STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL011167		B. WING		03/1	3/2025
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIN	625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
		ensure Section and the Department of Social all survey on					
D 067	10A NCAC 13F .03	05(h)(4) Physical En	vironment	D 067			
	10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.						
	reviews, the facility had a sounding dev throughout the facil which was accessit	et as evidenced by: ons, interviews, and failed to ensure outs rice engaged that wa ity when the door wa ole to 3 of 3 sampled ere identified as disor	ide doors s audible s opened residents				
	The findings are:						
		y's current license ef he facility was licens					

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV	625 LANE	STREET TON, NC 27	217		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIE		ID ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE
D 067	Continued From pa	ge 1		D 067			
		ty's census on 03/12 e 12 residents residir ty.					
	times between 7:40 -The main entrance and an alarm was ropenedThere was an exit where the residents locked; no alarm was openedThere was a third hallway that was nowhen the door was Observation of the 03/13/25 at 8:35am -The alarm panel was behind/adjacer room.	alarm control panel on revealed: yas in the staff bedrown to the office/medic	d: nlocked loor was e hallway d that was oor was from the vas heard on om, which				
	 -The alarm panel announced when the entrance/exit door was opened. -When staff exited the office medication room, the door was closed. -The alarm panel could not be heard when the door was closed. 						
	7:40am-6:00pm rev -Sometimes they he when it was opened	idents on 03/12/25 byealed: eard an alarm on the d, but not every day. e" since they had he	door				
	03/12/25 at 1:40pm -There were no res	dication aide (MA) o and 4:00pm revealed idents who wandered idents who were con	ed: d.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL011167	B. WING		03/1	3/2025
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAKING VISIONS COME TRUE	ASSISTANT LI\ 625 LANE BURLING	STREET FON, NC 27	217		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Interview with the Supposition of the view of Resident substantial of the view of Resident substantial of the view of Resident substantial of Review of Resident substantial of	re only used at night or when g the facility. pervisor-in-Charge (SIC) on evealed: eras to monitor the staff and nitor on-site to monitor the monitored by the office she would not know if de. entered and exited the facility rance door. ministrator on 03/12/25 at door alarms were set 0pm and deactivated at ministrator on 03/13/25 at arm was needed if a resident risk of wandering. alarms in place, but she did be heard when staff were on #3's current FL-2 dated intellectual functioning tive disorder, hyperlipidemia, ency.	D 067			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT I IV	_	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 067	Continued From pa	ge 3		D 067			
	Review of Resident revealed: -He was sometimes -He was forgetful at Interview with Resident revealed he liked to usually other resided Interview with the S 03/13/25 at 8:22am -Resident #3 was n -Resident #3 needed Telephone interview care provider (PCP revealed: -She had only seen	#3's care plan dated 0 s disoriented. Ind needed reminders. Ident #3 on 03/13/25 at 2 go outside; there were ents outside too. Impervisor-in-Charge (Some revealed: lew to the facility. led like he was "with it". led reminders. If with Resident #3's pring on 03/13/25 at 2:45pm Resident #3 one time.	7:36am e SIC) on mary n				
	wasShe thought it wou alarm on to know w just for his overall w 2. Review of Reside 08/22/24 revealed: -Diagnoses include pulmonary disease heart failure (CHF), schizoaffective discThe recommended livingHe was intermitten.	l level of care was assi	e door outside, red. ated gestive sted				
	Review of Resident	#2's care plan dated					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		, ,	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
NAME OF		•	0.7.0.5.7.4.0.		27ATE 7/D 00DE	03/	13/2025
	PROVIDER OR SUPPLIER		625 LANE		STATE, ZIP CODE		
MAKING	VISIONS COME TRU	JE ASSISTANT LI\		TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 067	Continued From pa	age 4		D 067			
	08/08/24/24 revealed he was oriented, and his memory was adequate.						
	12:10pm revealed: -He liked to go outs -Sometimes he wa	side. s outside by himself, other residents outsio	but				
	Interview with the Supervisor-in-Charge (SIC) on 03/13/25 at 8:22am revealed: -Resident #2 would ask the same thing when they had just had a conversationResident #2 would ask things he knew the answer to.						
		ne interview with Resider (PCP) on 03/13/2ccessful.					
	3. Review of Resident #2's current FL-2 dated 12/20/24 revealed: -Diagnoses included type 1 diabetes, chronic obstructive pulmonary disease (COPD), major depressive disorder, and alcohol abuseHis recommended level of care was ALHe was intermittently disorientated.						
		t #2's Resident Regis sion date of 12/04/25					
	revealed: -Resident #2 was s	t #2's care plan dated sometimes disoriented orgetful and needed					
	Interview with Resi revealed:	dent #2 on 03/13/25	at 7:45am				

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	IT OF DEFICIENCIES		(V2) MI II TIDI	E CONSTRUCTION	(X3) DATE	CLID\/EV
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION		LETED
			A. BUILDING.			
		HAI 044467	B. WING		02/4	2/2025
		HAL011167			03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E VGGIGLVNL I IV	STREET			
		BURLING	TON, NC 27	217		
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 067	Continued From pa	ge 5	D 067			
	-He liked to go outs	ide.				
		vere other residents outside				
	and sometimes it w	as "just" him.				
		upervisor-in-Charge (SIC) on				
	03/13/25 at 8:22am					
		ask the same thing when they				
	had just had a conv					
	-Resident #2 would ask things he knew the answer to.-Resident #2 had an intellectual disability.					
	-Resident #2 neede	ed reminders.				
	Attempted telephone interview with Resident #2's					
	•	der (PCP) on 03/13/25 at				
	9:46am was unsuc	cessful.				
D 344	10A NCAC 13F .10	02(a) Medication Orders	D 344			
		02 Medication Orders				
		ome shall ensure contact with				
		cian or prescribing practitioner arification of orders for				
	medications and tre					
		nission or readmission of the				
		ed and signed within 24 hours				
		dmission to the facility;				
		clear or complete; or				
		ssion forms are received upon				
	forms are not the sa	nission and orders on the				
		sure that this verification or				
		mented in the resident's				
	record.					
	This Rule is not me					
		ons, interviews, and record failed to clarify medication				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV	625 LANE BURLING	STREET TON, NC 27:	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 344	orders for 1 of 3 samedications used to kidney disease (Ck pulmonary disease prostate, high blood pain, an antipsychos supplements, and a The findings are: Review of Resident 12/20/24 revealed: -Diagnoses include encephalopathy, ur major depressive dobstructive pulmon-There was an ordediabetes) 10mg; nothere was an ordediabetes) 10mg; nothere was an ordediabetes) 10mg; nothere was an ordediabetes and ordediabe	mpled residents (#2) to treat diabetes, chrosport (COPD), an enlarged pressure, constipation, a topical pain gean antidepressant, at #2's current FL-2 days and the second pressure, constipation and the second pressure, and chronic ary disease (COPD) for Farxiga (used to frequency was documented. For Thiamin (a super for Kerendia (used the second pressure (CKD)) 20mg; numented. For Kerendia (used pressure (CKD)) 20mg; numented. For Thiamin (a super for Lasix 20 mg (used for the second pressure	ented etabolic veakness, o treat umented. ly; the plement) to treat o ed to treat d to treat d to treat d to treat nt), Metoprolol	D 344			
	Tamsulosin (used t Review of Resident medication adminis -There was an entr	blood pressure), and o treat an enlarged p t #2's January 2025 stration record (MAR y for Farxiga 10 mg dministration time of	orostate).) revealed: once daily				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV 625 LANE				
			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 7	D 344			
D 344	-There was docume administered daily to time of 8:00amThere was docume administered daily to the tablet daily with a sof 8:00amThere was docume administered daily to the tablet daily with a sof 8:00amThere was docume administered daily form to the tablet daily from to the tablet daily with a sof 8:00am and 8:00pmThere was an entroused daily form the tablet daily with a sof 8:00am and 8:00pmThere was an entroused daily form the tablet daily form to the tablet (12.5mg) one administered daily form tablet (12.5mg) one administered daily form the tablet daily with a sof tablet daily with a	entation Farxiga 10mg was from 01/01/25-01/31/25. y for Wellbutrin 150mg XL to with a scheduled administration entation Wellbutrin 150mg was from 01/01/25-01/31/25. y for Kerendia 20mg take 1 cheduled administration time entation Kerendia 20mg was from 01/01/25-01/31/25. y for Diclofenac gel apply to daily with a scheduled of 8:00am and 8:00pm. entation Diclofenac gel was 01/01/25-01/31/25. y for Senna plus take 2 tablets cheduled administration time of n. entation Senna plus was from 01/01/25-01/31/25. y for Vitamin B12 once daily dministration time of 8:00am. entation Vitamin B12 was from 01/01/25-01/31/25. y for Gabapentin 100mg at eduled administration time of entation Gabapentin was from 01/01/25-01/31/25. y for Metoprolol 25mg, take ½ the daily with a scheduled	D 344			
	was administered of a control of the	laily from 01/01/25-01/31/25. y for Tamsulosin 0.4mg take 1				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011167		B. WING		03/	13/2025	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAKING	VISIONS COME TRU	F ASSISTANT I IV	625 LANE	STREET TON, NC 27	217			
(V4) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES	DONLING		PROVIDER'S PLAN OF	COPPECTION	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 344	Continued From pa	ge 8		D 344				
		rom 01/01/25-01/31/2 y for Thiamin 100mg o						
	revealed: -There was an entry with a scheduled ac -There was docume administered daily f -There was an entry take 1 tablet daily withme of 8:00amThere was docume administered daily f -There was an entry tablet daily with a se of 8:00amThere was docume administered daily f -There was an entry	#2's February 2025 May for Farxiga 10 mg or dministration time of 8 entation Farxiga 10 mg from 02/01/25-02/28/2 y for Wellbutrin 150 mg with a scheduled administration Wellbutrin 15 from 02/01/25-02/28/2 y for Kerendia 20 mg to cheduled administration from 02/01/25-02/28/2 y for Diclofenac gel apdaily with a scheduled	nce daily:00am. y was:5. g XL to nistration 0mg was:5. ake 1 on time ng was:5.					
	administration time -There was docume applied daily from 0 -There was an entry twice daily with a so 8:00am and 8:00pn -There was docume administered daily f -There was an entry with a scheduled ac -There was docume administered daily f -There was an entry	of 8:00am and 8:00pr entation Diclofenac ge 12/01/25-02/28/25. y for Senna plus take cheduled administration	el was 2 tablets on time of as 5. e daily :00am. was 5.					
	-There was docume	entation Gabapentin w from 02/01/25-02/28/2						

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL011167	B. WING		03/1	3/2025
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	•	
MAKING VISIONS COME TRUE A	ASSISTANT LIN 625 LANE BURLING	STREET TON, NC 27	217		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
tablet (12.5mg) once dadministration time of administration time of administration time of administered daily. There was an entry for tablet daily with a sche of 8:00am. There was documental administered daily from a check of Resident #2 03/10/25-03/12/25 reversible. There was an entry for with a scheduled administered daily from a check of 8:00am. There was an entry for take 1 tablet daily with time of 8:00am. There was an entry for tablet daily with a scheduled administered daily from a check of 8:00am. There was an entry for tablet daily with a scheduled daily with a scheduled daily from a check of 8:00am. There was an entry for tablet daily from a check of 8:00am. There was documental daministered daily from a check of 8:00am. There was documental daministered daily from a check of 8:00am. There was documental daministered daily from a check of 8:00am. There was an entry for a check of 8:00am and 8	or Metoprolol 25mg, take ½ daily with a scheduled 8:00am. ation Metoprolol 12.5mg y from 02/01/25-02/28/25. or Tamsulosin 0.4mg take 1 eduled administration time ation Tamsulosin 0.4mg m 02/01/25-02/28/25. or Thiamin 100mg or Lasix or Farxiga 10 mg once daily inistration time of 8:00am. ation Farxiga 10mg was m 03/10/25-03/12/25. or Wellbutrin 150mg XL to a scheduled administration ation Wellbutrin 150mg was m 03/10/25-03/12/25. or Kerendia 20mg take 1 eduled administration time ation Kerendia 20mg was m 03/10/25-03/12/25. or Diclofenac gel apply to by with a scheduled 8:00am and 8:00pm. ation Diclofenac gel was m at 03/10/25-03/12/25 and 6-03/11/25. or Senna plus take 2 tablets eduled administration time of ation Senna plus was	D 344			

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IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	IDENTIFICATION NUMBER:				LETED
	HAL011167	B. WING		03/13/2025	
PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE ZIP CODE		
	625 I ANE		57/(TE, 211 00BE		
	E ASSISTANT LIV BURLING				
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	ge 10	D 344			
03/10/25-03/11/25There was an entry with a scheduled action administered daily for the entry bedtime with a scheduled action administered daily for the entry tablet (12.5mg) once administration time entry tablet (12.5mg) once administration time entry tablet daily with a scoof 8:00amThere was docume was administered daily with a scoof 8:00amThere was docume administered daily for the entry tablet daily with a scoof 8:00am.	y for Vitamin B12 once daily dministration time of 8:00am. entation Vitamin B12 was rom 03/10/25-03/12/25. y for Gabapentin 100mg at eduled administration time of entation Gabapentin was rom 03/10/25-03/11/25. y for Metoprolol 25mg, take ½ e daily with a scheduled of 8:00am. entation Metoprolol 12.5mg aily from 03/10/25-03/12/25. y for Tamsulosin 0.4mg take 1 cheduled administration time entation Tamsulosin 0.4mg rom 03/10/25-03/12/25.				
hand on 03/12/25 a -There was a multi- 8:00am that contain 20mg, Metoprolol 2 Senna plus, and Vit -There was a multi- 8:00pm that contain -There was a punch for Wellbutrin XL 15 remaining on the ca -There was a punch for Tamsulosin 0.4n remaining on the ca -There was a punch	t 2:21pm revealed: dose package labeled as ned Farxiga 10mg, Kerendia 5mg (1/2 tablet), 2 tablets of amin B-12. dose package labeled as ned 2 tablets of Senna plus. or card dispensed on 02/25/25 fomg with 11 of 30 tablets and card dispensed on 02/25/25 ng with 15 of 30 tablets ard. or card dispensed on 02/25/25 or card dispensed on 02/25/25 or card dispensed on 02/25/25				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa 03/10/25-03/12/25 a 03/10/25-03/11/25. There was an entry with a scheduled ac There was docume administered daily f There was an entry bedtime with a sche 8:00pm. There was docume administered daily f There was an entry tablet (12.5mg) onc administration time There was docume was administered d There was an entry tablet daily with a sc of 8:00am. There was docume administered daily f There was an entry tablet daily with a sc of 8:00am. There was no entry 20mg. Observation of Res hand on 03/12/25 a There was a multi- 8:00am that contain 20mg, Metoprolol 2 Senna plus, and Vit There was a punch for Wellbutrin XL 15 remaining on the ca There was a punch for Tamsulosin 0.4n remaining on the ca There was a punch	VISIONS COME TRUE ASSISTANT LIN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 03/10/25-03/12/25 and at 8:00pm on 03/10/25-03/11/25. -There was an entry for Vitamin B12 once daily with a scheduled administration time of 8:00am. -There was documentation Vitamin B12 was administered daily from 03/10/25-03/12/25. -There was an entry for Gabapentin 100mg at bedtime with a scheduled administration time of 8:00pm. -There was documentation Gabapentin was administered daily from 03/10/25-03/11/25. -There was an entry for Metoprolol 25mg, take ½ tablet (12.5mg) once daily with a scheduled administration time of 8:00am. -There was documentation Metoprolol 12.5mg was administered daily from 03/10/25-03/12/25. -There was an entry for Tamsulosin 0.4mg take 1 tablet daily with a scheduled administration time of 8:00am. -There was documentation Tamsulosin 0.4mg administered daily from 03/10/25-03/12/25. -There was no entry for Thiamin 100mg or Lasix	VISIONS COME TRUE ASSISTANT LIN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 D 344 O3/10/25-03/12/25 and at 8:00pm on 03/10/25-03/11/25. There was an entry for Vitamin B12 once daily with a scheduled administration time of 8:00am. There was documentation Vitamin B12 was administered daily from 03/10/25-03/12/25. There was an entry for Gabapentin 100mg at bedtime with a scheduled administration time of 8:00pm. There was documentation Gabapentin was administered daily from 03/10/25-03/11/25. There was an entry for Metoprolol 25mg, take ½ tablet (12.5mg) once daily with a scheduled administration time of 8:00am. There was documentation Metoprolol 12.5mg was administered daily from 03/10/25-03/12/25. There was an entry for Tamsulosin 0.4mg was administered daily from 03/10/25-03/12/25. There was documentation Tamsulosin 0.4mg administered daily from 03/10/25-03/12/25. There was no entry for Thiamin 100mg or Lasix 20mg. Observation of Resident #2's medications on hand on 03/12/25 at 2:21pm revealed: There was a multi-dose package labeled as 8:00am that contained Farxiga 10mg, Kerendia 20mg, Metoprolol 25mg (1/2 tablet), 2 tablets of Senna plus, and Vitamin B-12. There was a punch card dispensed on 02/25/25 for Wellbutrin XL 150mg with 11 of 30 tablets remaining on the card. There was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the card. There was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the card.	STREET ADDRESS, CITY, STATE, ZIP CODE ### STREET SURLINGTON, NC 27217 ### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATIORY OR LSC IDENTIFYING INFORMATION) ### CONTINUED FROM THE APPROVIDED FROM THE APPROV	STREET ADDRESS, CITY, STATE, ZIP CODE 625 LANE STREET BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES ((BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 03/10/25-03/11/25. -There was an entry for Vitamin B12 once daily with a scheduled administration time of 8:00amThere was documentation Vitamin B12 was administered daily from 03/10/25-03/11/25. -There was an entry for Edappentin 100mg at bedtime with a scheduled administration time of 8:00amThere was documentation Gabapentin was administered daily from 03/10/25-03/11/25. -There was an entry for Metoprolol 25mg, take ½ tablet (12.5mg) once daily with a scheduled administered daily from 03/10/25-03/12/25. -There was a nentry for Thiamin 100mg or Lasix 20mg. -There was no entry for Thiamin 100mg or Lasix 20mg. Observation of Resident #2's medications on hand on 03/12/25 at 2:21pm revealed: -There was a multi-dose package labeled as 8:00am that contained Farxiga 10mg, Kerendia 20mg, Metoprolol 25mg (1/2 tablet), 2 tablets of Senna plus, and Vitamin B-12. -There was a multi-dose package labeled as 8:00pm that contained 2 tablets of Senna plus -There was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 11 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets remaining on the cardThere was a punch card dispensed on 02/25/25 for Tamsulosin 0.4mg with 15 of 30 tablets

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STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING:			
	HAL011167	B. WING		03/1	3/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
MAKING VISIONS COME TRUE A	ASSISTANT LI\ 625 LANE BURLING	STREET TON, NC 27	217		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
12/04/24; it was 50% f -There was a second f dispensed on 02/03/25 Telephone interview w the facility's contracted 12:26pm and 4:26pm -Resident #2's order foreceived on 12/04/24If the FL-2 dated 12/2 Farxiga order would have frequencyResident #2's order foreceived on 12/04/24 are left the FL-2 dated 12/2 dosage for Wellbutring -There was no order on Resident #2If the FL-2 dated 12/2 frequency for Thiaming and the medication would requencyThere was no order would frequencyThere was no order on #2If the FL-2 dated 12/2 Kerendia order would frequencyThere was no order on #2If the FL-2 dated 12/2 frequency for Lasix would frequency for Las	Diclofenac gel dispensed on full. tube of Diclofenac gel 5; it was 50% full. with a representative from d pharmacy on 03/12/25 at revealed: for Farxiga 10mg was 20/24 was received the lave been clarified for for Wellbutrin 150mg XL was and 02/21/25. 20/24 was received the would have been clarified. On file for Thiamine for 20/24 was received the law would have been clarified ould have been clarified ould have been clarified ould have been clarified for thiamine for the law would have been dispensed. For Kerendia was received 20/24 was received the law been clarified for the law been clarified and have been dispensed. For Gabapentin 100mg once 12/04/24 and 02/21/25. 20/24 was received and lasted the medication would	D 344			

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		UAI 044467	B. WING		02/4	2/2025
		HAL011167	D. WING		03/1	3/2025
NAME OF PROV	IDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING VISI	ONS COME TRU	E ASSISTANT LI\ 625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344 Cor	ntinued From na	ne 12	D 344	DEFICIENCY)		
O2/:-If t Me hav -Re dail -If t Tan hav -Re was -If t Vita hav -Re dail O2/: -If t Ser hav -Re gra O2/: -If t Dic hav -Th hac me Tele can O3/ -Re 12/: -Sh PC -Th Res	toprolol was not we been disconting sident #2's order by was received on the FL-2 dated 12 amin B-12 was not been disconting sident #2's order been disconting sident #2's order been disconting sident #2's order been disconting by was received on 12 amin B-12 was not be been disconting by was received on 12 amin B-12 was not be been disconting by was received on 12 amin B-12 dated 12 amin B-12 dated 12 amin B-12 dated 12 amin B-12 was not be been disconting by was not be been disconting by been disconti	2/20/24 was received and listed the medication would nued. r for Tamsulosin 0.4mg once on 12/04/24 and 02/21/25. 2/20/24 was received and tilsted the medication would nued. r for Vitamin B-12 once daily /04/24 and 02/26/25. 2/20/24 was received and ot listed the medication would nued. r for Gabapentin 100mg once on 12/04/24, 02/21/25, and 2/20/24 was received and elisted, the medication would nued. r for Diclofenac gel apply 2 as received on 12/04/24 and 2/20/24 was received and the sted, the medication would nued. ur for Diclofenac gel apply 2 as received on 12/04/24 and 2/20/24 was received and the sted, the medication would nued. umentation a staff member facility to clarify Resident #2's with Resident #2's primary P) medical assistant on	D 344			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL011167	B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT LIV 625 LAN	E STREET			
- IIIAIIII	THOROUGH COME THO	BURLIN	GTON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 13	D 344			
	tablets of Wellbutrin active order on 10/0 -The PCP prescribe XL once daily on 02 -She did not know valisted on Resident # an order for itShe would have exhave clarified the order for itShe would have exhaus the facility's contract 10:02am revealed # 10mg, Wellbutrin 15:20mg, Gabapentin 15:00mg, Gabapentin 100mg gel were all receive physician at the skill	why Thiamine and Lasix were #2's FL-2 as she did not see expected the facility staff to				
	revealed: -He did not know th medications he tool of medicationsHe used Diclofena bedtimeHe took whatever aide (MA) gave him Interview with the M revealed: -When new medical month, the MA work MAR, and medication matched.	dent #2 on 03/12/25 at 3:47pm le names of "all" the k because he took "a bunch" c gel on his legs and feet at medications the medication l. MA on 03/12/25 at 4:00pm litions were delivered each king should compare the FL-2 ons delivered to ensure they of match the MA should				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV 625 LANE		247		
(V4) ID	SLIMMADV STA	ATEMENT OF DEFICIENCIES	TON, NC 27	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 344	Continued From pa	nge 14	D 344			
	cycle medication m contain all the med tookNew orders were contained individual bubble medications. Interview with the F 6:04pm revealed: -The Administrator	ruary 2025, Resident #2's sulti-dose package did not ications the resident usually obtained and the pharmacy ole packs of those Facility Manager on 03/12/25 at prepared FL-2s and he				
	-The Administrator prepared FL-2s and he dropped them off at the PCPs officeWhoever was working when the FL-2 was returned was responsible for comparing the FL-2, the MAR, and the medications on handIf there were any discrepancies, the staff member should contact the pharmacyIf it did not match, he expected the staff member to get it clarified.					
	03/12/25 at 6:10pm -The facility's Regis responsible for look was correct, by ma medications on har -If the FL-2 did not pharmacy to verify -If an order was cla in the communicati	stered Nurse (RN) was king at the FL-2 to ensure it tching the MAR and the nd. match she should call the and get a new order. Irrified the staff documented it on log.				
	revealed: -When a new FL-2 FL-2 to the MARs a	came in, she compared the and the medications on hand. match, she would call the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV	625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page 15			D 344			
	pharmacy and the PCP to get clarification.		on.				
	12:19pm revealed: -When medications member working we to the order and the discrepancies, cont PCP and document	dministrator on 03/1 were delivered the sould compare the me MAR and if there we tact the pharmacy and the telephone call. and MARs were also	staff edications ere any nd the				
D 358	10A NCAC 13F .10 Administration	04(a) Medication		D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.						
	This Rule is not me						
	reviews, the facility were administered residents (#1, #2) ir	ions, interviews, and failed to ensure med as ordered for 2 of 3 noluding two medical spasm (#1) and insus (#2).	lications sampled tions used				
	The findings are:						
	1. Review of Reside	ent #2's current FL-2	dated				

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STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/13/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LI\ 625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	12/20/24 revealed: -Diagnoses include underweight, and near the reveal of the revealed and the revealed the revealed the revealed to be verified to revealed the revealed to the revealed the revealed the revealed to the revealed the re	d type 1 diabetes, nuscle weakness. er for Humalog (rapid-acting er blood sugar levels) sulin sliding scale (ISS); there nation. #2's admitting FL-2 dated an order for Humalog 100 no other information. #2's order summary report ealed: er for Humalog 100units/ml scale (SS), if the blood sugar 0-120=0 insulin, 121-150=2 nits, 201-250=5 units, 21-350=11 units, 351-400=15 the primary care provider	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		, ,	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
				A. BUILDING:			
		HAL011167		B. WING		03/	13/2025
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	IE ASSISTANT LIV	625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
D 358	administration time 5:00pm. -The medication air administered daily -There was a second unit/ml, inject 6 unit 7 units at lunch. If the than 300 administer the BS reading was insulin dose schedid 5:00pm. -The MA initialed Horner times daily from 01/06/25-01/3 -The BS log had a month, the BS resuland the MA initials. At 8:00am, Resided documented rangin -There were 26 time administered Human as follows: -There were 5 time administered any Hower greater than administered 2 unit have been administered 3 unit been administered 4 unit been administered -At 12:00pm, Resideranging from 70-33 -There were 26 time administered 3 unit been administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times administered -At 12:00pm, Resideranging from 70-33 -There were 26 times -There were 26 tim	e of 8:00am, 12:00pm de (MA) initialed Hun from 01/01/25-01/31, and entry for Humalog ts at breakfast and s the BS reading was g er an additional 2 unit s less than 100 give 1 uled at 8:00am, 12:00 dumalog was adminis om 01/01/25-01/31/2 at #2's January 2025 I at/25 revealed: column for the day o ults, the units adminis ent #2's BS readings ag from 88-347. les Resident #2 was alog as ordered with les Resident #2 was alog as ordered with les Resident #2 was as ses Resident #2 was ts of Humalog and he tered 6 units. les Resident #2 was ts of Humalog; He sh 6 units. dent #2's BS was doo lent #2's BS was doo	nalog was /25. g 100 upper and greater s and if //2 the 0pm, and otered 5. BS log f the stered, were not examples of 8 readings ave been e should have cumented not	D 358			

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Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LI\ 625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	were greater than 1 administered 6 uniti-There were 8 times administered 2 uniti-have been administered 11 unihave been administered 11 unihave been administered 15 uniti-There were 26 times administered Humans follows: -There were 7 times administered any Hwere greater than 1 administered 6 uniti-There were 4 times administered 2 uniti-There were 2 times administered 11 unihave been administered 11 unihave been administered 15 unihave been administered 12:26pm and 4:26p-Resident #2's curred 12:26pm and 7 units areading was greate additional 2 units areading vas greate additional 2 units areading units areadin	umalog when his BS readings 00 and he should have been s. s Resident #2 was s of Humalog and he should ered 6 units. s Resident #2 was ts of Humalog; He should ered 8 units. nt #2's BS was documented 7. es Resident #2 was not alog as ordered with examples as Resident #2 was not umalog when his BS readings 00, and he should have been s. s Resident #2 was sof Humalog and he should ered 6 units. s Resident #2 was ts of Humalog and he should ered 8 units. s Resident #2 was ts of Humalog and he should ered 8 units. s Resident #2 was ts of Humalog and he should ered 8 units.	D 358			
	dose.	mentation Resident #2's FL-2				

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dated 12/20/24 was received at the pharmacy.

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/13/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VICIONS COME TOU	625 LANE				
WAKING	VISIONS COME TRU	E ASSISTANT LIN BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 19	D 358			
	the order for Reside been clarified. -Two pens of Huma 12/10/24, 01/06/25 -Each pen dispense last approximately received 19 units p	ed was 300 units and would 16 days if the resident er day.				
	Telephone interview with a representative from the facility's contracted pharmacy on 03/13/25 at 10:02am revealed: -On 12/04/24, an order was received for Resident #2's Humalog SS; the order was from a physician at a skilled nursing facility (SNF)On 12/10/24, an order was received for Resident #2's Humalog with orders for a set amount of insulin to be administered, 6 units at breakfast and supper and 7 units at lunch; the order was from Resident #2's PCPThe order received on 12/10/24 was to replace the Humalog SS order dated 12/04/24On 01/06/25, clarification was received on the duplicate entry and the Humalog SS had been discontinued and was removed from the MAR.					
	Pharmacist on 03/1 -He did a pharmacy not have a copy of provided to the faci -He recalled somet Humalog and somet the directionsHe thought the ord was being docume -He mentioned it to the facilityWhen he wrote the	w with the facility's consulting 3/25 at 10:17am revealed: y review on 03/05/25 but he did the documentation he lity. hing about Resident #2's e doses did not coincide with ler had changed from what nted as administered. a [named] nurse who was at e recommendation, he ember to contact the resident's				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV 625 LANE				
		BURLING	TON, NC 27			
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	nge 20	D 358			
	PCP to get the order order if one was ne	er clarified and to get a new eeded.				
	Review of Resident revealed:	t #2's February 2025 MAR				
	-There was an entrinject 6 units at bre at lunch. If the BS radminister an addit reading was less the scheduled at 8:00a -The MA initialed H	y for Humalog 100 unit/ml, akfast and supper and 7 units reading was greater than 300 cional 2 units and if the BS and 100 give ½ the insulin dose m, 12:00pm, and 5:00pm. umalog was administered om 02/01/25-02/28/25.				
	Review of Resident #2's February 2025 BS log revealed: -At 8:00am, Resident #2's BS was documented ranging from 72-263There were 28 times Resident #2 was not administered Humalog as ordered with examples					
	as follows: -There were 6 times Resident #2 was not administered any Humalog when his BS readings were greater than 100 and he should have been administered 6 unitsThere were 8 times Resident #2 was administered 2 units of Humalog and he should					
	have been adminis -There were 7 time administered 3 unit have been adminis -At 12:00pm, Resid ranging from 69-33	tered 6 units. s Resident #2 was s of Humalog and he should tered 6 units. lent #2's BS were documented				
	administered Huma as follows: -There were 5 time administered any H	alog as ordered with examples s Resident #2 was not lumalog when his BS readings 10 and he should have been				

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	of Health Service Re	1	(V2) MULTIPLE	= CONSTRUCTION	(V2) DATE	QLID\/EV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT I IV	STREET STON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 21	D 358			
	have been administrated 3 unithave been administered 3 unithave been administrated 5:00pm, Resider ranging from 112-3: There were 28 time administered Humans follows: There were 2 time administered any Hwere greater than 1 administered 6 unithated 6 unithated 6 unithated 6 unithated 6 unithated 11 unithated 11 unithated 11 unithated 12 units of Humalogial administered 11 unithated 15 units of Humalogial administered 8 unithated 15 units of Humalogial unitstered 8 unithated 15 units at breat lunch. If the BS radminister an additing was less thated 16 units at breat lunch 16 units at breat lunch 17 units at breat lunch 18 units at breat lunch 18 units at breat lunch 18 units at breat lunch 19 units at b	s of Humalog and he should tered 6 units. s Resident #2 was s of Humalog and he should tered 6 units. ht #2's BS was documented 80. es Resident #2 was not alog as ordered with examples s Resident #2 was not lumalog when his BS readings 100 and he should have been s. Resident #2 was administered; he should have been s. s Resident #2 was its of Humalog and he should tered 8 units. Resident #2 was administered g and he should have been s.				
	03/01/25-03/12/25	at 8:00am revealed:				

ranging from 93-364.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO		. ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LIV		STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-There were 12 time administered Humans follows: -There were 3 time administered any Howere greater than 1 administered 6 unitThere were 5 time administered 3 unit have been administered 12:00pm, Resideranging from 88-27There were 11 time administered Humans follows: -There were 2 time administered 6 unitThere were 2 time administered 2 unit have been administered 11 time administered Humans follows: -There were 11 time administered Humans follows: -There were 2 time administered Humans follows: -There were 2 time administered any Howere greater than 1 administered 11 units have been administered 11 units have been administered 15 units have been admini	es Resident #2 was alog as ordered with s Resident #2 was round has so of Humalog and hatered 6 units. Hent #2's BS was doe 6. Hes Resident #2 was alog as ordered with s. S Resident #2 was alog and hatered 6 units. Hent #2's BS was doe 6. Hes Resident #2 was alog as ordered with s. S Resident #2 was so of Humalog when his B3 100 and he should has so of Humalog and hatered 6 units. Hent #2's BS were doe 38. Hes Resident #2 was alog as ordered with s Resident #2 was alog as ordered with s Resident #2 was alog as ordered with s Resident #2 was alog as ordered with s. S Resident #2 was its of Humalog; He stered 8 units. S Resident #2 was its of Humalog; He stered 8 units. S Resident #2 was its of Humalog; He stered 8 units.	examples not S readings ave been e should cumented not examples not S readings ave been e should cumented not examples ave been should should should	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
			A. BOILDING.			
		HAL011167	B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	IF ASSISTANT I I\	STREET STON, NC 27	217		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	pensOne Humalog pen was dispensed on 03/06 -A second pen was dispensed on 03/06 -A third pen was lal dispensed on 03/06 -Each label had the units at breakfast a lunch. If blood suga administer an addit 100 cut the insuline. The pen dated 01/units of Humalog in The pens dispensed. Interview with Resident of Humalog in the pens dispensed. Interview with Resident of Humalog in the pens dispensed. Interview with Resident of Humalog in the Humalog in	vidually packaged Humalog In was labeled as 2 of 2 and 01/06/25, Is labeled as 1 of 2 and was 6/25. Is deled as 2 of 2 and was 6/25. Is directions to administer 6 Ind supper and 7 units at ar was greater than 300 Itional 2 units and if less than dose in half. 1/06/25 had approximately 20 Insulin remaining in the pen. 1/25 ded on 03/06/25 had not been 1/25 device to monitor his blood excom unit monitors BS levels 1/25 to the MA four times a day. 1/26 malog he took depended on S. 2/25 sinsulin since he was	D 358	DEFICIENC		
	2 units of Humalog 140. -If Resident #2's B3 resident would be a	nis BS readings. Resident #2 was administered based on a BS reading of S was a "certain reading" the administered Humalog. Ininistered Resident #2's				

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STATEMENT OF DEFICAND PLAN OF CORRE	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF PROVIDER	OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING VISIONS	COME TRU	IF ASSISTANT I IV	STREET STON, NC 27	217		
PREFIX (EAC	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
Humalo -Reside on a SS admitte -He had that had Review on 03/1 -The no bright p -The no -The fol 70-120- 251-300 Telepho 03/12/2 -Reside would w -He adr BS read -He use pink pie -He lool adminis -Reside -He was because Review 12/26/2 value of the ave to 3 mo Associa goal for	and #2's Hun and had be do to the facility and had be do to the facility and had be do to the SS directly at the SS directly at the SS directly and had be do to the SS directly and had be do to the SS in the state of the SS in	Intry on the March 2025 eMAR. Inalog was administered based een that way since he was sility. Ited in the medication office ections on it. In written note provided by the MA pm revealed: In 3-inch by 3-inch piece of sident #2's name written on it. Indated. In mation was written BS of 1=2, 151-200=3, 2021-250=5, 10=11, and 351-400=15. In with a second MA on a revealed: In ed him his BS reading and he can be selected as a sident #2's Humalog if his pre than 150. In the medication office on a can be selected as a SS insulin listed. Ite answer any more questions and see the MAR to discuss. It #2's laboratory values dated a hemoglobin A1C (HbA1c) emoglobin A1C test measures of blood sugar over the past 2 reding to the American Diabetic 1c value less than 7.0 was a sidents with the normal range	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MAKINA	VICIONE COME TOU	E ASSISTANT LIV 625 LANE	STREET			
WAKING	VISIONS COME TRU	BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 25	D 358			
	Telephone interview medical assistant o Resident #2's curre administer 6 units a units at lunch. If the	with Resident #2's PCP's n 03/12/25 at 4:42pm revealed nt order for Humalog was to t breakfast and supper and 7 blood sugar was greater than lditional units and if less than				
	O3/12/25 at 5:02pm -If Resident #2's Hu as ordered, it could BS." -She was concerne not administered co was a type 1 diabet -Resident #2 had so hyperglycemic and -Resident #2 got a made on 12/20/24 f Endocrinologist to p -Resident #2 was w restaurant but until working was not in not released him to -Resident #2's Hum a SS, "I do not know -Resident #2's BS r his Humalog was no- Because Resident pancreas did not m should be getting do insulinIf Resident #2's BS was not administere was going to contin	d Resident #2's Humalog was prectly because the resident ic. In many issues with being hypoglycemic in the past. Dexcom and a referral was for him to see an possibly get an insulin pump. Porking at a local fast-food his BS was straightened out, his best interest, so she had return to work. Italog was a scheduled dose. Italog was not supposed to be with where that came from." Italog was a scheduled dose. Italog was not supposed to be with a set amount of the sake any insulin at all, so he posed with a set amount of the reading was high, and he and Humalog his BS reading				

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DIVISION	of Fleatill Service IN	guiation	1			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKINO	VIOLONO COME TOU	E A COLOTANIT LIN 625 LANE	STREET			
WAKING	VISIONS COME TRU	E ASSISTANT LIV BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 26	D 358			
D 358	included eye disease kidney disease, and Over time the body damaged. -If Resident #2 had Humalog as orderedifference." -Resident #2's last ideally would like the range." Interview with the Hebita of the Administrator dropped them off are Whoever was work returned was responsible to the eMAR, and the left there were any downwent of the supervisor-inset of eyes for the interview with the Strevealed: -The Registered Numedications. Interview with the Strevealed: -The facility's RN withe FL-2 to ensure MAR and the medical of the FL-2 did not pharmacy to verify the supervisor of the s	se, cardiovascular disease, diperipheral disease. If and organs would be abeen administered his did, "it would have made a a least of the would have made a least of the least				
	-She reviewed the of see any clarification medications.	communication log and did not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011167	B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT I IV	E STREET STON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	depending on his B -For example, if Re 150, he would be ar -She did not know f scheduled Humalog Interview with the R revealed: -When a new FL-2 FL-2 to the MARs a -If anything did not pharmacy and the f -Resident #2's SS p FL-2 dated 12/20/2 Resident #2's Dece -She expected the l -It was very concern had not been admir he could have had readings, like a dial -It was very serious been administered Observation of the 03/13/25 at 8:20am -Staff members we sit downA MA stated he had containers of orang -Resident #2 was s	S readings. sident #2's BS reading was dministered 5 units. Resident #2 had an order for g. IN on 03/12/25 at 6:55pm came in, she compared the and the medications on hand. match, she would call the PCP to get clarification. Dearameters were not on the grammaters were not on the grammaters were listed on a mber 2024 MAR. MAS to follow the BS Detic coma. That the medication had not as ordered. The Mas ordered. The Massident #2's Humalog and the medication had not as ordered. The Massident #2 to design the medication had not as ordered. The Massident #2 two	D 358			
	on the table by his of -His Dexcom shows -At 8:30am, the How with Resident #2 to Review of Resident 03/13/25 at 8:00am					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
		HAL011167	B. WING		03/1	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT I IV	STREET	247		
0(4) ID	CLIMMA DV CTA		TON, NC 27		TON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 28	D 358			
	revealed: -She thought the M #2's Humalog today were going to get c -She told the MA w Resident #2's Hum him which order to Humalog. Interview with the S 11:35am revealed t reviewed Resident	A used the SS for Resident y, 03/13/25, because they larification on the order. hat the issues were with alog order, but she did not tell use for administering his SIC and the RN on 03/13/25 at they expected the MA to have #2's MAR and the medication insteried Resident #2 6 units of ed.				
	11:51am revealed: -He administered R 03/13/25, because was clarifiedThe SIC did talk to not remember ever -Resident #2's orderecent"Resident #2's BS r the facility at 8:30ar Interview with Resid 12:10pm revealed: -When he woke up 6:00am, his Dexcord 364.	dent #2 on 03/13/25 at today, 03/13/25, around m showed his blood sugar as 15 units of Humalog.				
	-He started feeling time, and his Dexco	weak, he did not recall the om showed his BS reading as juices, and his blood sugar				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKINIO	VIOLONO COME TOU	E ACCIOTANT I II	625 LANE	STREET			
MAKING	VISIONS COME TRU	E ASSISTANT LIV	BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 29		D 358			
	juicesHe felt "really bad" low, he would start feel like bee stings explain"Today, 03/13/25, h body felt like bee st Manager took him to the had eaten a hat he was going to lie while to see if he feethe could not "think". Observation of Res 03/13/25 at 12:08pt a reading of 64.	v. mburger for lunch. e down and rest for a elt better. c good" when his BS dident #2's Dexcom d m revealed the displa	ar was dy would to nd his House little was low. evice on ay showed				
	12:19pm revealed: -She expected the -When the MA adm expected the MA to label matched the M should have verified -When medications member working w to the order and the discrepancies, cont PCP and document -The medications a by the RNThe RN was respons Pharmacist recommander expected the conversation about with the MA or to accompled.	MA to follow the PCP inistered medication make sure the medication make sure the medicated MAR and if it did not, downich was correct. It was compared the second compare the medicated the pharmacy and the telephone call. In MARs were also provided in the medicated the orders were not the medicated the orders were not to the pharmacy and make the medicated the orders were not the medicated the medicated the medicated the orders were not the medicated the orders were not the medicated the medica	o's orders. , she ication the MA staff edications ere any d the reviewed the the che log order tion.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		HAL011167	B. WING		03/1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	IF ASSISTANT LIV	STREET STON, NC 27	217		
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 358	followed which cou- The PCP wrote and discontinue Resider Resident #2's SS until today, 03/13/2 2. Review of Resido 08/22/24 revealed: -Diagnoses include pulmonary disease heart failure (CHF) schizoaffective disc-He was intermitter a. Review of Resido 08/22/24 revealed long-acting bronche in the airways to invial twice daily. Review of Residen administration reco- There was an entrusive daily with a season and 9:00pr- Perforomist was divice daily from 01, 9:00pm. Review of Residen and 9:00pr- Perforomist was divice daily from 02, 9:00pm. Review of Residen O2, 9:00pm.	Id pose a risk to the residents. In order today, 03/13/25, to ent #2's SS order. Order was not discontinued its. ent #1's current FL-2 dated ed chronic obstructive (COPD), diastolic congestive (type 2 diabetes, and order. Intly disoriented. ent #1's current FL-2 dated an order for Perforomist (a ordilator used to relax muscles or prove breathing) 20mcg/ml t #1's January medication ord (MAR) revealed: If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. In ocumented as administered If y for Perforomist to use 1 vial ordeduled administration time of m. If y for Perforomist to use 1 vial ordeduled administration time of m. If y for Perforomist to use 1 vial ordeduled administration time of m. If y for Perforomist to use 1 vial ordeduled administration time of m. If y for Perforomist to use 1 vial ordeduled administration time of m.				
	03/01/25-03/12/25					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL011167	B. WING		03/1	13/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LI\ 625 LANE BURLING	TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	8:00am and 9:00pn -Perforomist was de twice daily from 03/ 9:00pm. Observation of Res hand on 03/12/25 a -There was a box o packaged vials disp directions to inhale were 46 vials remai -There was a secon individually package 01/20/25 with the di twice daily; there we boxThere was a plastic Perforomist individu on 03/05/25 with the twice daily; there we box. Telephone interview Resident #1's respi 03/12/25 at 12:56pr -Resident #1's curre to use Perforomist -Resident #1 had 6i dispensed on 12/10 -On 03/05/25, a cal name was not docurequested 30 vials I was only doing one so the pharmacy dis-	cheduled administration time of a. ocumented as administered 01/25-03/12/25 at 8:00am and ident #1's medications on t 11:38am revealed: f 60 Perforomist individually bensed on 12/10/24 with the one vial twice daily; there ining in the box. In the box of 60 Perforomist ed vials dispensed on irections to inhale one vial ere 60 vials remaining in the copackage that contained 30 ually packaged vials dispensed e directions to inhale one vial ere 30 vials remaining in the copackage that contained with a Pharmacist at ratory supply company on more revealed: ent order dated 03/13/24 was twice daily. O vials of Perforomist 0/24 and 01/20/25. If was received, the caller's imented, but they only one sent, because the resident nebulizer treatment per day, spensed 30 vials.	D 358			
		an order for Ipratropium/ on solution, use one vial twice				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY PLETED
		HAL011167	B. WING		03/	13/2025
	PROVIDER OR SUPPLIER	F ASSISTANT LIV 625 LANE		TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Review of Resident -There was an entr 1 vial twice daily wit time of 8:00am and -Ipratropium/ Albute administered twice at 8:00am and 9:00 Review of Resident -There was an entr 1 vial twice daily wit time of 8:00am and -Ipratropium/ Albute administered twice at 8:00am and 9:00 Review of Resident 03/01/25-03/12/25 -There was an entr 1 vial twice daily wit time of 8:00am and -Ipratropium/ Albute administered twice at 8:00am and 9:00 Observation of Resident observation of Resident Observation of Resident	t #1's January MAR revealed: y for Ipratropium/ Albuterol use th a scheduled administration I 9:00pm. erol was documented as daily from 01/01/25-01/31/25 ppm. t #1's February MAR revealed: y for Ipratropium/ Albuterol use th a scheduled administration I 9:00pm. erol was documented as daily from 02/01/25-02/28/25 ppm. t #1's March MAR from revealed: y for Ipratropium/ Albuterol use th a scheduled administration I 9:00pm. erol was documented as daily from 03/01/25-03/12/25	D 358			
	individually package 12/10/24 with the d twice daily and as r 30/month); there we box. -There was a secon Albuterol individuall on 01/20/25 with did twice daily and PRN remaining in the bo	ed vials dispensed on irections to inhale one vial needed (PRN) (max ere 30 vials remaining in the ond box of 30 Ipratropium/ ly packaged vials dispensed rections to inhale one vial N; there were 30 vials				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011167	B. WING		03/13/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAKING	VISIONS COME TRU	E ASSISTANT LI\ 625 LANE BURLING	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 33	D 358			
	Albuterol individually packaged vials dispensed on 03/05/25 with the directions to inhale one vial twice daily and PRN; there were 30 vials remaining in the box.					
	the facility's contract 12:26pm revealed: -Resident #1's Ipract dispensed only once	w with a representative from cted pharmacy on 03/12/25 at tropium/ Albuterol was e, on 03/12/24 for 60 vials. ropium/ Albuterol was written ials per day.				
	Telephone interview with a Pharmacist at Resident #1's respiratory supply company on 03/12/25 at 12:56pm revealed Resident #1's Ipratropium/ Albuterol was dispensed on 12/10/24, 01/20/25, and 03/05/25; each dispensing was for 30 vials.					
	Resident #1's respi 03/13/25 at 9:51am -Resident #1's curre Albuterol was dated to inhale one vial for -Because Resident contained albuterol	w with the Pharmacist at ratory supply company on a revealed: ent order for the Ipratropium/d 03/13/24 with the directions our times daily and as needed. #1's Perforomist also, the insurance company a 30 vials to be dispensed				
	revealed: -Resident #1 was a treatments PRNResident #1 usuall breathing treatmentureHe could not say was a say	don 03/12/25 at 3:53pm dministered breathing by told him when he needed a t. which breathing treatment because the pharmacy sent				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAKING	VISIONS COME TRU	F ASSISTANT I IV	-	STREET TON, NC 27	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	-Resident #1 had no "in a while", a coupl-Resident #1 had no treatment. Telephone interview 5:50pm revealed: -Resident #1 was a breathing machine itResident #1's breat administered twice would not answell clarify the two state. Interview with the fact on 03/12/25 at 6:55 concerned Resident respiratory and pull resident's nebulizer administered as ordered to some concerned to the concerned to the concerned resident still smoke. Telephone interview Resident #1's respication of the concerned to the concerned resident #1's respication of the concerned to the concerned resident #1's nebulizer administered as ordered to the concerned resident #1's nebulizer administered as ordered to the concerned resident #1's nebulizer administered as ordered to the concerned resident #1's neadministered as ordered to the concerned restrictions.	ot had a breathing treatle of weeks. ot asked for a breathing of with a MA on 03/12/29 dministered medication whenever the resident of thing treatment medicate of thing treatment was daily. Wer any further question ments. acility's Registered Nurse of the treatments were not dered, especially since of the treatments were not dered, especially since of the treatments were of the treatmen	g 5 at n in his needed ation se (RN) the on only ested to cle e not d , and	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL011167		B. WING		03/	13/2025
	PROVIDER OR SUPPLIER	E ASSISTANT LIV	625 LANE	, ,	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-A high-pitched whi be heard when he I Interview with Resirevealed: -His breathing "always -He used his breath a day. Interview with Resirevealed: -He was told last ni do his breathing treyealed: -He did not think he 4 times dailySometimes he did he was "like this" he treatmentHe did not do breath and he down and he was "like this" he treatmentHe did not do breath and he down and he was "like this" he treatmentHe did not do breath and he down and he was "like this" he treatmentHe did not do breath and he down and he down and he was "like this" he treatment "at all"Some days he migonice a day, but not litterview with the A 12:19pm revealed: -Resident #1 refuse 6 months straight will a not handResident #1's PCF he was doing well, treatments for the elements	stling noise (wheezing preathed in and out.) dent #1 on 03/12/25 ays sounded like this hing machine (nebulity) dent #1 on 03/13/25 ght, 03/12/25, that he eatment 4 times daily a needed breathing treatments every of the eather (PCP) told he eathing treatments unlid not need a breathing treatment ght need breathing treatments unlid not need a breathing treatments unlid not need a breathing treatments unlid not need a breathing treatments unlided need breathing treatments unlided need breathing treatments unlined need need need need need need need	at 3:41pm 3". zer) twice at 7:45am e had to reatments but when ng ery day. him he did ess he day. 3 eatment 3/25 at tments for d so many 2024 that dizer per 2024. httinue ceived. y.	D 358			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL011167		B. WING		03/13/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MAKING VISIONS COME TRUE ASSISTANT LIN 625 LANE STREET BURLINGTON, NC 27217						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTE	
D 358	Continued From page 36					
F Toat a ws reas bd hob pws A Ta	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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