Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013048	A. BUILDING: _____ B. WING _____	R 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRA BELLA HARRISBURG	6200 ROBERTA ROAD HARRISBURG, NC 28075

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D 000	Initial Comments The Adult Care Licensure Section and Cabarrus County Department of Social Services conducted an annual and follow-up survey on March 10, 2026 through March 11, 2026.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A & B) had completed all required training including the 5, 10, or 15-hour Medication Aide (MA) training prior to administering medications to residents. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired as a Medication Aide (MA) on 11/05/25 -Staff A completed the Medication Aide Clinical Skills Competency Validation checklist on 12/11/25. -Staff A passed the State written MA examination	D 125	The Executive Director (ED) or designee will ensure consistent use of the existing training and competency tracking system to verify all team members complete required training and validations prior to floor training. Business office Manager (BOM) or designee will use a standardized checklist will be utilized to confirm completion of all training and competencies, including specific verification for medication Technicians. Checklist was implemented immediately. ED will conduct routine audits to ensure ongoing compliance and prevent recurrence over the next thirty (30) days.	3/16/26 3/16/26

Reviewed and acknowledged by Melissa J. Jones , 5/15/26

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D 125	Continued From page 1 on 08/12/22. -There was documentation Staff A had completed the MA 5-Hour training course however no date was listed. -There was no documentation Staff A had completed the MA 10-hour training course. Telephone interview with Staff A on 03/11/26 at 12:53pm revealed: -She was hired a few months ago as a MA. -She had completed the MA 15-hour training course, date unknown. -She did not have access to her 15-hour training course certificate because she had lost her username and password. -She had administered medications to residents. Refer to interview with the Business Office Manager (BOM) on 03/11/26 at 4:50pm. Refer to interview with the Administrator on 03/11/26 at 4:35pm. 2. Review of Staff B's personnel record on 03/11/26 revealed: -Staff B was hired as a medication aide (MA) on 07/23/25. -There was no documentation that Staff B completed the required 5, 10 or 15-hour medication training course. -Telephone interview with Staff B on 03/11/26 at 03:50pm revealed: -Staff B trained with another MA at the facility beginning 07/23/25. -She had been a MA for "several years" prior to her current job. -Staff B believed she took the 5 and 10-hour training courses online at the facility starting in 2025 but was not sure of the date. -She also took the 5 and 10-hour training at a	D 125		

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D 125	Continued From page 2 previous facility but was unsure of the date of the training. -She did not have documentation of the training. Refer to interview with the BOM on 03/11/26 at 4:50pm. Refer to interview with the Administrator on 03/11/26 at 4:35pm. _____ Interview with the BOM on 03/11/26 at 4:50pm revealed: -She was aware MAs were required to have at least 5 hours of the 15-hour MA training course completed prior to administering medications. -She was responsible for maintaining all employee records. -When a new MA was hired, a corporate human resources employee added the appropriate training courses into the online training system. -All new MA staff had been required to complete all training, including the 5, 10 or 15-hour medication training, prior to "being allowed on the floor" as of January 2026. -She did not realize Staff A and B did not have their MA training course certificates in their employee records. Interview with the Administrator on 03/11/26 at 4:35pm revealed: -She was aware MAs were required to have at least 5 hours of the 15-hour MA training course completed prior to administering medications. -The BOM was responsible for maintaining and updating employee records. -She did not know why Staff A and B's employee records were not complete. -She did not think anyone had reviewed employee records consistently before January 2026.	D 125		

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D 125	Continued From page 3 -She or the BOM were responsible for auditing employee record files but had not yet done so.	D 125		
D 367	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the medication administration records (MARs) were accurate for 1 of 5 sampled residents (#4) related to documentation of a medication used to treat pain.	D 367	The Resident Carer Coordinator (RCC) corrected the identified eMAR discrepancies immediately. Director of Heath & Wellness (DHW) , RCC or designee will review all MARs for accuracy and promptly address any identified discrepancies. Medication technicians will be re-educated on accurate documentation, identification of discrepancies, and timely reporting of concerns to the clinical leadership team. All applicable team members will be re-trained on eMAR and procedures within 30ndays. DHW, RCC or designee will review the eMAR Exception report routinely and will address any errors. DHW or designee will conduct routinely audits to ensure ongoing compliance and accuracy of the Emar system.	3/16/26

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D 367	Continued From page 4 The findings are: Review of Resident #4's current FL2 dated 12/16/25 revealed diagnoses included muscle weakness, chronic obstructive pulmonary disease, difficulty walking and chronic respiratory failure. Review of Resident #4's Resident Register revealed an admission date of 07/21/23. Review of Resident #4's signed physician orders dated 10/13/25 revealed: -Resident #4 had an order for lidocaine pain relief 4% patch (a topical local anesthetic used to relieve pain by numbing nerves in the skin), apply 1 patch topically to pain site daily, patch may remain on for 12 hours. -There was a second order for lidocaine pain relief 4% patch, remove patch 12 hours after applying. Review of Resident #4's January 2026 electronic medication administration record (eMAR) revealed: -There was an entry for lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning, leave on for 12 hours. -There was an entry for the time to be applied at 9:00am. -There was an entry for lidocaine pain relief 4% patch, discard patch at bedtime and leave off for 12 hours. -There was an entry for the time to discard the patch as 9:00am. -There was documentation lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning was applied at 9:00am on 01/22/26 through 01/31/26.	D 367		

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D 367	Continued From page 5 -The entry for 01/01/26 through 01/21/26 was blank and highlighted green. -There was no exception codes identifying if the medication was not applied 01/01/26 through 01/21/26. -There was documentation lidocaine pain relief 4% patch was removed at 9:00am on 01/01/26 through 01/31/26. Review of Resident #4's February 2026 electronic medication administration record (eMAR) revealed: -There was an entry for lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning, leave on for 12 hours. -There was an entry for the time to be applied at 9:00am. -There was an entry for lidocaine pain relief 4% patch, discard patch at bedtime and leave off for 12 hours. -There was an entry for the time to discard the patch as 9:00am. -There was documentation lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning was applied at 9:00am on 02/01/26 through 02/17/26, 02/19/26 through 02/22/26, and 02/25/26 through 02/28/26. -There was an exception code on 02/18/26 and 02/22/26 refused by resident. -There was documentation lidocaine pain relief 4% patch was removed at 9:00am on 02/01/26 through 02/17/26, 02/19/26 through the 02/21/26, 02/24/26,02/25/26,02/27/26, 02/28/26. There was an exception code for applying the lidocaine patch on 02/18/26 and 02/22/26 as refused by resident. -There was an exception code for removing the lidocaine patch on 02/18/26,02/22/26 02/23/26 and 2/26/26 as refused by resident.	D 367		

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D 367	Continued From page 6 Review of Resident #4's March 2026 electronic medication administration record (eMAR) revealed: -There was an entry for lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning, leave on for 12 hours. -There was an entry for the time to be applied at 9:00am. -There was an entry for lidocaine pain relief 4% patch, discard patch at bedtime and leave off for 12 hours. -There was an entry for the time to discard the patch as 9:00am. -There was documentation lidocaine pain relief 4% patch, apply 1 patch topically to lower back every morning was applied at 9:00am on 03/01/26 through 03/03/26, 03/06/26 through 03/08/26. -There was an exception code for applying the lidocaine patch on 03/04/26, 03/05/26, 03/09/26 and 03/10/26 as refused by resident. -There was documentation lidocaine pain relief 4% patch was removed at 9:00am on 03/01/26 through 03/05/26. -There was an exception code for removing the lidocaine patch on 03/04/26 through 03/10/26 as refused by resident. Observation of Resident #4's medications available for administration on 03/11/26 at 11:06am revealed there were two bags of lidocaine pain relief 4% patches one bag with 23 patches and one bag with 27 patches. Interview with Resident #4 on 03/11/26 at 10:43am revealed: -She was doing fine and didn't think she needed her lidocaine patch and had told the medication aide (MA) she did not need them. -She had been refusing the last several days.	D 367		

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-She had gotten a rash on her back and thought that maybe that was from the patch.
-She did not want the order for the lidocaine patch to be discontinued in case she was having back pain and would need to have the patch re-applied.

Interview with an MA on 03/11/26 at 11:03am revealed:
-Resident #4 was to get a lidocaine patch applied every morning and taken off at night.
-She had noticed the entry to discard the patch was showing on the eMAR at 9:00am, but she knew the patch was to be taken off in the evening.
-She had not told anyone about the discrepancy.
-Resident #4 had started to refuse the lidocaine patch for the last several days stating she did not need it.
-It was an error that she documented she removed the lidocaine patch on 03/4/26 and 03/05/26 as Resident #4 had refused the lidocaine patch on those dates.
-She confirmed her initials on the eMAR and said it was confusing to have both entries on the screen to apply and discard in the morning and she must have clicked on the wrong time.
-She confirmed she documented in error she applied the lidocaine patch on 03/06/26, 03/07/26, and 03/08/26.
-She stated it was confusing to have two entries for 9:00am to apply the lidocaine patch and also remove the lidocaine patch and must have clicked on the wrong field.

Interview with the Resident Care Coordinator (RCC) on 03/11/26 at 10:50am and 1:41pm revealed:
-All orders are faxed to the pharmacy.
-The pharmacy was responsible for entering the

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orders on the eMAR, and the MAs are responsible for making sure the order matches the eMAR and are to approve it in the electronic eMAR system.
-She was not aware the eMAR for Resident #4 was showing to apply the lidocaine patch at 9:00am and remove it at 9:00am and acknowledged that would be confusing.
-The MAs should have reported the time discrepancy to the clinical department.
-The facility nurse or the RCC had the capabilities to fix the times on the eMAR.
-She was not sure why the January eMAR was showing 01/01/26 through the 01/21/26 was blank and highlighted green.
-The new electronic eMAR system will turn green if it is double tapped showing they did get the medication, but not sure why the initials were not showing.
-It did not show up on the exception report as not given.

Interview with Health and Wellness Director (HWD) on 03/11/26 at 3:28pm revealed:
-She or the RCC ran medication exception reports daily for all of the residents.
-Since she has been in her position for the last three months she had started to randomly review the medication cart audits to review expired medications on the cart, review orders to ensure it matched the eMAR.
-She was not aware the lidocaine patch was displaying to apply and remove at 9:00am.
-She was not sure why Resident #4's January eMAR the lidocaine pain relief 4% patch entry was showing 01/01/26 through the 01/21/26 as blank and highlighted green.

Telephone interview with a representative with the facility's contracted pharmacy on 03/11/26 at

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D 367	Continued From page 9 2:00pm revealed: -The pharmacy was responsible for entering the medications orders on the eMAR system. -The pharmacy had an order dated 12/22/25 for lidocaine pain relief 4% patch order for lidocaine pain relief 4% patch apply 1 patch topically to pain site daily, patch may remain on for 12 hours at 9:00am. -There was a second order for lidocaine pain relief 4% patch, remove patch 12 hours after applying at 9:00pm. -She was not sure why the eMAR system was displaying to apply and remove the lidocaine patch at 9:00am as she saw the display at the pharmacy as the prescription was written to apply at 9:00am and remove at 9:00pm. A second telephone message on 03/11/26 at 3:17pm from a representative from the facility's contracted pharmacy revealed: -She was able to review the electronic medication records system and the time frames for the lidocaine patch apply at 9:00am and remove at 9:00pm did translate over correctly. -She was able to determine the facility had changed the times on the lidocaine patch and must have been an error on their part. -The facility should go into the eMAR and change it back. Interview with the Administrator on 03/11/26 at 4:52pm revealed: -She would have expected the MAs to notify the clinical staff about the discrepancy with the eMAR showing 9:00am for both applying and discarding Resident #4's lidocaine patch. -She expected the eMAR's to be accurate and if the MA's had questions they should let the clinical staff know.	D 367		

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D 451	Continued From page 10	D 451	Reporting to DSS completion has been incorporated into the daily morning stand-up meeting to ensure timely completion.	03/16/26
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to notify the local county Department of Social Services (DSS) of an incident for 1 of 2 sampled residents (#4) who had a fall which required medical intervention at a local emergency department. The findings are: Review of the facility's undated policy titled Incident Reporting Policy and Process revealed: -All state reportable incidents will be reported per state regulations and have a corresponding internal incident report. -The following incidents are reportable include Incidents requiring the services of emergency management, All resident falls with or without apparent injury. -Notification shall include state and local authorities will be notified per regulations and as listed under "Reporting" section of this policy.	D 451	Facility will ensure all reportable accidents and incidents are reported to DSS in accordance with state regulations. Executive Director has designated team members who are responsible for ensuring reports are completed in a timely manner. Ongoing monitoring will include weekly audits of incident and accident reporting to continue compliance with state reporting requirements.	

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D 451	Continued From page 11 Review of Resident #4's current FL2 dated 12/16/25 revealed diagnoses included muscle weakness, chronic obstructive pulmonary disease, difficulty walking and chronic respiratory failure. Review of Resident #4's Resident Register revealed an admission date of 07/21/23. Review of an accident incident report for Resident #4 dated 01/01/26 revealed: -Resident fell going to the bathroom, unassisted when transferring to the toilet to the wheelchair when using the bathroom. -She was alert and oriented and wearing her oxygen. -She hit her head but not hard. -She did not sustain any noticeable injury. -She was able to move all extremities deliberately and well controlled. -She was sent to the emergency department (ED) for evaluation. Review of a progress note dated 01/01/26 revealed Resident #4 was sent out to the ED and returned the same day. Review of an accident incident report for Resident #4 dated 02/28/26 revealed: -Resident had a witnessed fall when she lost her balance holding the grab bar and fell. -She was not questioned about pain level. -She did not sustain any noticeable injuries. -She was sent to the ED for evaluation. Review of a progress note dated 03/01/26 revealed: -Resident #4 was sent out to the ED in the evening on 02/28/26 and returned hours later on 03/01/26.	D 451		

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D 451	Continued From page 12 -She had a new prescription for a diuretic (a prescription used for edema related to congestive heart failure, liver disease, or kidney disease, as well as for treating hypertension). Interview with the Adult Home Specialist with DSS on 03/10/26 at 4:18pm revealed DSS had not received an incident report for Resident #4 regarding two falls on 01/01/26 and 02/28/26. Interview with the Administrator on 03/11/26 at 4:52pm revealed: -She, the Health and Wellness Director, the Resident Care Coordinator or the Special Care Coordinator are responsible for sending incident reports to DSS. -She or another member of the clinical team was responsible for sending the incident reports to DSS within 24 hours. -The incident report for Resident #4 were not sent to DSS as it was overlooked.	D 451		