Received via electronic mail on 05/22/26

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
	HAL079108	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVOTED ASSISTED LIVING	5767 HWY 135 STONEVILLE, NC 27048

(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 an annual and follow-up survey on 04/29/26.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#1) had completed tuberculosis (TB) testing upon admission. The findings are: Review of Resident #1's current FL2 dated 03/10/26 revealed diagnoses included malignant neoplasm, hypothyroidism, type 1 diabetes without complications, cervical region spinal stenosis, and unspecified schizophrenia. Review of Resident #1's resident register revealed an admission date of 08/08/25. Review of Resident #1's immunization records	D 234	administrator had emergency admin. meeting to discuss survey findings administrator will have the facility manager check over admission records of residents to ensure all paper work is in order.	4/30/26 4/30/26

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marlene Harrison — TITLE: administrator — (X6) DATE: 5/22/26

Reviewed and Acknowledged by S.A. on 05/26/26

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D 234	Continued From page 1 revealed: -There was no documentation of a negative TB skin test. -There was no documentation of a positive TB skin test. Interview with the Administrator on 04/29/26 at 2:05pm revealed: -She did not know why Resident #1's TB skin test was not completed and available for review. -All residents must have a completed skin test prior to admission. -She was responsible for ensuring TB skin tests were completed upon residents' admissions. Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable. Attempted telephone interview with Resident #1's primary care provider (PCP) on 04/29/26 at 1:30pm was unsuccessful.	D 234	Resident #1 TB skin test was done at an urgent care. Resident #1 TB skin test was read 5/6/26. Finding was negative. Resident step 2 TB test will be done on 5/27/26	5/4/26 5/6/26 5/27/26

Marlene Harrison administrator 5/22/26