PRINTED: 01/30/2025 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL031016	B. WING		R <b>01/09/2025</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WALLACE	GARDENS	1052 NE RA WALLACE,	AILROAD STR NC 28466	EET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 000	Initial Comments		D 000		
	County Department of an annual, and follow investigation on Janu January 9, 2025. The	complaint investigation was County Department of			
D 113	10A NCAC 13F .0311	(d) Other Requirements	D 113		
	provide an adequate kitchen, bathrooms, la closets and soil utility temperature at all fixthe maintained at a mid (38 degrees C) and s	Other Requirements stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees This rule applies to new and			
	This Rule is not met TYPE B VIOLATION	as evidenced by:			
	interviews, the facility water temperatures w minimum of 100 degr maximum of 116 degr	ees Fahrenheit (F) to a rees F for 14 of 14 fixtures ooms and 3 spa rooms			
	The findings are:				
		s current license effective e facility was licensed with a			
	Review of the facility's	s census reports provided			

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

(X6) DATE TITLE

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			561251140.		R	
		HAL031016	B. WING		01/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
			E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	e 1	D 113			
	on 01/07/25 revealed census was 39 reside	the facility's in-house ents.				
	Service Regulation C Water Safety Guide re -A water temperature result in a first degree second degree burn i -A water temperature result in a first degree second degree burn i Observation of the ho shower in the North H at 8:50am revealed th was 90.0 degrees F. Observation of the ho	of 127.4 degrees F could burn in 30 seconds and a n 60 seconds. of 131 degrees F could burn in 17 seconds and a n 30 seconds. of water temperature at the dall Spa room 1 on 01/07/25 ne hot water temperature at the dall Spa room 2 on 01/07/25				
	the hot water tempera degrees F, and obser	o) degrees F, observation of ature at the tub was 88.0 vation of the hot water nk was 90.0 degrees F.				
	Observation of the hot water temperature at the sink in resident room 18 and 19 (shared) on 01/07/25 at 9:11am revealed the sink hot water temperature was 80.0 degrees F and the tub was 88.0 degrees F.					
		ent who resided in room 18 m revealed that the shower d.				
	on 01/07/25 at 9:10ar to bathe at night but t	ent who resided in room 19 m revealed that he preferred he water was always cold n the morning when it was a				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 2 of 76

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′		COMPLETED
			A. BUILDING: _		
			B. WING		R
		HAL031016	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
\A\A\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CARDENS	1052 NE	RAILROAD STR	EET	
WALLACI	E GARDENS	WALLAC	E, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 113	Continued From page	2	D 113		
	little warmer but it wa	s always cold.			
	sink in resident room	t water temperature at the 3 on 01/07/25 at 9:18am r temperature was 86.0			
	Interview with a resident who resided in room 3 on 01/07/25 at 9:15am revealed that the North Spa showers were always cold in the Spa rooms, the room sink was never warm, and he washed off with a cloth instead of showering.				
	room 3 on 01/07/25 a Spa showers water w	nd resident who resided in t 9:17am revealed the North as always cold and he was to the cold water and the s cold.			
	South Hall in the shar rooms 16 and 17 on 0	et water temperature on the red bathroom of resident 01/07/25 at 9:08am revealed ature in the bathroom sink			
	17 on 01/07/25 at 9:0 -The shower water did cold showers at least -She could not recall had been coldShe told the Residen	d not get hot and she took two times a week. how long the shower water at Care Coordinator (RCC) , and they said that they			
	16 on 01/07/25 at 9:1 -The water was some -She could not recall				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 3 of 76

DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	RECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETE		ETED		
					R	,
		HAI 024046	B. WING		1	
		HAL031016			01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		1052 NF	RAILROAD STR	FFT		
WALLACE	GARDENS		E, NC 28466			
			1, 110 20400	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
		_	5.440			
D 113	Continued From page	e 3	D 113			
	while.					
	-At one time the wate	r was very hot then				
		regulate it and now it was				
		d not recall when or who				
	came out to fix the wa					
		ance Director (MD) about				
		the New Year, and he said				
		he water and then fix it, but				
	it had not been fixed.	ne water and then lix it, but				
	it flad flot been fixed.					
	Observation of the he	ot water temperature on the				
		t room 15 on 01/07/25 at				
		hot water temperature in				
	the bathroom sink wa	•				
	the pathloom sink wa	is 90.1 degrees F.				
	Interview with the rec	ident who resided in room				
	15 on 01/07/25 at 9:2					
		(PCA) told her that the				
		ld today and she decided to				
	take a bath at the sinl					
		how long the cold water				
	issue had been going					
	9 9	sink baths when the water				
	was too cold.	Silik batils when the water				
	was too cold.					
	Observation of the ho	ot water temperature on the				
		t room 12 on 01/07/25 at				
		hot water temperature at				
	the bathroom sink wa	•				
	the pathloom sink wa	is 91.9 degrees F.				
	Interview with the res	ident who resided in room				
	12 on 01/07/25 at 9:4					
		depending on the time of the				
		acpending on the time of the				
	dayHe began taking his	haths in the evenings				
	because the water wa					
	pecause the water wa	as walliel.				
	Observation of the he	ot water temperature in the				
		on 01/07/25 at 9:58am				
	ooutii i iaii opa 100111	on 01/01/20 at 3.00am	- 1			

Division of Health Service Regulation

revealed:

STATE FORM 6899 G0DH11 If continuation sheet 4 of 76

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B WING		R	
		HAL031016	B. WING		01/09	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
			E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 113	Continued From page	e 4	D 113			
	-The hot water temper was 91 degrees FThe hot water temper shower was 89.1 degrees FThe hot water temper shower was 89.1 degrees FThe water temperature of 9:22am revealed: -The water temperature of 9:20amThere was an immediate temperature to 116.4 at 9:21amAt 9:22am, the hot was fixture was 108.6 degrees was no caution fixture notifying reside fluctuation in hot water of the barrooms 32 and 33 on 00 the hot water temperature at 3:50pm.  Interview with a residuat 9:55am revealed the	erature in the bathroom sink erature in the bathroom rees F.  athroom sink fixture between 01/07/25 from 9:19am to  are was 122.8 degrees F at diate drop in the hot water degrees F at the sink fixture erater temperature at the sink arees F. In sign posted at the sink ents and staff of the er temperatures.  athroom sink fixture between 01/07/25 at 3:50pm revealed ature was 129.2 degrees F  ent in room 32 on 01/07/25				
		ent who resided in room 23 m revealed that the North ers were always cold.				
	room 23 on 01/07/25	nd resident who resided in at 9:25am revealed that the showers were always cold.				
	Interview with a PCA revealed:	on 01/07/25 at 9:50am				

Division of Health Service Regulation

-She was aware that the water ran cold.

STATE FORM 6899 G0DH11 If continuation sheet 5 of 76

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S	
			A. BOILDING.		_	
		HAL031016	B. WING		01/0	R 99/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		AILROAD STR	EET		
		WALLACE	, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 113	Continued From page	5	D 113			
D 113	-She checked the warher hands under the inbringing a resident in -The water ran cold to resident who resided -The water ran cold a -She told the RCC and the cold water about it was told they were well interview with the Ma 01/07/25 at 4:00pm resident was told they were well interview with the Ma 01/07/25 at 4:00pm resident water head worked at the He performed daily well in the performed daily well in the started to well interview with the Administrator water heater.  -The facility plumber in adjusted the thermosis -The facility's plumber the Administrator callettemperatures.  -The facility's plumber the Administrator callettemperatures.  -The facility's plumber the Administrator callettemperatures.  -The facility's plumber the ater thermostat.  -The facility's plumber the ater thermostat.  -The facility splumber the ater.  -He thought the hot well 29.2 degrees F at the between rooms 32 ar	ter temperature by placing running water before for a shower.  I day, and she helped the in room 15 with a sink bath. It least two times a week. I death the Administrator about three months ago and she orking on fixing it.  I dintenance Director (MD) on evealed: I de facility for one year. I water temperature checks. Inperatures had fluctuated ork at the facility. Inistrator when any water out of required temperature ed the thermostat on the hot was the only person who that on the hot water heater. I was here today because ed him about the water or requested that an the motor on the hot water water temperature reading of e bathroom sink fixture and 33 on 01/07/25 at 3:52pm	D 113			
	system.	ot water running out of the				
	since the plumber left -He would get his the					

Division of Health Service Regulation

temperature checks but was unable to locate it.

STATE FORM 6899 G0DH11 If continuation sheet 6 of 76

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 50.25 10.		R	
		HAL031016	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE RA WALLACE,	AILROAD STR	EET		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	e 6	D 113			
	Second observation of on the South Hall in the resident rooms 17 and revealed the hot water bathroom sink was 12.  Second observation of on the South Hall in real 7:40am revealed the bathroom sink was 12.  Second observation of on the South Hall in real 7:45am revealed the bathroom sink was 13.  Second observation of on the South Hall in the bathroom sink was 15:44pm revealed:  -The hot water temper was 98.2 degrees FThe hot water temper shower was 89.2 degrees Second observation of Second observat	of the hot water temperature the shared bathroom of d 16 on 01/08/25 at 7:35am or temperature in the 40.5 degrees F.  of the hot water temperature esident room 15 on 01/08/25 the hot water temperature in the 136.4 degrees F.  of the hot water temperature esident room 12 on 01/08/25 the hot water temperature in 130.5 degrees F.  of the hot water temperature in 130.5 degrees F.  of the hot water temperature in 130.5 degrees F.  of the hot water temperature in 130.5 degrees F.  of the hot water temperature in 150.5 degrees F.				
	and 33 on 01/08/25 a					
		rature at the tub/shower rees F.				
	at the shower in the N 01/08/25 at 7:42am re	ower was 90.0 degrees F				
	Second observation of	of the hot water temperature				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 7 of 76

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
			B. WING		R	
		HAL031016	b. WING		01/09/2	2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
WALLACI	GARDENS		AILROAD STR	EET		
			, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE (	(X5) COMPLETE DATE
D 113	Continued From page	÷ 7	D 113			
	7:50am revealed the stemperature was 100.	room 2 on 01/08/25 at shower hot water .0 degrees F, the tub was the sink was 118.0 degrees				
	in resident rooms 18 at 8:05am revealed th	of the hot water temperature and 19 (shared) on 01/08/25 he hot water temperature the es F and the tub was 120.0				
	at the sink in resident	of the hot water temperature room 3 on 01/08/25 at hot water temperature was				
	the South Hall in the s rooms 16 and 17 on 0	he hot water temperature on shared bathroom of resident 01/09/25 at 9:33am revealed ature in the bathroom sink				
	the South Hall in resid	he hot water temperature on dent room 15 on 01/09/25 at hot water temperature in the 01.7 degrees F.				
	the South Hall in resid	he hot water temperature on dent room 12 on 01/09/25 at hot water temperature in the 01.8 degrees F.				
	the South Hall in the \$01/09/25 at 9:40am re- The hot water tempe was 99.7 degrees F.	rature in the bathroom sink rature in the bathroom				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 8 of 76

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL031016	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE RA WALLACE,	AILROAD STR NC 28466	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	8	D 113			
		he bathroom sink fixture nd 27 on 01/08/25 at 8:40am mperature was 124.1				
	the North Hall Spa 1 i	he hot water temperature in room on 01/08/25 at 5:35pm or temperature at the shower and the sink was 94.0				
	Third observation of the hot water temperature in the North Hall Spa room 2 on 01/08/25 at 5:40pm revealed the hot water temperature at the shower was 100.0 degrees F, the tub was 100.0 degrees F, and the sink was 100.0 degrees F.					
	resident room #18 an 5:50pm revealed the	he hot water temperature in d 19 (shared) on 01/08/25 at hot water temperature at the es F and at the tub was				
		he hot water temperature in 01/08/25 at 5:45pm revealed nperature was 110.0				
	fixture between rooms 5:42pm revealed:					
	in the North Hall Spa 9:15am revealed the	the hot water temperature room 1 on 01/09/25 at hot water temperature at the rees F and the sink was				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 9 of 76

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	
		HAL031016	B. WING		01/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
			E, NC 28466		T	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 113	Continued From page	9	D 113			
	82.0 degrees F.					
	in the North Hall Spa 9:22am revealed the shower was 80.0 deg degrees F, and the si Fourth observation of in resident rooms 18 at 41 9:35am revealed the	the hot water temperature room 2 on 01/09/25 at hot water temperature at the rees F, the tub was 80.0 nk was 80.0 degrees F.  the hot water temperature and 19 (shared) on 01/09/25 ne hot water temperature at grees F and the tub was 94.0				
	in resident room 3 on	the hot water temperature 01/09/25 at 9:30am r temperature at the sink				
	between rooms 26 ar with the Administrator	the bathroom sink fixture ad 27 on 01/08/25 at 8:44am present (without facility ad the water temperature				
	between rooms 26 ar revealed:	· .				
	5:49pm revealed: -The caution signs we provided) when the headjusted by the plumb	ot water temperatures were per. t water caution signs until				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 10 of 76

Division	of Lloalth Comico Dogu	ulation			FORM	1 APPROVED
	of Health Service Regu FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	IIRV/FV
	OF CORRECTION	IDENTIFICATION NUMBER:	` '	- CONCINCOTION	COMPLI	
				<del></del>	_	
		HAI 024046	B. WING		F	
		HAL031016			01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
\A/A   ACE	CARDENC	1052 NE	RAILROAD STR	EET		
VVALLACE	GARDENS	WALLAC	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
17.0		,		DEFICIENCY)		
D 113	Continued From page	e 10	D 113			
	8:05am revealed:	ministrator on 01/08/25 at				
		ures had been fluctuating				
	over the past month.	<u> </u>				
	•	ures were running high				
	during the previous w	veek.				
	-The MD performed of	daily hot water temperature				
	checks.					
		ed her on 01/07/25 that the				
	hot water temperature	•				
		y's plumber on 01/07/25.				
	•	er told her that the hot water				
		problem and she called the				
		n 01/07/25 and he was hot water heater motor				
	01/08/25.	not water neater motor				
		that the motor was not				
		would replace the motor.				
	-She did not have an	•				
	temperature logs exc					
	December 2024 beca	ause they were thrown away				
	except for, 12/09/24,	12/10/24, 12/11/24,				
		2/16/24, 12/17/24, 12/18/24,				
		2/23/24, 12/24/25, 12/27/24,				
		mented water temperatures				
		red temperature range.				
	3	ature logs from 01/06/25				
	and 01/08/25.					
		at she was supposed to keep				
	the temperature logs.	•	1		1	

plumber.

water temperatures.

-She was unable to provide any invoices from the

-She would go to the MD's office to get the facility thermometer to check water temperatures. -She would post signs at the water fixtures to caution residents and staff of the fluctuating hot

Review of the facility's water temperature log dated 01/06/24 revealed 100 degrees (F) in large

STATE FORM 6899 G0DH11 If continuation sheet 11 of 76

Division o	of Health Service Regu	lation			FURIVI	IAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	ETED	
		HAL031016	B. WING		01/0	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
		WALLACI	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 113	Continued From page	e 11	D 113			
	print but no rooms we	ere identified.				
	dated 01/08/24 revealed as 117 degrectorded as 117 degrectorded as 117 degrectorded as 117 degrectorded as 123 degrectorded as 124 degrectorded as 125 degrectorded as	are for Room 30 was lees F. lire for Room 31 was lees F. lire for Room 32 was lees F. lire for Room 33 was lees F. lire for Room 33 was lees F. lility's electrician on 01/08/25 lilled him to check the hot limit motor was not working. In the motor but the motor led the facility's hot water (01/08/25). lility's plumber on 01/08/25 at				
	01/07/25 to come to t water heater related t temperatures.	he facility to check the hot				

temperatures.

resident's rooms.

called related to fluctuating hot water

water heater yesterday (01/07/25).

-He did not adjust anything on the facility's hot

-The hot water heater motor took the cold water and circulated it in the hot water heater to warm the cold water before it left the hot water heater. -He adjusted the cold water in the mixing valve today to decrease the water temperature to the

STATE FORM 6899 G0DH11 If continuation sheet 12 of 76

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		7 231251110.		R	
		HAL031016	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
WALLACE GARDENS		RAILROAD STRI	EET		
040.15	SHIMMADV ST.		E, NC 28466		N OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 113	Continued From page	e 12	D 113		
	-It would take several heater motor and replace of a part not related to the water motor related to the water facility facility facility were maintained degrees Fahrenheit (If for 5 fixtures ranged for 140.5 degrees F. A widegrees could result in seconds and a second seconds. A water tended to a second degree water temperatures for 80.0 degrees F to 98. in residents not bathin	days to get a hot water lace it. the hot water heater in the ret that was leaking but it was ter temperature.  Insure hot water of 14 fixtures sampled in the lead between 100 - 116 F). The water temperatures from 129.2 degrees F to later temperature of 127.4 In a first degree burn in 30			
D 271	health, and welfare of constitutes a Type B very many many many many many many many man	Violation.  a plan of protection in  131D-34 on 01/09/25 for	D 271		
טצוו	Supervision  10A NCAC 13F .0901  10A NCAC 13F .0901		DZII		
	Supervision	d immediately in the case of			

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 13 of 76

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL031016	B. WING		01/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE RA WALLACE,	AILROAD STR	EET		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 271	Continued From page	<del>2</del> 13	D 271			
	an accident or incider	nt involving a resident to rvention according to the				
	facility failed to ensure intervention by staff for	and record reviews, the e immediate response and or 1 of 6 sampled residents was found unresponsive,				
	The findings are:					
	Plans page 25 dated -Actions and procedu emergencies and call -The average person less if the oxygen sup obstructions to the air mouth-to-mouth resus -Start cardiopulmonal	res, treat life threating 911 for assistance. will die in six minutes or oply is cut off, remove any way and apply				
	03/27/24 revealed: -Diagnoses included pulmonary disease (C	COPD) with acute lower and adjustment disorder.				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 14 of 76

	OF DEFICIENCIES		(V2) MULTIPLE	CONSTRUCTION	(V2) DATE CUDVEV	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL031016 B. WING			01/09/2025	
NAME OF D	ROVIDER OR SUPPLIER	STREET VI	DDRESS, CITY, STA	TE ZID CODE		
NAME OF T	TOVIDER OR SOLT LIER		, ,	,		
WALLACE	GARDENS		RAILROAD STR	EEI		
		WALLAC	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
IAG		,	IAG	DEFICIENCY)		
			D 074			
D 271	Continued From page	e 14	D 271			
	Review of Resident #	6's current care plan dated				
	03/27/24 revealed:	•				
	-Resident #6's care p	lan was completed by the				
	•	inator (RCC) and signed by				
	her primary care prov	, , ,				
	-She required supervi					
	toileting, dressing, an	d transferring.				
	-She required extensi	ive assistance with bathing.				
	-She was totally depe	endent with eating and				
	personal hygiene.	· ·				
	. ,,					
	Review of Resident #	6's record on 01/07/25				
	revealed Resident #6	did not have a Do Not				
	Resuscitate (DNR) or	der.				
		of Death to Department of				
		ervices (DHHS) dated				
	11/15/24 at 10:30am					
		completed by the RCC.				
	-Resident #6 rang her					
		de (PCA) answered the call				
		requested her nebulizer				
	treatment.					
	_	ne Medication Aide (MA) that				
	Resident #6 was requ	uesting her nebulizer				
	treatment.					
	-The MA went to Resi					
		and found her not breathing.				
		Services (EMS) was called				
	immediately.	EMO				
	-CPR was started by					
	•	nounced deceased at				
	5:09am.					
	Telephone interview v	with a County				
		operator on 12/02/24 at				
		all came into the 911 center				
	on 11/15/24 at 4:34ar					
	unresponsive at the fa	aumy.				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 15 of 76

Division	of Health Service Regu	lation				
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	' '	CONSTRUCTION		SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COM	PLETED
						R
		HAL031016	B. WING		01	/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
14/41 1 4 67	- 04885110	1052 NE	RAILROAD STR	EET		
WALLACE	E GARDENS	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 271	Continued From page	÷ 15	D 271			
	communication reportion -A call was received a unresponsive and not -A police officer arrived -EMS arrived on the standard standard she not know what to doResident #6's back whanging off the bedHe asked the staff mfor help lowering Resident #6 at 4:40ar -The police officer standard she not know what to doResident #6 at 4:40ar -The police officer standard she not know what to doResident #6 at 4:40ar -The police officer standard she not know what to doResident #6 at 4:40ar -The police officer standard she not know what to doResident #6 at 4:40ar -The police officer standard she not know what to doResident #6 at 4:40ar -The police officer standard she not know what to doThe police officer she not know what to doThe p	the breathing resident.  Sed at the facility at 4:40am.  Secene at 4:39am.  With a police officer on evealed:  Ser arrived, the MA came to on.  Sesident #6's room on lity staff member was in the was trying to do CPR but did on on the bed with her legs of the was on the bed with her legs of the was starting CPR on on.  Serident #6 to the floor.  Serident #6 to the floor.				

Division of Health Service Regulation

-When he arrived the staff member was inside

STATE FORM 6899 G0DH11 If continuation sheet 16 of 76

DIVISION	or riealth Service Negu	ialion				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					F	)
		HAL031016	B. WING		1	\ )9/2025
		HALUSTUTO			1 01/0	1912025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE		
		1052 NE	RAILROAD STR	REET		
WALLACE	E GARDENS	WALLAC	E, NC 28466			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
D 271	Continued From page	e 16	D 271			
		ooking out of the room door.				
		Resident #6's room the				
		was just standing there.				
		nber said something along				
		ot know what she was doing.				
	-	nber was not administering				
	CPR when he arrived					
	, , ,	to get his gloves on the				
	1	started administering CPR.				
		facility staff member how				
	_	oing CPR she said 10 to 15				
	minutes.					
	Telephone interview v	with EMS Shift Supervisor on				
		evealed the police officer				
	started CPR until EM					
	Started Of Teartiff Livi	o arrivoa.				
	Review of the EMS re	eport dated 11/15/24				
	revealed:	•				
	-EMS arrived at the fa	acility at 4:39am, and the				
	facility door was locke					
	1	acility a police officer was				
	noted to be on the sc	· ·				
	-EMS arrived at Resid	dent #6's bedside at 4:42am.				
	-It was noted that the	re was a 3 minute delay in				
	resident contact due	to facility doors being locked				
	and having to wait for	staff to let EMS into the				
	facility.					
	-The estimated time of	of collapse to CPR was 15				
	minutes.					
	-Resident #6 was lyin	ig on her back on the floor				
	and the police officer	was performing CPR.				
		sident pulled her call bell				
	around 4:30am.					
		requested her albuterol				
	treatment during the	night and staff found her				
	unresponsive in the b	ed. (Albuterol is used to				
	treat wheezing and sl	hortness of breath).				
		alled 911 and waited for				
	EMS arrival.					

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 17 of 76

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		R
		HAL031016	D. WING		01/09/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		1052 NE	RAILROAD STR	EET	
WALLACE	GARDENS		E, NC 28466		
	OUR MAR DIV OT			DD0///DD0// D1 AM 05 00DD507/0	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	( - /
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	
				DEFICIENCY)	
D 271	0	- 47	D 271		
D 271	Continued From page	e 17	02/1		
	-The police officer rep	ported he moved the			
	resident off the bed a	nd began CPR.			
	-Resident #6 was fou				
	breathing, and pulsel				
		rm to the touch with no signs			
		postmortem sign of death			
		od settles in the lower parts			
		avity and usually begins to			
	, , ,	4 hours after death) nor			
	rigor mortis (rigor mo	,			
	muscles after death).	<del>-</del>			
	,	ed and the resident was			
	pronounced decease				
	promounious accouse	a at 0.00am.			
	Telephone interview v	with the PCA on 12/03/24 at			
	5:12am revealed:				
	-About 5 minutes afte	er she conducted 30 to 45			
		3 call bells sounded at the			
	same time on 11/15/2				
	-One of the call bells				
		ident #6 rang the call bell, it			
	was to request a neb	ulizer breathing treatment.			
	-She went to check R				
	-She noticed that Res	sident #6 was pale but warm			
	and appeared unresp				
	-She told the MA that				
	breathing, her mouth	was open, and she had no			
	pulse.				
		alone in her room and went			
	to the nurses' station				
	-She returned to Resi	ident #6's room.			
	-Resident #6 was a 2	-person assist and she			
	could not move the re	esident to the floor alone.			
	-When the police office	cer arrived, he helped move			
		or and he helped with CPR.			
		sident #6 ask for a breathing			
	treatment because th	•			
	responsive.				
	1		1	1	1

Second interview with the PCA on 12/04/24 at

STATE FORM 6899 G0DH11 If continuation sheet 18 of 76

Division of	Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					R		
		HAL031016	B. WING		01/09/2025		
		TIALUSTOTO			1 01/09/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
WALL 405		1052 NE	RAILROAD STR	EET			
WALLACE	GARDENS	WALLAC	E, NC 28466				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE		
				22.10.2.10.7			
D 271	Continued From page	e 18	D 271				
	4.00						
	4:30am revealed:						
	-Resident #6's call be						
	immediately on 11/15						
		orming the MA that Resident er breathing treatment.					
	#0 Heeded a Hebulize	er breatiling treatment.					
	Third telephone interv	view with the PCA on					
	01/08/25 at 11:34pm						
	•	undry area when she heard					
	the call bells ringing of						
		the call bells and found					
	Resident #6 around 4						
		ng on her back and her					
		was unresponsive, not					
	breathing, and pulsel						
	-	head of the bed and her					
	legs were on the bed	-					
	-She panicked and so	creamed for help and the MA					
	did not come to help	her.					
	-She was not able to	move Resident #6 to the					
		he started to perform chest					
	compressions and ga						
		ning CPR and told the MA					
	she was going to call						
		ident #6's room and started					
	CPR.	so the first to arrive and the					
	•	s the first to arrive and the desident #6 to the floor and					
	he started CPR.	tesident #6 to the floor and					
	ne stanteu UPR.						
	Telephone interview	with the MA on 12/11/24 at					
	9:28am revealed:	alo 191/ Coll 12/11/27 at					
	-She was at the medi	cation cart preparing					
		er resident when Resident					
		on the morning of 11/15/24.					
		nt #6 probably wanted a					
	breathing treatment.	F					
		go check Resident #6's call					
	bell and ask Resident						

breathing treatment.

STATE FORM 6899 G0DH11 If continuation sheet 19 of 76

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:	
			B. WING		R
		HAL031016	B. Wto		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		1052 NE R	AILROAD STR	EET	
WALLACE	GARDENS		NC 28466		
	CUMMADVCT			DDOV/DEDIC DLANLOE CODDECTION	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 271	Continued From page	10	D 271		
5271			52		
	_	en she returned Resident			
	#6 was just lying ther				
	-She told the PCA to				
	-She did not know if t	he PCA started CPR or not.			
	-Police arrived first bu	ut she did not know if the			
	police performed CPF	₹.			
	-She was not in the ro	oom.			
	-She was going back	and forth getting paperwork.			
	-The PCA responded	to Resident #6's call bell			
	within 1 to 2 minutes.				
	-She showed the poli	ce to Resident #6's room.			
	Second telephone int	erview with the MA on			
	01/08/25 at 8:57am re				
		third shift on 11/15/24, hours			
	were 11:00pm-7:00ar				
		staff working on the night			
	shift on 11/15/24 hers				
	-Two staff on night sh	ift was the normal staffing			
	assignment.	· ·			
	-Resident #6 pulled h	er call bell around 4:00am.			
	-She was at the medi				
	medications for anoth	· · · · · · · · · · · · · · · · · · ·			
	-The PCA was comin	g from the laundry room			
	area and she informe	d her that Resident #6 had			
	pulled her call bell an	d asked her to let her know			
	that she would bring I	her nebulizer medication			
	when she took the otl	her resident who was			
	requesting medication	ns his medications.			
	-When she entered R	lesident #6's room she was			
	lying on her bed with	her mouth open, her head			
		e bed and her legs were on			
	the bed.				
	-She shook Resident	#6 and there was not any			
	response.	-			
	-She did not check Re	esident #6 for a pulse or			
	respirations or start C	PR.			
		call 911 and the PCA left			
		go to the nurses' station to			

Division of Health Service Regulation

call 911.

STATE FORM 6899 G0DH11 If continuation sheet 20 of 76

Division o	of Health Service Regu	lation			FORW APPROVED	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL031016	B. WING		R 01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE	RAILROAD STR	EET		
WALLAGE	CANDENO	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 271	Continued From page	20	D 271			
	facilityShe was not sure whe pulse or respirationsShe was unable to estartedThe PCA was standing door waiting for EMS-A police officer arrives-She did not see the Funterview with the RC revealed: -She got the call from 11/15/24.	et Resident #6 out of the  by she had not checked for a  explain why CPR was not  and at Resident #6's room  to arrive.  and first.  PCA perform CPR.  C on 12/02/24 at 2:54pm  staff before day shift on				
		MS met her at the door. the facility Resident #6 was				
	2:08pm revealed: -Resident #6 was not -Facility doors were lo 6:30pm-7:00pm and u -In an emergency one at the door to unlock i -The facility door shot EMS arrivedBoth staff on night sh performing CPR.	unlocked at 6:30am-7:00am. e staff member should wait t. uld not be unlocked until the nift were responsible for				
	Interview with the Adr	ninistrator on 12/13/24				

when they arrived.

01/08/25 at 2:33pm revealed:

2:08pm revealed the PCA started CPR on Resident #6 and the police helped with CPR

Second interview with the Administrator on

STATE FORM 6899 G0DH11 If continuation sheet 21 of 76

Division	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL031016	B. WING		01/09/2025
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AD	DRESS, CITY, STA	TE 7ID CODE	
NAME OF PI	ROVIDER OR SUPPLIER		, ,	•	
WALLACE	GARDENS	1052 NE F	RAILROAD STR	EET	
***************************************	. 0, 11,122.10	WALLACI	E, NC 28466		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
D 271	Continued From page	. 21	D 271		
DZII	Continued From page	5 2 1	52/1		
	-She was not in the fa	acility when Resident #6			
	passed away.	·			
		r between 5:30am and			
	6:30am.	. 2011/0011 010001111 01110			
		cility about 9:00am on			
	11/15/24.	cinty about 5.00am on			
	-The RCC completed	the death report			
	-	•			
		ne CPR trained staff on			
	each shift.				
	<del>-</del>	4.1			
		ne Administrator on 01/09/25			
	at 4:48pm revealed:				
	-EMS should have be				
	immediately upon arri	ival on 11/15/24.			
	-When staff found a re	esident unresponsive, not			
	breathing, and pulsele	ess they should yell for help			
	and never leave the re	esident alone.			
	-One person should o	call 911 while the other was			
		dent then someone should			
	monitor the door.				
	-The facility doors we	re locked at night.			
	Telenhone interview v	with Resident #6's PCP on			
	12/02/24 at 2:06pm re				
	•	rted on medications for			
		nic obstructive pulmonary			
		cerbation in April 2024.			
	-The resident continue				
	-On 05/01/24 she disc	•			
		and wheezing with Resident			
	#6 and the resident h	ad no desire to quit			
	smoking.				
	-On 05/01/24 a nebul	izer was ordered for			
	Resident #6.				
	-Resident #6 was see	en on 10/02/24 for COPD			
	exacerbation and was	s non-compliant with quitting			
	smoking.				
	-Resident #6 was see	en by the PCP on 10/23/24			

Division of Health Service Regulation

continuing to smoke.

for an ongoing cough, mucous production, and

STATE FORM 6899 G0DH11 If continuation sheet 22 of 76

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.			
		HAL031016	B. WING	B. WING		9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE GARDENS			RAILROAD STR	EET		
			E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 271	Continued From page	22	D 271			
	01/08/25 at 10:02am -Resident #6 was a fu -She was never hypo oxygenCPR should be starte a resident unresponsi pulselessA person would die o started.	all code.  xic and did not require  ed immediately upon finding  ive, not breathing, and  quickly without CPR being				
	The facility failed to provide immediate life saving intervention in accordance with their facility policy for a resident who was a full code. Resident #6 rang her call bell and was found by facility staff to be unresponsive, not breathing, and pulseless. When the police officer arrived, the facility staff was not performing Cardiopulmonary Resuscitation and he initiated until EMS arrived once they were able to gain access to the locked facility which delayed treatment to the resident. The resident died. This failure resulted in neglect and constitutes a Type A1 Violation.					
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 12/18/24 for				
	CORRECTION DATE VIOLATION SHALL N 2025.	FOR THE TYPE A1 IOT EXCEED February 8,				
D 316	10A NCAC 13F .0905	i (c) Activities Program	D 316			
		_				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 23 of 76

DIVISION	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPI		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			7 50.25 10.			
						₹
		HAL031016 B. WING		01/0	9/2025	
			•		-	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1052 NE	RAILROAD STR	EET		
WALLACE	GARDENS	WALLAC	E, NC 28466			
	011111111111111111111111111111111111111		·	DDGU//DEDIG DLAM OF CODDECTION		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
1710		,	,,,,,	DEFICIENCY)	ľ	
D 316	Continued From page	23	D 316			
					ľ	
		o arrange for or provide			ľ	
	-	d group activities for the			ľ	
	residents, taking into	account the varied interests,			ľ	
	capabilities, and poss	sible cultural differences of			ľ	
	the residents;					
	•	calendar of planned group				
		hat is legible and shall be				
		ccessible to residents by the				
	-	th, and updated when there				
	_	in, and updated when there				
	are any changes;					
	(3) involve community					
	recreational, voluntee	•			ľ	
	organizations, to enha	ance the activities available				
	to residents;					
	(4) evaluate and docu	ument the overall				
	effectiveness of the a	ctivities program at least				
		input from the residents to				
	•	been the most valued				
		suggestions of ways to				
	enhance the program					
		nts to participate in activities;				
	and	its to participate in activities,				
		supplies necessary for				
		pervision, and assistance to				
		to participate. Aides and				
	other facility staff may	/ be used to assist with				
	activities.					
	This Rule is not met	as evidenced by:			ľ	
		ns and interviews, the facility			ľ	
		nt, monthly activity calendar			ĺ	
		month for the 39 residents				
	residing in the facility.				ľ	
	The findings are:					
	Review of the facility's	s current license effective				
	01/01/25 revealed the	e facility was licensed with a			ĺ	

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 24 of 76

DIVISION	n nealth Service Negu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		TED
		I NAME OF THE PROPERTY OF THE		R		
		HAL031016	B. WING		01/09	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EE1		
		WALLAC	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORT OR E	ESCIDENTIF TING IN CRIMATION)	TAG	DEFICIENCY)	INAIL	57.1.2
D 316	Continued From page	24	D 316			
	capacity of 64 beds.					
	D : (0 ( 22)					
		s census reports provided				
	on 01/07/25 revealed					
	census was 39 reside	ents.				
		ain hallways and common				
		n 01/07/25 revealed there				
	_	dar posted dated January				
	2025.					
	Interview with a resident on 01/07/25 at 9:22am					
		like the activities provided, it				
	was mainly coloring.					
		resident on 01/07/25 at				
	_	did not attend activities				
		know what the activities				
	were or when they we	ere held.				
	Interview with third re	sident on 01/07/25 at				
	9:30am revealed:					
	-There was not an ac					
	-He never knew when	the activities were held.				
	-No one had ever con	ne to his room and invited				
	him to an activity.					
	Interview with the Act	ivity Director on 01/07/25 at				
	9:49am revealed the					
	activity calendar and	she was working on				
	completing it.					
	Second interview with	the Activity Director on				
	01/08/2025 at 11:50a					
	-She had been in the	Activity Director role for 4-5				
	months.					
	-She did not have any	official training related to				
	the Activity Director p					
		iented to her position of				

Division of Health Service Regulation

Activity Director at the facility.

STATE FORM 6899 G0DH11 If continuation sheet 25 of 76

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SU		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED	
		HAL031016	B. WING		01/09	9/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
WALL ACE	CARDENC	1052 NE RA	AILROAD STR	EET			
WALLACE	GARDENS	WALLACE,	NC 28466				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 316	Continued From page	25	D 316				
	-She knew that she we monthly calendarShe did not know that for the calendar to be that the activities requestream of the calendar to be that the activities requestream of the calendar to be that the activities requestream of the calendar of the calen	at there was a requirement posted by a certain date or uired the number of hours. a van to transport residents any outings for residents.  ministrator on 01/08/25 at the Activity Director trained prities that took precedence. Extivity calendar was to be do by the first of the month. The rector's responsibility to be monthly activity calendar. Desponsible to ensure that an completed correctly and					
D 317	10A NCAC 13F .0905 (d) There shall be at of planned group activactivities that promote interaction, group accexpression, increased new skills.  This Rule is not met Based on observation failed to ensure a min variety of group activities week for the residents.	least 14 hours of a variety vities per week that include e socialization, physical complishment, creative d knowledge, and learning of as evidenced by: as and interviews, the facility himum of 14 hours of a ties were provided each s.	D 317				
	Review of the facility's	s current license effective					

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 26 of 76

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING	B WING		
HAL031016 B. WING				01/09	9/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1052 NE F	RAILROAD STR	EET		
WALLACE	GARDENS		E, NC 28466			
	OUR MAR DV OT		1	DDOLUDEDIO DI ANI OE CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 047	- · · · -		D 047			
D 317	Continued From page	e 26	D 317			
	01/01/25 revealed the	e facility was licensed with a				
	capacity of 64 beds.	,				
	1 7					
	Review of the facility's	s census reports provided				
		the facility's in-house				
	census was 39 reside					
	Observation of the ma	ain hallways and common				
		n 01/07/25 revealed there				
		dar posted dated January				
	2025.	,				
	Observation of the fac	cility on 01/07/25 between				
		were no activities provided				
	for the residents.	•				
	Observation of the fac	cility on 01/08/25 revealed				
	there was an exercise	-				
	9:00am-9:30am.					
	Observation of the fac	cility on 01/09/25 revealed				
	someone sang for the					
	3:00pm-4:00pm.					
	Interview with the Act	ivity Director on 01/08/2025				
	at 11:50am revealed:					
	-She had been in the	Activity Director role for 4-5				
	months.					
	-She did not have any	y official training related to				
	the Activity Director p	osition.				
	-She had not been or	iented to her position of				
	Activity Director at the	e facility.				
	Interview with the Adr	ministrator on 01/08/25 at				
	12:00pm revealed:					
		t the Activity Director trained				
	but she had other price	orities that took precedence.				
	-She knew that the re	quirement was 14 hours of				

Division of Health Service Regulation

activities per week.

-She was ultimately responsible to ensure that

STATE FORM 6899 G0DH11 If continuation sheet 27 of 76

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIPLE	CONSTRUCTION	(X3) DATE S	ID\/EV
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		COMPLETED		
			A. BUILDING:			
	HAL031016 B. WING			R 01/09/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	to vibert of tool i eleft		AILROAD STR			
WALLACE	GARDENS		NC 28466			
	CLIMMA DV CT			DDOV/DEDIC DLAN OF CODDECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 317	Continued From page	27	D 317			
	there was 14 hours of	f activities per week.				
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367			
	(j) The resident's med record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for addor treatment; (5) reason or justificate medications or treatmed documenting the result (6) date and time of a (7) documentation of medications or treatmed omission, including refusion (8) name or initials of the medication or treasignature equivalent to	any omission of hents and the reason for the sfusals; and, the person administering atment. If initials are used, a to those initials is to be intained with the medication				
	facility failed to ensure	and record reviews, the e that 5 of 5 sampled #4, and #5) had accurate				
	The findings are:					

Division of Health Service Regulation

Review of the facility's administration of

STATE FORM 6899 G0DH11 If continuation sheet 28 of 76

DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					F	5
		HAL031016	B. WING		1	
		HALUS IU IU			1 01/0	09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
WALLACE	CARDENC	1052 NE F	RAILROAD STR	EET		
WALLACE	GARDENS	WALLACI	E, NC 28466			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	 N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				BEI IGIERGI)		
D 367	Continued From page	e 28	D 367			
	madiaatiana naliau ra	ua aladı				
	medications policy re	vealeu. ninistering medication is				
	•	•				
	T	ng the drug immediately				
		n the resident's medication				
	administration record -The medication dose	•				
		uctions for completing the				
	MAR.	adications administered shall				
		edications administered shall				
		ce of the MAR indicating				
	•	r indication and follow up for				
	*	ts should be recorded in				
		Idministering the PRN until				
	the next dose or need					
	_	shall be noted as circle at the				
	appropriate time slot					
	-	the back of the MAR of why				
	the dose was omitted					
	1 Paview of Pasider	nt #4's current FL-2 dated				
	01/07/25 revealed:	it #4 S current FL-2 dated				
		left bundle branch block,				
	•					
	troponin.	syncope, and elevated				
	•	for Acetaminophen 325mg 2				
	tablets every 8 hours					
	_	oply to affected area 2 times				
	-	· ·				
		rying skin), Aspirin 81mg 1 ninner medication used to				
		and strokes), Atorvastatin				
	•	•				
		ime daily (used to lower				
		zil 5mg 1 tablet at bedtime				
	tablet daily (used to lo	y loss), Ezetimibe 10mg 1				
	• (	•				
		ablet daily (used to treat				
		lux disease), Jardiance				
		used to lower blood sugar),				
		Omg 1 tablet 2 times daily				
		ırn), Metformin HCL ER				
	ouumg ∠ tablets ∠ tim	es daily (used to treat high				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 29 of 76

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. BOILBING.		R	
		HAL031016	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WALLACE	E GARDENS	1052 NE RA	AILROAD STR	EET		
WALLAGE	GARDENO	WALLACE,	NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 367	Continued From page	<del>2</del> 9	D 367			
	1/2 tablet 12.5mg daily disease), Paroxetine bedtime (used to trea 50mg 1 tablet daily (ubladder), Pregabalin daily (used to treat pa 1 capsule daily (used and Tresiba Flextoucl under the skin at bediless than 120 daily (ulevel).	HCL 20mg 1 tablet at t depression), Myrbetriq ER used to treat overactive 75mg 1 capsule 2 times ain), Tamsulosin HCL 0.4mg to treat enlarged prostate), h 100 units/ml inject 24 units time and hold for glucose sed to control blood sugar  4's Resident Register				
	revealed an admissio	n date of 04/06/23.				
	take 2 tablets every 8 and 10:00pm).  -Acetaminophen 325r symbol (used to indic medication) at 6:00an 11/20/24, and 11/25/2 -Acetaminophen 325r symbol at 2:00pm on 11/26/24.  -Acetaminophen 325r symbol at 10:00pm on 11/22/24, 11/25/24,	administration record for Acetaminophen 325mg, hours (6:00am, 2:00pm, ang was documented as a "/" ate a missed dose of n on 11/04/24, 11/19/24, 24. ang was documented as a "/" 11/16/24, 11/17/24, and ang was documented as a "/" n 11/01/24, 11/15/24, 1/26/24, and 11/29/24. for Aquaphor ointment apply es daily (9:00am and as documented as a "/" 11/03/24. as documented as a "/" 11/03/24, 11/15/24, as documented as a "/" 11/01/24, 11/15/24,				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 30 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R <b>01/09/2025</b>
	•		-

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 1052 NE RAILROAD STREET

WALLACE	E GARDENS 1052 NE	RAILROAD STRE	ET	
WALLACE	WALLA	CE, NC 28466		
(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 367	Continued From page 30	D 367		
D 367	Continued From page 30  -There was an entry for Aspirin 81mg, take 1 tablet daily (7:00am).  -Aspirin 81mg was documented as a "/" symbol at 7:00pm on 11/04/24, 11/06/24, 11/11/24, and 11/22/24  -There was an entry for Atorvastatin 10mg, take 1 tablet at bedtime (7:00pm).  - Atorvastatin 10mg was documented as a "/" symbol at 7:00pm on 11/01/24 through 11/03/24, 11/15/24 through 11/18/24, and 11/29/24.  -There was an entry for Donepezil 5mg, take 1 tablet at bedtime (7:00pm).  -Donepezil 5mg was documented as a "/" symbol at 7:00pm on 11/01/24 through 11/03/24, 11/15/24 through 11/18/24, 11/20/24 through 11/18/24, and 11/29/24.  -There was an entry for Ezetimibe 10mg, take 1 tablet daily (9:00am).  -Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 11/03/24.  -There was an entry for Famotidine 20 mg, take 1 tablet daily (7:00am).  -Famotidine 20 mg was documented as a "/" symbol at 7:00am on 11/04/24, 11/06/24, 11/124, and 11/22/24.  -There was an entry for Jardiance 10mg, take 1 tablet daily (7:00am).  -Jardiance 10mg was documented as a "/" symbol at 7:00am on 11/04/24, 11/06/24, 11/11/24, and 11/22/24.  -There was an entry for Magnesium Oxide 400mg, take 1 tablet 2 times daily (7:00am and 7:00pm).  -Magnesium Oxide 400mg was documented as a "/" symbol at 7:00am on 11/04/24, 11/06/24, 11/11/24, and 11/22/24.  -There was an entry for Magnesium Oxide 400mg, take 1 tablet 2 times daily (7:00am and 7:00pm).  -Magnesium Oxide 400mg was documented as a "/" symbol at 7:00am on 11/04/24, 11/06/24, 11/11/24, and 11/22/24.  -Magnesium Oxide 400mg was documented as a "/" symbol at 7:00pm on 11/01/24 through	D 367		
	11/03/24, 11/15/24 through 11/18/24, 11/20/24			
ivision of He	alth Service Regulation			

STATE FORM 6899 G0DH11 If continuation sheet 31 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	HAL031016	B. WING	R 01/09/2025			
NAME OF DROVIDER OR SLIDDLIER STREET ADDRESS CITY STATE 7ID CODE						

STREET ADDRESS, CITY, STATE, ZIP CODE

## 1052 NE RAILROAD STREET

WALLAC	E GARDENS	1052 NE	RAILROAD STREE	ET .	
VVALLAC	EGARDENS	WALLAC	E, NC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF (EACH DEFICIENCY MUST BE F REGULATORY OR LSC IDENTIF	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 31		D 367		
Division of He	through 11/22/24, 11/24/24, an -There was an entry for Metford 500mg, take 2 tablets 2 times of 7:00pm).  -Metformin HCL ER 500mg was a "/" symbol at 7:00am on 11/0 11/06/24, 11/11/24, and 11/22/24 -Metformin HCL ER 500mg was a "/" symbol at 7:00pm on 11/0 11/03/24, 11/15/24 through 11/4 through 11/22/24, 11/24/24, an -There was an entry for Metopol 25mg, take ½ tablet 12.5mg da -Metoprolol SUCC ER 25mg was "/" symbol at 7:00am on 11/0 11/06/24, 11/11/24, 11/22/24, a -There was an entry for Paroxetake 1 tablet at bedtime (7:00p -Paroxetine HCL 20mg was do symbol at 7:00pm on 11/01/24 11/15/24 through 11/18/24, 11/11/22/24, 11/24/24, and 11/29/2 -There was an order for Myrbet 1 tablet daily (7:00am).  -Myrbetriq ER 50mg was docure symbol at 7:00am on 11/04/24, 11/11/24, 11/16/24, and 11/22/2 -There was an entry for Pregabcapsule 2 times daily (9:00am symbol at 9:00am on 11/03/24Pregabalin 75mg was docume symbol at 9:00am on 11/03/24There was an order for Tamsul take 1 capsule daily (7:00pm)Tamsulosin HCL 0.4mg was d symbol at 7:00pm on 11/01/24 11/15/24 through 11/18/24, 11/11/22/24, 11/24/24, and 11/29/24There was an order for Tamsul take 1 capsule daily (7:00pm)Tamsulosin HCL 0.4mg was d symbol at 7:00pm on 11/01/24, 11/15/24 through 11/18/24, 11/11/22/24, 11/24/24, and 11/29/24There was an order for Tamsul take 1 capsule daily (7:00pm)Tamsulosin HCL 0.4mg was d symbol at 7:00pm on 11/01/24, 11/15/24, 11/24/24, and 11/29/24.	min HCL ER daily (7:00am and s documented as 4/24 through 24. s documented as 1/24 through 18/24, 11/20/24 d 11/29/24. colol SUCC ER illy (7:00am). as documented as 4/24 through nd 11/24/24. ctine HCL 20mg, m). cumented as a "/" through 11/03/24, 20/24 through 24. criq ER 50mg, take mented as a "/" 11/06/24, 24. cented as a "/" and 9:00pm). cented as a "/" 11/15/24, losin HCL 0.4mg, cocumented as a "/" through 11/03/24, 20/24 through			

STATE FORM 6899 G0DH11 If continuation sheet 32 of 76

Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL031016	B. WING		01/0	R 19/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STAT	TE ZIP CODE		
	10115211 011 001 1 21211		RAILROAD STRI			
WALLACE	GARDENS		E, NC 28466			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	v	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	⊋ 32	D 367			
	-There was an order funits/ml inject 24 units (8:00pm)Tresiba Flextouch 10 was documented as a 11/01/24, 11/15/24, 12-There were 16 medic missed dose on 12 ou Review of Resident # revealed: -There was an entry f take 2 tablets every 8 and 10:00pm)Acetaminophen 325r symbol (used to indic medication) at 6:00an through 12/12/24, 12/12/18/24, 12/22/24, 1 and 12/30/24Acetaminophen 325r symbol at 2:00pm on 12/15/24, and 12/25/2-Acetaminophen 325r symbol at 10:00pm on 12/13/24, 12/30/24, a -There was an entry f to affected area 2 tim 9:00pm)Aquaphor ointment w symbol at 9:00am on 12/15/24, 12/22/24, a -Aquaphor ointment w	for Tresiba Flextouch 100 s under the skin at bedtime  20 units/ml inject 24 units a "/" symbol at 8:00pm on 1/22/24, and 11/29/24. cations documented as ut of 30 days.  24's December 2024 eMAR  27 Acetaminophen 325mg, 3 hours (6:00am, 2:00pm, 3 mg was documented as a "/" ate a missed dose of 3 on 12/06/24, 12/09/24 3 (14/24, 12/15/24, 12/17/24, 3 (2/23/24, 12/26/24, 12/27/24, 3 mg was documented as a "/" 12/03/24, 12/13/24 through 24. 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/10/24, 3 mg was documented as a "/" 12/03/24, 12/14/24,				
	12/31/24. -There was an entry f	or Aspirin 81mg, take 1				

tablet daily (7:00am).

-Aspirin 81mg was documented as a "/" symbol at

7:00pm on 12/02/24, 12/09/24, 12/12/24, 12/14/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24,

STATE FORM 6899 G0DH11 If continuation sheet 33 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025
	•		-

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 1052 NE RAII ROAD STREET

PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 33  12/26/24, and 12/30/24.  -There was an entry for Atorvastatin 10mg, take 1 tablet at bedtime (7:00pm).  - Atorvastatin 10mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.  -There was an entry for Donepezil 5mg, take 1 tablet at bedtime (7:00pm).  - Donepezil 5mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24 and 12/31/24.  -There was an entry for Ezetimibe 10mg, take 1 tablet daily (9:00am).  -Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 12/01/24, 12/14/24, 12/15/24, 12/22/24, and 12/31/24.  -There was an entry for Famotidine 20 mg, take 1 tablet daily (7:00am).  -Famotidine 20 mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/14/24, 12/15/24, 12/15/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/22/24, 12/26/24, and 12/30/24.	WALLACE GARDENS		1052 NE RAILROAD STREET				
PREFIX TAG  (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 33  12/26/24, and 12/30/24.  -There was an entry for Atorvastatin 10mg, take 1 tablet at bedtime (7:00pm).  - Atorvastatin 10mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.  -There was an entry for Donepezil 5mg, take 1 tablet at bedtime (7:00pm).  - Donepezil 5mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24 and 12/31/24.  -There was an entry for Ezetimibe 10mg, take 1 tablet daily (9:00am).  -Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 12/01/24, 12/14/24, 12/15/24, 12/22/24, 12/24/24, and 12/31/24.  -There was an entry for Famotidine 20 mg, take 1 tablet daily (7:00am).  -Famotidine 20 mg was documented as a "/" symbol at 7:00pm on 12/02/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/18/24, 12/22/24, 12/23/24, 12/26/24, and 12/30/24.			WALLACE, NO	28466			
12/26/24, and 12/30/24.  -There was an entry for Atorvastatin 10mg, take 1 tablet at bedtime (7:00pm).  - Atorvastatin 10mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.  -There was an entry for Donepezil 5mg, take 1 tablet at bedtime (7:00pm).  -Donepezil 5mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24 and 12/31/24.  -There was an entry for Ezetimibe 10mg, take 1 tablet daily (9:00am).  -Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 12/01/24, 12/14/24, 12/15/24, 12/22/24, 12/24/24, and 12/31/24.  -There was an entry for Famotidine 20 mg, take 1 tablet daily (7:00am).  -Famotidine 20 mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/14/24, 12/15/24, 12/25/24, 12/25/24, 12/25/24, and 12/30/24.	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED B	BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
-There was an entry for Atorvastatin 10mg, take 1 tablet at bedtime (7:00pm).  - Atorvastatin 10mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.  -There was an entry for Donepezil 5mg, take 1 tablet at bedtime (7:00pm).  -Donepezil 5mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24 and 12/31/24.  -There was an entry for Ezetimibe 10mg, take 1 tablet daily (9:00am).  -Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 12/01/24, 12/14/24, 12/15/24, 12/22/24, 12/24/24, and 12/31/24.  -There was an entry for Famotidine 20 mg, take 1 tablet daily (7:00am).  -Famotidine 20 mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/18/24, 12/12/24, 12/14/24,	D 367	Continued From page 33	1	O 367			
-I here was an entry for Jardiance 10mg, take 1 tablet daily (7:00am).  -Jardiance 10mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/18/24, 12/12/24, 12/14/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24, 12/26/24, and 12/30/24.  -There was an entry for Magnesium Oxide 400mg, take 1 tablet 2 times daily (7:00am and 7:00pm).  -Magnesium Oxide 400mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/14/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24, 12/26/24, and 12/30/24.  -Magnesium Oxide 400mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.  -There was an entry for Metformin HCL ER 500mg, take 2 tablets 2 times daily (7:00am and 7:00pm).	D 367	12/26/24, and 12/30/24There was an entry for Atorvastatin 10m tablet at bedtime (7:00pm) Atorvastatin 10mg was documented as symbol at 7:00pm on 12/13/24, 12/30/24 12/31/24There was an entry for Donepezil 5mg, tablet at bedtime (7:00pm)Donepezil 5mg was documented as a "/ at 7:00pm on 12/13/24, 12/30/24 and 12/-There was an entry for Ezetimibe 10mg, tablet daily (9:00am)Ezetimibe 10mg was documented as a symbol at 9:00am on 12/01/24, 12/14/24 12/15/24, 12/22/24, 12/24/24, and 12/31/-There was an entry for Famotidine 20 m tablet daily (7:00am)Famotidine 20 mg was documented as a symbol at 7:00am on 12/02/24, 12/09/24 12/12/24, 12/14/24, 12/15/24, 12/18/24, 12/23/24, 12/26/24, and 12/30/24There was an entry for Jardiance 10mg, tablet daily (7:00am)Jardiance 10mg was documented as a symbol at 7:00am on 12/02/24, 12/09/24 12/12/24, 12/14/24, 12/15/24, 12/18/24, 12/23/24, 12/26/24, and 12/30/24There was an entry for Magnesium Oxide 400mg, take 1 tablet 2 times daily (7:00am 7:00pm)Magnesium Oxide 400mg was documer "/" symbol at 7:00am on 12/02/24, 12/18/24, 12/23/24, 12/14/24, 12/15/24, 12/18/24, 12/23/24, 12/14/24, 12/15/24, 12/18/24, 12/23/24, 12/14/24, 12/15/24, 12/18/24, 12/23/24, 12/26/24, and 12/30/24There was an entry for Magnesium Oxide 400mg was documer "/" symbol at 7:00am on 12/02/24, 12/18/24, 12/23/24, 12/26/24, and 12/30/24Magnesium Oxide 400mg was documer "/" symbol at 7:00pm on 12/13/24, 12/30/12/31/24There was an entry for Metformin HCL E 500mg, take 2 tablets 2 times daily (7:00	a "/" , and  take 1 "" symbol /31/24. , take 1 ""/" , /24. ag, take 1 a "/" , 12/22/24, , take 1 "'/" , 12/22/24, de am and anted as a /24, 12/22/24, anted as a /24, and ER	0 367			

STATE FORM 6899 G0DH11 If continuation sheet 34 of 76

Division (	of Health Service Regu	ılation			1 Ordiv	IAITROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL031016	B. WING		01/0	R 09/2025	
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
WALLACE GARDENS 1052 NE RA WALLACE,			AILROAD STREET , NC 28466				
(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 367	O 367 Continued From page 34  -Metformin HCL ER 500mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24.		D 367				

a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.
-There was an entry for Metoprolol SUCC ER

-Metformin HCL ER 500mg was documented as

12/26/24, and 12/30/24.

25mg, take ½ tablet 12.5mg daily (7:00am).
-Metoprolol SUCC ER 25mg ½ tablet was

documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24, 12/26/24, and 12/30/24.

-There was an entry for Paroxetine HCL 20mg, take 1 tablet at bedtime (7:00pm).

-Paroxetine HCL 20mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.

-There was an order for Myrbetriq ER 50mg, take 1 tablet daily (7:00am).

-Myrbetriq ER 50mg was documented as a "/" symbol at 7:00am on 12/02/24, 12/09/24, 12/12/24, 12/15/24, 12/18/24, 12/22/24, 12/23/24, 12/26/24, and 12/30/24.

-There was an entry for Pregabalin 75mg, take 1 capsule 2 times daily (9:00am and 9:00pm).
-Pregabalin 75mg was documented as a "/" symbol at 9:00am on 12/01/24, 12/14/24,

12/15/24, 12/22/24, 12/24/24, and 12/31/24. -Pregabalin 75mg was documented as a "/" symbol at 9:00pm on 12/13/24, 12/30/24, and 12/31/24.

-There was an order for Tamsulosin HCL 0.4mg, take 1 capsule daily (7:00pm).

-Tamsulosin HCL 0.4mg was documented as a "/" symbol at 7:00pm on 12/13/24, 12/30/24, and 12/31/24.

-There was an order for Tresiba Flextouch 100 units/ml inject 24 units under the skin at bedtime (8:00pm).

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 35 of 76

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMPLETED			
					R	
		HAL031016	B. WING		01/09/2025	
		TIALOGICIO			1 01/03/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE	RAILROAD STR	EET		
WALLACE	GARDENS	WALLAC	CE, NC 28466			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD		
TAG	G REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	NATE DATE	
				,		
D 367	Continued From page	e 35	D 367			
	Trociba Floytouch 10	00 units/ml inject 24 units				
		a "/" symbol at 8:00pm on				
	12/13/24, 12/30/24, a					
		cations documented as				
	missed dose on 10 or					
	Illissed dose on 10 of	ut of 51 days.				
	Review of Resident #	4's January 2025 eMAR				
	Review of Resident #4's January 2025 eMAR revealed: -There was an entry for Acetaminophen 325mg,					
		3 hours (6:00am, 2:00pm,				
	and 10:00pm).					
	-Acetaminophen 325mg was documented as a "/" symbol (used to indicate a missed dose of medication) at 6:00am on 01/01/25, 01/03/25,					
	and 01/06/25.	·				
	-Acetaminophen 325ı	mg was documented as a "/"				
	symbol at 2:00pm on	01/05/25.				
	-Acetaminophen 325ı	mg was documented as a "/"				
	symbol at 10:00pm or	n 01/03/25, and 01/05/25.				
	-There was an entry f	for Aquaphor ointment apply				
	to affected area 2 tim	es daily (9:00am and				
	9:00pm).					
	1	vas documented as a "/"				
	symbol at 9:00am on					
		was documented as a "/"				
		01/03/25, and 01/05/25.				
		for Aspirin 81mg, take 1				
	tablet daily (7:00am).					
		ocumented as a "/" symbol at				
	7:00pm on 01/01/25,					
	tablet at bedtime (7:0	for Atorvastatin 10mg, take 1				
		vas documented as a "/"				
		01/02/25, and 01/06/25.				
		for Donepezil 5mg, take 1				
	tablet at bedtime (7:0					
		documented as a "/" symbol				
	at 7:00pm on01/02/25					
	at 1.00pm on0 1/02/20	o, and o 1/00/20.	1			

tablet daily (9:00am).

-There was an entry for Ezetimibe 10mg, take 1

STATE FORM 6899 G0DH11 If continuation sheet 36 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025
	•	•	-

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

# 1052 NE RAILROAD STREET

WALLACE GARDENS	052 NE RAILROAD STREET		
WALLACE GARDENS W.	/ALLACE, NC 28466		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (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 367 Continued From page 36	D 367		
-Ezetimibe 10mg was documented as a "/" symbol at 9:00am on 01/03/25There was an entry for Famotidine 20 mg, take tablet daily (7:00am)Famotidine 20 mg was documented as a "/" symbol at 7:00am on 01/01/25, and 01/03/25There was an entry for Jardiance 10mg, take 1 tablet daily (7:00am)Jardiance 10mg was documented as a "/" symbol at 7:00am on 01/01/25, and 01/03/25There was an entry for Magnesium Oxide 400mg, take 1 tablet 2 times daily (7:00am and 7:00pm)Magnesium Oxide 400mg was documented as "/" symbol at 7:00am on 01/01/25, and 01/03/25There was an entry for Metformin HCL ER 500mg, take 2 tablets 2 times daily (7:00am and 7:00pm)Metformin HCL ER 500mg was documented as a "/" symbol at 7:00am on 01/01/25, and 01/03/25Metformin HCL ER 500mg was documented as a "/" symbol at 7:00pm on 01/02/25, and 01/03/25Metformin HCL ER 500mg was documented as a "/" symbol at 7:00pm on 01/02/25, and 01/06/25There was an entry for Metoprolol SUCC ER 25mg, take ½ tablet 12.5mg daily (7:00am)Metoprolol SUCC ER 25mg ½ tablet was documented as a "/" symbol at 7:00am on 01/01/25There was an entry for Paroxetine HCL 20mg, take 1 tablet at bedtime (7:00pm)Paroxetine HCL 20mg was documented as a "/" symbol at 7:00pm on 01/02/25, and 01/06/25There was an order for Myrbetriq ER 50mg, take 1 tablet daily (7:00am)Myrbetriq ER 50mg was documented as a "/" symbol at 7:00am on 01/01/25, and 01/03/25.	e 1  5. 6 a 5. 6 b 5 s  8		

STATE FORM 6899 If continuation sheet 37 of 76 G0DH11

Division o	of Health Service Regu	lation			FURIV	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
					F	₹
		HAL031016	B. WING		1	9/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1052 NE	RAILROAD STR	EET		
WALLACE	GARDENS	WALLAC	E, NC 28466			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
D 367	Continued From page	: 37	D 367			
	capsule 2 times daily	(9:00am and 9:00pm).				
		s documented as a "/"				
	symbol at 9:00am on					
		s documented as a "/"				
	-	01/03/25, and 01/05/25.				
	take 1 capsule daily (	for Tamsulosin HCL 0.4mg, 7:00nm)				
		ng was documented as a "/"				
		01/02/25 and 01/06/25.				
	-There was an order f	or Tresiba Flextouch 100				
		s under the skin at bedtime				
	(8:00pm).	00ita/liia at 04ita				
		00 units/ml inject 24 units a "/" symbol at 8:00pm on				
	01/03/25 and 01/05/2					
	-There were 16 medic	cations documented as				
	missed dose on 4 out	of 6 days.				
	Telephone interview w	vith a pharmacist at the				
		narmacy on 01/09/25 at				
	2:55pm revealed:					
	•	scribed medications through				
	their pharmacy.	ninophen 325mg 2 tablets				
		spensed with a quantity of				
	180.					
	-On 05/28/24 and on	01/09/25, Aquaphor				
		ffected area 2 times a day,				
	was dispensed for 1 ja					
		01/09/25, Aspirin 81mg, 1 ensed with a quantity of 31.				
		01/09/25, Atorvastatin				
		time daily, was dispensed				
	with a quantity of 31.	7, 1				
		01/09/25, Donepezil 5mg, 1				
	tablet at bedtime, was	dispensed with a quantity				

-On 12/11/24 and on01/09/25, Ezetimibe 10mg, 1 tablet daily, was dispensed with a quantity of 31. -On11/09/24 and on 12/11/24, Famotidine 20 mg,

STATE FORM 6899 G0DH11 If continuation sheet 38 of 76

Division o	of Health Service Regu	lation			FORM	1 APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPLI	ETED	
		HAL031016	B. WING		01/0	8 9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
		WALLACE	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	: 38	D 367			
	31On 12/11/24 and on tablet daily, was dispersed and tablet 2 times a quantity of 62On 12/11/24 and on the ER 500mg, 2 tablets 2 with a quantity of 124On 12/11/24 and on the ER 12.5mg, ½ tablet of the quantity of 16On 12/11/24 and on the ER 12.5mg, ½ tablet of the quantity of 31On 12/11/24 and on the countity of 31On 12/11/24 and on the following of 31On 01/09/25, Pregable times daily, was dispersed ally, was dispersed ally, was dispersed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31On 10/30/24, Tresibal inject 24 units under the dispensed with a quantity of 31.	01/09/25, Metoprolol SUCC daily, was dispensed with a 01/09/25, Paroxetine HCL time, was dispensed with a 01/09/25, Myrbetriq ER was dispensed with a valin 75mg, 1 capsule 2 ensed with a quantity of 72. 01/09/25, Tamsulosin HCL y, was dispensed with a a Flextouch 100 units/ml, he skin at bedtime, was nitity of 15ml.  The sure that any medications were end them and did not keep a with the medication aide				

01/09/25 at 11:30am.

Refer to the second interview with the MA on

Refer to the interview with the Resident Care Coordinator (RCC) on 01/07/25 at 2:30pm

STATE FORM 6899 G0DH11 If continuation sheet 39 of 76

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL031016	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
WALLACE	CARDENS	1052 NE RA	AILROAD STR	EET		
WALLACE	GARDENS	WALLACE,	NC 28466			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		Έ
TAG	REGULATORY OR I	LGC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	IATE DATE	
D 007			D 007			
D 367	Continued From page	e 39	D 367			
	revealed.					
		nterview with the RCC on				
	01/09/25 at 12:00pm	revealed.				
	Defende the	alankan sakanda. 20				
		elephone interview with a				
	on 01/08/25 at 4:13pr	ility's contracted pharmacy				
	011 0 1/00/23 at 4. 13pi					
	Refer to the interview with the Administrator on					
	01/09/25 at 12:30pm.					
	'					
	2. Review of Resider	nt #5's current FL-2 dated				
		agnoses included brain				
		havioral disturbances, and				
	benign prostatic hype	erplasia.				
	Pavious of Pacidont #	5's Resident Register				
	revealed an admissio	<u> </u>				
	revealed an admissio	11 date of 00/01/07.				
	Review of Resident #	5's current Physician orders				
	dated 01/01/25 revea	<del>-</del>				
	-There was an order	for Amlodipine Besylate				
	• • • • • • • • • • • • • • • • • • • •	used to treat high blood				
	pressure), Calcium A	ntacid 500mg 2 and ½				
	• (	treat heartburn), Combivent				
		inhale 1 puff four times				
	• (	nronic obstructive pulmonary				
		25mg 1 capsule 2 times ood), Colace 100mg 2				
	• `	(used to treat constipation),				
		et at bedtime (used to treat				
		owder 3350 17 grams in 8				
	,,	(used to treat constipation),				
	•	ule at bedtime (used to treat				
		Refresh Classic Eye Drop				
		e socket 2 times a day				
		es), Senna Plus 17.2mg 1				
		reat constipation), Sertraline				
	20mg 5ml 1 tablet da	ily (used to treat				

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 40 of 76

District	- £ 1   - 14 - O	al akt a ca			FORM	1 APPROVED	
	of Health Service Regu	I	T		T		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVII L	LILD	
					F	₹	
		HAL031016	B. WING		1	9/2025	
NAME OF D		CTDEET A	DDDECC CITY CT/	ATE 710 CODE			
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA				
WALLACE	GARDENS		RAILROAD STR	REET			
		WALLAC	CE, NC 28466				
(X4) ID	_	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE	
IAG		,	IAG	DEFICIENCY)			
D 007							
D 367	Continued From page	∌ 40	D 367				
	depression), Metopro	olol Tartrate 50mg 1 tablet 2					
		reat heart disease), and					
		g 1 tablet daily (used to treat					
	an underactive thyroi	• `					
	•	,					
	Review of Resident #	5's December 2024					
	electronic mediation	administration record					
	(eMAR) revealed:						
	-There was an entry	for Amlodipine Besylate					
	10mg, take 1 tablet d	aily (8:00am).					
	- Amlodipine Besylate	e 10mg was documented as					
		indicate a missed dose of					
	medication) at 8:00ar						
	12/28/24.						
	-There was an entry	for Calcium Antacid 500mg,					
	take 2 and ½ tablets	daily (8:00am).					
	-Calcium Antacid 500	mg 2 and ½ tablets was					
	documented as a "/"	symbol at 8:00am on					
	12/27/24, and 12/28/	24.					
	-There was an entry	for Combivent Respimat					
	20-100mcg, inhale 1	puff four times daily					
	(8:00am, 12:00pm, 4	:00pm, and 8:00pm).					
	-Combivent Respima	t 20-100mcg was					
	documented as a "/"	symbol at 8:00am on					
	12/27/24, and 12/28/	24.					
	-Combivent Respima	it 20-100mcg was					
	documented as a "/"	symbol at 12:00pm on					
	12/11/24, 12/12/24, a	ind 12/26/24.					
	-There was an entry	for Depakote 125mg, take 1					
	_	(8:00am and 8:00pm).					
		as documented as a "/"					
		12/27/24 and 12/28/24					

(8:00am and 8:00pm).

-There was an entry for Miralax powder 3350 17 grams in 8 ounces of water daily (9:00am).
-Miralax powder 3350 17 grams was documented

-There was an entry for Refresh Classic Eye Drop instill 1 drop to left eye socket 2 times a day

-Refresh Classic Eye Drop was documented as a

as a "/" symbol at 9:00am on 12/28/24.

STATE FORM 6899 G0DH11 If continuation sheet 41 of 76

Division of	of Health Service Regu	lation			_	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ED
					R	
		HAL031016	B. WING		01/09/	2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	CARDENC	1052 NE	RAILROAD STR	EET		
WALLACE	E GARDENS	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 41	D 367			
D 367	"/" symbol at 8:00am 12/28/24There was an entry f take 1 tablet 2 times of Metoprolol Tartrate 50 "/" symbol at 8:00am 12/28/24There was an entry f take 1 tablet daily(6:0-Levothyroxine 75mcg symbol at 6:00am on 12/17/24, and 12/24/212/31/24There were 8 medicamissed dose on 6 out Review of Resident # revealed: -There was an entry f 10mg, take 1 tablet daa "/" symbol (used to medication) at 8:00an -There was an entry f take 2 and ½ tablets of tablets of the symbol (used to medication) at 8:00an -There was an entry f take 2 and ½ tablets of tablets	on 12/17/24, 12/27/24, and for Metoprolol Tartrate 50mg, daily (8:00am and 6:00pm). Omg was documented as a on 12/02/24, 12/27/24, and for Levothyroxine 75mcg, 0am). If was documented as a "/" 12/11/24, 12/12/24, 24 through 12/28/24, and ations documented as a of 31 days.  5's January 2025 eMAR for Amlodipine Besylate aily (8:00am). If 10mg was documented as indicate a missed dose of in on 01/08/25. If or Calcium Antacid 500mg,	D 367			
	documented as a "/" s 01/08/25. -There was an entry f 20-100mcg, inhale 1 (8:00am, 12:00pm, 4: -Combivent Respimat	or Combivent Respimat puff four times daily 00pm, and 8:00pm).				

01/07/25.

01/08/25.

01/02/25 and 01/03/25.

documented as a "/" symbol at 8:00am on

-Combivent Respimat 20-100mcg was documented as a "/" symbol at 12:00pm on

-Combivent Respimat 20-100mcg was documented as a "/" symbol at 4:00pm on

STATE FORM 6899 G0DH11 If continuation sheet 42 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	HAL031016	B. WING	R 01/09/2025			
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS CITY STATE ZIP CODE				

# 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE RA	ILROAD STR	EET	
		WALLACE, I	NC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 42		D 367		
	-Combivent Respimat 20-100mcg was documented as a "/" symbol at 8:00pm 01/07/25.  -There was an entry for Depakote 125mc capsule 2 times daily (8:00am and 8:00 -Depakote 125mg was documented as symbol at 8:00am on 01/08/25.  -Depakote 125mg was documented as symbol at 8:00pm on 01/07/25.  -There was an entry for Colace 100mg, capsules at bedtime (6:00pm).  -Colace 100mg was documented as a "at 6:00pm on 01/04/25, 01/06/25 and 0-1 -There was an entry for Levothyroxine 7 take 1 tablet daily(7:00am).  -Levothyroxine 75mcg was documented symbol at 7:00am on 01/05/25, 01/06/2 01/08/25, and 01/09/25.  -There was an entry for Melatonin 5mg, tablet at bedtime (8:00pm).  -Melatonin 5mg was documented as a "at 8:00pm on 01/07/25.  -There was an entry for Refresh Classic instill 1 drop to left eye socket 2 times at (8:00am and 8:00pm).  -Refresh Classic Eye Drop was docume "/" symbol at 8:00am on 01/08/25.  -Refresh Classic Eye Drop was docume "/" symbol at 8:00pm on 01/07/25.  -There was an entry for Metoprolol Tartritake 1 tablet 2 times daily (8:00am and -Metoprolol Tartrate 50mg was docume "/" symbol at 8:00am on 01/08/25.  -Metoprolol Tartrate 50mg was docume "/" symbol at 8:00am on 01/08/25.  -Metoprolol Tartrate 50mg was docume "/" symbol at 6:00pm on 01/06/25 and 00-There was an entry for Prazosin 1mg, for capsule at bedtime (8:00pm).  -Prazosin 1mg was documented as a "/ at 8:00pm on 01/07/25.  -There was an entry for Prazosin 1mg, for capsule at bedtime (8:00pm).  -Prazosin 1mg was documented as a "/ at 8:00pm on 01/07/25.	ng, take 1 pm). a "/" take 2 '/" symbol 1/07/25. 75mcg, d as a "/" 5, take 1 '/" symbol c Eye Drop day ented as a ented as a rate 50mg, 6:00pm). nted as a 1/1/07/25. take 1 " symbol			
Division of Hea	alth Service Regulation				

STATE FORM 6899 G0DH11 If continuation sheet 43 of 76

Division	of Health Service Regul	lation			1 Ortiv	IAITROVED
STATEMEN <sup>*</sup>	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		HAL031016	B. WING		01/0	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, STAT	TE. ZIP CODE		
			RAILROAD STRI			
WALLACI	E GARDENS		E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	symbol at 8:00pm on -There was an entry fi 1 tablet daily (8:00pm -Sertraline 20mg 5ml symbol at 8:00pm on -There were 12 medic missed dose on 4 out  Telephone interview v facility's contracted ph 2:55pm revealed: -Resident #5 was pre- their pharmacyOn 12/12/24 and on Besylate 10mg, 1 table a quantity of 31On 12/11/24 and on 500mg, 2 and ½ table a quantity of 31On 11/05/24 and on Respimat 20-100mcg daily, was dispensedOn 12/11/24 and on 1 capsule 2 times dail quantity of 62On 12/16/24 and on capsules at bedtime, quantity of 62On 09/25/24 Miralax ounces of water daily quantity to last 60 day	was documented as a "/" 01/07/25. for Sertraline 20mg 5ml, take 1). was documented as a "/" 01/07/25. cations documented as a "/" 01/07/25. cations documented as a for 9 days.  with a pharmacist at the narmacy on 01/09/25 at scribed medications through 01/09/25, Amlodipine let daily, was dispensed with 01/09/25, Calcium Antacid ets daily, was dispensed with 12/18/24, Combivent 1, inhale 1 puff four times 01/09/25, Depakote 125mg, ly, was dispensed with a 01/09/25, Colace 100mg, 2 was dispensed with a powder 3350 17 grams, in 8 1, was dispensed with a 1/s. In Classic Eye Drop instill 1	D 367	BEI IOIENOT)		

-On 11/20/24 and on 12/30/24, Metoprolol Tartrate 50mg, 1 tablet 2 times daily, was

-On 12/11/24 and on 01/09/25, Levothyroxine

dispensed with a quantity of 30.

STATE FORM 6899 G0DH11 If continuation sheet 44 of 76

DIVISION	of Health Service Regu	liauon			(X3) DATE SURVEY		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE (	(X2) MULTIPLE CONSTRUCTION				
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					R		
		HAL031016	B. WING		01/09/2025		
		•			1 01100/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
WALLACE	GARDENS	1052 NE	RAILROAD STRE	ET			
WALLAGE	CARDENO	WALLAG	CE, NC 28466				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE		
D 367	Continued From page	= 44	D 367	52.10.2.10.1			
	. •						
	75mcg, 1 tablet daily, quantity of 31.	, was dispensed with a					
	-She could not say fo	r sure that any medications					
	were returned because	se when medications were					
	returned they destroy	ed them and did not keep a					
	record.						
	5						
		with the medication aide					
	(MA) on 01/08/25 at 7	7:53am.					
	Refer to the second in	nterview with the MA on					
	01/09/25 at 11:30am.						
	0 1/00/20 at 11:00am.						
	Refer to the interview	with the Resident Care					
	Coordinator (RCC) or	n 01/07/25 at 2:30pm					
	revealed.						
		nterview with the RCC on					
	01/09/25 at 12:00pm	revealed.					
	Refer to the second to	elephone interview with a					
		ility's contracted pharmacy					
	on 01/08/25 at 4:13pr						
	Refer to the interview	with the Administrator on					
	01/09/25 at 12:30pm.						
		nt #2's current FL-2 dated					
	11/06/2024 revealed:						
	-Diagnoses included	thy, Fracture 2nd and 3rd					
		Foot, Thrombocytopenia,					
	Hypertension, Schizo						
		for Acetaminophen 500mg 2					
	tablets 3 times daily (						
		e 1 tablet twice daily (used to					
		ease), Cetirizine 5-120mg					
		daily (used to treat allergies),					
		20mg 1 capsule daily (used					

Division of Health Service Regulation

to treat hypertension), Divalproex SOD ER

STATE FORM 6899 G0DH11 If continuation sheet 45 of 76

Division of	of Health Service Regu	ılation				
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R	
		HAL031016	B. WING		01/09	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE		
		1052 NE	RAILROAD STRE	EET .		
WALLACE	E GARDENS	WALLAC	CE, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
iAO		,	IAG	DEFICIENCY)		
D 367	Continued From page	<u> </u>	D 367			
2 00.						
	_	daily (used for mood),				
		60mg take 1 capsule daily Fluticasone PROP 50mcg				
		th nostrils once daily (used				
		bapentin 600mg take 2				
		used to treat neuropathy),				
		1 tablet daily (used to treat				
	benign prostatic hype	rplasia), Lactulose				
	_	ML's daily (used to treat				
		s 10mg take 1 capsule daily				
	· ·	ation), Lisinopril 10mg tablet				
	· ` `	sed to treat high blood				
		n 5mg take 1 tablet at				
	Probiotic Gummy take	nt nocturnal enuresis),				
	_	pine ER 150mg take 1 tablet				
		), Quetiapine ER 50mg take				
	, , ,	or mood), Senna 8.6mg take				
	`	used to treat constipation),				
	_	take 1 tablet daily (used to				
		rder), Simvastatin 10mg take				
		at bedtime (used to treat				
	, ,	ablet take 1 tablet daily (for				
	, , , , , , , , , , , , , , , , , , , ,	lol HCL 50mg take 1 tablet I to treat pain), Ziprasidone				
	- '	osule 2 times daily with				
	meals (used to treat s					
	(	,				
		#2's Physician's order dated				
		order for Tramadol HCL				
		o times daily (used to treat				
	pain).					
	Review of Resident #	2's November 2024				
	electronic mediation a					
	(eMAR) revealed:					
	,	for Acetaminophen 500mg,				
	_	daily (8:00am, 2:00pm, and				
	8:00pm).					

-Acetaminophen 500mg was documented as a "/"

STATE FORM 6899 G0DH11 If continuation sheet 46 of 76

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
		HAL031016	B. WING	R 01/09/2025
ł		TIALUSTOTO		01/09/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 1052 NE RAILROAD STREET

WALLACE GARDENS		1032 NE	RAILROAD STREI	=1	
WALLAGE	CARDENO	WALLAC	E, NC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (EACH DEFICIENCY MUST BE PRECEI REGULATORY OR LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 46		D 367		
D 367	Symbol (used to indicate a missed dimedication) at 8:00am on 11/04/24, 11/11/24, 11/13/24, 11/14/24, 11/16/2 11/25/24, 11/26/24, and 11/30/24Acetaminophen 500mg was docum symbol at 2:00pm on 11/16/24, 11/15/11/26/24Acetaminophen 500mg was docum symbol at 8:00pm on 11/08/24, 11/15/11/26/24Acetaminophen 500mg was docum symbol at 8:00pm on 11/08/24, 11/15/11/22/24, and 11/29/24There was an entry for Benztropine take 1 tablet twice daily (8:00am and -Benztropine MES 500mg was docum "/" symbol at 8:00am on 11/04/24, 11/11/25/24, 11/16/24, and 11/30/24Benztropine MES 500mg was docum "/" symbol at 8:00pm on 11/08/24, 11/12/2/24, and 11/29/24There was an entry for Cetirizine 5-1 tablet 2 times daily (8:00am and 8: -Cetirizine 5-120mg was documente symbol at 8:00am on 11/04/24There was an entry for Diltiazem 24/120mg, take 1 capsule daily (8:00am -Diltiazem 24/hr ER 120mg was docum "" symbol at 8:00am on 11/04/24, 11/11/24, 11/13/24, 11/14/24, 11/16/2/11/26/24, and 11/30/24There was an entry for Divalproex SOOmg, take 3 tablets daily (8:00pm) -Divalproex SOD ER 500mg was docum "" symbol at 8:00pm on 11/08/24, 11/12/2/24, and 11/29/24There was any entry for Duloxetine 60mg, take 1 capsule daily (8:00am) -Divalproex SOD ER 500mg was docum "" symbol at 8:00am on 11/04/24, 11/12/2/24, and 11/29/24There was any entry for Duloxetine 60mg, take 1 capsule daily (8:00am) -Duloxetine HCL DR 60mg was docum "" symbol at 8:00am on 11/04/24, 11/11/24, 11/13/24, 11/14/24, 11/16/21/24, and 11/29/24There was any entry for Duloxetine 60mg, take 1 capsule daily (8:00am) -Duloxetine HCL DR 60mg was docum "" symbol at 8:00am on 11/04/24, 11/11/24, 11/13/24, 11/14/24, 11/16/21/24, and 11/30/24.	11/08/24, 24, 11/17/24, ented as a "/" 7/24, and ented as a "/" 5/24, MES 1mg, 8:00pm). mented as a 1/08/24, 24, 11/17/24, mented as a 1/15/24, 120mg, take 100pm). d as a "/" hr ER 1). Imented as a 1/08/24, 24, 11/25/24, SOD ER 1). cumented as a 1/15/24, HCL DR 1. Imented as a 1/08/24, 11/15/24, HCL DR 1. Imented as a 1/08/24, 11/15/24, HCL DR 1. Imented as a 1/08/24, 11/08	D 367		

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 47 of 76 G0DH11

	Division of Ficulti Oct vice regu	lation		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
l		HAL031016	B. WING	R <b>01/09/2025</b>
I	NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS. CITY. STATE. ZIP CODE	

# 1052 NE RAILROAD STREET

WALLACE	GARDENS 1052 NI	E RAILROAD STREI	ET	
WALLACE	WALLA	CE, NC 28466		
(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 367	Continued From page 47	D 367		
	-There was an entry for Fluticasone PROP 50mcg Spray, spray into both nostrils once daily (8:00am)Fluticasone PROP 50mcg Spray 500mg was documented as a "/" symbol at 8:00am on 11/04/24, 11/08/24, 11/11/26/24, and 11/30/24There was an entry for Gabapentin 600mg, take 2 tablets 3 times daily (8:00am, 2:00pm, and 8:00pm)Gabapentin 600mg was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/25/24, 11/16/24, 11/16/24, 11/13/24, 11/14/24, 11/16/24, 11/16/24, 11/25/24, 11/26/24, and 11/30/24Gabapentin 600mg was documented as a "/" symbol at 2:00pm on 11/16/24, 11/17/24, and 11/26/24Gabapentin 600mg was documented as a "/" symbol at 8:00pm on 11/108/24, 11/15/24, 11/126/24, and 11/29/24There was an entry for Gemtesa 75mg take 1 tablet daily (8:00am)Gemtesa 75mg was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/126/24, and 11/30/24There was an entry for Lactulose 10gm/15mL, take 15 ML's daily (8:00am)Lactulose 10gm/15mL was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/16/24, 11/125/24, 11/16/24, and 11/30/24There was an entry for Lactulose 10gm/15mL, take 15 ML's daily (8:00am)Lactulose 10gm/15mL was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/16/24, 11/125/24, 11/126/24, and 11/30/24There was an entry for Linzess 10mg, take 1 capsule daily (8:00am)Linzess 10mg was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/125/24, 11/126/24, and 11/30/24There was an entry for Linzess 10mg, take 1 capsule daily (8:00am)Linzess 10mg was documented as a "/" symbol at 8:00am on 11/04/24, 11/16/24, 11/126/24, and 11/30/24.			
Division of Hea	alth Service Regulation			

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 48 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED		
	HAL031016	B. WING	R 01/09/2025		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### 1052 NE RAILROAD STREET

WALLACE GARDENS 1		1052 NE RAII	1052 NE RAILROAD STREET		
, (, (		WALLACE, N	IC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEF (EACH DEFICIENCY MUST BE PREC REGULATORY OR LSC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 48		D 367		
D 367	Continued From page 48  -Lisinopril 10mg tablet was docume symbol at 8:00am on 11/04/24, 11/11/11/24, 11/13/24, 11/14/24, 11/16/11/26/24, and 11/30/24.  -There was an entry for Oxybutynin tablet at bedtime (8:00pm).  - Oxybutynin 5mg was documented symbol at 8:00pm on 11/08/24, 11/11/22/24, and 11/29/24.  -There was an entry for Probiotic Gummy daily (8:00am).  -Probiotic Gummy was documented symbol at 8:00am on 11/04/24, 11/11/11/24, 11/13/24, 11/14/24, 11/16/11/26/24, and 11/30/24.  -There was an entry for Quetiapine take 1 tablet at bedtime (8:00pm).  -Quetiapine ER 150mg was docume symbol at 8:00pm on 11/08/24, 11/11/22/24, and 11/29/24.  -There was an entry for Quetiapine take 1 tablet at bedtime (8:00pm).  -Quetiapine ER 50mg was docume symbol at 8:00pm on 11/08/24 and -There was an entry for Senna 8.60 tablets twice daily (8:00am and 8:00-senna 8.6mg was documented as at 8:00am on 11/04/24, 11/16/24, 11/13/24, 11/14/24, 11/16/24, 11/19/24.  -Senna 8.6mg was documented as at 8:00pm on 11/08/24, 11/15/24, 11/19/24.  -There was an entry for Sertraline is at 8:00pm on 11/08/24, 11/15/24, 11/19/24.  -Senna 8.6mg was documented as at 8:00pm on 11/08/24, 11/15/24, 11/16/24, 11/	08/24, //24, 11/25/24, //24, 11/25/24, //24, 11/25/24, //24, 11/25/24, //24, 11/25/24, //24, 11/25/24, //24, 11/25/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, 11/26/24, //24, //24, //24, //24, //24, //24, //24, //26/24, //	D 367		

STATE FORM 6899 If continuation sheet 49 of 76 G0DH11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS CITY STATE ZIP CODE	

# 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE RAIL	ROAD STRE	EET	
		WALLACE, N	C 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 49		D 367		
D 367	continued From page 49 one tablet by mouth at bedtime (8:00pm -Simvastatin 10mg was documented as symbol at 8:00pm on 11/08/24, 11/15/24 11/22/24, and 11/29/24There was an entry for Thera Tablet, ta tablet daily (8:00am)Thera Tablet was documented as a "/" 8:00am on 11/04/24, 11/08/24, 11/11/24 11/13/24, 11/14/24, 11/16/24, 11/25/24, and 11/30/24There was an entry for Tramadol HCL 5 take 1 tablet four times daily (8:00am, 124:00pm and 8:00pm)Tramadol HCL 50mg was documented symbol at 8:00am on 11/04/24, 11/08/24 11/11/24, and 11/13/24Tramadol HCL 50mg was documented symbol at 12:00pm on 11/03/24, 11/11/2 11/13/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/08/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/08/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/08/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/108/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/15/24, 11/16/24 11/25/24, 11/26/24, and 11/30/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/15/24, 11/16/24 11/25/24, 11/26/24, and 11/30/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/15/24, 11/16/24 11/25/24, 11/26/24, and 11/30/24Tramadol HCL 50mg was documented symbol at 8:00pm on 11/15/24, 11/16/24 11/25/24, 11/26/24, and 11/30/24Tramadol HCL 80mg was documented symbol at 8:00pm on 11/15/24, 11/22/24 11/25/24, 11/26/24, and 11/30/24Tiprasidone HCL 80mg was documented symbol at 8:00pm on 11/15/24, 11/14/24, 11/15/24, 11/25/24, 11/26/24, and 11/30/24Ziprasidone HCL 80mg was documented symbol at 8:00pm on 11/08/24, 11/11/24, 11/13/24, 11/14/24, 11/15/24, 11/25/24, 11/26/24, and 11/30/24Ziprasidone HCL 80mg was documented symbol at 8:00pm on 11/08/24.	). a "/" ke 1 symbol at , 11/26/24, 50mg, 2:00pm, as a "/" 4, and as a "/" 4, and as a "/" el, as a "/" las a "/" la	D 367		
Division of Hea	Ilth Service Regulation				

STATE FORM 6899 G0DH11 If continuation sheet 50 of 76

Division	of Health Service Regu	ulation			FURIV	M APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPL	
		HAL031016	B. WING			R 09/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	.TE, ZIP CODE		
WALLAC	E GARDENS		RAILROAD STRI E, NC 28466	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 50	D 367			

symbol at 8:00pm on 12/13/24, 12/16/24, 12/17/24, 12/20/24, 12/23/24 through 12/25/24,

-There was an entry for Benztropine MES 1mg, take 1 tablet twice daily (8:00am and 8:00pm).
-Benztropine MES 500mg was documented as a "/" symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/22/24,

-Benztropine MES 500mg was documented as a "/" symbol at 8:00pm on 12/13/24, 12/16/24, 12/17/24, 12/20/24, 12/23/24 through 12/25/24,

-Diltiazem 24hr ER 120mg was documented as a "/" symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/22/24,

-There was an entry for Diltiazem 24hr ER 120mg, take 1 capsule daily (8:00am).

-There was an entry for Divalproex SOD ER

12/30/24, and 12/31/24.

12/28/24, and 12/29/24.

12/30/24, and 12/31/24.

12/28/24, and 12/29/24.

STATE FORM 6899 G0DH11 If continuation sheet 51 of 76

Division (	of Health Service Regu	lation			FORM	1 APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPL	ETED
		HAL031016	B. WING		01/0	( )9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WALLACE	E GARDENS		RAILROAD STR E, NC 28466	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	a "/" symbol at 8:00pr 12/17/24, 12/20/24, 1	daily (8:00pm). 500mg was documented as n on 12/13/24, 12/16/24, 2/23/24 through 12/25/24,	D 367			
	60mg, take 1 capsule -Duloxetine HCL DR 6 "/" symbol at 8:00am 12/11/24 through 12/1 12/28/24, and 12/29/2 -There was an entry f 50mcg Spray, spray is (8:00am)Fluticasone PROP 5 documented as a "/" s 12/02/24, 12/04/24, 1 12/20/24, 12/22/24, 1 -There was an entry f 2 tablets 3 times daily 8:00pm).	for Duloxetine HCL DR daily (8:00am). 60mg was documented as a on 12/02/24, 12/04/24, 16/24, 12/20/24, 12/22/24, 24. or Fluticasone PROP nto both nostrils once daily 0mcg Spray 500mg was				
	12/28/24, and 12/29/2 -Gabapentin 600mg v symbol at 2:00pm on 12/13/24 through 12/2 12/28/24Gabapentin 600mg v symbol at 8:00pm on 12/17/24, 12/20/24, 1 12/30/24, and 12/31/2	16/24, 12/20/24, 12/22/24, 24. vas documented as a "/" 12/01/24, 12/03/24, 15/24, 12/25/24, and vas documented as a "/" 12/13/24, 12/16/24, 2/23/24 through 12/25/24,				

tablet daily (8:00am).

and 12/29/24.

-Gemtesa 75mg was documented as a "/" symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/22/24, 12/28/24,

-There was an entry for Lactulose 10gm/15mL,

STATE FORM 6899 G0DH11 If continuation sheet 52 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE RAILROAD STREET		
WALLACE	GARDENS	WALLACE, NC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE: (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 52	D 367		
	take 15 ML's daily (8:00am)Lactulose 10gm/15mL was documented a symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/23/24, and 12/29/24There was an entry for Linzess 10mg, tak capsule daily (8:00am)Linzess 10mg was documented as a "/" sy at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/22/24, 12/2 and 12/29/24There was an entry for Lisinopril 10mg tak take 1 tablet daily (8:00am)Lisinopril 10mg tablet was documented as symbol at 8:00am on 12/02/24, 12/20/24, 12/24/24, 12/11/24 through 12/16/24, 12/20/24, 12/23/24There was an entry for Oxybutynin 5mg, tablet at bedtime (8:00pm)Oxybutynin 5mg was documented as a "/" symbol at 8:00pm on 12/13/24, 12/16/24, 12/17/24, 12/20/24, 12/23/24 through 12/25/12/30/24, and 12/31/24There was an entry for Probiotic Gummy, gummy daily (8:00am)Probiotic Gummy was documented as a "/" symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/	as a "/" 2/24, e 1 ymbol 1/28/24, blet, s a "/" 2/24, ake 1 ' 5/24, take 1 /" 2/24, 0mg, as a "/" 5/24, 0mg, s a "/" 17/24,		
Division of Hea	alth Service Regulation	<u> </u>		

STATE FORM 6899 If continuation sheet 53 of 76 G0DH11

Division of	of Health Service Regu	lation			FORM	1 APPROVED
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL031016	B. WING		01/0	R 9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
WALLACI	CARDENC	1052 NE	RAILROAD STRE	ET		
WALLACE	E GARDENS	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	÷ 53	D 367			
	tablets twice daily (8:1 -Senna 8.6mg was do at 8:00am on 12/02/2 through 12/16/24, 12/2 and 12/29/24Senna 8.6mg was do at 8:00pm on 12/13/2 12/20/24, 12/23/24 th and 12/31/24There was an entry fitake 1 tablet daily (8:0 -Sertraline HCL 25mg symbol at 8:00am on 12/11/24 through 12/2 12/28/24, and 12/29/2 -There was an entry fitablet daily (8:00am)There was an entry fitablet daily (8:00am).	ocumented as a "/" symbol 4, 12/04/24, 12/11/24 /20/24, 12/22/24, 12/28/24, 20/24, 12/16/24, 12/17/24, 20/24, 12/25/24, 12/30/24, 20/24, 12/20/24, 12/30/24, 20/24, 12/20/24, 12				

12/29/24.

8:00pm).

12/28/24, and 12/29/24.

12/30/24, and 12/31/24.

12/16/24, 12/20/24, 12/22/24, 12/28/24, and

-There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and

-Tramadol HCL 50mg was documented as a "/" symbol at 8:00am on 12/02/24, 12/04/24, 12/11/24 through 12/16/24, 12/20/24, 12/22/24,

-Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 12/13/24, 12/16/24, 12/17/24, 12/20/24, 12/23/24 through 12/25/24,

STATE FORM 6899 G0DH11 If continuation sheet 54 of 76

Division	of Health Service Regu	lation			FURIV	APPROVED
STATEMEN <sup>*</sup>	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE S COMPL	
		HAL031016	B. WING		01/0	R 09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		1052 NE	RAILROAD STR	REET		
WALLACI	E GARDENS	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 54	D 367			
	take 1 capsule 2 time and 5:00pm).  -Ziprasidone HCL 80i symbol at 8:00am on -There were 20 mediomissed dose on 12 or Review of Resident # revealed:  -There was an entry take 2 tablets 3 times 8:00pm).  -Acetaminophen 500i symbol (used to indic medication) at 2:00pr -Acetaminophen 500i symbol at 8:00pm on -There was an entry take 1 tablet twice da -Benztropine MES 50 "/" symbol at 8:00pm	cations documented as ut of 31 days.  £2's January 2025 eMAR  for Acetaminophen 500mg, addily (8:00am, 2:00pm, and are a missed dose of an on 01/03/25 and 01/05/25.  Ing was documented as a "/" 01/03/25 and 01/07/25.  For Benztropine MES 1mg, ily (8:00am and 8:00pm).  For Bound and 8:00pm).  For Divalproex SOD ER				

8:00pm).

-Divalproex SOD ER 500mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25. -There was an entry for Gabapentin 600mg, take 2 tablets 3 times daily (8:00am, 2:00pm, and

-Gabapentin 600mg was documented as a "/" symbol at 2:00pm on 01/03/25 and 01/05/25.
-Gabapentin 600mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.
-There was an entry for Oxybutynin 5mg, take 1

-Oxybutynin 5mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.
-There was an entry for Quetiapine ER 150mg,

-Quetiapine ER 150mg was documented as a "/"

tablet at bedtime (8:00pm).

take 1 tablet at bedtime (8:00pm).

STATE FORM 6899 G0DH11 If continuation sheet 55 of 76

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION    A BUILDING:	Division of Health Service Regulation				ATTROVED		
NAME OF PROVIDER OR SUPPLIER  **RETAINDAINS**  **INAMALACE GARDENS**  **INAMALACE NC 28466**  **INAMALACE GARDENS**  **INAMALACE ACCORDANALE GARDENS**  **INAMALACE GARDENS**  **INAMALACE GARDENS**  **INAMALACE GARDENS**  **INAMALACE GARDENS**  **INAMALACE ACCORDANALE GARDENS**  **INAMALACE ACC	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER  **STREET ADDRESS, CITY, STATE, JUP CODE**  **WALLACE GARDENS**  **WALLACE GARDENS**  **WALLACE OR SUMMARY STATEMENT OF DEFICIENCIES**  **WALLACE, NC 28466**  **WALLACE, NC 28466**  **WALLACE, NC 28466**  **WALLACE, NC 28466**  **DIRECTION OF THE CONTRIBUTION OF U.S.C. DIGNTHYNKG INFORMATION)**  **DIRECTION OF U.S.C. DIGNTHYNKG INFORMATION)**  **DIR	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
MALLACE GARDENS    STREET ADDRESS, CITY, STATE, 2IP CODE						R	
MALLACE GARDENS  (X4) ID PREFIX TAG  (KA) ID PREFIX TAG  (RACH DEFICIENCY MIST BE PRECEDED BY FULL TAG  (RACH DEFICIENCY MIST BE PRECEDED BY FULL TAG  D 367  Continued From page 55  symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm).  -Senna 8.6mg was documented as a "7" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Senna 8.6mg, take 0.0 tablets wice daily (8:00am and 8:00pm).  -Simvastatin 10mg was documented as a "7" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "7" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as a "8" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as a "8" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1 mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1 mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 11/08/24 and 12/11/24 Displacem 24hr ER			HAL031016	B. WING	<del></del>	01/09	9/2025
CALLIACE GARDENS   WALLACE, NC 28466	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFEX TAG  SUMMARY STATEMENT OF DEFICIENCES BY FULL TAG  SUMMARY STATEMENT OF DEFICIENCES BY FULL TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OR LSC IDENTIFYING INFORMATION)  D 367  Continued From page 55  symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm), -Senna 8.6mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm), -Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm)Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as a "/" symbol at 8:00pm on 01/03/25 at 01/07/25There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 11/08/24 and 12/11/24 Dilitazem 24hr ER			1052 NE I	RAILROAD STR	EET		
PRÉFIX TAG    CACH DEFICIENCY MUST BE PRÉCEDE DE YFULL TAG   CROSS-REFERENCE TO THE APPROPRIATE   DATE	WALLACE	GARDENS					
PRÉFIX TAG    CACH DEFICIENCY MUST BE PRÉCEDE DE YFULL TAG   CROSS-REFERENCE TO THE APPROPRIATE   DATE	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
D 367 Continued From page 55  symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm), -Senna 8.6mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm), -Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm), -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 11/08/24 and 12/11/24 Dilitazem 24h ER	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
D 367  Continued From page 55  symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm)Senna 8.6mg was documented as a "" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm)Simvastatin 10mg was documented as a "" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm)Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 160On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Dilitiazem 24hr ER	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		IATE	DATE
symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm).  -Senna 8.6mg was documented as a "" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm).  -Simvastatin 10mg was documented as a "" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as a missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Dilitiazem 24hr ER					,		
-There was an entry for Senna 8.6mg, take 2 tablets twice daily (8:00am and 8:00pm).  -Senna 8.6mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm).  -Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Dilitazem 24hr ER	D 367	Continued From page	÷ 55	D 367			
tablets twice daily (8:00am and 8:00pm)Senna 8.6mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm)Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm)Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as a missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		symbol at 8:00pm on	01/03/25 and 01/07/25.				
-Senna 8.6mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Sinwastatin 10mg, take one tablet by mouth at bedtime (8:00pm).  -Simvastatin 10mg was documented as a "" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/124 Dilitazem 24hr ER		-There was an entry f	or Senna 8.6mg, take 2				
at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm)Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm)Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/109/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		3 (	. ,				
-There was an entry for Simvastatin 10mg, take one tablet by mouth at bedtime (8:00pm).  -Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•	•				
one tablet by mouth at bedtime (8:00pm).  -Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER		· · · · · · · · · · · · · · · · · · ·					
-Simvastatin 10mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
symbol at 8:00pm on 01/03/25 and 01/07/25.  -There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•	` ' '				
-There was an entry for Tramadol HCL 50mg, take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•					
take 1 tablet two times daily (8:00am and 8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
8:00pm).  -Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25.  -There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed:  -Resident #2 was prescribed medications through their pharmacy.  -On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62.  -On 11/08/24 and 12/11/24 Diltiazem 24hr ER		-					
-Tramadol HCL 50mg was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/07/25There were 9 medications documented as missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Dilitazem 24hr ER			<b>,</b> (				
-There were 9 medications documented as missed dosed on 2 out of 7 days.  Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		• '	was documented as a "/"				
missed dosed on 2 out of 7 days. Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
Telephone interview with a pharmacist at the facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
facility's contracted pharmacy on 01/09/25 at 3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER			-				
3:30pm revealed: -Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•	•				
-Resident #2 was prescribed medications through their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER			narmacy on 01/09/25 at				
their pharmacyOn 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER			acribad madications through				
-On 11/08/24, Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 180On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•	scribed medications through				
times daily, was dispensed with a quantity of 180.  -On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER			ninophen 500mg 2 tablets 3				
-On 12/11/24 and 01/09/25 Acetaminophen 500mg 2 tablets 3 times daily, was dispensed with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER			•				
500mg 2 tablets 3 times daily, was dispensed with a quantity of 186.  -On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60.  -On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•					
with a quantity of 186On 11/08/24 and 12/11/24 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
tablet twice daily, was dispensed with a quantity of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
of 60On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		-On 11/08/24 and 12/	11/24 Benztropine 1mg 1				
-On 01/09/25 Benztropine 1mg 1 tablet twice daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER		•	dispensed with a quantity				
daily, was dispensed with a quantity of 62On 11/08/24 and 12/11/24 Diltiazem 24hr ER							
-On 11/08/24 and 12/11/24 Diltiazem 24hr ER			· -				
100mm 1 approved additive super dispersed with a							
120mg 1 capsule daily, was dispensed with a quantity of 30.		•	y, was dispensed with a				

quantity of 90.

-On 01/09/25 Diltiazem 24hr ER 120mg 1 capsule daily, was dispensed with a quantity of 31.
-On 11/08/24 and 12/11/24 Divalproex SOD ER 500mg 3 tablets daily, was dispensed with a

-On 01/09/25 Divalproex SOD ER 500mg 3

STATE FORM 6899 G0DH11 If continuation sheet 56 of 76

DIVIDION OF FIGURE	nation		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE	

# 1052 NE RAILROAD STREET

WALLAC	E GARDENS	1052 NE RA	ILROAD STRE	ET	
VVALLAC	EGARDENS	WALLACE,	NC 28466		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE (EACH DEFICIENCY MUST BE PRECEDE REGULATORY OR LSC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 56		D 367		
Division of He	tablets daily, was dispensed with a qu-On 11/08/24 and 12/11/24 Duloxetine 60mg 1 capsule daily, was dispensed quantity of 30.  On 01/09/25 Duloxetine HCL DR 60m capsule daily, was dispensed with a quantity of 31.  On 10/09/24 and 12/23/24 Fluticason 50mcg 1 spray into both nostrils once dispensed.  On 11/08/24, 12/11/24, and 01/09/24 600mg 2 tablets 3 times daily, was diswith a quantity of 180.  On 11/08/24 and 12/11/24 Gemtesa 7 tablet daily, was dispensed with a quantity of 31.  On 01/09/25 Gemtesa 75mg 1 tablet dispensed with a quantity of 31.  On 10/05/24 and 12/12/24 Lactulose 15 ML's daily, was dispensed with a quantity of 30.  On 10/31/24, 11/27/24, and 12/26/24 10mg 1 capsule daily, was dispensed quantity of 30.  On 11/08/24 and 12/11/24 Lisinopril 1 tablet daily, was dispensed with a quantity of 30.  On 01/09/25 Lisinopril 10mg tablet 1 was dispensed with a quantity of 31.  On 11/08/24 and 12/11/24 Oxybutynin tablet at bedtime, was dispensed with of 30.  On 01/09/25 Oxybutynin 5mg 1 tablet was dispensed with a quantity of 31.  On 11/08/24 Probiotic Gummy 1 gum was dispensed with a quantity of 30.  On 12/11/24 and 01/09/25 Probiotic Gummy daily, was dispensed with a quantity of 31.  On 11/14/24 and 12/16/24 Quetiapine 1 tablet at bedtime, was dispensed with a quantity of 31.	HCL DR with a  ng 1 uantity of e PROP daily was  Gabapentin pensed 75mg 1 ntity of 30. daily, was  10gm/15mL uantity of Linzess with a  0mg tablet uantity of tablet daily, n 5mg 1 a quantity at a bedtime, my daily, Gummy 1 uantity of e ER 150mg			

STATE FORM 6899 G0DH11 If continuation sheet 57 of 76

Division of	of Health Service Regu	lation			FURIVI	APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL031016	B. WING		R 01/09	)/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS	1052 NE I	RAILROAD STR	EET		
WALLACI	GARDENS	WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	57	D 367			
	of 30On 01/09/25 Quetiap bedtime, was dispense-On 11/08/24 Senna 8 was dispensed with a - On 12/11/24 and 01/1 tablets twice daily, was of 124On 11/12/24, 12/11/2 HCL 25mg 1 tablet daquantity of 30On 11/08/24 and 12/1 tablet by mouth at bedquantity of 30On 01/09/25 Simvasmouth at bedquantity of 30On 01/09/25 Simvasmouth at bedtime, was of 31On 11/08/24 Thera Tidispensed with a quality was dispensed with a quality was dispensed with a -On 12/11/24 Tramad was dispense	sine ER 150mg 1 tablet at led with a quantity of 62.  3.6mg 2 tablets twice daily, quantity of 120.  709/25 Senna 8.6mg 2  Its dispensed with a quantity  4, and 01/09/25 Sertraline sily, was dispensed with a  11/24 Simvastatin 10mg one detime, was dispensed with a  11/24 Simvastatin 10mg one datime, was dispensed with a quantity as dispensed with a quantity  12 tablet 1 tablet daily, was not 10 tablet 1 tablet daily, was not 10 tablet 1 tablet and 11 tablet with a quantity of 30.  12 Thera Tablet 1 tablet with a quantity of 31.  13 OI HCL 50mg 2 times daily, quantity of 70.  14 OI HCL 50mg 2 times daily, quantity of 60.  15 With the medication aide 15 tablet with the medication aide 15 tablet with the MA on with the Resident Care				

revealed.

Refer to the second interview with the RCC on

Refer to the second telephone interview with a

01/09/25 at 12:00pm revealed.

STATE FORM 6899 G0DH11 If continuation sheet 58 of 76

PRINTED: 01/30/2025 FORM APPROVED

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			- T		_
			B. WING		R
		HAL031016	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
			RAILROAD STR	,	
WALLACE	GARDENS		E, NC 28466	LL!	
			E, NC 20400		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	I
17.0		,	IAG	DEFICIENCY)	
D 367	Continued From page	e 58	D 367		
	nharmacist at the faci	ility's contracted pharmacy			
	on 01/08/25 at 4:13pr				
	011 0 1/00/23 at 4. 13pi				
	Refer to the interview	with the Administrator on			
	01/09/25 at 12:30pm.				
	0 1/03/23 at 12.30pm.				
	1 Poviou of Posidon	t #1's current FL-2 dated			
	02/02/24 revealed dia				
		ohrenia, and osteoarthritis.			
	Tryperterision, schizop	onienia, and osteoartimus.			
	Poviou of the physici	an order sheet for Resident			
		vealed there was an order			
		00mg twice daily (used to			
		e Besylate 10mg daily (used			
		, Aspirin 81mg chewable			
		eart health), Benztropine			
	Mes 1mg at bedtime				
	•	intary muscle movements),			
		e drops twice daily (used to			
		rizine 10mg daily (used to			
	, ,	e 100mg twice daily (used to			
		asix 20mg daily (used to			
	I	se 10gm/15ml daily (used to			
		sinopril 40mg daily (used to			
		orazepam 0.5mg three			
		mood stabilization), Lumigan			
		ed to treat glaucoma),			
	Melatonin 3mg at bed				
	_	ne 15mg at bedtime (used to			
		rbetriq ER 25mg every other			
		nary frequency), Nystatin			
		e daily (used to treat yeast			
		e 5mg every evening (used			
	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •			
		opolamine 1mg/3 day patch			
	every 72 hours (used				
	J 7. 1	cid 250mg/5ml twice daily			
		Vitamin D3 1,000 unit daily			
	(used for vitamin defic	ciency).			

Division of Health Service Regulation

Review of Resident #1's Resident Register

STATE FORM 6899 G0DH11 If continuation sheet 59 of 76

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING		R	
		HAL031016	B. WING		01/09/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1052 NF	RAILROAD STR	FFT		
WALLACE	GARDENS		E, NC 28466	· <del></del> ·		
	0.114145.407		<u> </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	( - /	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
D 007	0 " 15		D 007			
D 367	Continued From page	59	D 367			
	revealed an admissio	n date of 09/03/13.				
	Review of Resident #	1's November 2024				
	electronic medication	administration record				
	(eMAR) revealed:					
	-There was and entry	for Lorazepam 0.5mg				
	administer one tablet	3 times daily (9:00am,				
	2:00pm, and 9:00pm)					
	-Lorazepam 0.5mg w	as documented as a "/"				
	symbol (used to indicate	ate a missed dose of				
	medication) at 2:00pn	n on 11/03/24There was an				
	entry for Nystatin 100	,000 unit/gm administer				
	twice daily (8:00am a	nd 8:00pm).				
	-Nystatin 100,000 uni	t/gm was documented as a				
	"/" symbol at 8:00am	on 11/01/24, 11/07/24, and				
	11/16/24.					
		1's December 2024 (eMAR)				
	revealed:					
		for Lorazepam 0.5mg				
		3 times daily (9:00am,				
	2:00pm, and 9:00pm)					
		as documented as a "/"				
	symbol (used to indicate					
	,	n on 12/13/24, 12/15/24,				
	and 12/20/24.	N 1 1 1 100 000 111				
	_	or Nystatin 100,000 unit/gm				
		(8:00am and 8:00pm).				
	1 -	t/gm was documented as a				
	"/" symbol at 2:00pm	on 12/31/24).				
	Paview of Posidont #	1's January 2025 (AMAD)				
	review of Resident #	1's January 2025 (eMAR)				
		or Acetaminophen 500mg				
		(9:00am and 6:00pm).				
	symbol (used to indicate	ng was documented as a "/"				
	`					
	medication) at 6:00pn	II UII U I/U <i>I</i> / 25.				

-Acetaminophen 500mg was documented as a "/"

symbol at 9:00am on 01/08/25.

STATE FORM 6899 G0DH11 If continuation sheet 60 of 76

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R <b>01/09/2025</b>
	•		-

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

# 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE	1052 NE RAILROAD STREET			
		WALLAC	E, NC 28466			
(X4) ID PREFIX TAG	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTII	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 367	Continued From page 60		D 367			
	-There was an entry for Amlod 10mg administer daily (9:00am -Amlodipine Besylate 10mg wa a "/" symbol at 9:00am on 01/0 -There was an entry for Aspirir tablet administer daily (9:00am -Aspirin 81mg was documente 9:00am on 01/08/25There was an entry for Benztr administer daily at (9:00pm)Benztropine Mes 1mg was dosymbol at 9:00pm on 01/07/25 -There was an entry for Benztr administer daily at (9:00am)Benztropine Mes 2mg was dosymbol at 9:00am on 01/08/25 -There was an entry for Brimor drop administer twice daily (9:0-Brimonidine 0.2% was docum symbol at 9:00pm on 01/07/25 -Brimonidine 0.2% was docum symbol at 9:00am on 01/08/25 -There was an entry for Cetirizadminister daily (9:00am)Cetirizine 10mg was documentat 9:00am on 01/08/25There was an entry for Colace twice daily (9:00am and 9:00p -Colace 100mg was documentat 9:00pm on 01/07/25Colace 100mg was documentat 9:00am on 01/08/25There was an entry for Lasix 20mg was documentat 9:00am on 01/08/25There was an entry for Lasix 20mg was documented 9:00am on 01/08/25There was an entry for Lasix 20mg was documented 9:00am on 01/08/25There was an entry for Lasix 20mg was documented 9:00am on 01/08/25There was an entry for Lasix 20mg was documented 9:00am on 01/08/25.	as documented as 08/25. a 81mg chewable a). a sa a "/" symbol at ropine 1mg tablet becomented as a "/" comented as a "/" symbol				

STATE FORM 6899 If continuation sheet 61 of 76 G0DH11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	HAL031016	B. WING	R 01/09/2025
			1 00

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 1052 NE RAILROAD STREET

WALLACI	E GARDENS	NE RAILROAD STREET		
WALLACI	WALI	LACE, NC 28466		
(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 367	Continued From page 61	D 367		
	-There was an entry for Lisinopril 40mg administer daily (9:00am)Lisinopril 40mg was documented as a "/" symbol at 9:00am on 01/08/24There was an entry for Lorazepam 0.5mg administer three times daily (9:00am, 2:00pm, and 9:00pm)Lorazepam 0.5mg was documented as a "/" symbol at 2:00pm on 01/05/25Lorazepam 0.5mg was documented as a "/" symbol at 9:00pm on 01/07/25Lorazepam 0.5mg was documented as a "/" symbol at 9:00pm on 01/08/25There was an entry for Lumigan 0.01% eye drops administer daily (9:00pm)Lumigan 0.01% was documented as a "/" symbol at 9:00pm on 01/07/25There was an entry for Melatonin 3mg administer daily (9:00pm)Melatonin 3mg was documented as a "/" symbol at 9:00pm on 01/07/25There was an entry for Mirtazapine 15mg administer at bedtime (9:00pm)Mirtazapine 15mg was documented as a "/" symbol at 9:00pm on 01/07/25Nystatin 100,000 unit/gm was documented as a "/" symbol at 8:00pm on 01/07/25Nystatin 100,000 unit/gm was documented as a "/" symbol at 8:00pm on 01/07/25There was an entry for Olanzapine 5mg administer daily (9:00pm)Olanzapine 5mg was documented as a "/" symbol at 9:00pm on 01/07/25There was an entry for Olanzapine 5mg administer daily (9:00pm)Olanzapine 7.5mg was documented as a "/" symbol at 9:00pm on 01/07/25.			

STATE FORM 6899 G0DH11 If continuation sheet 62 of 76

Division o	of Health Service Regu	lation			FORINI APPROVED	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R	
		HAL031016	B. WING		01/09/2025	
NAME OF D	DOVIDED OR SUDDILIED	CTDEET AS	DDRESS, CITY, STA	TE ZID CODE	•	
NAIVIE OF FI	ROVIDER OR SUPPLIER					
WALLACE	GARDENS		RAILROAD STR E, NC 28466	EEI		
	OLIMAN DV OT		<u>,                                      </u>	DDOU/DEDIO DI AN OF GODDECTION		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE	
				52.16.2.16.1		
D 367	Continued From page		D 367			
		day patch was documented				
	as a "/" symbol at 9:0					
		or Valproic Acid 250mg/5ml (9:00am and 5:00pm).				
		/5ml was documented as a				
	"/" symbol at 9:00am					
	-	or Vitamin D3 1,000 unit				
	daily (9:00am).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	,	it was documented as a "/"				
	symbol at 9:00am on	01/08/25.				
	Telephone interview v	vith the facility's contracted				
	-	25 at 3:30pm revealed:				
	-	as filled on 11/09/24 for 93				
	tablets and 12/11/24 f					
	-Nystatin 100,000 uni	t/gm was filled on 07/04/24				
	for 60 grams and 01/0	•				
	•	ng was filled on 11/08/24 for				
	60 tablets, 12/11/24 for 62 tablets.	or 62 tablets, and 01/09/25				
		10mg was filled on 11/08/24				
	for 30 tablets, 12/11/2					
	01/09/25 for 31 tablet	*				
		ble tablets was filled on				
		s, 12/11/24 for 31 tablets,				
	and 01/09/25 for 31 ta					
	-Benztropine 1mg wa	s filled on 11/08/24 for 30				
	tablets, 12/11/24 for 3	1 tablets, and 01/09/25 for				
	31 tablets.					
		s filled on 11/08/24 for 30				
		11 tablets, and 01/09/25 for				
	31 tablets.	511 1 11/00/01 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
		filled on 11/08/24 for 30				
	lablets, 12/11/24 for 3	31 tablets, and 01/09/25 for	1			

tablets.

31 tablets.

-Lasix 20mg was filled on 11/08/24 for 30 tablets, 12/11/24 for 31 tablets, and 01/09/25 for 31

-Lactulose 10mg/15ml was filled on 10/21/24 for

473 ml and 12/12/24 for 473ml.

STATE FORM 6899 G0DH11 If continuation sheet 63 of 76

Division of	f Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					-	,
		1141 024040	B. WING		F	
		HAL031016			1 01/0	9/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1052 NE I	RAILROAD STR	EET		
WALLACE	GARDENS	WALLAC	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG			IAG	DEFICIENCY)	=	
D 007			<del> </del>			
D 367	Continued From page	e 63	D 367			
	-Lisinopril 40mg was	filled on 11/08/24 for 30				
		31 tablets, and 01/09/25 for				
	31 tablets.					
	-Lumigan 0.01% was	filled on 07/29/24 for 2.5ml.				
	-Melatonin 3mg was f	filled on 11/08/24 for 30				
	tablets, 12/11/24 for 3	31 tablets, and 01/09/24 for				
	31 tablets.					
		as filled on 11/08/24 for 30				
		31 tablets, and 01/09/25 for				
	31 tablets.					
		s filled on 11/08/24 for 30				
		31 tablets, and 01/09/24 for				
	31 tablets.					
		as filled on 11/08/24 for 30				
	31 tablets.	31 tablets, and 01/09/24 for				
	-	day patch was filled on				
	-	3/24 for 10, and 01/06/25 for				
	10.	5/24 101 10, and 0 1/00/25 101				
		/5ml was filled on 10/28/24				
		or 300ml, and 12/30/24 for				
	300ml.					
	-Vitamin D3 1,000 un	it was filled on 11/08/24 for				
		or 31 tablets, and 01/09/24				
	for 31 tablets.					
	Refer to the interview	with the medication aide				
	(MA) on 01/08/25 at 7	7:53am.				
		nterview with the MA on				
	01/09/25 at 11:30am.					
	Defende de l' C. C.	with the Desider CO				
		with the Resident Care				
	Coordinator (RCC) or	1 01/07/25 at 2:30pm				
	revealed.					
	Refer to the second in	nterview with the RCC on				
	Traini to tile accorde li	ICH VICAN ANIGH GIC LYCC OIL	1	1		1

01/09/25 at 12:00pm revealed.

Refer to the second telephone interview with a

STATE FORM 6899 G0DH11 If continuation sheet 64 of 76

PRINTED: 01/30/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(Y2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
			A. BUILDING: _		
			D 14/11/0		R
		HAL031016	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		1052 NE	RAILROAD STR	EET	
WALLACE	E GARDENS	WALLAC	E, NC 28466		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	) BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
				BEI IGIEROT)	
D 367	Continued From page	e 64	D 367		
	nharmacist at the faci	lity's contracted pharmacy			
	on 01/08/25 at 4:13pr				
	011 0 1700/20 dt 1.10pi	•••			
	Refer to the interview	with the Administrator on			
	01/09/25 at 12:30pm.				
	·				
	5. Review of Residen	t #3's current FL-2 dated			
	08/06/24 revealed dia	gnoses included			
	uncontrolled type 2 di				
	hypoglycemia, essent				
	hyperlipidemia, histor				
	accident, and stage 3	chronic kidney disease.			
	Pavious of Pacidont #	3's physician orders dated			
	08/06/24 and 11/24/2	• •			
		for Amlodipine 10mg tablet			
		eat high blood pressure,			
		ablet daily (used to treat			
		ninner), Atorvastatin 40mg			
	tablet at bedtime (use	ed to treat high cholesterol),			
	Coreg 25mg tablet tw	ice daily with meals (used to			
	,	Docusate Sodium (DOK)			
	100mg capsule once	<b>3</b> (			
		amide-Timolol (Cosopt) eye			
		in both eyes two times daily			
	, .	essure in patients with			
	,	.005% eye drops instill one			
	drop in both eyes at b				
	increased eye pressu				
	,	00mg tablet once daily (used			
		essure), Tradjenta 5mg			
		d to treat diabetes), Lantus Itaneously every day (used			
		amin D3 capsule once daily			
		els of calcium), Plavix 75mg			
		d to prevent blood clots),			
		three times a day before			
	_	le: blood glucose less than			
		and sugar and recheck in			
		sults; hold insulin if blood			

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 65 of 76

DIVISION	n nealth Service Negu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			]		_	_
			D WING		F	
		HAL031016	B. WING		01/0	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			AILROAD STR			
WALLACE	GARDENS		, NC 28466	LLI		
		WALLACE	, NC 20400			T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	IAG	DEFICIENCY)		
D 367	Continued From page	e 65	D 367			
	glucose less than 70;	100 140 =2 units				
	•	-249=6 units, greater than				
		ater than 300=10 units (used				
		,				
	•	e levels in patients with				
	diabetes).					
	Davison of a alternisia					
	• •	order for Resident #3 dated				
	09/03/24 revealed:	- laculia ticas a ticas a a day				
		g Insulin three times a day				
	=	ng scale: blood glucose less				
		uice and sugar and recheck				
		results; hold insulin if blood				
	•	100-149 =2 units before				
		its before meals, 200-249=6				
	units before meals, 25	50-299=8 units before				
	meals, 300-350=10 u	nits before meals, greater				
	than 351=12 units be	fore meals.				
		n order for Resident #3 date				
	11/24/24 revealed:					
		g Insulin three times a day				
		ing scale: blood glucose less				
		uice and sugar and recheck				
	in one hour, call with	results; hold insulin if blood				
	glucose less than 70;	100-149 =2 units,				
	150-199=4 units, 200	-249=6 units, 250-299=8				
	units, greater than 30	0=10 units.				
	Observations for the	5:00pm medication pass on				
		)8pm and 4:20pm revealed:				
	-The medication aide					
		g insulin to a resident after				
		's fingerstick blood sugar				
	(FSBS).	3 migeration blood augur				
	,	document administration				
		t was unable to log into the				
	eMAR system.	ad a susual tanima di a NAA Di ara d				
		nd computerized eMAR and				
	was able to log into the	ne system.				

Division of Health Service Regulation

-The MA documented the FSBS and

STATE FORM 6899 G0DH11 If continuation sheet 66 of 76

	- manage - m							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED					
	HAL031016	B. WING	R <b>01/09/2025</b>					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								

# 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE RAILROAD STREET			
		WALLACE, NC 28466			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORI	BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 367	Continued From page 66	D 367			
	administration for the medication she administered.				
	Review of Resident #3's November 2024 electronic medication administration recorded (eMARs) revealed:  -There was an entry for Amlodipine Besy 10mg, take 1 tablet daily (8:00am).  -Amlodipine Besylate 10mg was docume a "/" symbol (used to indicate a missed d medication) at 8:00am on 11/04/24.  -There was an entry for Aspirin (ASA) 81 1 tablet daily (8:00am).  -Aspirin (ASA) 81mg was documented as symbol at on 11/04/24.  -There was an entry for Coreg 25mg, tak tablet twice daily (8:00am and 8:00pm).  -Coreg 25mg was documented as a "/" st 8:00am on 11/04/24.  -There was an entry for DOK 100mg, tak softgel capsule daily (8:00am).  -DOK 100mg was documented as a "/" st 8:00am on 11/04/24.  -There was an entry for Dorzolamide-Tim (Cosopt) eye drops, instill one drop in bot two times daily (8:00am and 8:00pm).  - Dorzolamide-Timolol (Cosopt) eye drop documented as a "/" symbol at 8:00am on 11/04/24.  -There was an entry for Losartan Potassi (Cozaar) 100mg, take 1 tablet daily (8:00am on 11/04/24.  -There was an entry for Losartan Potassi (Cozaar) 100mg, take 1 tablet daily (8:00am on 11/04/24.  -There was an entry for Tradjenta 5mg, to tablet daily (8:00am).  -Tradjenta 5mg on was documented as a symbol at 8:00am on 11/04/24 and 11/06.	ords vlate ented as lose of lmg, take s a "/" se 1 ymbol at se 1 ymbol at nolol th eyes os was on ium Dam). n was on take 1 a "/" 6/24.			
	-There was an entry for Vitamin D3 1000 take 1 softgel capsule daily (8:00am).	) unit,			
Division of Hea	alth Service Regulation	,			

STATE FORM 6899 G0DH11 If continuation sheet 67 of 76

Division of	of Health Service Regul	lation			FORM	1 APPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
						,
		HAL031016	B. WING		R	\ )9/2025
		TIALUSTUTU			1 01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	E GARDENS	1052 NE F	RAILROAD STR	EET		
WALLAGE	- CARDENO	WALLACE	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG	TREGOLITORY ON E		IAG	DEFICIENCY)	.,,,,,	
D 367	Continued From page	67	D 367			
ט טטו	Continued From page	<del>;</del> 6/	D 307			
	-Vitamin D3 1000 unit	t was documented as a "/"				
	symbol at 8:00am on	11/04/24 and 11/06/24.				
		or Clopidogrel (Plavix)				
	75mg, take 1 tablet da					
	,	75mg was documented as a				
	"/" symbol at 8:00am					
		for Humalog Kwikpen inject				
		times a day based on				
		ling daily (8:00am, 5:00pm				
	and 12:00pm).	is at a character and a character and				
	documented as a "/" s	ject subcutaneously was				
	11/04/24 and 11/06/24	-				
	-Humalog Kwikpen inject subcutaneously was					
		symbol at 12:00pm on				
	11/05/24.	symbol at 12.00pm on				
	11/00/21.		1		l	

Review of Resident #3's December 2024 eMARs revealed:

- -There was an entry for Amlodipine Besylate 10mg, take 1 tablet daily (8:00am).
- -Amlodipine Besylate 10mg was documented as a "/" symbol (used to indicate a missed dose of medication) at 8:00am on 12/11/24, 12/12/24, 12/14/24, 12/16/24, and 12/27/24 at 8:00am
- -There was an entry for Aspirin (ASA) 81mg, take 1 tablet daily (8:00am).
- -Aspirin (ASA) 81mg was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24, 12/14/24, 12/16/24, and 12/27/24.
- -There was an entry for Atorvastatin 40mg, take 1 tablet daily at bedtime (8:00pm).
- -Atorvastatin 40mg was documented as a "/" symbol at 8:00pm on 12/16/24, 12/17/24, 12/20/24, 12/23/24 through 12/25/24, and 12/30/24 through 12/31/24.
- -There was an entry for Coreg 25mg, take 1 tablet twice daily (8:00am and 8:00pm).
- -Coreg 25mg was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24, 12/14/24,

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 68 of 76

Division	of Health Service Regu	ulation			FORM	1 APPROVED
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL031016		, ,	CONSTRUCTION	(X3) DATE S COMPLI	
			B. WING		R 01/09/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE		
WALLAC	E GARDENS		ERAILROAD STRE CE, NC 28466	EET		
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 68	D 367			
	-Coreg 25mg was do 8:00pm on 12/16/24, 12/23-25/24, and 12/3-There was an entry f softgel capsule daily -DOK 100mg was do 8:00am on 12/11/24, 12/16/24, and 12/27/2-There was an entry f (Cosopt) eye drops, i two times daily (8:00a - Dorzolamide-Timolo documented as a "/" s 12/11/24, 12/12/24, 1 12/27/24 Dorzolamide-Timolo documented as a "/" s 12/16/24, 12/17/24, 1 12/25/24, and 12/30/2-There was an entry f	for DOK 100mg, take 1 (8:00am). cumented as a "/" symbol at 12/12/24, 12/14/24, 24. for Dorzolamide-Timolol instill one drop in both eyes am and 8:00pm). ol (Cosopt) eye drops was symbol at 8:00am on 12/14/24, 12/16/24, and ol (Cosopt) eye drops was symbol at 8:00pm on 12/20/24, 12/23/24 through				

12/27/24.

tablet daily (8:00am).

12/16/24, and 12/27/24.

at bedtime (8:00pm).

-Latanoprost (Xalatan) 0.005% eye drops was documented as a "/" symbol at 8:00pm on 12/16/24, 12/17/24, 12/20/24, 12/23 through 12/25/24, and 12/30/24 through 12/31/24.

-There was an entry for Losartan Potassium (Cozaar) 100mg, take 1 tablet daily (8:00am).

-Losartan Potassium (Cozaar) 100mg was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24, 12/14/24, 12/16/24, and

-There was an entry for Tradjenta 5mg, take 1

-Tradjenta 5mg was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24, 12/14/24,

-There was an entry for Lantus Solostar inject 30 units subcutaneously, once daily (8:00pm).

STATE FORM 6899 G0DH11 If continuation sheet 69 of 76

Division (	of Health Service Regu	ulation			FURIV	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL031016	B. WING		01/0	R 09/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE GARDENS 1052 NE RAILROAD STREET WALLACE, NC 28466				EET		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 69	D 367			
	"/" symbol at 8:00pm 12/20/24, 12/23/24 th 12/30-31/24.	units were documented as a on 12/16/24, 12/17/24, nrough 12/25/24, and for Clopidogrel (Plavix)				

10mg, take 1 tablet daily (8:00am). -Amlodipine Besylate 10mg was documented as

75mg, take 1 tablet daily (8:00am).

12/14/24, 12/16/24, and 12/27/24.

and 12:00pm).

12/15/24, and 12/17/24.

12/30/24 and 12/31/24.

revealed:

- Clopidogrel (Plavix) 75mg was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24,

-There was an entry for Humalog Kwikpen inject subcutaneously three times a day based on pre-meal glucose sliding daily (8:00am, 5:00pm

-Humalog Kwikpen inject subcutaneously was documented as a "/" symbol at 8:00am on 12/11/24, 12/12/24, 12/14/24, and 12/16/24. -Humalog Kwikpen inject subcutaneously was documented as a "/" symbol at 12:00pm on

-Humalog Kwikpen inject subcutaneously was documented as a "/" symbol at 5:00pm on 12/16/24, 12/17/24, 12/20/24, 12/24/24, 12/25/24,

Review of Resident #3's January 2025 eMARs

-There was an entry for Amlodipine Besylate

a "/" symbol (used to indicate a missed dose of medication) at 8:00am on 01/04/25.

-There was an entry for Aspirin (ASA) 81mg, take 1 tablet daily (8:00am).

-Aspirin (ASA) 81mg was documented as a "/" symbol at 8:00am on 01/04/25.

-There was an entry for Atorvastatin 40mg, take 1 tablet daily at bedtime (8:00pm).

-Atorvastatin 40mg was documented as a "/" symbol on at 8:00am on 01/03/25 and 01/05/25.

-There was an entry for Coreg 25mg, take 1

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 70 of 76

Bivision of fleatin Scrivice Regulation								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED					
	HAL031016	B. WING	R 01/09/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								

# 1052 NE RAILROAD STREET

WALLACE GARDENS		1052 NE RAILROAD STREET				
		WALLACE, NC 28466				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
D 367	Continued From page 70	D 367				
	tablet twice daily (8:00am and 8:00pm).  -Coreg 25mg was documented as a "/" symbol 8:00am on 01/04/25.  -Coreg 25mg was documented as a "/" symbol 8:00pm on 01/03/25 and 01/05/25.  -There was an entry for DOK 100mg, take 1 softgel capsule daily (8:00am).  -DOK 100mg was documented as a "/" symbol 8:00am on 01/04/25.  -There was an entry for Dorzolamide-Timolol (Cosopt) eye drops, instill one drop in both eye two times daily (8:00am and 8:00pm).  -Dorzolamide-Timolol (Cosopt) eye drops was documented as a "/" symbol at 8:00am on 01/04/25.  -Dorzolamide-Timolol (Cosopt) eye drops was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/05/25.  -There was an entry for Latanoprost (Xalatan) 0.005% eye drops, instill one drop into both eyat bedtime (8:00pm).  -Latanoprost (Xalatan) 0.005% eye drops was documented as a "/" symbol at 8:00pm on 01/03/25 and 01/05/25.  -There was an entry for Losartan Potassium (Cozaar) 100mg, take 1 tablet daily (8:00am).  -Losartan Potassium (Cozaar) 100mg on was documented as a "/" symbol at 8:00am on 01/04/25.  -There was an entry for Tradjenta 5mg, take 1 tablet daily (8:00am).  -Tradjenta 5mg on was documented as a "/" symbol at 8:00am on 11/04/25.  -There was an entry for Tradjenta 5mg, take 1 tablet daily (8:00am).  -Tradjenta 5mg on was documented as a "/" symbol at 8:00am on 11/04/25.  -There was an entry for Tradjenta 5mg, take 1 tablet daily (8:00am).  -Tradjenta 5mg on was documented as a "/" symbol at 8:00am on 11/04/25 and 01/06/25.  -There was an entry for Lantus Solostar inject units subcutaneously, once daily (8:00pm).  -Lantus Solostar 30 units were documented as "/" symbol at 8:00pm on 01/03/25 and 01/05/25.  -There was an entry for Vitamin D3 1000 unit, take 1 softgel capsule daily (8:00am).  -Vitamin D3 1000 unit was documented as a "/"	l at				
Division of Hea	alth Service Regulation					

STATE FORM 6899 G0DH11 If continuation sheet 71 of 76

Division of	of Health Service Regu	ılation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR'	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETE	בט
					R	
		HAL031016	B. WING		01/09/2	2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
WALL ACE	CARRENO	1052 NE F	RAILROAD STRI	EET		
WALLACE	GARDENS	WALLAC	E, NC 28466			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
				DEFICIENCY)		
D 367	Continued From page	e 71	D 367			
	symbol at 8:00am on	01/04/25				
	-	for Clopidogrel (Plavix)				
	75mg, take 1 tablet d					
	-Clopidogrel (Plavix)	75mg was documented as a				
	"/" symbol at 8:00am					
	1	for Humalog Kwikpen inject				
	1	e times a day based on ling daily (8:00am, 5:00pm				
	and 12:00pm).	ing daily (o.ooam, o.oopm				
	. ,	nject subcutaneously was				
	documented as a "/"					
	01/04/25.					
		nject subcutaneously was				
	documented as a "/" s   01/05/25.	symbol at 12:00pm on				
		nject subcutaneously was				
	documented as a "/"					
	01/07/25.					
	Interview with the MA	on 01/07/25 at 4:20pm				
	revealed:					
	· ·	erized eMAR was showing				
	"error".	FSBS results and amount of				
	Humalog insulin on a					
	_	cument the information in the				
	eMAR once rounds w					
	Review of the eMAR	for the observed resident's				
		ass on 01/07/25 revealed				
		bol was reflected on the				
	eMAR for the 01/07/2					
	Humalog insulin admi	inistration.				
	Interview with Reside	ent #3's primary care provider				
	(PCP) on 01/08/25 at					
		there was a glitch in the				
	eMAR system.					

-She was not able to access the eMARs. -The internet at the facility was a major issue.

STATE FORM 6899 G0DH11 If continuation sheet 72 of 76

DIVISION	n nealth Service Negu	ialion				
` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIF		IDENTIFICATION NUMBER:	A. BUILDING:			
						•
		1141 004040	B. WING		R	
		HAL031016			01/0	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1052 NE F	AILROAD STR	EET		
WALLACE	GARDENS		, NC 28466			
	0.11.11.42.52.4.57		<u>,                                      </u>	DD0///DDD0// DV AV 05 00DD507(0)		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 007	0 " 15	70	D 007			
D 367	Continued From page	e /2	D 367			
	-She was not aware o	of any missed doses of				
		lent #3 and was not aware if				
	the documentation or	the eMARs were truly				
	missed doses of med					
	-She visited the facilit	y every week and had not				
		ould indicate the resident				
	was not getting medic					
		rly compliant" and did not				
	refuse his medication					
	Interview with Reside	nt #3 on 01/08/25 at 2:08pm				
	revealed:					
	-He did not know the names of his medications.					
		d medications two to three				
	times a day.					
		any missed medications.				
	The mac her award or	any messa measanene.				
	Refer to the interview	with the medication aide				
	Refer to the interview with the medication aide (MA) on 01/08/25 at 7:53am.  Refer to the second interview with the MA on 01/09/25 at 11:30am.					
	Refer to the interview with the Resident Care Coordinator (RCC) on 01/07/25 at 2:30pm revealed.					
Refer to the second interview with the RCC on						
	01/09/25 at 12:00pm revealed.					
	2 00,20 at 12.00pm					
	Refer to the second to	elephone interview with a				
	pharmacist at the facility's contracted pharmacy					
	on 01/08/25 at 4:13pr					
	511 0 1/00/20 at 7. 10pi	11.				
	Refer to the interview	with the Administrator on				
01/09/25 at 12:30pm.						
0 1/03/23 ατ 12.30μπ.						
			1	1		

Division of Health Service Regulation

Interview with the medication aide (MA) on

STATE FORM 6899 G0DH11 If continuation sheet 73 of 76

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_		_	
			B. WING		R	
		HAL031016	D. WIING		01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
			AILROAD STR			
WALLACE	GARDENS			EE1		
		WALLACE	, NC 28466	1		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
IAG		EGO IDENTIL TING IN C. III.	IAG	DEFICIENCY)		
			+			
D 367	Continued From page	e 73	D 367			
	04/00/0E at 7:E2am r				ļ	
	01/08/25 at 7:53am re					
		cations on the eMAR for the				
	resident she was prep					
		t populating on the eMAR.				
		ny all the medications were				
	not populating on the					
	_	MARs did not happen a lot,				
		d, she waited a few minutes				
	before administering					
		acility was not good and the				
	computers were "very					
	-When she document				ļ	
	medication, she selec	cted the checkmark and				
		appeared the medication				
	was supposed to be s	signed off on the eMAR.				
	-She did not know if o	documentation for				
	medication administra	ation showed on the eMAR				
	once she went throug	gh the steps to document.				
	Second interview with	h the MA on 01/09/25 at				
	11:30am revealed:				ļ	
		the software had glitches				
		licked on a resident name				
	she would see a circle go around and around, and sometimes she would have to sign out then sign back in because it would stall.					
	_	he medication to a resident,				
	_	p and clicked on the resident				
		picture popped up and she				
		edication given on the eMAR,				
		a check mark showing she			ļ	
	clicked administered.	<del>-</del>				
		nt Care Coordinator (RCC)				
		this had been going on for				
	about the issue, and i					
		harmacy to assist her with				
		ation administered when the				
	software was having	its glitches.				

Interview with the RCC on 01/07/25 at 2:30pm

STATE FORM 6899 G0DH11 If continuation sheet 74 of 76

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COWIFLETED	
			B WING			₹
		HAL031016	B. WING		01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
WALLACE	GARDENS		RAILROAD STR	EET		
		WALLAC	E, NC 28466			ı
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 74	D 367			
	revealed:					
		ymbol in the section of the				
	· ·	tation of administration of				
		nere was a "computer glitch".				
		red medications as ordered.				
	-She knew the MAs a because she watched	administered the medications				
	-When the MAs administered medication, the MAs clicked on the medication and signed the					
	eMAR to document a	dministration of the				
	medication.					
-The MAs would not know there was no documentation for the administration of the medication until she reviewed the eMARs.						
	medication until she i	CVICWED THE CIVIA TO.				
	Second interview with the RCC on 01/09/25 at 12:00pm revealed: -She was aware that there was a glitch with the eMAR program that they usedThis issue had been going on for at least four					
	years.	harmaay whon there was an				
	-She contacted the pharmacy when there was an issue, and a ticket would be placed for IT to					
	assist, and IT would vermotely.	•				
1		packup plan to ensure the				
	medication was being recorded accurately.					
-She did audits monthly, but the last audit was in						
	September 2024, and backslashes on the e					
	backslashes on the e	WARS.				
	Telephone interview v	with a pharmacist at the				
		harmacy on 01/08/25 at				
4:13pm revealed:						
		he medication aid (MA) had				
	_	the eMAR on the computer				
	systemThe lanton was prov	rided by the pharmacy for the				
	MA to check off on th					

Division of Health Service Regulation

-The software was provided by another company.

STATE FORM 6899 G0DH11 If continuation sheet 75 of 76

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
HAL031016		B. WING		R <b>01/09/2025</b>			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE				
WALLACE	GARDENS		RAILROAD STR E, NC 28466	EET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
D 367	Continued From page	: 75	D 367				
	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

Division of Health Service Regulation

STATE FORM 6899 G0DH11 If continuation sheet 76 of 76