was still on. -Medications and records were found in an office that was unlocked and accessible. -They did not complete the fire inspection because there were no staff at the facility. -They secured the office, cut the gas off so there would not be a fire and secured the front door when they left. Telephone interview with the Medication Aide (MA)/Supervisor on 02/10/26 at 11:14am revealed: -She worked during the snowstorm from 01/30/26 to 02/02/26. -The facility was cold at the front of the building because the heat stopped working. -Residents complained about the cold in the building. -Residents were moved to the backrooms so they could stay warm on. -The hot water was not working in 2 of 3 of the residents' bathrooms. -She informed the Interim Owner of the issues with the hot water and the heat and asked her to try to find a repairman for the heater and hot water heater 01/31/26 and she instructed them to "figure it out". -She asked the Interim Owner to come to the facility, but she said she would not be going to the facility due to the weather. -The Interim Owner came to the facility on 02/02/25 at 3:30pm. -She left the facility on 02/02/25 at 3:30pm once the Interim Owner arrived at the facility.	D 338		

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D 338	Continued From page 35 -The Assistant Manager arrived at the facility on 02/02/26 before 3:30pm. -The Assistant Manager explained to her and the PCAs that they were going to temporarily move the residents to another facility to ensure their safety. Telephone interview with a residents guardian on 02/06/26 at 9:57am revealed: -She heard from one of her family members on 02/04/26 at approximately 10:00pm that the facility was closed. -The family member told her that she heard the facility was evacuated from a delivery driver that attempted to deliver some medications to the facility that day and there were no residents there. -She had not received any notification regarding the evacuation or location of her family member. -She was very upset, horrified and it was very traumatic for her to not know where her family member was. -She, a friend and the resident's mental health caseworker called around and were able to locate the resident in another county on 02/05/26. -As of the time of the interview, she still had not received any communication from the facility. -The facility should have contacted her at the time the decision was made evacuate the residents because she may have been able to help with placement. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed she was currently driving to purchase clothes for a resident that left his bag of clothes at the facility when the residents were evacuated. Telephone interview with a resident on 02/05/26 at 9:44am revealed: -She packed some of her belongings and was	D 338			

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D 338	Continued From page 36 discharged to another facility on the previous Monday (02/02/26). -There had been no heat in the facility for a week or so prior to the discharge. -She had to layer clothes, 2 pair of pants, sweater and a coat while inside. -She used 2 blankets at night and would still shiver with cold. -Hot water temperatures at the facility fluctuated and was either cold or "scolding hot". -She explained that "we went a long time without heat or hot water." Telephone interview with the Administrator of the receiving facility on 02/05/26 at 9:57am revealed: -She was contacted on 02/02/26 by the facility to see if she had available beds for 2 residents to be admitted and her transportation staff drove to pick up the residents that same day. -The resident was sad when she first arrived at the facility and would not come out of her room to eat. -The resident was missing her friend and wanted her belongings from the previous facility. Telephone interview with a transporter on 02/09/26 at 9:30am revealed: -He picked up 2 residents from the facility on 02/02/26. -It was cold inside the facility, and he kept his coat on while inside the building. -Several residents were inside wearing hoodies, coats and one was wearing a knit cap when he arrived at the facility. Telephone interview with a resident's responsible person on 02/06/26 at 9:50am revealed: -He was notified by the Assistant Manager via telephone on 02/04/26 that the residents had been evacuated from the facility due to the loss of	D 338		

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D 338	Continued From page 37 heat and hot water at the facility. -His family member was the first to notify him on 02/03/26. -His family member had mental illness and a history of self-harm and he thought the facility could have contacted him sooner to let him know of the evacuation plans and location of his loved one. Telephone interview with a second resident's guardian with the Department of Social Services on 02/09/26 at 1:09pm revealed: -He received an email on 02/03/26 at 4:11pm regarding the evacuation and temporary relocation of the resident to another facility due to critical loss of hot water and heat at the facility. -He was concerned about whether the placement was appropriate. -His ward was currently in the hospital due to increased confusion and possible seizure activity. Telephone interview with the facility's contracted mental health provider on 02/12/26 at 9:02am revealed: -The Manager of the facility sent her a text on 02/03/26 to inform her the residents had been evacuated. -Mental illness could have been exacerbated by the evacuation and leaving their belongings behind. -Evacuation was a traumatic event and could cause increased confusion, anxiety and depression. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -The Interim Owner and Administrator were responsible for the day to day operations of the facility. -She hired the previous Administrator as a	D 338		

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D 338	Continued From page 38 Consultant to herself on behalf of the assisted living facility since she still owned the facility. -The Assistant Manager notified her on 02/02/26 at 7:50am that the heat and hot water were not working at the facility. -She directed the Assistant Manager and Consultant to go to the facility and assess the situation. -The Consultant and Assistant Manager left their location on 02/02/26 at 11:55am and were approximately two hours from the facility. -She hoped that repairs could be made and residents did not need to be transferred to other facilities. -She was notified the residents needed to be moved on 02/02/26 later that evening by the Assistant Manager and Consultant. -She, the Assistant Manager and Consultant discussed where each resident would be temporarily located and worked to ensure the best placement for each resident. -The Assistant Manager and Consultant left to transport the 15 residents after dark on 02/02/26. -When she ran the facility, the Administrator was usually at the facility once a month and the Manager was there daily. -The Interim Owner lived approximately 10 minutes away. -She was not aware that the plumber was contacted on 01/23/26 and then called on 01/27/26 due to the hot water heater not working. -She would have wanted to have been notified; because she could have helped pay the bill to repair it because her name was still on the license. -She was not aware that the facility front door had been unlocked on 02/05/26 and several other days. -She was not aware that the medication room door was open and there were resident records	D 338		

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D 338	Continued From page 39 along with medications in the room. -The building needed to be secured to ensure the residents' information remained confidential and medications were stored securely. The facility's failure to ensure residents were provided with consistent hot water over the course of 10 days which began 01/23/26, insufficient heat over the course of 4 days leading the residents to have to layer their clothing and still shiver with cold during a snowstorm. The residents were evacuated on the evening of 02/02/26 to various locations leaving most of their personal belongings behind causing concern that residents with mental illness diagnosis would find this traumatic and could experience increased confusion, anxiety, and depression. Following the facility evacuation on 02/02/26 when the local emergency management visited, the medication room within the building was left unlocked and residents medical records were accessible to all who entered the unlocked facility. This failure resulted in neglect and constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with GS. 131D-34 on February 12, 2026, for the violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 14, 2026.	D 338		
D 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under	D 378	D378- Per 10A NCAC 13F .1006(b):Medication Storage Rule Requirement: (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. A.Immediate Corrective Action All medications remaining in the facility have been: Secured immediately under locked storage Reconciled and accounted for The medication storage room and carts are now kept locked at all times.	3/29/2026

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D 378	Continued From page 40 locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication room was secured after all residents were evacuated due to an emergency to including two unsecured medication carts and an unsecured refrigerator. The findings are: Observation of the facility grounds on 02/05/26 at 2:00pm revealed: -The Administrator had arrived at the facility and was waiting outside for staff to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local Department of Social Services (DSS) the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. Observation of the medication storage room on 02/05/26 at 3:08pm revealed: -The door to the medication room was opened. -There was a white sign with a typed message "MED TECHS ONLY" taped to the door entrance. -There was a medication cart to the right of the room that was unlocked. -On top of the medication cart there were handwritten papers with the names of residents and their vital signs.	D 378	The facility is currently closed, and no residents or medications remain in active use within the building. B. Systemic Corrective Action 1. Medication Security Policy Reinforcement The facility has revised and reinforced its Medication Storage Policy to require: All medications remain locked at all times unless in direct use Medication carts must be locked immediately after each use Medication rooms must remain secured with restricted access C. Emergency Medication Security Protocol A specific protocol has been implemented for emergency situations and evacuations, requiring: Assignment of a designated staff member responsible for medication security Verification that: All medications are secured Medication carts and rooms are locked prior to evacuation A final building safety and security checklist must be completed before staff exit the building D. Accountability Measures The Administrator and Managerial staff are responsible for: Ensuring compliance with medication storage requirements Conducting routine checks of medication security A Medication Security Log will be implemented to document: Daily checks Shift-to-shift verification	

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D 378	Continued From page 41 -The medication cart had four drawers that were accessible. -The first drawer contained Brimonidine 2% eye drops in a prescription box (Brimonidine is a medication used to treat glaucoma). -There was a prescription box with a vial of Haloperidol (Haloperidol is a medication used to treat schizophrenia). -There was a prescription box of Refresh Tears. -There was a bottle of Ketoconazole shampoo (Ketoconazole is a medicated shampoo used to treat scalp conditions such as dandruff). The second drawer contained a tube of Nystatin (Nystatin is a medication used to treat skin infections). -There was a tube of Hydrocortisone (Hydrocortisone is a medication used to treat skin irritations). -There was a bottle of Nystatin topical powder. -There was a container of anti-itch powder with 0.8% menthol. -There was a tube of Diclofenac Gel 1% (Diclofenac Gel is used to treat mild to moderate pain). -The second drawer contained a container of Zinc Oxide paste (Zinc Oxide paste is used to prevent skin irritations). -The third drawer contained a box of Lidocaine 5% patches (Lidocaine 5% patches are used to treat nerve pain). -There was a bottle of Vashe Wound Solution (Vashe Wound Solution is used to cleanse, irrigate, and debride wounds). -There was a tube of Skin Protectant Vitamin A and D Ointment (Vitamin A and D Skin Protectant is used to treat skin irritations). The fourth drawer contained a first aid kit. Observation of a refrigerator in the medication storage room on 02/05/26 at 3:10pm revealed:	D 378	E. Monitoring Plan Administrator/designee will: Conduct daily medication security checks for 30 days Conduct weekly audits for 90 days Governing body will: Conduct monthly compliance reviews Any identified non-compliance will result in: Immediate corrective action Staff retraining Disciplinary action if warranted All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security at all times, except when under the direct physical supervision of staff responsible for medication administration Administrator and Governing Body will ensure this is done.	

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D 378	Continued From page 42 -There were two shelves and a side door panel with four compartments. -There were three prescription boxes that contained Tubersol solution in the side door top compartment (Tubersol is an injectable substance used to detect tuberculosis infection). -The top shelf of the refrigerator contained a prescription bottle with a vial of Haloperidol. -There was an opened box of Insulin Lispro Kwik pens (Insulin Lispro is used to improve blood sugars). -There was an opened box of 4 Insulin Lispro Kwik pens. -There was an opened box of 4 Insulin Lispro Kwik pens. -There was an opened box of 3 Insulin Glargine (Insulin Glargine is used to improve blood sugars). -There was a box that contained one prefilled syringe of Invega Sustenna Extended Release (Invega Sustenna is used to treat schizophrenia). Telephone interview with the Emergency Services Specialist on 02/10/26 at 8:34am and 1:07pm revealed: -Two inspectors went to the facility to conduct a fire inspection on 02/09/26. -The front door was unlocked and there were no staff or residents at the facility. -The medication room was not secured and there were resident medications and records in the room. -Their office had not been contacted from anyone at the facility to report the evacuation. -The local Department of Social Services (DSS) contacted the local Emergency Management (EM) on 02/06/26 to ask if they had a disaster plan for the facility. -DSS reported there were "some issues" but did not report what the issues were and did not report	D 378		

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D 378	Continued From page 43 that the facility had been evacuated. Telephone interview with the Emergency Services Manager on 02/10/26 at 10:42am revealed: -He and the Fire Marshal went to the facility on 02/09/26 to conduct a fire inspection but there were no staff or residents at the facility. -The front door was unlocked and the building was accessible. -Medications and records were found in an office that was unlocked and accessible. -They did not complete the fire inspection because there were no staff at the facility. They secured the office, cut the gas off so there would not be a fire and secured the front door when they left. Interview with the Assistant Manager on 02/05/26 at 3:11pm revealed: -She was not aware that the medication storage room, 2 medication carts, and the refrigerator were unlocked. -The medication room and medications should be secured. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed: -She meant to lock the medication storage room and medication carts before she left the facility on 02/05/26. -It was an oversight and she forgot to secure the medication room and medication carts. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -She was not aware that the facility was unlocked on 02/05/26 and the medication storage room was open. -The medication room should always be locked when there was not medication aide (MA) in the	D 378		

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D 378	Continued From page 44 room. -The medications should be secured when a medication aide (MA) was not at the cart. Interview with the Administrator on 02/05/26 at 3:30pm revealed: -She was not aware that the facility was unlocked. -She was not aware that the medication storage room was unlocked and had medications as well as resident information in the room. -The medication storage room should be secured unless there was a qualified staff person in the medication room. -There was a risk that anyone could have accessed the facility since the front door was unlocked and the medication room was unlocked. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -She did not know that the facility was unlocked, it should not have been accessible to anyone and unlocked. -She was not aware that the medication storage room was unlocked. -The medication storage room was supposed to remain locked unless there was a MA in the room. -Medication carts and the refrigerator should have been secured to prevent anyone from taking the medications.	D 378		
D 503	10A NCAC 13F .0309 (d) (g) (i) Fire Safety and Emergency Preparedness Plans 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (d) Each facility shall develop and implement an emergency preparedness plan to ensure resident	D 503	D503- Per 10A NCAC 13F .0309(d)(g)(i) Fire Safety and Emergency Preparedness Plans (d) The facility shall develop and implement a comprehensive emergency preparedness plan addressing all hazards (weather, utility failure, equipment failure, etc.) and ensuring continuity of care and resident safety. (g) The emergency preparedness plan shall be maintained in the facility and accessible to all staff. (i) The emergency preparedness plan shall be available upon request to regulatory and emergency management authorities. A. Immediate Corrective Action All residents were safely evacuated and relocated to ensure immediate protection from unsafe conditions.	3/14/2026

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D 503	Continued From page 45 health and safety and continuity of care and services during an emergency. The emergency preparedness plan shall include the following: (1) Procedures to address the following threats and hazards that may create an emergency for the facility: (A) weather events including hurricanes, tornadoes, ice storms, and extreme heat or cold; (B) fires; (C) utility failures, to include power, water, and gas; (D) equipment failures, to include fire alarm, automatic sprinkler systems, HVAC systems; (E) interruptions in communication including phone service and the internet; (F) unforeseen widespread communicable public health and emerging infectious diseases; (G) intruders and active assailants; and (H) other potential threats to the health and safety of residents as identified by the facility or the local emergency management agency. (2) The procedures outlined in Subparagraph (d) (1) shall address the following: (A) provisions for the care of all residents in the facility before, during, and after an emergency such as required emergency supplies including water, food, resident care items, medical supplies, medical records, medications, medication records, emergency power, and emergency equipment; (B) provisions for the care of all residents when evacuated from the facility during an emergency, such as evacuation procedures, procedures for the identification of residents, evacuation transportation arrangements, and sheltering options that are safe and suitable for the resident population served; (C) identification of residents with Alzheimer's disease and related dementias, residents with	D 503	The facility is currently closed, and no residents remain in the building. The existing emergency preparedness plan has been retrieved, reviewed, and reorganized and will be accessible in designated locations within the facility The Administrator and management staff have received immediate retraining on: Emergency preparedness requirements Their responsibility to implement and oversee the disaster plan Immediate risk was mitigated by removal of residents and closure of the facility. B. Systemic Corrective Action 1. A full revision of Emergency Preparedness Plan The facility has conducted a comprehensive review and revision of its emergency preparedness plan to ensure: Clearly identified evacuation locations appropriate for resident needs Detailed procedures for: Utility failure (heat, water, power) Severe weather events Equipment failures (HVAC, fire systems) Inclusion of: Resident-specific needs (mobility, medical conditions, dementia) Transportation arrangements Staffing contingency plans C. Accessibility of Plan The emergency preparedness plan will be: Maintained in clearly labeled, easily accessible locations within the facility Available at: Administrator's Office Medication room Manager's Office A quick-reference emergency binder will be created for staff use	

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D 503	Continued From page 46 mobility limitations, and any other residents who may have specialized needs such as dialysis, oxygen, tracheostomy, and gastrostomy feeding tubes, special medical equipment, or accommodations either at the facility or in case of evacuation; (D) strategies for staffing to meet the needs of the residents during an emergency and for addressing potential staffing issues; and (E) procedures for coordinating and communicating with the local emergency management agency and local law enforcement. (3) The emergency preparedness plan shall include contact information for State and local resources for emergency response, local law enforcement, facility staff, residents and responsible parties, vendors, contractors, utility companies, and local building officials such as the fire marshal and local health department. (g) The emergency preparedness plan outlined in Paragraph (d) of this Rule shall be maintained in the facility and be accessible to staff working in the facility. (i) The facility's emergency preparedness plan shall be made available upon request to the Division of Health Service Regulation, county department of social services, and emergency management officials. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION	D 503	D. Implementation of Emergency Protocols Staff are required to follow: Designated evacuation sites only, unless otherwise directed by emergency authorities Documented chain of command during emergencies A pre-evacuation checklist will be implemented to ensure: Plan is followed Communication is completed Resident tracking is documented E. Coordination with Local Emergency Agencies The updated plan will be: Submitted to local emergency management agency Maintained with documentation of submission Contact lists updated for: Emergency management Law enforcement DSS and AHS F. Administrative Accountability The Administrator is responsible for: Ensuring plan implementation Annual review and updates Staff training compliance Governing body will conduct: Weekly oversight reviews (first 90 days) Monthly compliance audits thereafter G. Monitoring Plan Administrator/designee will: Conduct weekly emergency preparedness audits for 90 days Verify plan accessibility and staff knowledge Governing body will: Conduct quarterly reviews of emergency preparedness compliance Any non-compliance will result in: Immediate corrective action	

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D 503	Continued From page 47 Based on observations, interviews and records the facility failed to implement their emergency preparedness plan which included weather events and utility failures to ensure residents' health and safety during an emergency. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 30 residents. -The license would expire on 12/31/26. Observation of the facility grounds on 02/05/26 at 2:00pm revealed: -The Administrator had arrived at the facility and was waiting outside for someone to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local DSS the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. Review of the facility's Disaster Plan provided via email to the local Emergency Management (EM) on 08/28/25 revealed: -The local Emergency Management Specialist emailed state surveyors the facility's Disaster Plan on 02/11/26 at 10:27am and stated the facility sent them the Disaster Plan on 08/28/25. -Procedures for evacuation included the move of residents to a safe location recommended by local code enforcement officials, public safety officials, or when there was an immediate threat to the resident's safety. -There were instructions to obtain medications, emergency charts and supplies for relocation and secure needed assistance to transport residents	D 503	H. Staff Training(Immediate, Orientation, and Annual)STAFF TRAINING Immediate Training (Completed): All staff, including Administrator, Managers, and Assistant Managers, have received immediate retraining on: 10A NCAC 13F .0309 requirements Facility-specific emergency preparedness plan Evacuation procedures and designated locations Staff roles and chain of command during emergencies Orientation Training (Ongoing): All newly hired staff will receive training prior to working independently, including: Review of the facility's emergency preparedness plan Location and use of emergency resources Evacuation procedures and responsibilities Annual Training (Ongoing Compliance): All staff will receive annual training on: Emergency preparedness plan updates Fire safety procedures Disaster response protocols Resident safety during emergencies Drills & Competency: Emergency drills will be conducted: Quarterly (minimum) Staff competency will be evaluated and documented Training Documentation: Attendance logs maintained Competency validation completed Signed acknowledgments on file Administrator and Governing Body will ensure t his is done.	

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D 503	Continued From page 48 to two named local schools. -There were instructions to keep familiar staff with the residents to ensure care and services in the new location. -There were instructions to notify all family members/responsible persons, local Department of Social Services (DSS) and the Division of Facility Services of the relocation site. -There were instructions to notify appropriate law enforcement officials that the facility was vacated. -There were instructions to ensure valuable items and/or toxic materials were secure. -There were instructions to ensure windows and doors were secured or in the proper position according to the type of emergency. -There were instructions to turn off all water, electricity and/or gas. -Medication Aides (MAs) would be responsible for making sure all medication was packed and properly stored, residents charts were properly packed up and ready for transport and all other documents that may be needed for medication administration. -Personal Care Aides (PCAs) were responsible for packing up any needed belongings and activity supplies to keep residents occupied while at the relocation facility and assist in other areas as needed. -All available staff with vehicles and company owned vehicles would transport residents. -Several families would be involved in the evacuation and transportation of the residents and facilities request. -The Disaster Plan included contact information for State and local resources for emergency response, local law enforcement, facility staff, residents, responsible parties, vendors, contractors and utility companies. Review of 17 FL-2's for the residents revealed the	D 503		

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D 503	Continued From page 49 recommended level of care was domiciliary/Assisted Living Facility. Review of a list of resident locations received on 02/10/26 from the local Department of Social Services revealed 2 residents were discharged and 3 of the 17 residents were placed in a Mental Health Home. Telephone interview with the Assistant Manager of the facility on 02/05/26 at 10:43am revealed: -She was currently in a city two hours west of where the facility was located. -She was not sure if the facility was locked or unlocked. -The Manager was currently on vacation in another state and was not expected to return until 02/10/26. -The Manager informed her on 01/27/26 that she would be the Interim Manager when she went on vacation on 01/30/26. -She went to the facility on Monday 02/02/26 after she received telephone calls from staff at the facility that the heat and hot water were not working at the facility. -She and the previous Administrator, who was a Consultant to the Owner asked the Interim Owner what they should do with the residents since it was cold in the facility and there was no hot water. -The Interim Owner explained that she did not have anywhere that the residents could be moved to. -She and the Consultant decided to move the residents to different facilities in the state to ensure they had hot water and heat. -She and the Consultant transported residents to various facilities from the late afternoon on 02/02/26 to 8:00am on 02/03/26.	D 503		

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D 503	Continued From page 50 Interview with the Assistant Manager on 02/05/26 at 3:00pm revealed she was unable to locate the facility's emergency preparedness plan there at the facility and would send via email to a surveyor later that day. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed: -She and the Consultant decided to speak with facilities in four different counties to coordinate transferring the residents. -The Consultant had several contacts at these facilities, and they were able to match each resident with the best facility. -She and the Consultant consulted with the Owner about their plan to transport residents late in the afternoon on 02/02/26. -She did not know that the facility had a Disaster Plan that listed local schools as emergency evacuation locations. -She notified the Department of Social Services (DSS) about the need to transfer residents to other facilities via email on 02/03/26. -She notified resident guardians on 02/03/26 by telephone call or email. Telephone interview with a medication aide (MA)/Supervisor on 02/10/26 at 11:15am revealed: -She worked during the snowstorm from 01/31/26 to 02/02/26. -The facility was cold at the front of the building because the heat stopped working. -She asked the Interim Owner to come to the facility and try to find a repairman for the heater and hot water heater. -The Interim Owner came to the facility on 02/02/25 at 3:30pm. -She left the facility on 02/02/25 at 3:30pm once	D 503		

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D 503	Continued From page 51 the Interim Owner arrived at the facility. -The Assistant Manager arrived at the facility on 02/02/26 before 3:30pm. -The Assistant Manager explained to her and the PCAs that they were going to temporarily move the residents to another facility to ensure their safety. -She had never seen a Disaster Plan at the facility. -She was not aware the facility had a Disaster Plan and never had training on the facility's Disaster Plan. Telephone interview with a personal care aide (PCA) on 02/11/26 at 1:35pm revealed: -The facility had periodic fire drills; however, she was not aware of a Disaster Plan for the facility. -She had never seen a Disaster Plan at the facility and had not received training on a Disaster Plan. -If a hurricane was forecasted to approach their area, she would notify the Assistant Manager and follow any directions she gave her. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -Her last day at the facility prior to taking a vacation was 01/30/26. -She had a meeting with the Interim Owner and staff on 01/27/26 to explain that the Assistant Manager would be her replacement until she returned from vacation. -The Interim Owner was not going to be at the staff meeting on 01/27/26 so she informed her prior to the staff meeting that the Assistant Manager would assume her role as Manager until she returned from her vacation. -She worked at the facility on 01/30/26 and the heat was not working in the front of the building. -She reported the issue to the Interim Owner who	D 503		

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D 503	Continued From page 52 called a local maintenance person. -She left her shift at 3:00pm on 01/30/26 and the heat still was not working. -A PCA informed her on 01/31/26 that the heat and hot water were not working. -She instructed the PCA to inform the Assistant Manager that the heat and hot water were not working and to also notify the Interim Owner. -The facility's Disaster Plan usually stayed in the treatment medication cart or in her office in a filing cabinet. -The facility's Disaster Plan was not posted anywhere in the building for staff to view. -She provided training to all staff on the Disaster Plan sometime before September 2025. Interview with the Administrator on 02/05/26 at 2:24pm revealed: -She found out from the Manager on 01/27/26 that she was going on vacation on 01/30/26. -She asked the Manager on 01/27/26 what her plans were for the facility and the residents with the winter storm coming that weekend (01/30/26-02/01/26). -The Manager later told her that she would not be available but the Assistant Manager would be in charge while she was on vacation. Telephone interview with the Emergency Services Specialist on 02/10/26 at 8:34am and 1:07pm revealed: -Two inspectors went to the facility to conduct a fire inspection on 02/09/26. -The front door was unlocked and there were no staff or residents at the facility. -Some residents' belongings were bagged up and scattered about the facility. -The medication room was not secured and there were resident medications and records in the room.	D 503		

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D 503	Continued From page 53 -There had been no contact from the facility regarding the evacuation. -County Division of Social Services (DSS) reached out to emergency management on 02/06/26 to ask if they had a disaster plan for the facility. -DSS reported there were "some issues" but did not say what the issues were and did not report that the facility had been evacuated. Telephone interview with the Emergency Services Manager on 02/10/26 at 10:42am revealed: -He and the Fire Marshal went to the facility on 02/09/26 to conduct a fire inspection but there was no staff or residents at the facility. -The front door was unlocked, the lights were off and the gas and pilot light on the stove were still on. -Medications and records were found in an office that was unlocked and accessible. -They did not complete the fire inspection because there was no staff at the facility. -They secured the office, cut the gas off so there would not be a fire and secured the front door when they left. Telephone interview with a resident's responsible person on 02/06/26 at 9:50am revealed: -His resident (family member) notified him on 02/03/26 that she had been evacuated from the facility. -He was notified by the Assistant Manager via telephone on 02/04/26 that the residents had been evacuated from the facility due to the loss of heat and hot water at the facility. -His family member had mental illness and a history of self-harm and he thought the facility should have contacted him sooner to let him know of the evacuation plans and location of his loved one.	D 503		

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D 503	Continued From page 54 Telephone interview with a second resident's guardian on 02/06/26 at 9:57am revealed: -She heard from one of her family members on 02/04/26 at approximately 10:00pm that the facility was closed. -The family member told her that she heard the facility was evacuated from a delivery driver that attempted to deliver some medications to the facility that day and there were no residents there. -She had not received any notification regarding the evacuation or location of her family member. -She was very upset, horrified and it was very traumatic for her to not know where her family member was. -She, a friend and the resident's mental health caseworker called around and were able to locate the resident in another county on 02/05/26. -As of the time of the interview, she still had not received any communication from the facility. -The facility should have contacted her at the time the decision was made to evacuate the residents because she may have been able to help with placement. Telephone interview with a third resident's guardian on 02/06/26 at 4:15pm and on 02/09/26 at 1:40pm revealed: -He received an email on 02/03/26 regarding his family member's transfer to another facility. -He received a second email on 02/06/26 with an update on his family member's location. -His family member had severe mental retardation due to hydrocephalus and very low cognitive abilities so he was concerned about appropriate placement. -His family member was timid and hypersensitive to touch and loud noises and was easily startled. Review of the email to the third resident's	D 503		

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D 503	Continued From page 55 guardian dated 02/03/26 at 5:02pm revealed: -The email from the Manager stated that, due to a severe snowstorm, our assisted living facility experienced a critical loss of hot water and heat in portions of the building. -They made the decision to initiate an emergency evacuation for the safety and well-being of our residents. -Residents had been safely relocated to temporary accommodations where heat, hot water, meals, medical support, and supervision are fully available. -Staff members accompanied residents during the transition and continue to provide care and oversight at each location. -The guardian's resident was relocated to a named facility in the eastern region of the state and the name, address and number for the facility was provided. Telephone interview with the Administrator of the facility in the Eastern region of the state on 02/09/26 at 12:33pm revealed: -The home she ran was for independent living. -She discussed taking 2 men from the facility but she did not take either due to inappropriate placement. Review of a second email to the third resident guardian dated 02/06/26 at 5:41pm revealed the resident was located at another Family Care Home in the East region on the state. Telephone interview with a fourth resident's guardian with the Department of Social Services on 02/09/26 at 1:09pm revealed: -He received an email on 02/03/26 at 4:11pm regarding the evacuation and temporary relocation of the resident to another facility due to critical loss of hot water and heat at the facility.	D 503			

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D 503	Continued From page 56 -He was concerned about whether the placement was appropriate. -His ward was currently in the hospital due to increased confusion and possible seizure activity. Telephone interview with a fifth resident's guardian on 02/06/26 at 11:20am revealed: -Facility staff had not notified him that his family member had been evacuated from the facility and moved to another facility. -He was upset that he had not been notified, he had no idea that his family member was not at the facility. -He expected to have been notified of his family members relocation. Telephone interview with a sixth resident's legal guardian with DSS on 02/09/26 at 1:20pm revealed: -He received an email from the Assistant Manager on 02/03/26 at 4:52pm that the residents had been evacuated from the facility due to severe weather and the loss of heat and hot water. -The residents had been safely relocated to temporary locations. Telephone interview with the MA/Supervisor on 02/11/26 at 12:39pm revealed she relied on the Assistant Manager to give her directions on what she should do during a disaster or emergency evacuation. Telephone interview with a second MA on 02/12/26 at 12:42pm revealed she thought she had training on the facilities Disaster Plan by the Manager in August 2025 but could not remember. Telephone interview with a caseworker with a mental health agency on 02/11/26 at 2:53pm	D 503		

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D 503	Continued From page 57 revealed: -He provided services to 9 residents at the facility once a month. -He went to visit his 9 residents at the facility on 02/06/26. -The local EM staff were at the facility, it looked abandoned, residents' belongings were bagged up in the hallway and the front lounge. -Local EM reported to him that the building was unlocked when they arrived and they had not heard any reports from facility management. -Local EM did not know where staff or residents were located. -The empty building was strange to him; he was concerned that residents had left numerous personal items behind. -It was important for residents to have their personal items to help with a transition, and it was their personal property. -He was upset because for some residents their personal belongings were all that they owned. -He left the facility and was upset because he had no idea where his clients were living. Telephone interview with the receptionist at the local home health (HH) company on 02/12/26 at 8:56am revealed their staff did not know where the residents from the facility were transferred. Telephone interview with a Registered Nurse with the facility's contracted Home Health agency on 02/12/26 at 9:42am revealed: -The agency saw 4 resident at the facility. -One resident was being seen twice a week for wound care following a toe amputation on 11/15/25 and the surgical site was not healing; The last wound care was completed on 01/30/26. -Other residents received long-acting anti-psychotic injections. -Another nurse went to the facility on 02/05/26	D 503			

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D 503	Continued From page 58 and found that the residents had been evacuated. -She had called around to attempt to locate her residents so she could provide the care they needed and she did not know where many of her clients were relocated to. Telephone interview with the local Ombudsman on 02/11/26 at 3:15pm revealed: -She had not received any notification from the facility about the evacuation of residents to other facilities. -She was not aware that residents had been moved out of the facility until 02/06/26 when she contacted a surveyor regarding another matter. -She needed to be notified of the plan to transfer residents to other facilities so she could assist with transfers, help the residents with packing their belongings prior to being transferred and she needed to be aware of where the residents were relocated. -She had been trying to locate the residents since 02/06/26 but had not located any of the residents. Telephone interview with the pharmacy supervisor with the facility's contracted pharmacy on 02/09/26 at 10:21am revealed she attempted to speak with the Administrator when several facilities began calling to have prescriptions for residents transferred to their facility on 02/03/26 or 02/04/26 but the Administrator did not know what was going on with the transfer of residents to different facilities. Telephone interview with the primary care provider (PCP) for the residents at the facility on 02/11/26 at 3:29pm revealed: -The staff at the facility never notified her that the residents were being transferred to other facilities. -She became aware of the residents being	D 503		

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D 503	Continued From page 59 transferred to other facilities from emails from HH staff. -HH staff reached out to her by email to inform her that they did not know where their residents were located and did she want to discontinue their HH services. -She was emailed by HH staff on 02/05/26 at 7:00am, 8:20am, and 12:13pm. -She was supposed to visit residents on 02/06/26. Telephone interview with the Owner on 02/10/26 at 9:30am revealed: -The Interim Owner was in charge of the facility and was in the process of purchasing the facility from her. -On 02/02/26 at 7:50am, she was notified by the Assistant Manager that the heat and hot water were not working in the facility. -She did not receive communication from the Interim Owner or Administrator about the facility's heat and hot water not working. -She instructed the consultant and Assistant Manager to go to the facility to assess the situation at the facility. -Later in the evening on 02/02/26 she was made aware by the consultant and the Assistant Manager that the residents would need to be moved to another facility due to the heat and hot water not working. -She was not sure why the facilities Disaster Plan was not accessible to staff at the facility. -She was not aware the facility front door was unlocked and that the medication room was unlocked. -Management needed to ensure that medical records and medications were secured appropriately. Refer to Tag 338 10A NCAC 13F Resident Rights.	D 503			

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D 503	Continued From page 60 The facility failed to provide for the care of residents that were evacuated by ensuring all staff were aware of and implemented the facility's Emergency Preparedness plan as outlined by the facility. The facility placed 17 residents being placed in various facilities in 4 counties without providing the residents' medical records, personal belongings and medications left behind. The facility was left unlocked, the medication cart and medication room were left unlocked and the gas was left on and failed to ensure coordination and continuity of care for a resident that received wound care for a surgical site. The facility also failed to make notifications to the Home Health Provider primary care provider (PCP), mental health provider, residents' responsible parties, local Emergency Management and the local Department of Social Services. As a result of this failure, guardian's were unable to locate their resident's for several days, wound care was not completed as ordered and 3 of 17 residents were placed in facilities that were not their physician ordered recommended level of care. These failures resulted in serious risk that physical harm could occur and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with GS. 131D-34 on February 17, 2026 for the violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED March 14, 2026.	D 503		
D 507	13F .0309 (I) (m) (n) Fire Safety and Emergency Preparedness Plans 10A NCAC 13F .0309 Fire Safety and Emergency	D 507	D507-13F .0309(I)(m)(n) Fire Safety and Preparedness Plan (I) The Administrator or designee shall report any evacuation of residents to: Local Emergency Management County Department of Social Services (DSS) Division of Health Service Regulation (DHSR), Adult Care Licensure Section within four hours or as soon as practicable, and again upon return of residents (m) Any damage to the facility or building systems disrupting care (including HVAC failure) shall be reported to the DHSR Construction Section within four hours or as soon as practicable (n) If evacuation is ordered by authorities, the facility shall not re-occupy until approval is granted by appropriate officials	3/29/2026

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D 507	Continued From page 61 Preparedness Plans (l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate and shall notify the agencies within four hours of the return of residents to the facility. (m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring. (n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to notify the local emergency management agency, the local Department of Social Services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as	D 507	A. Immediate Corrective Action All residents were safely evacuated and relocated to appropriate placements. The facility is currently closed, and no residents remain in the building. Notifications have now been: Completed retrospectively to all required agencies Documented for compliance review The Administrator and management staff have received immediate retraining on: Emergency reporting requirements Timelines for notification under this rule B. Systemic Corrective Actions 1. Emergency Notification Policy Implemented The facility has implemented an Emergency Notification Policy requiring: Immediate notification (within 4 hours or as soon as practicable) to: Local Emergency Management DSS DHSR Adult Care Licensure Section Notification to: DHSR Construction Section for any building system failure (HVAC, electrical, water, etc.) C. Emergency Reporting Checklist A mandatory Emergency Reporting Checklist has been developed and will be used during all emergencies to ensure: All required agencies are notified Timelines are met Documentation of: Date/time of incident Date/time of notifications Staff responsible for reporting D. Assignment of Responsibility The Administrator (or designee) is responsible for: Ensuring all required notifications are completed Verifying documentation of notifications	

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D 507	Continued From page 62 practicable of a decision to evacuate and relocate 17 residents from the facility or notify the Division of Health Service Regulation Construction section of the damage to their hot water and heating system. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 30 residents. -The expiration date of the facility's license was 12/31/26. Review of the facility's current census report provided on 02/05/26 revealed: -There were 17 residents that resided at the facility the morning of 02/02/26. -Two residents were discharged to another facility the afternoon of 02/02/26 which resulted in a census of 15 residents. Review of the facility's Disaster Plan provided via email to the local Emergency Management (EM) on 08/28/25 revealed: -The local Emergency Management Specialist emailed state surveyors the facility's Disaster Plan on 02/11/26 at 10:27am and stated the facility sent them the Disaster Plan on 08/28/25. -Procedures for evacuation included the move of residents to a safe location recommended by local code enforcement officials, public safety officials, or when there is an immediate threat to the resident's safety. -There were instructions to obtain medications, emergency charts and supplies for relocation and secure needed assistance to transport residents to two named local schools. -There were instructions to keep familiar staff with	D 507	A secondary designee will be assigned to ensure: Coverage in the absence of the Administrator No lapse in required reporting D.Documentation System Implementation of an Emergency Incident Log, including: Incident description Agencies notified Timeframes of notifications Follow-up actions E. Integration into Emergency Preparedness Plan The facility's emergency preparedness plan has been updated to include: Clear notification procedures and timelines Contact information for all required agencies Step-by-step reporting protocol 3. Monitoring Plan Administrator/designee will: Review all emergency incidents and reporting for 100% compliance for 90 days Conduct monthly audits thereafter Governing body will: Conduct quarterly compliance reviews Any identified non-compliance will result in: Immediate corrective action Staff retraining Disciplinary action if warranted 4. STAFF TRAINING (IMMEDIATE, ORIENTATION, AND ANNUAL) Immediate Training (Completed): All staff, including Administrator, Managers, and Assistant Managers, have received immediate retraining on: 10A NCAC 13F .0309 (l)(m)(n) requirements Required 4-hour notification timeline Agencies that must be notified Reporting requirements for building system failures (HVAC, utilities, etc.)	

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D 507	Continued From page 63 the residents to ensure care and services in the new location. -There were instructions to notify all family members/responsible persons, local Department of Social Services (DSS) and the Division of Facility Services of the relocation site. -There were instructions to notify appropriate law enforcement officials that the facility was vacated. -There were instructions to ensure valuable items and/or toxic materials were secure. -There were instructions to ensure windows and doors were secured or in the proper position according to the type of emergency. -There were instructions to turn off all water, electricity and/or gas. -Medication Aides (MAs) would be responsible for making sure all medication was packed and properly stored, residents charts were properly packed up and ready for transport and all other documents that may be needed for medication administration. -Personal Care Aides (PCAs) were responsible for packing up any needed belongings and activity supplies to keep residents occupied while at the relocation facility and assist in other areas as needed. -All available staff with vehicles and company owned vehicles would transport residents. -Several families would be involved in the evacuation and transportation of the residents and facilities request. -The Disaster Plan included contact information for State and local resources for emergency response, local law enforcement, facility staff, residents, responsible parties, vendors, contractors and utility companies. Telephone interview with the Assistant Manager of the facility on 02/05/26 at 10:43am revealed: -She was currently in a city two hours west of	D 507	Orientation Training (Ongoing): All newly hired staff will receive training prior to working independently, including: Emergency reporting requirements Staff roles in notifying leadership Documentation expectations Annual Training (Ongoing Compliance): All staff will receive annual training on: Emergency preparedness and reporting requirements Notification timelines and procedures Accountability and documentation Training Documentation: Attendance logs maintained Competency validation completed Signed acknowledgments on file GOVERNING BODY STATEMENT The governing body of Pantego / Viola Ventures acknowledges the seriousness of this Type B violation and the failure to meet required emergency notification timelines. We affirm: Residents were evacuated for safety; however, required notifications were not completed timely. Immediate corrective actions and systemic changes have been implemented Leadership and staff have been retrained and are accountable This Plan of Correction reflects the facility's commitment to ensuring that all emergency notifications and reporting requirements are completed timely and in full compliance with 10A NCAC 13F .0309 (l)(m)(n). Administrator and Governing Body will ensure this is done.	

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D 507	Continued From page 64 where the facility was located. -She was not sure if the facility was locked or unlocked. -The Manager was currently on vacation in another state and was not expected to return until 02/10/26. -The Manager informed her on 01/27/26 that she would be the Interim Manager when she went on vacation on 01/30/26. -She went to the facility on Monday 02/02/26 after she received telephone calls from staff at the facility that the heat and hot water were not working at the facility. -She and the previous Administrator, who was a Consultant to the Owner asked the Interim Owner what they should do with the residents since it was cold in the facility and there was no hot water. -The Interim Owner explained that she did not have anywhere that the residents could be moved to. -She and the Consultant decided to move the residents to different facilities in the state to ensure they had hot water and heat. -She and the Consultant transported residents to various facilities from the late afternoon on 02/02/26 to 8:00am on 02/03/26. Review of an email correspondence dated 02/03/26 at 8:19pm revealed: -The Assistant Manager of the facility sent an email to the Adult Home Specialist (AHS) with the local (DSS) to provide an update on the assisted living facility. -The email revealed that "Due to the snowstorm there is not hot water in some areas of the building, so we had an emergency evacuation last night to keep the residents safe and warm. They are in different locations that we have worked with until further notice."	D 507			

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D 507	Continued From page 65 -There was also communication in the email that the Manager of the facility was on vacation but was aware of the transfer of residents. Observation of the facility grounds on 02/05/26 at 2:00pm revealed: -The Administrator was standing near the front entrance of the building and said she was waiting for someone to arrive to unlock the facility. -The state surveyors informed the current Administrator that per staff with the local DSS the front door was closed but was unlocked. -The Administrator entered the front door of the building without a key. Telephone interview with the Assistant Manager on 02/09/26 at 12:42pm revealed: -She and the Consultant decided to speak with facilities in four different counties to coordinate transferring the residents. -The Consultant had several contacts at these facilities, and they were able to match each resident with the best facility. -She and the Consultant consulted with the Owner about their plan to transport residents late in the afternoon on 02/02/26. -She did not know that the facility had a Disaster Plan that listed local schools as emergency evacuation locations. -She did not know that she should have notified DSS, the local EM, and DHSR within 4 hours or as soon as practicable when they needed to evacuate the facility and transfer residents. -She never notified the local EM agency or DHSR. -She notified DSS about the need to transfer residents to other facilities via email on 02/03/26 at 8:19pm. -She notified resident guardians on 02/03/26 by telephone call or email.	D 507			

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D 507	Continued From page 66 Telephone interview with the Emergency Services Specialist with the local EM on 02/10/26 at 8:34am and 1:07pm revealed: -Two inspectors went to the facility to conduct a fire inspection on 02/09/26. -The front door was unlocked and there were no staff or residents at the facility. -Some residents' belongings were bagged up and scattered about the facility. -The medication room was not secured and there were resident medications and records in the room. -There had been no contact from the facility regarding the evacuation. -The local DSS reached out to EM on 02/06/26 to ask if they had a disaster plan for the facility. -DSS reported there were "some issues" but did not say what the issues were and did not report that the facility had been evacuated. Telephone interview with the EM Services Manager on 02/10/26 at 10:42am revealed: -He and the Fire Marshal went to the facility on 02/09/26 to conduct a fire inspection but there were no staff or residents at the facility. -The front door was unlocked; the lights were off and the gas and pilot light on the stove was still on. -Medications and records were found in an office that was unlocked and accessible. -They did not complete the fire inspection because there were no staff at the facility. -They secured the office, cut the gas off so there would not be a fire and secured the front door when they left. Telephone interview with a medication aide (MA)/Supervisor on 02/10/26 at 11:15am revealed:	D 507		

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D 507	Continued From page 67 -She worked during the snowstorm from 01/31/26 to 02/02/26. -The facility was cold at the front of the building because the heat stopped working. -She was not aware the facility had a Disaster Plan and never had training on the facility's Disaster Plan. -She was not aware that the local EM, DSS, and DHSR needed to be notified of the evacuation. Telephone interview with the Manager on 02/12/26 at 9:13am revealed: -The facility's Disaster Plan usually stayed in the treatment medication cart or in her office in a filing cabinet. -She did not think about notifying the local EM, DSS, or DHSR that residents had to evacuate the building due to no heat or hot water. -She did not think to direct the Assistant Manager to notify the local EM, DSS, or DHSR. Telephone interview with the Owner on 02/12/26 at 12:46pm revealed: -The Interim Owner was responsible for notifying local EM, DSS, and DHSR about the evacuation of the facility. -The local EM, DSS, and DHSR should have been notified of the facility evacuating within 4 hours or as soon as practicable. -She was not sure why the Interim Owner or other management did not notify local EM, DSS, or DHSR. At the time of exit from the survey on 02/12/26 at 5:00pm the DHSR Construction Section had not received notification from facility staff that residents had been evacuated from the facility due to the lack of heat and hot water. _____ The facility failed to ensure that local emergency	D 507		

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D 507	Continued From page 68 management, Department of Social Services and the Division of Health Service Regulation were notified within four hours or as soon as practicable that staff at the facility had to evacuate 15 residents due insufficient heat and hot water in the facility, residents were transported to various facilities overnight where some facilities were two hours away from the facility. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/13/26 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 29, 2026.	D 507			