

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345298		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2025	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF PENDER				STREET ADDRESS, CITY, STATE, ZIP CODE 311 S CAMPBELL STREET , BURGAW, North Carolina, 28425			
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F0000	INITIAL COMMENTS The survey team entered the facility on 08/19/2025 to conduct a complaint investigation survey and exited on 08/22/2025. Additional information was obtained on 08/26/2025, 08/28/2025, 9/2/2025, and 9/3/2025. Therefore, the exit date was changed to 09/03/2025. The following intakes were investigated 2586595 and 792834. 1 of the 2 complaint allegations resulted in deficiency.		F0000				
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on record review and resident, staff, Responsible Party/Power of Attorney, North Carolina Nursing Assistant Registry investigator, former Director of Nursing and law enforcement interviews, the facility failed to protect a resident's (Resident #1) right to be free from misappropriation of property when Nursing Assistant (NA) #1 used Resident #1's bank account information, without Resident #1's permission, to create a Cash App account (Cash App is an app on your phone that works like a digital wallet; it is connected to your bank account and can be used to send or receive money instantly between users as well as be used to pay bills or for services) in Resident #1's name and then used that Cash App account to transfer money to her adult son, fiancé, and mother on several occasions. NA #1 was alleged to have spent approximately \$8022.84 (estimated) from November 2024 through March 2025. Resident #1 said it made her mad and that it hurt here (indicating her heart by patting the center of her		F0602	"Past Noncompliance - no plan of correction required"			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0602 SS = D	<p>Continued from page 1 chest) knowing NA #1 had stolen her money. This deficient practice occurred for 1 of 1 resident reviewed for abuse, neglect and misappropriation of resident property (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 7/15/24 with diagnoses which included chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, chronic diastolic (congestive) heart failure, chronic kidney disease stage 2, generalized anxiety disorder, and major depressive disorder.</p> <p>Resident #1's Care Plan included a need of impaired mobility related to hemiplegia following cerebrovascular disease (a stroke) affecting right side, initiated on 7/19/24.</p> <p>The quarterly Minimum Data Set (MDS), dated 1/30/25, coded Resident #1 as cognitively intact.</p> <p>A review of the facility's Summary of Admitted Charges from Staff Member, listed the transactions on Resident #1's bank statements from 11/12/24 through 3/20/25 that totaled \$8,022.84.</p> <p>The Initial Allegation Report, dated 3/27/25 and completed by the Administrator, was reviewed. It indicated the facility became aware on 3/27/25 at 8:30 AM that Resident #1 allegedly gifted NA #1 money. NA #1 had been suspended pending an investigation for misappropriation of resident property. Local law enforcement was notified on 3/27/25 at 9:30 AM. The Department of Social Services was notified on 3/27/25. A fax receipt indicated the Division of Health Service Regulation was notified on 3/27/25 at 9:41 AM.</p> <p>The Investigation Report, dated 4/2/25 and completed by the Administrator, was reviewed. The report indicated the facility did not substantiate the allegation of misappropriation of resident property. It stated the incident did not result in injury/harm or mental anguish to Resident #1. It indicated the new estimated amount was \$8102.84 based on their follow-up interview. Per this report, law enforcement for this incident did not result in any charges against NA #1. Further review</p>			F0602			

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F0602 SS = D	<p>Continued from page 2</p> <p>of the facility's 5-day summary revealed the facility had become aware of some concerns regarding Resident #1's bank account when a family member of hers brought in Resident #1's bank statement into the Business Office Manager (BOM) on 3/26/25. The family member told the BOM that "someone is getting" Resident #1. After some research, there had been a correlation between some transactions on the bank statement to NA #1 as she shared the same last name with the names listed on the Cash App transactions listed on the statement. The Administrator brought in NA #1 on the morning of 3/27/25 and NA #1 admitted to accepting financial gifts from Resident #1 and the transactions were completed via Cash App accounts in the names of her mother and son; NA #1 initially denied any transaction tied to her fiancé. The summary listed the total of the transactions in her son and mother's names as \$5825.15. A follow-up interview with NA #1 revealed an admission by NA #1 that she had, with Resident #1's permission, covered bills from Rent-A-Center and Spectrum. A follow-up interview with Resident #1 on 4/1/25 indicated Resident #1 changed her story in that she never gifted any staff gratuities or that she ever agreed to use her card to process any bill payments for staff. The summary included the facility updating the local police department's officer of these new details. The summary concluded as follows: "Based on the investigation which includes the identified staff member's admitting of accepting monies from [name of Resident #1] and processing payments for herself with her alleged permission from [name of Resident #1] and [name of Resident #1] giving conflicting statements over multiple interviews, the allegation of misappropriation is unsubstantiated. The employee has been terminated effective 4-2-2025 for facility policy violation related to accepting gratuities..."</p> <p>The Burgaw Police Department Incident/Investigation Report, incident number 2025-00671, completed by a Patrol Officer for the police department on 3/27/25 was reviewed. The report indicated the officer went to the facility and had been informed by the facility Administrator that Resident #1 had deposited money into several Cash Apps accounts that were tied to NA #1 (her own, her mother's, and her child's) over the past 4 months, totaling an amount of \$5825.15 that was stolen from Resident #1. The officer stated the Administrator explained to him that the situation had been brought to their attention by Resident #1's family member (an aunt) who received mail at her address from Resident #1's bank and had noticed numerous Cash App transactions. The officer wrote that the Administrator went on to explain that when he questioned Resident #1</p>			F0602			

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F0602 SS = D	<p>Continued from page 3 and NA #1, he had been informed those transactions were gifts and that the Administrator had also informed him that the facility's investigation was still ongoing.</p> <p>An attempt to contact the Burgaw Police Department's patrol officer via telephone was unsuccessful on 8/20/25 at 3:27 PM as the officer was not on duty on this date.</p> <p>A telephone interview with a Detective Sergeant of the Supportive Services Division at the Burgaw Police Department on 8/21/25 at 8:30 AM revealed the case was closed however, a warrant had been taken out against NA #1 by a Corporal within the department. The Detective Sergeant suggested this surveyor speak with the Corporal of the Police Department.</p> <p>A telephone interview with the Corporal of the Burgaw Police Department was conducted on 8/21/25 at 8:51 AM. The Corporal explained he was not on duty and did not have the paperwork of the case in front of him and therefore unable to give specifics in regard to dates and amounts but was able to offer what he knew of the details of the case. He explained the facility's Administrator had reported the incident to the patrol officer who, in turn, reported the case to him. The Corporal stated he went to the facility and talked with the Director of Nursing (DON) who provided him with information regarding the incident. This information included how NA #1 had Resident #1's banking account information and attached that to several Cash App accounts within her family and then used those accounts to pay for things such as bills and furniture. The Corporal stated the DON informed him that Resident #1 was not able to make decisions based on her "BIMS" (brief interview for mental status, an assessment tool used to determine a resident's mental cognition) score and that the DON had explained to him what a BIMS score was as well as having informed him of their policy about employees not being able to take tips or gratuities from residents. The Corporal went on to say that he had spoken to NA #1 who told him that Resident #1 had given her permission to use Resident #1's money to pay her bills. The Corporal gave examples of what some of those Cash App accounts had been used to pay for, such as pizza, birthday cake, a birthday planner, getting nails done at a spa, among other places. He said NA #1 had told him that other employees had done it in the past as well. He said NA #1 said times were tight and that she admitted to him that she had taken advantage of Resident #1, that she knew it was wrong</p>			F0602			

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F0602 SS = D	<p>Continued from page 4</p> <p>even though Resident #1 had given her permission to do so. The Corporal stated he asked NA #1 about the facility's policy about not being allowed to take tips or gratuities from residents and that NA #1 denied knowledge of that policy and explained to him that she did not have a good orientation when she had been hired. The Corporal stated how this all came to light was that Resident #1's aunt had been made aware of these Cash App transactions after Social Security had made an overpayment of \$10,000 in Resident #1 payments and had sent a letter explaining the overpayment would have to be paid back and that the aunt had gone to the facility to discuss that matter as well as the matter of all those Cash App transactions on Resident #1's bank account statements. The Corporal stated NA #1 was charged with exploitation of an elder and has been served with that process and now the case is in the hands of the court. He explained she had her first court appearance last month and may be on her second or third court appearance by now. He stated once NA #1 had been served, he submitted all of his evidence to the Pender County District Attorney (DA) and to NA #1's defense attorney. He recalled NA #1 telling him that she would pay everything back to Resident #1. The Corporal stated what NA #1 did was considered a felony and that she could serve time in jail but admitted she could also get probation, which is sometimes usual in cases like this. The Corporal added that he had spoken with Resident #1 who stated that she never gave NA #1 permission to use her bank account information; he stated he also talked with Resident #1's aunt, who agreed that Resident #1 would never have given NA #1 her permission to access that money in her bank account and that Resident #1 would not have been able to create a Cash App account.</p> <p>An interview was conducted with Resident #1 on 8/20/25 at 3:10 PM. Resident #1 recalled NA #1 referring to her as her mother, like in a friendly way at first, but stated she was not related to NA #1 at all. She said once, they started talking about Chinese food and she told NA #1 that if she would go and pick her up some Chinese food that she would buy some for her as well. Resident #1 said she gave NA #1 a \$20 bill and confirmed she never gave NA #1 her debit card. Resident #1 stated that when NA #1 returned from the restaurant and put the change in the top drawer of the dresser beside her bed, she said NA #1 noticed her bank statements that were in that drawer and took them. Resident #1 stated that NA #1 then took information from those statements and set up a Cash App account in her name. Resident #1 confirmed she had never heard of Cash App before all of this happened and that the</p>			F0602			

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F0602 SS = D	<p>Continued from page 5</p> <p>Business Office Manager (BOM) had to explain to her how it worked. Resident #1 said after she found out about all the Cash App transactions that showed up on her bank statements, she told NA #1 to return her bank statements to her or else she would call the police. Resident #1 said the police came to the facility and told her that NA #1 used her bank information to create a Cash App account in her name and then used the account for different things and that NA #1 had stolen a lot of money from her. She said after that, she saw her bank statements and all of her money was gone it made her mad and it made her hurt "here," patting the center of her chest with her hand. She denied ever giving NA #1 permission to take any money from her bank account and remained adamant she had never given NA #1 her bank debit card. Resident #1 stated she wanted her money back in her bank account.</p> <p>A telephone interview was conducted with NA #1 on 8/19/25 at 2:04 PM. NA #1 was initially reluctant to agree to an interview and questioned whether this information would be shared with the news people. NA #1 expressed anger towards the facility and how they had handled their investigation. She complained that the Administrator slandered her name and then she decided she would like to tell her side of the story. NA #1 explained she had developed a close relationship with Resident #1 and how the resident would refer to her as a daughter and because Resident #1 had lost a child, she thought being called her daughter was sweet. She said a lot of people at the facility knew of their relationship and no one considered that a problem until a family member of Resident #1's got involved because of something to do with Social Security money. NA #1 further explained that Resident #1 had been threatened by her family and by the facility's BOM that if she did not pay back Social Security, she would be kicked out of the facility. NA #1 continued, saying that prior to the Social Security stuff, Resident #1 would do things for her and gave an example of once Resident #1 offered to do Christmas for her boys. NA #1 stated Resident #1 would "cling onto" her and ask her to do personal things and, in turn, Resident #1 would offer to help her financially. NA #1 said Resident #1 was "in her right mind" and everything was fine until Resident #1's family got involved. NA #1 acknowledged the facility was trying to say it was a lot of money but that it had only been "\$2000 or \$3000 here and there." NA #1 denied ever having been arrested over this situation. She explained her lawyer is working with the DA and that she will have to pay restitution which would be a certain amount of money and was unable to explain further and said that she did not really understand</p>			F0602			

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F0602 SS = D	<p>Continued from page 6</p> <p>what that meant. NA #1 continued to tell her side of the story and said around 3 months after everything had happened, she received a call from the Pender County Sheriff's office and then they came to her house and then she had to speak to the DA. She said the DA told her she was not being charged with anything dealing with fraud, but then said she had been charged with misappropriation of elderly "something" and could not remember fully what it was called, and thought it might have to do with the fact they said I took advantage of her because they had looked at her record and saw Resident #1 was incompetent and then said, "but Resident #1 holds her own bank cards and stuff and makes her own financial decisions." NA #1 stated she would not have to go to jail and talked again about the restitution and said that until that is paid, the case would be pending but that when restitution is paid off, the case would be dismissed.</p> <p>An interview was conducted with the BOM on 8/19/25 at 2:52 PM. The BOM explained that around the 25th or 26th of March 2025, Resident #1's Responsible Party (RP)/next of kin came to see her and had brought in one of Resident #1's bank statements. The RP informed her that "someone is getting her" and showed her the bank statement which listed several Cash App transactions. The BOM stated she then went with the RP and another staff member to Resident #1's room to talk with her. Once in the room, she stated they asked Resident #1 what all those Cash App transactions were and who were the people she had been Cash Apping. The BOM stated Resident #1 did not know what they were talking about. She explained that at that point, she left the resident's room to go and get her phone, and the RP had opened the drawer to her dresser and looked at other bank statements she found there. She stated that they saw these Cash App transactions had been going on for a long time and with Resident #1's permission, she called the bank, explained what they had seen, and got Resident #1's bank card canceled and requested copies of all of her bank statements. The BOM stated Resident #1 had given permission to the bank for them to send her those statements. The BOM explained how she did not recognize the names associated with the Cash App transactions on the bank statement but that the last name of those listed shared the same last name of one of their employees, NA #1. She further explained that she pulled that NA #1's personnel file and also looked at her Facebook account and noticed that the emergency contacts listed in the personnel file matched the names on the Cash App transactions on the bank statements and noticed that the Facebook account listed the name of another name associated with the Cash App transactions</p>		F0602				

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F0602 SS = D	<p>Continued from page 7</p> <p>– the employee's son. The BOM stated the transactions ranged in amounts from \$20 to \$1200. The BOM stated the only reason the RP had opened up and looked at Resident #1's bank statement was because of a letter from Social Security that explained Resident #1 had been overpaid by \$10,000 over the course of a 2-3 year period and a letter from Social Security had been sent which stated they would be garnishing her wages in order to recoup the overpayments. The BOM stated at that point, she informed the Administrator. She explained she and the Administrator interviewed Resident #1 and that Resident #1 informed them that she liked to give gratuities to staff for a good job but that she admitted she had never given permission for any staff to use her bank card. The BOM continued and said that Resident #1 stated she knew NA #1 had taken a picture of her debit card because she heard the "snap" of a phone camera. The BOM said she and the Administrator met with NA #1 the following morning and said that at the beginning of the meeting, NA #1 denied using Resident #1's bank card but then later admitted to agreeing on amounts of money for Resident #1 to tip her and said that NA #1 stated she did not have Resident #1's bank card info stored on her phone. The BOM stated during their investigation, they pulled NA #1's timecards and noticed that 75% of the time observed on the Cash App transactions that NA #1 was not working and that they had asked her about that and NA #1 denied knowledge about that. The BOM stated there were multiple Cash App transactions for Spectrum [an internet/cable provider], Airbnb [a hospitality platform], Rent-A-Center, Progressive Insurance, Westlake Financial to name a few. The BOM said the police were later called.</p> <p>A second interview with the BOM was conducted via telephone on 8/28/25 at 8:29 AM. The BOM stated if Resident #1 would not be able to meet her Patient Monthly Liability (PML) because of the Social Security Administration's garnishment of Resident #1's monthly benefits check secondary to having received overpayment in her monthly benefits check, then there would be a risk for her being discharged from the facility. The BOM provided a copy of the letter from Social Security Administration's letter to Resident #1 dated 3/14/25.</p> <p>A review of the letter Resident #1 received from the Social Security Administration (SSA), dated 3/14/25, revealed an overpayment of \$9099 from September 2023 through February 2025. The letter indicated that if the SSA did not receive a refund of the amount of the overpayment from Resident #1 within 30 days, they would withhold 10 percent of her total monthly benefit or \$10</p>		F0602				

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F0602 SS = D	<p>Continued from page 8 (whichever is more) starting with the payment she would receive on or about 7/3/25.</p> <p>An interview with the Administrator was conducted on 8/19/25 at 3:46 PM. The Administrator explained that he had been informed by the BOM about a situation involving Resident #1, NA #1 and multiple Cash App transactions showing up on Resident #1's bank statements and he stated it had been brought to the BOM's attention by Resident #1's family member. He further explained that the BOM had mentioned the possible relationship of the names associated with the Cash App transactions being tied to one of their employees, NA #1. He stated he then reached out to NA #1 and asked her to come in to meet with him. Present for the interview was himself, the former Director of Nursing (DON), the BOM and NA #1. He stated he questioned NA #1 about the Cash App transactions and that NA #1 explained that Resident #1 had insisted she take and receive money from her. The Administrator stated those transactions were in concerning amounts but that they were not even close to the total amount they would later discover. He stated NA #1 accepted some responsibility that some of the charges related to her were at the resident's insistence and she was suspended at that time pending their investigation. He stated he made notifications to the State and to the police and to Adult Protective Services. He stated he did follow-up interviews with Resident #1 and noted her story changed to having never given any money to anyone and told him that if anyone said that they were lying. The Administrator stated that because they could not get a consistent story from Resident #1 and they could not prove that staff took money from her and therefore he could not substantiate the allegation. The Administrator presented a summary of his investigation, all the notebooks of his investigation, and asked for this to be considered at past noncompliance.</p> <p>A second interview with the Administrator was conducted via telephone on 8/28/25 at 9:31 AM. The Administrator stated while there had never been a discussion with anyone about the facility repaying the money stolen from Resident #1's bank account by NA #1 prior to the start of this investigation, he had spoken from someone at the corporate level on this date, and assured this surveyor that the facility would restore the full amount stolen by NA #1 to Resident #1's account. He also clarified that Resident #1 would not be at risk of being discharged from the facility due to inability to meet her PML.</p>		F0602				

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F0602 SS = D	<p>Continued from page 9</p> <p>A telephone interview was conducted with the former Director of Nursing (DON) on 8/22/25 at 10:26 AM. The former DON stated she had been in her office when Resident #1's family member came to the facility and talked with the BOM. She explained the BOM then came to her and informed her that the family member had brought bank statements which showed a bunch of Cash App transactions that the family member did not understand that. She said the BOM had looked at the names on those transactions, she tied them to one of their staff, NA #1. She stated she recalled the names on the Cash App transactions were the names of NA #1's mother, her adult son, and her fiancé and they knew those names were associated with NA #1 because of the emergency contacts listed in her personnel file and from having looked at NA #1's Facebook account and saw they were associated there as well. The former DON stated she had been present for a couple of the interviews the Administrator did with NA #1. During the first interview, NA #1 initially denied the allegations. Then, on the second interview, the former DON said NA #1 admitted to the Cash App transactions but told them that Resident #1 had given her gifts and that she thought if a resident was alert that it was okay to take the gifts. The former DON said that NA #1 knew better than that and that it was never okay to take money from a resident. She stated that NA #1 tried saying that her mother had cancer and had lost her house. The former DON said that NA #1 told them that Resident #1 already had a Cash App account and told them that Resident #1's phone was not working and had given NA #1 her debit card to get some food. The former DON said they believed NA #1 had taken Resident #1's debit card and created a Cash App account in Resident #1's name on NA #1's phone and then used that Cash App account to transfer money to all those different places. The former DON said that they also believed that in addition to Resident #1's bank card, NA #1 had to have a lot of Resident #1's personal information in order to create that Cash App account and then she stole thousands and thousands of dollars from Resident #1's bank account. The former DON stated that it was sad because Social Security would be wanting Resident #1 to pay back all that money that had been overpaid and because of what NA #1 had stolen from Resident #1 that Resident #1 did not have that kind of money to pay Social Security back.</p> <p>A telephone interview was conducted with Resident #1's family member and Power of Attorney (POA) on 8/21/25 at 8:30 AM. The POA explained that after she became Resident #1's POA, she had opened up a bank statement</p>			F0602			

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F0602 SS = D	<p>Continued from page 10 and saw all kinds of transactions like a nail salon in Raleigh, an Airbnb, a cell phone place, Spectrum bill and stuff like that. The POA said at that time, it totaled around \$7000 worth of charges. The POA stated she had also opened up a letter from Social Security talking about back payment and stated she was confused about both and went to the facility to talk with Resident #1 about it but first stopped by to speak with the BOM. The POA stated she had asked the BOM if Resident #1 had to pay for TV at the facility because she had seen that Spectrum transaction on that bank statement. She was confused because there had also been a transaction about a cell phone bill but that it was a different provider than the one Resident #1 used for her cell phone. She said she and the BOM went to talk with Resident #1 together and asked to see other bank statements she had which were just kept in the top drawer of her dresser beside her bed. She said that Resident #1 said something about a girl taking her bank statements and then the resident was going back and forth and stated Resident #1's "memory isn't good and she's in poor health." The POA said she and the BOM knew something was not right and then the BOM called Resident #1's bank and got her debit card cancelled and got them to send her another card. The POA said the BOM explained to Resident #1 that she could not keep all that stuff just out in her room and took it all and locked it up. The POA explained those bank statements showed a lot of transactions, and she knew that Resident #1 had not made them because she had been at the facility a long time. She explained the BOM told her the facility would investigate and also call the police. The POA said the DA also got involved and that she calls the DA every month trying to find out what is going on with the case. She explained Social Security wants their money back and that they are taking money every month out of her check to get that money back. When asked how much money had been taken from Resident #1's bank account, the POA said she thought it was around \$22,000.</p> <p>A telephone interview with an investigator from the North Carolina Nursing Assistant Registry was conducted on 8/25/25 at 10:40 AM. The investigator stated during her investigation of the allegation of NA #1 stealing money from Resident #1, she conducted many interviews including ones with the BOM, Resident #1, NA #1, and the Administrator. The investigator stated that during her interview with Resident #1, she found her to be very alert and oriented, and that all Resident #1 wanted was her money back so that she could pay back Social Security for the overpayment of benefits. The investigator stated that she informed the Administrator</p>			F0602			

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F0602 SS = D	<p>Continued from page 11</p> <p>they needed to help Resident #1 with this and said this prompted the Administrator to contact the police and conduct an investigation of the matter. The investigator stated she obtained copies of Resident #1's bank statements which showed Cash App transactions to NA #1's mother, son and fiancé. During her interviews with NA #1, the investigator stated NA #1 informed her that all the transactions were small ones and denied some of the larger ones. The investigator said she definitively proved Cash App transactions made by NA #1 in the amount of \$9162.15 and closed her case on 6/10/25.</p> <p>A telephone interview was conducted with the Administrator and Director of Nursing (DON) on 8/22/25 at 11:14 AM. The Administrator stated he could not say why NA #1 did what she did to Resident #1 as he did not get into the whys of it, that he was more concerned that they took the right actions after they had been made aware. He stated NA #1's employment with the facility was terminated on 4/2/25. Both the Administrator and the DON stated it was their expectation that staff not accept gratuities from residents and that they expect all staff to follow their policies and procedures.</p> <p>The Administrator submitted the following Corrective Action Plan:</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Deficient Practice: NA #1 misappropriated Resident #1 funds and there was no negative</p> <p>Psychosocial or mental outcomes to Resident #1. The deficient practice occurred because NA #1 did Not follow page #14 of the employee handbook specific to Gratuities and Loans. NA #1 acknowledged receipt of the employee handbook on 10-15-2024.</p> <p>NA #1 was suspended 3-27-25 pending investigation. Local law enforcement was notified 3-27-25 at 9:30am, Adult Protective Services (APS) at 11:00am on 3-27-25, facility providers were notified at 10:23am on 3-27-25, Division of Health Service Regulation (DHSR) was notified by submission of the Initial Allegation Report on 3-27-25 at 9:41am by the Nursing Home Administrator</p>			F0602			

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F0602 SS = D	<p>Continued from page 12 (NHA), and family member of Resident #1 was notified on 3-27-25.</p> <p>Resident #1 was interviewed by the Nursing Home Administrator and Business Office Manager (BOM) on 3-27-25. Resident #1 stated that she liked to "tip" staff. With permission, Resident #1's purse was searched and loose blank checks and financial cards were found by the BOM. With permission, those items were taken and given to Resident #1's aunt by the BOM. Resident #1 was given a new locked box by the BOM on 3-27-25. Resident #1 has a Patient Trust Account and a deposit was made based on cash found with permission. A mood assessment was completed on 3-27-25 by the Social Worker (SW) for Resident #1 she was assessed to be at her baseline. Mood assessments were completed 3 times a week for two weeks beginning 4-1-25 through 4-12-25 for Resident #1 by the Social Worker and Resident #1 remained at baseline. On 5-14-2025, the administrator followed up with local law enforcement to seek out updated information regarding criminal and restitution actions.</p> <p>To make the resident whole, a restitution judgement was made against NA #1 by the Pender District Court for the State of North Carolina on 8-13-2025 for Resident #1 in the amount of \$14,481.05. This restitution judgment will be managed by the Pender District Court for the State of North Carolina. The family for Resident #1 was made aware of local law enforcement notifications made by the Business Office Manager and the Administrator as it relates to pursuing criminal actions and restitution through local law enforcement against NA#1 for Resident #1 beginning on 3-27-2025. Resident #1's ability to stay at the facility, as it relates to Resident #1s Patient Monthly Liability, has not and will not be affected by the event caused by NA #1 per the Administrator.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>100% of interviewable residents were interviewed, offered a lock box, and educated by the Social Work department beginning on 3-27-25 and completed on 3-28-25 related to misappropriation and no other residents were affected. Interviews, offering a lock box and education related to gifts, gratuities and misappropriation of funds were completed by the BOM with responsible parties of 100% non-interviewable residents on 3-28-25 and no residents were affected. 100% of employee file audits were completed on 3-27-25 by the Human Resources (HR) Director related to abuse</p>			F0602			

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F0602 SS = D	<p>Continued from page 13 education, healthcare registry review, and background check verification. Newly admitted residents are offered a lock box by the Admission Director or designee when completing the new admission paperwork.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>All facility-employed staff education related to abuse and misappropriation began on 3-27-25 and was completed on 3-27-25 by Human Resources and designees. The education covered the facility's Abuse Prohibition Policy that covers physical abuse, verbal abuse, sexual abuse, exploitation, mental abuse, neglect, with an emphasis on misappropriation of resident property, to include examples of allegations of misappropriation of resident property and exploitation . The education was completed in person and via telephone by the HR Director and designees. No facility staff worked until they were educated, and this was validated and accomplished by a review of the facility staff roster completed by the HR Director on 3-27-25. 100% of interviewable residents were educated on not offering staff gratuities and interviews, with no negative findings, specific to misappropriation began on 3-27-25 and was completed on 3-28-25 by the Social Worker and designees. The Business Office Manager completed interviews, with no negative findings, and completed education via phone with 100% of Responsible Parties for non-interviewable residents related to misappropriation and not offering staff gratuities.</p> <p>Residents were educated on Residents Rights, including being free from abuse, annually by the Activity Director and newly admitted residents are educated by the Admission Director or designee during the new admission process and then annually thereafter.</p> <p>Abuse and misappropriation education to staff is completed during the orientation process, and this education is completed prior to facility staff working with residents, by the Human Resource Director or designee.</p> <p>The employee handbook which includes gratuities and tips per facility policy is also part of the new hire orientation process in which newly hired employees are issued a copy of the handbook during a review of its contents by the HR Director or designee and the employee signs acknowledging receipt.</p> <p>Prevention measures include education for staff at the time of hire, annually, and through re-education as</p>		F0602				

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F0602 SS = D	<p>Continued from page 14 needed. In addition to staff training, residents are counseled not to keep valuables; if they choose to retain valuables, the facility provides secure storage in a safe box and encourages its use. The Nursing Home Administrator and the Interdisciplinary Team (IDT) also routinely monitors staff-resident interactions to ensure professional boundaries are maintained through daily department manager rounds that include resident and or family interactions, Resident Council Meetings in which residents are educated on Resident's Rights by the Activities Director or designee, as this is also a forum to express concerns, and frequent reviews of our Concern Log for issues or trends. Residents received education that they should not give personal information, money, or belongings to staff, nor allow staff to use these items by the Social Worker or designee. Responsible Parties of non-interviewable residents were educated on 3-28-25 by the Business Office Manager as it relates to misappropriation and this education is ongoing on a quarterly basis by the Business Office Manager or designee. The Business Office Manager or designee also monitors resident Patient Trust Accounts on an ongoing basis.</p> <p>The screening and hiring process is extensive and thorough. It includes conducting criminal background checks and verifying professional licensure as applicable by the Human Resources (HR) Director or designee. The HR Director attempts to complete multiple reference checks, ensuring that we speak directly with appropriate supervisors or professional contacts to obtain accurate and up-to-date information. During this process, the HR Director or designee also looks for patterns in work history, such as frequent job changes or terminations, that may indicate concerns. In addition, the HR Director or designee reviews the applicant's Office of Inspector General/Exclusion List status, confirm eligibility through the Nurse Aide Registry and applicable state databases, and verify employment eligibility (I-9). These layers of review are designed to help the HR Director or designee make safe, well-informed hiring decisions and to protect our residents. Reference checks are also completed prior to hiring by the HR Director or designee and the facility makes every effort to obtain the needed information to make a sound decision prior to hire. The hiring process is constantly evaluated for improvement, and a process was implemented on 5-15-25 in that the Administrator of the Laurels of Pender approves all background checks prior to hire.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p>			F0602			

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F0602 SS = D	<p>Continued from page 15</p> <p>All interviewable residents were interviewed beginning the week of 4-3-25 related to abuse to include misappropriation by the Social Worker or designee for 12 weeks with no negative findings. 10 random facility staff were interviewed weekly for 12 weeks beginning the week of 4-3-25 related to misappropriation and policy related to not receiving gratuities was completed by the HR Director or designee with no negative findings. Five random responsible parties of non-interviewable residents were contacted once a week for 12 weeks by the Business Office Manager or designee related to misappropriation with no negative findings. The results of the audits were reviewed monthly for three months by the Quality Assurance and Performance Improvement (QAPI) Committee. An Ad Hoc QAPI Committee meeting was held 3-27-25. The facility Quality Assurance Performance Improvement Committee will investigate occurrences, patterns, and trends that may indicate the presence of abuse, neglect, or misappropriation of resident property and to determine the direction of the investigation/intervention, through analysis of systems, audits, and reports. The monitoring was completed on 6-19-2025 and there have been no further allegations of misappropriation or concerns of misappropriation since 3-27-25.</p> <p>Completion Date: 5-16-25</p> <p>Validation of the facility's Corrective Action Plan was completed on 8/21/25 and remotely on 9/2/25 and 9/3/25. The validation included the following:</p> <ul style="list-style-type: none"> - Review of NA #1's receipt of the Staff Member Handbook, signed by NA #1 on 10/15/24. The handbook included the facility's policies on gratuities and loans as well as work rules in regard to stealing. - Confirmed the notification to the Division of Health Services Regulation, Adult Protective Services, and law enforcement were completed within the appropriate time frames. - Review of the local law enforcement report, Incident number 2025-00671, dated 3/27/25. - Review of the State of North Carolina Restitution Worksheet Addendum, dated 8/13/25. The restitution amount was \$14,481.05. - Review of the assessment of Resident #1 by Social Worker. 			F0602			

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F0602 SS = D	<p>Continued from page 16</p> <ul style="list-style-type: none"> Review of the statements made and signed by Resident #1's RP, dated 3/27/25. These statements included that she had been made aware of the facility's notifications to local law enforcement related to their pursuit for criminal actions and restitution through local law enforcement against NA #1. RP also noted she had been made aware that Resident #1's residence at the facility would not be affected as related to her Patient Monthly Liability. Review of the interviews with interviewable residents and of the interviews with the Responsible Parties of non-interviewable residents, completed on 3/28/25. Review of the new hiring process implemented on 5/15/25 and audits of new hires from 5/15/25 through 9/2/25. Review of the audits of employee files, completed by Human Resource Director on 3/27/25. Review of the abuse education (with emphasis on misappropriation of resident property) to 100% of staff. Interviews with staff from all departments conducted on 8/21/25 confirmed the education. Reviews of the interviews of interviewable residents, Weekly Misappropriation Audit Tool for Staff, and the Weekly RP Misappropriation Audit Tool (completed for non-interviewable residents), all begun the week of 4/3/25, were conducted. Review of the signature roster sheet from ad hoc Quality Assurance Performance Improvement meeting on 3/27/25. <p>The facility's corrective action plan's completion date of 5/16/25 was validated.</p>			F0602			